Subject: Updated Medicare Payment Policies

Dear Provider:

Thank you for your continued partnership with Wellcare By 'Ohana Health Plan. We value everything you do to deliver quality care to our members—your patients.

To deliver the best patient experience to our members, we continually review and update our payment and utilization policies to ensure compliance with current industry standards and guidelines. As such, we are writing today to inform you of new Medicare policies that Wellcare By 'Ohana Health Plan will be implementing effective for dates of service on or after 02/01/2023.

The purpose of these Medicare Synergy Edits is to implement correct coding edits in accordance with and to align with CMS and AMA guidelines. The edits cover the following areas:

- Durable Medical Equipment
- Drugs and Biological
- Modifiers
- Podiatry
- Laboratory-Pathology
- Evaluation & Management
- Incision and Drainage
- Frequency
- Bundled Facility
- Vitamin D Testing

The table below provides you the denial description and denial code.

You can access the home page of the CMS National Coverage Database Search here: https://www.cms.gov/medicare-coverage-database/search.aspx

#	Denial Description	Denial Code
1	Deny S5161 (Emergency response system monthly service fee) when billed by any provider more than once a month.	IH056
2	Deny 76706 (Ultrasound, abdominal aorta, screening study for abdominal aortic aneurysm [AAA]) when billed for a male patient older than 75 years of age and a diagnosis of family history of AAA is not present on the claim.	IH007
3	Deny U0003 (COVID-19 infectious agent detection by nucleic acid, high throughput) when billed with 87635	IH056

	(COVID-19 Infectious agent detection by nucleic acid) by any provider.	
4	Deny E/M services when billed the same date of service as cardiovascular services (93260-93261, 93282-93284, 93287, 93289, 93292).	IH001
5	Deny 82728 (Ferritin), 83540 (Iron), 83550 (Iron binding capacity) or 84466 (Transferrin) when billed without a covered diagnosis.	IH040
6	Deny 84153 (Prostate specific antigen [PSA], total) when billed without a required diagnosis.	IH040
7	Deny 99406 or 99407 (Smoking and tobacco cessation counseling visit) when billed with Bill Type 0120-012Z (Hospital inpatient Part B), 0130-013Z (Hospital outpatient), 0220-022Z (SNF inpatient part B), 0230-023Z (SNF outpatient part B), 0340-034Z (Home health services not under a plan of treatment) and the revenue code is not 0942 (Education/training).	IH122
8	Limit intermittent urinary catheters (A4351-A4353) to 600 combined units per three months.	IH014
9	"Deny G0420-G0421 (Face-to-face educational services related to the care of chronic kidney disease) if not accompanied by a diagnosis of chronic kidney disease, stage IV, [severe]).	IH007
10	Deny V2785 (Processing, preserving and transporting corneal tissue) when billed without a corneal transplant procedure (65710, 65730, 65750, 65755, 65756, 65765, 65767).	IH016
11	Limit J2785 to four combined units per date of service by any provider when billed and the diagnosis is coronary artery disease.	IH014
12	Deny 77065, 77066 or G0279 (Diagnostic mammography) when billed with 77063 or 77067 (Screening mammography) and modifier GG (Screening and diagnostic mammogram on same day) is not appended to the diagnostic mammography procedure.	IH038
13	Deny 76706 (Ultrasound, abdominal aorta, screening study for abdominal aortic aneurysm [AAA]) when billed for a female patient and a diagnosis of family history of AAA is not present on the claim.	IH007
14	Deny 87635 (COVID-19 Infectious agent detection by nucleic acid) when billed and U0003 (COVID-19 infectious agent detection by nucleic acid, high throughput) has been previously billed and paid on the same date of service by any provider.	IH056
15	Deny oxygen and oxygen equipment (E0424-E0447, E1390-E1392, E1405-E1406, K0738) when billed without modifier KX, GA, GY or GZ.	IH038

16	Deny 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) when billed with more than one unit per day.	IH048
17	Deny the E/M service when billed the same date as electromyography, nerve conduction tests or reflex tests.	IH001
18	Deny E2402 (Negative wound therapy pressure pump) when billed more than once per month by any provider.	IH055
19	Deny A6550, A7000 or E2402 (Negative wound therapy pressure pump) as missing a required modifier when billed without modifier KX, GA, or GZ.	IH038
20	Deny Transitional Care Management (TCM) services (99495-99496) when billed and another TCM Service (99495-99496) has been billed on the same date of service by any provider.	IH028
21	Deny E0675 (Pneumatic compression device, for arterial insufficiency) when billed.	IH003
22	Deny ambulance services when the date of service falls on the same date of service as subsequent inpatient care and an initial hospital care or a discharge service has not been reported by any provider.	IH127
23	Deny 82306 (Vitamin D; 25 hydroxy) when billed without a requisite diagnosis code.	IH007
24	Deny 10060-10061 (Incision and drainage of abscess) or 10160 (Puncture aspiration of abscess) when billed without a requisite diagnosis and the provider specialty is podiatry.	IH007
25	Deny 10140 (Incision and drainage of hematoma) when billed without a requisite diagnosis and the provider specialty is podiatry.	IH007
26	Deny 11055-11057, 11719-11721, or G0127 (Nail paring, cutting, debridement, trimming) when billed without a requisite diagnosis on the claim.	IH007
27	Deny 11055-11057, 11719-11721, or G0127 (Nail paring, cutting, debridement, trimming) when billed with a diagnosis of thickened or mycotic nails and without a qualifying complication diagnosis or a systemic condition resulting in circulatory or neurologic impairment on the claim.	IH007
28	Deny 11730 or 11732 (Avulsion of nail plate, partial or complete, simple) when billed more than one unique date of service in a 12-week period.	IH033
29	Deny 11055-11057 (Paring or cutting of benign hyperkeratotic lesion) when billed with a diagnosis of hyperkeratosis and without an additional diagnosis	IH007

	such as metabolic, neurologic or peripheral vascular disease on the claim.	
30	Deny additional units of 11055-11057, 11719-11721, or G0127 (Routine foot care) when billed more than once within a two-month period.	IH033

For detailed information about these policies, please refer to our website at **https://www.wellcare.com/en/Hawaii**. For questions about these edits or any of our payment policies, please call our Provider Services team at **1-866-319-3554**.

Thank you for being a trusted provider partner.

Sincerely,

Wellcare By ʻOhana Health Plan