

August 2019 coverage policy updates, effective 8/19/19 and 8/23/19

Effective for dates of service beginning August 19, 2019, we will deny claims for drug-eluting stents following sinus surgery as always being experimental, investigational, and unproven (EIU). We will also deny claims billed for orthotic prescriptions costing \$250 or greater as not medically necessary if the referring provider did not conduct an in-person evaluation of the patient within six months before the date of service.

Additionally, we will update our current medical coverage policy, Vitamin D Testing (0526), to add a frequency limit of two lab tests in a 365-day rolling period for claims billed with CPT 82306 (Vitamin D; 25 Hydroxy).

Effective for dates of service beginning August 23, 2019, we will update three coverage policies to require precertification for spinal fusion-related codes and review these codes under the precertification requirements for the primary procedure. We will also update our current medical coverage policy, Venous Angioplasty With or Without Stent Placement for Adults (0541), to require precertification.