



**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 **February 1, 2023**:

**Medicaid - New Jersey State Policy**

Colorectal Cancer Screening-According to New Jersey Medicaid guidelines, colorectal cancer screening is allowed for patients 50 through 75 years of age

Obstetrics and Gynecology - Early Elective Deliveries-According to New Jersey Medicaid guidelines, early elective deliveries performed prior to 39 weeks of gestation with no indication of complication of pregnancy (non-medically indicated deliveries) are not considered an allowed service.

CenteringPregnancy Services-According to our policy, which is based on New Jersey Medicaid Guidelines, prenatal group educational and counseling services must be reported on the same day as an allowed evaluation and management (E/M) service.

Adult Medical Day Care Services-According to our policy, which is based on New Jersey Medicaid Guidelines, the billed adult medical day care (AMDC) remote services are limited to a maximum of three days per calendar week.

**Drugs and Biologicals Policies-**

New Jersey Medicaid supports FDA label, off-label compendia (Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network, Lexi-Drugs, American Hospital Formulary Service Drug Information®), AMA/ CPT, state Medicaid guidelines and other sources for Drugs and Biologicals. These supported policies include:

- Indication (FDA-label and off-label approved compendia indications)
- Age restrictions
- Dosage Limitations
- Requisite laboratory services
- Drug Wastage
- Concurrent Drug Contraindications
- Route of administration

**New Drug/Biological Policies-**

**Romidepsin lyophilized (J9319)-**

- Indications (not all-inclusive): FDA Label-Cutaneous T-cell lymphoma, Peripheral T-cell lymphoma.
- Dosage and frequency limitations based on the FDA Label guidelines
- Route of administration
- Drug Wastage reporting guidelines

**Vedolizumab (J3380):**

- Indications (not all-inclusive)-FDA Label-Regional enteritis (Crohn's disease); Ulcerative colitis: Off-Label: Immune checkpoint inhibitor-related toxicity
- Dosage/Frequency Limitations based on FDA Label and/or off-label compendia guidelines
- Age restrictions based on FDA Label guidelines and/or off-label compendia guidelines