

MAY 11, 2021

CLINICAL PAYMENT, CODING AND POLICY CHANGES

NEW POLICY UPDATES – EFFECTIVE JULY 27, 2021

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. This notice is developed to keep you informed of the details of the upcoming new policies or policy changes.

The change described below is effective for dates of service beginning July 27, 2021:

Colorectal Cancer Screening Tests – DNA Based

Per our policy, which is based on CMS guidelines, multitarget stool DNA testing (Cologuard™):

- Should be reported with the appropriate screening diagnosis
- Is limited to once per year
- Is covered for routine purposes only for certain ages/adult members

Laboratory/Pathology Policy

Per our policies based on CMS/AMA-CPT: **COVID-19 Testing and Specimen Collection-**

Per CMS/AMA/CPT manual, only one type of COVID-19 test (antibody/non-CDC/nucleic acid detection) per day should be performed within the same category of test; multiple like tests on the same date of services are duplicative.

Per AMA/CPT manual-COVID-19 specimen collection services (nasopharyngeal, oropharyngeal or respiratory samples) should be reported in conjunction with COVID-19 laboratory testing.

Nucleic-Acid Testing-Positive nucleic-acid based tests for SARS-CoV-2 generally confirm the diagnosis and do not have to be repeated. Negative nucleic-acid tests may be repeated if the suspicion of COVID-19 is high but is not recommended on the same day. There are exceptions to this concept for certain testing that is allowed only once per 3-day period.

CMS Coverage Policy-Opioid Treatment Programs (OTPs)

Per CMS policy, place of service 58 (Non-residential opioid treatment facility) is only a valid place of service for opioid treatment program services and should not be reported for other services.

Questions?

Just call Provider Relations at 1-866-638-1232 for assistance.