



**NEW POLICY UPDATES 10/1/2017**

**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 October 1, 2017:

<p><b><u>POLICY</u></b></p>
<p><b><u>Telehealth Services</u></b>  <u>Place of Service</u>-Telehealth services should be reported with an appropriate place of service.  <u>Modifiers</u>-Telehealth services require appropriate modifiers be appended to identify mode of communication. Additionally new telehealth modifier 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunication System) should only be reported with telehealth services.</p>
<p><b><u>Drug Screen Policies</u></b>  <b><u>Select Drug Testing CPT/HCPCS Codes and New Presumptive/Definitive Drug Testing (HCPCS G0477-G0479; G0480-G0483)</u></b>-Per our policy, based on CMS guidelines, select CPT/HCPCS codes for therapeutic drug assays/presumptive drug class screenings/definitive drug testing must be reported with an appropriate presumptive/definitive drug testing codes  <b><u>Drug Screen Daily Combined Limits</u></b>-Per our policy, when the following drug screen tests are reported in any combination on the same date of service only the test with the lowest allowed amount will be reimbursed. Codes: 80184, 80320-80377, 82487-82492, 82542, 83516, 83789, 84311.</p>
<p><b><u>Packaged Services-</u></b>  According to our policy, observation services reported by an outpatient hospital facility are considered packaged when reported with an outpatient surgery by the same facility on the same date of service.  Additionally when observation services are reported by an outpatient hospital facility with hydration/drug infusion therapy by the same facility on the same day when the only other services are drugs or labs the observation care would be considered packaged and not separately reimbursed as well.</p>
<p><b><u>Observation Discharge Services</u></b>-According to our policy, which is supported by the AMA CPT Manual, observation discharge services should be reported by the physician to include all services provided to a patient on the date of discharge. A qualifying observation care admission code/subsequent observation care code/surgical services should be reported prior to the observation discharge care date of service.</p>

**Durable Medical Equipment-Gradient Compression Stockings**-According to our policy gradient compression stockings are used in wound care; therefore, these stockings should be report with a diagnosis that indicates wound care.

**Sodium Hyaluronan or Derivative (J7320-J7328)**-According to our policy sodium hyaluronan or derivative should be reported with an appropriate modifier indicating bilateral site.