

Updated Payment Policies

Nov. 11, 2020

PA Health & Wellness is implementing Payment & Clinical Policies that will guide how claims, for certain services, are adjudicated and paid. To ensure accurate reimbursement, the updated policies will provide the clinically based rule content used to evaluate claims. This is in addition to all other reimbursement processes that PA Health & Wellness currently employs. The policies that dictate the coding and billing rules applied are based on industry standards and guidelines as published and defined in the Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), and public domain specialty society edits, unless specifically addressed in the fee-for-service provider manual published by the State of Pennsylvania or regulations.

The effective date of the PA Health & Wellness policies listed in this notification is 2/1/2021. These policies apply to PA Health & Wellness products, as indicated below unless otherwise noted.

The policies documents can be found on the PA Health & Wellness web site via the link below:

PAHealthWellness.com

Policy Number	Policy Name	Policy Description	Lines of Business
PA.CC.PP.066	Leveling of Care: Evaluation & Management Overcoding	The purpose of this policy is to ensure that the level of E&M service reported by the provider reflects the services performed. When a provider submits an E&M service that exceeds the maximum level of E&M service based on the diagnosis and other claim documentation elements, the E&M code is reduced to reflect the maximum level of E&M service.	Medicare, Marketplace
PA.CC.PP.069	Multiple Procedure Reduction: Ophthalmology	When multiple (two or more) diagnostic ophthalmology procedures with an MPI of 7 are performed by the same provider, on the same patient, on the same day, the policy will allow 100% of the maximum allowance for the first diagnostic procedure with the highest cost per unit and 80% of the allowance for each subsequent diagnostic	Medicaid, Medicare, Marketplace

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		ophthalmology procedure unless the modifier -26 is present.	
PA.CC.PP.067	Renal Hemodialysis	Hemodialysis will be denied in excess of three units or visits during any calendar week.	Medicaid, Medicare, Marketplace
PA.CC.PP.068	Multiple Procedure Payment Reduction for Therapeutic Services	When multiple (two or more) 'always therapy' procedures with an MPI of 5 are performed by the same provider, or by providers within the same group practice, on the same day, the policy will allow 100% of the maximum allowance for the therapeutic procedure with the highest cost per until and 90% of the allowance for each subsequent therapeutic procedure.	Medicaid, Medicare, Marketplace
PA.CC.PP.061	Non-OB & OB Transabdominal and Transvaginal Ultrasounds	Revision to the existing PA.CC.PP.061 policy to include a multi-procedure reduction for transvaginal and 1st-trimester abdominal ultrasound performed on the same day. The transvaginal ultrasound would be paid at 100% and the abdominal ultrasound will be reduced by 50%.	Medicaid, Medicare, Marketplace