

## CLINICAL PAYMENT, CODING AND POLICY CHANGES

### NEW POLICY UPDATES – EFFECTIVE FEBRUARY 25, 2020

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.

#### Changes below are effective for dates of service beginning February 25, 2020:

##### **Durable Medicaid Equipment-Negative Wound Therapy Pump**

According to our policy which is based on CMS guidelines:

Frequency- one negative wound therapy pump is allowed per month.

Modifier Requirement-Negative pressure wound therapy pumps (A6550, A7000, E2402) must be billed with modifier KX if all of the indications and coverage limitations criteria have been met. If all of the criteria have NOT been met, GA or GZ modifier must be added to the code.

##### **Radiology**

Diagnostic Ultrasound-Hips-Per our policy which is based on the American Academy of Pediatrics and the American Academy of Orthopaedic Surgeons, newborn ultrasound screening for hip dysplasia is not recommended.

Diagnostic Ultrasound Transvaginal-Per our policy which is based on the United States Preventive Service Task Force, the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Cancer Society, transvaginal ultrasonography to screen for ovarian cancer is not recommended.

Dual-Energy X-Ray Absorptiometry (DXA) Bone Density Screening-Per our policy which is based on the American College of Radiology and the International Society for Clinical Densitometry, dual-energy x-ray absorptiometry (DXA) bone density screening is not indicated for males less than 70 years of age without risk factors for osteoporosis.

##### **Neurology-Benign Paroxysmal Positional Vertigo (BPPV)**

Per our policy which is based on the Academy of Otolaryngology Head and Neck Surgery Foundation and the American Academy of Family Physicians, there is insufficient evidence to support the use of laboratory testing in diagnosing benign paroxysmal positional vertigo (BPPV) when no other neurologic abnormalities are present.

##### **Podiatry-Incision and Drainage (I&D)**

Per our policy which is based on CMS policy, incision and drainage, puncture aspiration of abscess and incision and drainage of hematoma, seroma or fluid collection performed by a podiatrist must be reported with an approved diagnosis.

##### **Duplicate Services Policy-Duplicate Laboratory Services for Outpatient Hospital and Independent Laboratory**

Per our policy which is based on CMS guidelines, when both a referring laboratory and a reference laboratory report the same service for the same date of service, only one provider of the service will be reimbursed. This includes lab services billed by both an independent lab (POS 81) with the other claims being billed by an outpatient hospital with inpatient/outpatient bill types.