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 (09/01/2025):

Evaluation and Management Services Policy- Care Management Services- According to CMS Policy, comprehensive assessment of and care planning for patients requiring chronic care management services should be reported only once during the initiation of the patient into chronic care management. Initiating visit can occur during comprehensive face-to-face Evaluation and Management (E/M) visit, annual wellness visit, or initial preventive physical exam. An initiating visit is required for new patients or patients who has not been seen within one year. Therefore, comprehensive assessment of and care planning for patients requiring chronic care management services reported for more than once in a year is not payable.
CMS Coverage Policies- Remote Therapeutic Monitoring Services- According to CMS Policy and the AMA CPT Manual, remote therapeutic monitoring services or remote monitoring of physiologic parameter(s) services should not be reported together within a 30-day period. In addition, remote therapeutic monitoring treatment management services or remote physiologic monitoring treatment management services should not be reported together more than once within the same calendar month.
CMS Coverage Policies- Modifier GY- According to our policy, which is based on CMS Policy, modifier GY is used to indicate that services are statutorily excluded or do not meet the definition of a covered benefit.
Modifier Policy- Modifier CS (Cost Share Waiver COVID-19)- According to our policy, which is based on CMS policy, effective May 12, 2023, CMS no longer accepts modifier CS (COST SHARE WAIVER COVID-19) as a valid modifier for services submitted.
Drug and Biological Policy- Natalizumab (J2323, Q5134)- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum dosage of

natalizumab for the reported condition is 300 units of J2323 or Q5134 for a 27-day time period.
Drug and Biological Policy- Lutetium Lu 177 vipivotide tetraxetan (A9607)- According to our policy, which is based on the FDA-approved package insert/prescribing information, patients being treated with lutetium Lu-177 vipivotide tetraxetan should not begin a new treatment cycle if there is evidence of significant myelosuppression.