

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 (05/01/2024):

Drug and Biological Policy Processing and Policy Guidelines- National Drug Code (NDC)-

According to our policy, which is based on Food and Drug Administration Policy, unapproved prescription drugs pose significant risks to patients because they have not been reviewed by FDA for safety, effectiveness, or quality. Without FDA review, there is no way to know if these drugs are safe and effective for their intended use, whether they are manufactured in a way that ensures consistent drug quality, or whether their label is complete and accurate. Unapproved drugs have resulted in patient harm, and the agency works to protect patients from the risks posed by these drugs.

Plastic Surgery Policy- Abdominal Lipectomy/ Panniculectomy- According to our policy, which is based on CMS Policy, when panniculectomy or lipectomy is reported for the diagnosis of excessive and redundant skin and subcutaneous tissue or panniculitis, it must be supported with an approved additional diagnosis.

General Surgery Policy-

-Intravenous and Venous Services- According to our policy, injection sclerotherapy should not exceed 4 treatment sessions (or dates of service) in the same leg within a 90-day time frame.

- Pilonidal Cyst and Pilonidal Sinus Procedures- According to the AMA CPT Manual, incision and drainage of a pilonidal cyst, and excision of a pilonidal cyst or sinus should only be reported with a diagnosis of pilonidal cyst or pilonidal sinus.