

Medical policy updates for perfusion services and Ashkenazi Jewish laboratory panel, effective March 2019

In alignment with our current Facility Routine Services, Supplies and Equipment Reimbursement Policy (R12), we will deny claims submitted by a perfusionist for individual services as not separately reimbursable when billed with Current Procedural Terminology (CPT®) codes 99190, 99191, and 99192. Individual perfusionist services are not separately reimbursable considered incidental to the surgical procedure, and are included in the facility payment. This update is effective for claims processed beginning March 17, 2019.

Additionally, we will implement a new reimbursement policy, Genetic Testing Panels (R28), and update our Genetic Testing for Reproductive Carrier Screening and Prenatal Diagnosis Coverage Policy (0514). Effective for dates of service beginning March 18, 2019, if individual gene tests that make up an Ashkenazi Jewish laboratory panel are billed separately, the individual gene codes will be rebundled into the appropriate single panel code (CPT 81412), and reviewed for medical necessity.