

Provider Update

Date: 12.01.2022

Virginia Premier Will Implement New Medical Payment Policies on Feb. 1, 2023

Virginia Premier is implementing several changes to payment and reimbursement policies, effective **February 1, 2023**. Please review the changes below and share with your team as needed. If you have questions, please contact Virginia Premier at 804-968-1529.

Policy Updates:

- Split Night Sleep Study:
 - Professional and facility
 - Medicaid and Medicare products
 - Deny the subsequent polysomnography study billed within 30 days of the initial service
- R Codes as a Primary DX for Pathology Claims
 - Professional only
 - Medicaid and Medicare products
 - Deny professional pathology claims billed with an R code in the primary diagnosis position and outpatient pathology claims billed with R codes in all diagnosis positions with the exception of the excluded codes
- Unbundled OB Panel
 - Professional and facility
 - Medicare product only
 - Deny Medicare claim lines where the OB lab panel 80055 is billed along with a procedure code included in the 80055 panel, on the same date of service, for same patient, by the same provider, and without an appropriate modifier
- Modifiers 59_XE_XP_XS_XU
 - Professional only
 - Medicaid and Medicare products
 - Deny claim lines with modifiers 59, XE, XP, XS or XU appended when there are no other services billed by the same group provider on the same date of service

Provider Update

- RNM – Radiology Modifiers
 - Professional only
 - Medicaid and Medicare products
 - This rule identifies a radiology claim line when a radiology procedure or service is submitted with a 76 or 77 modifier, signifying the procedure or service is a repeat of the same procedure done previously, yet review of claim history identifies no original same procedure or service submitted for that date of service or procedure
- ICD-10 7th Character and Therapy Codes
 - Professional only
 - Medicaid and Medicare products
 - Deny therapy (PT, OT, SLP) CPT codes when an ICD-10 diagnosis code in any position is billed with the 7th character A (active) on a claim line for professional and outpatient claims
- CLIA Waived Labs in POS 11 without QW modifier
 - Professional only
 - Medicaid and Medicare products
 - Deny the CLIA-waived procedures if submitted without the QW modifier in the first position on the claim line if billed in POS 11