# NEW POLICY UPDATES

## CLINICAL PAYMENT, CODING AND POLICY CHANGES

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning (03/01/2023):

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| **Duplicate Services Policy- Duplicate Claim Logic for Inpatient Claims-** According to our policy, which is based on CMS Policy, duplicate logic for inpatient hospital facility claims/claim line reviews duplicates criteria to determine if a service has been previously processed and as such will not be reimbursed. |
| **Bundled Facility Payment Policy- Inpatient Hospital Repeat Admissions-** According to our policy, which is based on CMS Policy, an inpatient admission with the same diagnosis, the same DRG, and to the same facility as a recent inpatient admission should not be reported separately. |
| **Laboratory-Pathology Policy- Gastrointestinal Panels Testing-** According to our policy, which is based on CMS Policy, Gastrointestinal Panels testing of 12 or more organisms is only covered in critically ill or immunosuppressed patients. |
| **Drug and Biological Policy Processing and Policy Guidelines- National Drug Code (NDC)-** Expired NDC Numbers-According to CMS policy, providers are required to report valid National Drug Code (NDC) numbers for the given date of service. Therefore, when an NDC number has been designated as expired it is only allowed to be reported for the "obsolete" period of 30 months (913 days) set in the standard NDC reference sources. Once the expired NDC has surpassed the obsolete time frame it is no longer considered valid and should not be reported. |
| **CMS National Coverage Determinations (NCD) Policy- Acupuncture for Chronic Lower Back Pain-** According to CMS policy, acupuncture services can only be reported 20 times within a 12-month period. |