

Administrative, reimbursement, and medical coverage policy updates effective Q1 2020

Effective Q1 2020, we will make changes to the following policies:

- Allergy Testing and Non-Pharmacologic Treatment (0070): Effective for dates of service beginning February 17, 2020, we will limit coverage for allergy testing in a 12-month rolling period for claims billed with Current Procedural Terminology (CPT®) codes 86003, 95004, and 95024.
- Anesthesia Services for Interventional Pain Management Procedures (Adults) (0551): Effective for dates of service beginning February 17, 2020, we will implement a new medical coverage policy to only allow sedation coverage for certain diagnoses specified in the policy for customers 18 years and older, for interventional pain management services.
- Care Integration Services (R32): Effective for claims processed on or after February 17, 2020, we will implement a new reimbursement policy to deny codes for care integration as included in the reimbursement for the overall care of the customer.
- Evaluation and Management Services (R30) and Joint Injections: Effective for claims processed on or after February 17, 2020, we will require documentation to review the appropriate use of billing for evaluation and management (E&M) services when billed with codes for a joint injection or aspiration.
- Incontinence supplies: Effective for claims processed on or after January 1, 2020, we will deny charges for all incontinence supplies when billed with Healthcare Common Procedure Coding System (HCPCS) codes that begin with “T” or “A” as not reimbursable. This change is not associated with any reimbursement or medical coverage policy.

An article about the updates will be included in the January issue of Network News.