

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. To keep our providers informed, please see the below chart of upcoming new policies. Below are effective for dates of service beginning **May 25, 2021**:

Colorectal Cancer Screening Tests (DNA Based): Per our policy, which is based on CMS guidelines, multitarget stool DNA testing (Cologuard™):

- Should be reported with the appropriate screening diagnosis.
- Is limited to once per 3 years.
- Is covered for routine purposes only for certain ages/adult members.
- Should be reported with the correct bill type when billed on an outpatient hospital facility claims.

Obstetrics and Gynecology Policy – Planned Cesarean Delivery Less Than 39 Weeks of Gestation:

According to the American College of Obstetricians and Gynecologists, cesarean delivery requested by the mother should not be performed before a gestational age of 39 weeks in the absence of other indications for early delivery since there is a higher risk of respiratory morbidity, including transient tachypnea of the newborn, respiratory distress syndrome, and persistent pulmonary hypertension, for elective cesarean delivery compared with vaginal delivery when delivery is earlier than 39 to 40 weeks of gestation.

Laboratory/Pathology Policy: Per our policies based on CMS/AMA-CP, the Clinical Laboratory Improvement Amendment (CLIA) is a program administered by the Secretary of Health and Human Services to assure that laboratories which examine materials derived from the human body for diagnosis, prevention, or treatment purposes, consistently provide accurate results. CLIA waived tests are determined by the FDA or CDC to be so simple that there is little risk of error. Modifier QW (CLIA-waived test) can only be appended to procedures designated as CLIA waived tests on the clinical laboratory fee schedule.

COVID-19 Testing and Specimen Collection:

- Per CMS/AMA/CPT manual, only one type of COVID-19 test (antibody/non-CDC/nucleic acid detection) per day should be performed within the same category of test; multiple like tests on the same date of services are duplicative.
- Per AMA/CPT manual, COVID-19 specimen collection services (nasopharyngeal, oropharyngeal or respiratory samples) should be reported in conjunction with COVID-19 laboratory testing.
- Nucleic-Acid Testing-Positive nucleic-acid based tests for SARS-CoV-2 generally confirm the diagnosis and do not have to be repeated. Negative nucleic-acid tests may be repeated if the suspicion of COVID-19 is high but is not recommended on the same day.

CMS Coverage Policy-Opioid Treatment Programs (OTPs): Per CMS policy, place of service 58 (nonresidential opioid treatment facility) is only a valid place of service for opioid treatment program services and should not be reported for other services.