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 (10/1/2024):

Procedure Code Guideline Policy- -Remote Therapeutic Monitoring Services and Supplies Remote Therapeutic Monitoring Frequency Limitation-According to the AMA CPT Manual, remote therapeutic monitoring treatment management services by physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month for first 20 minutes should not be performed more than once per 30-day period. Remote Therapeutic Monitoring Device Supply Frequency Limitation-According to the AMA CPT Manual, remote therapeutic monitoring device supply services to monitor respiratory system or musculoskeletal system should not be performed more than once per 30-day period.
Laboratory-Pathology Policy-Multiplex PCR Respiratory Viral Panels-According to CMS policy, Multiplex PCR respiratory viral panels of 5 or more pathogens are considered non covered pathogens and do not represent specific cause, a common syndrome, or the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations. Additionally, Multiplex PCR Respiratory viral panels include pathogens that do not meet Medicare's "reasonable and necessary" criteria and testing for these pathogens should be rare.
Neurology Policy-Electroencephalogram (EEG)- According to CMS policy, EEG testing is appropriate to differentiate between seizures, syncopal attacks, sleep apnea, cardiac arrhythmias or hysterical episodes and is appropriate for various neurological conditions where seizures/epilepsy is suspected by history or confirmed on a patient with the need for additional management.
Orthopedic Policy-Percutaneous Fusion of the Sacroiliac Joint-According to our policy, which is based on CMS Policy, radiologic imaging is required prior to percutaneous or minimally invasive surgical fusion of the sacroiliac joint.
Drug and Biological Policies- - Mepolizumab (J2182)- Indications-Severe Asthma/Eosinophilic Phenotype-According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum recommended daily dosage for mepolizumab for the reported indication is 100 mg (100 units of J2182). - Pegloticase (J2507)-Laboratory Monitoring- According to the FDA-approved package insert/prescribing information and the pharmaceutical compendia, serum uric acid levels

should be monitored on the same day or within two weeks prior to each infusion of pegloticase.

-Atezolizumab (J9022)- Concomitant Therapy- According to the pharmaceutical compendia and the medical literature, atezolizumab must be used in combination with bevacizumab for kidney cancer or peritoneal mesothelioma.