



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 chart below highlighting upcoming new policies.

Effective for dates of service beginning **June 1, 2026:**

New Jersey Medicaid-Policy Guidelines

Cardiac Monitoring

This policy identifies situations when an Evaluation and Management service is billed without modifier 25 on the same date of service as an implantable cardiac device monitoring service or an acoustic cardiography service.

According to CMS Policy, the evaluation and management (E/M) service is not separately payable when performed on the same date of service as the implantable cardiac device monitoring service or acoustic cardiography, unless the E/M service is reported as being significant and separately identifiable.

Self-Administered Drugs

Per CMS Policy, "Coverage for drugs that are furnished "incident to" a physician's services can be allowed provided that the drugs are not usually self-administered by the patients who take them. The term "administered" refers only to the physical process by which the drug enters the patient's body. It does not refer to whether the process is supervised by a medical professional (for example, to observe proper technique or side-effects of the drug). Injectable drugs, including intravenously administered drugs, are typically eligible for inclusion under the "incident to" benefit. With limited exceptions, other routes of administration including, but not limited to, oral drugs, suppositories, topical medications are considered to be usually self-administered by the patient. For the purposes of applying this exclusion, the term "usually" means more than 50 percent of the time for all Medicare beneficiaries who use the drug. Therefore, if a drug is self-administered by more than 50 percent of Medicare beneficiaries, the drug is excluded from coverage."

This policy will identify and deny self-administered drugs when billed in the following places of service as it has been determined by CMS Policy that the drug billed is usually self-administered and is therefore not covered for the place of service reported.

01 (Pharmacy)	20 (Urgent care)	55 (Residential substance abuse facility)
03 (School)	25 (Birthing center)	57 (Non-Residential Substance Abuse Treatment Facility)
04 (Homeless shelter)	27 (Outreach site/Street)	58 (Non-residential Opioid Treatment Facility)
09 (Prison/correctional facility)	32 (Nursing facility)	66 (Programs of All-Inclusive Care for the Elderly (PACE) Center)
11 (Doctors office)	33 (Custodial care)	71 (State or local health clinic)
12 (Patients home)	49 (Independent clinic)	72 (Rural health clinic)
13 (Assisted living)	50 (Federally qualified facility)	81 (Independent laboratory)
14 (Group home)	54 (Intermediate care facility/individuals with intellectual disabilities)	
15 (Mobile unit)		
16 (Temporary lodging)		

CMS NCD Medical Nutrition Therapy Limited to Specific Subspecialty Providers

Based on CMS Policy, medical nutrition therapy (MNT) will only be covered when performed by a registered dietitian, nutritional medicine, certified diabetic educator, registered nurse certified diabetic educator (CDE) or in the hospital setting.

This policy identifies situations where medical nutrition therapy is reported and the provider subspecialty is not a Registered Dietitian, Nutritional Medicine, Certified Diabetic Educator, Registered Nurse CDE or Hospital. Per CMS policy the services are only covered when provided by specific subspecialties.

Non-Invasive Vascular Studies Missing a Supporting Diagnosis

Based on CMS Policy, because the signs and symptoms of arterial occlusive disease and venous disease are so divergent, the simultaneous performance of arterial and venous studies during the same encounter should be rare.

This policy identifies situations where a non-invasive extremity arterial study (93922-93931) is billed with a non-invasive extremity venous study (93970-93971) and a supporting diagnosis for either study is not present.

Required Medical Nutrition Therapy Diagnoses

This policy identifies situations when a medical nutrition therapy code (97802, 97803, 97804, G0270, G0271) is billed without a requisite diagnosis on the claim.

According to CMS Policy, medical nutrition therapy (MNT) services are only covered for patients with a diagnosis of diabetes mellitus or renal disease, including kidney transplant recipients.

Required Diagnoses for Non-Invasive Diagnostic Studies

This policy identifies situations when 93880 or 93882 is billed in Place of Service 11 (Office) for a patient 18 years of age or older and a carotid artery stenosis symptom diagnosis is not present on the claim.

According to the U.S. Preventive Services Task Force, it is not appropriate to screen for carotid artery stenosis in asymptomatic adult patients.

Packaged Services for Outpatient Hospitals

This policy identifies situations when a service designated as a packaged service (Status indicator N) is billed by an outpatient hospital (CMS-1450).

According to CMS Policy, the packaged service reported is considered an incidental service that is not separately payable.

Chiropractic Manipulation (98940-98942) Missing Diagnosis

Based on CMS Policy, chiropractic manipulative treatment must be reported with a primary diagnosis of subluxation (nonallopathic lesion of the spine).

This policy identifies when chiropractic manipulation (98940-98942) is reported without an approved diagnosis.

Radiology Services Outside of Office

This policy identifies situations when a radiology service is billed with place of service 12 (Home), 13 (Assisted living facility), 27 (Outreach site/street), 31 (Skilled nursing facility), or 32 (Nursing facility), without modifier 26 and without an x-ray equipment transportation code.

According to CMS Policy, when a provider bills for a radiology service performed in a home or nursing/assisted living facility, the procedure or service should be reported with modifier 26 to indicate the professional component.