

## **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 below chart of upcoming new policies.

Effective for dates of service beginning (July 1, 2023):

#### **CMS Coverage Policies-**

##### **- Questionable Services-**

According to our policy, which is based on CMS Policy, a Questionable Service procedure code is not a reportable service. CMS has identified a list of services that it considers questionable but may be covered depending on the medical circumstances. The majority of the services in this category are services that might be considered cosmetic or elective in nature.

##### **- Opioid Treatment Programs (OTPs)-**

###### **Frequency-**

-According to our policy, which is based on the CMS Policy and HCPCS Level II Manual, the codes for medication assisted treatment provided through a Medicare-enrolled Opioid Treatment Program cover episodes of care of seven contiguous days and should not be reported for the same beneficiary more than once per seven contiguous day period.

- According to our policy, which is based on the CMS Policy, the maximum allowed take-home supply provided through a Medicare-enrolled Opioid Treatment Program is for one month of medication and hence these codes should not be reported more than three (3) times in a month.

###### **-Place of Service-**

- According to our policy, which is based on CMS Policy, codes for the Opioid Treatment Programme (OTP) bundled payments and add-on codes can only be reported by OTPs in the place of service designated so and cannot be reported by other providers.

##### **- Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)-**

- According to our policy, which is based on CMS Policy, screening for abdominal aortic aneurysm in men less than 65 years old is only allowed if there is a family history of abdominal aortic aneurysm

**Diagnosis Procedure Policy- Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels-** According to CMS policy, the test to detect a respiratory infectious agent by



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nucleic acid must include an approved supporting diagnosis indicating the pathogen detection.

**Evaluation and Management Services Policy- Transitional Care Management (TCM)**

**Services-** According to our policy, which is based on AMA CPT Manual and CMS Policy, Transitional Care Management services are required to be reported within 14 days after discharge from a facility.