

## Updated Payment Policies

October 11, 2019

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 change(s) for each policy is posted within the document. These policies apply to all PA Health & Wellness products, unless otherwise noted.

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

[PAHealthWellness.com](http://PAHealthWellness.com)

| Number    | Policy Name   | Policy Description  | Line of Business (LOB) |
|-----------|---|---|------------------------|
| CP.MP.152 | Measurement of Serum 1,25-dihydroxyvitamin D        | This policy address when measurement of 1,25(OH) <sub>2</sub> D is appropriate and medically necessary.   | Medicare, Medicaid     |
| CC.PP.060 | Not Medically Necessary Inpatient Services          | The purpose of this policy is to define payment criteria for medical professional services when the inpatient facility admission is denied as not medically necessary.  | Medicaid               |
| CC.PP.061 | Non-obstetrical Pelvic and Transvaginal Ultrasounds | The purpose of this policy is to define payment criteria for multiple non-obstetrical ultrasound images in a single session.  | Medicare Medicaid      |
| CC.PP.055 | Physician's Office Laboratory Testing (POLT)        | The purpose of this policy is to define payment criteria for in-office laboratory procedures to be used in making payment decisions and administering benefits. Furthermore to encourage the specialization of independent labs to ensure higher quality laboratory tests are performed in the appropriate setting. | Medicare, Medicaid     |