

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. To keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning **January 1, 2024**:

<p><u>Adult Medical Day Care Services Policy</u> - According to our policy, which is based on New Jersey State Medicaid Guidelines, adult day health services are limited to five days per calendar week.</p>
<p><u>Diagnosis Code Policy – BRCA Risk Assessment and Genetic Counseling/Testing</u> – According to our policy, which is based on New Jersey State Medicaid Guidelines, BRCA1 and BRCA2 genetic testing must be reported with an approved diagnosis.</p>
<p><u>Diagnosis Code Policy - COVID-19 Testing</u> – According to our policy, which is based on New Jersey State Medicaid Guidelines, coronavirus disease testing for dates of service on or after March 31, 2020, will not be eligible for reimbursement when the diagnosis indicates coronavirus infections of an unspecified site.</p>
<p><u>Diagnosis Procedure Policy – Multiplex Nucleic Acid Tests for Respiratory Viral Panels</u> – According to our policy, which is based on CMS Policy, respiratory infectious agent by nucleic acid tests is required to be accompanied by a supporting diagnosis indicating the pathogen detection.</p>
<p><u>Drug and Biological Policy – Laronidase</u> – According to our policy, which is based on FDA Approved Package Insert/Prescribing Information, Laronidase safety and effectiveness has not been established for patients under the age of six months for mucopolysaccharidosis, type I.</p>
<p><u>Drug and Biological Policy – Pembrolizumab Diagnosis</u> – According to our policy, which is based on FDA Approved Package Insert/Prescribing Information, Pembrolizumab will not be eligible for reimbursement when the same diagnosis has not been previously billed in the patient's lifetime, or dostarlimab, nivolumab or pembrolizumab has not been billed in the previous year.</p>

Drug and Biological Policy – Pembrolizumab – Units – According to our policy, which is based on FDA Approved Package Insert/Prescribing Information, Pembrolizumab is eligible for reimbursement up to 400 combined units every six weeks.

Drug and Biological Policy – Radium Ra-223 Dichloride - According to our policy, which is based on FDA Approved Package Insert/Prescribing Information, Radium Ra-223 Dichloride is not eligible for reimbursement when the diagnosis on the claim is prostate cancer and an appropriate laboratory test for neutrophil count has not been billed for the same date of service, or within the previous 27 days by any provider.

Durable Medical Equipment and Supplies Policy – Glucose Monitors – According to our policy which is based on CMS Policy, when billing for glucose monitor supplies, the supplies should be appended with modifier KS for a diabetic beneficiary not treated with insulin, or modifier KX to indicate whether the patient is insulin dependent. However, it is inappropriate to report KS and KX on a single claim line.

Laboratory-Pathology Policy – COVID-19 Testing and Specimen Collection – According to our policy, which is based on AMA CPT Manual, specimen collection for SARS-CoV-2 viral testing via nasopharyngeal, oropharyngeal, or respiratory sample, will not be eligible for reimbursement when a SARS-CoV-2 viral test has not been reported by any provider for the same date of service or following two days. Additionally, our policy states nucleic acid testing for SARS-CoV-2 should only be allowed one unit per day, unless reported with modifier 59 to indicate testing of a separate sample form the same patient.

Laboratory-Pathology Policy – Respiratory Pathogen Panels Testing – According to our policy, which is based on CMS Policy, Multiplex PCR respiratory viral panels of 5 or more pathogens are considered non covered pathogens and do not represent specific cause of a common syndrome, or the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations.

Nurse Midwifery Services Policy - According to our policy, which is based on New Jersey State Medicaid Guidelines, services performed

by a Licensed Midwife should be reported with modifier SB. An exception applies when services are appended with modifier FP and reported for contraceptive and procreative management.