

Payment Policy Updates

December 2021

The following payment policies received their annual review with no changes to policy content:

- [Anesthesia Guidelines](#)
- [Anesthesia Modifiers](#)
- [Drugs Administered in a Physician Office](#)
- [Modifier 51 – Multiple Procedures](#)
- [Modifier 90 – Reference \(Outside\) Laboratory](#)
- [Multiple Diagnostic Ophthalmology Services Reduction](#)

The following payment policies received their annual review with the changes noted below:

- [Allergen Immunotherapy \(95165\) Unit Limits](#)
 - Removed Office visit codes.
- [Contract Exclusions/Disallowed Charges-Inpatient and Outpatient Facility Services](#)
 - In response to provider requests, expanded and clarified the policy content to reflect non-reimbursable services more accurately.
- [Drug Assay Services/Urine Drug Testing](#)
 - Revised the opening paragraphs of the Definitive/Quantitative Drug Class section in the policy.
- [Hospital or Hospital System Readmissions](#)
 - Added back exceptions that were inadvertently removed from the prior policy update including newborn/neonatal care, infants (children less than 12 months old), and pediatric oncology.
- [Maternity Services](#)
 - Clarified the description under **delivery including postpartum care** section of the policy to identify what services are included.

Log into the secure provider portal to view the full policy details.