

July 1, 2020



## Healthfirst Reimbursement Policy Updates

Effective August 1, 2020 | For All Lines of Business

Effective **August 1, 2020**, several changes will be made to our reimbursement policy to maintain compliance with industry-accepted coding and reimbursement practices as well as state and national regulatory requirements.

For more details, [click on the links below](#).

- [Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\)](#)
- [General Ophthalmological Exams](#)
- [Scope of Specialties](#)

Should you have any questions, you may contact your network representative, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

## Reimbursement Policy for Frequency of Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

### Policy Overview

Effective August 1, 2020, consistent with CMS policies, Healthfirst will not reimburse SCODI when billed more than one (1) time per month with a diagnosis of retinal disease or when billed more than two (2) times per year with a diagnosis of glaucoma.

### Rationale

Per CMS:

- No more than one (1) exam every month will be considered medically reasonable and necessary to manage a patient whose primary ophthalmological condition is related to a retinal disease that is not undergoing active treatment. No more than two (2) exams per year will be considered medically reasonable and necessary for a patient who has glaucoma.

### Billing Information

This policy applies to the following service codes:

- 92133:** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.
- 92134:** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.

## Reimbursement Policy for General Ophthalmological Exams

### Policy Overview

Effective August 1, 2020, a comprehensive ophthalmological exam will be recoded to an intermediate ophthalmological exam when another comprehensive ophthalmological exam has been billed within the past six (6) months.

### Rationale

This policy is based on clinical practice and coding standards. Per CPT guidelines and the preface to the ophthalmology section of the CPT manual, a comprehensive ophthalmological exam should always include the initiation or continuation of a diagnostic or treatment program. Often, a follow-up visit involves no initiation of a diagnostic and treatment program. If there is no such initiation, a provider should use the intermediate ophthalmological exam CPT code.

### Billing Information

This policy applies to the following service codes:

**92012:** Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.

**92014:** Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient; one or more visits.

## Reimbursement Policy for Scope of Specialties

### Policy Overview

Effective August 1, 2020, if any of the following CPT codes is billed by a provider with a specialty other than neurology, neuro-ophthalmology, or neurosurgery, the services will not be covered by Healthfirst.

### Billing Information

This policy applies to the following service codes:

**95717–95726:** EEG, continuous recording

**95812–95827:** Routine Electroencephalography

**95950–95962:** Special EEG Tests

**95836:** Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days.

**G0255:** Current perception threshold/sensory nerve conduction test (SNCT) per limb, any nerve.

As a reminder, providers should perform services within the scope of their specialty as credentialed by Healthfirst.

If patients wish to seek specialty services outside of your scope, please remind them that they can access specialty services without a referral from their primary care provider or authorization by Healthfirst.

For more information about the specialist scope of reimbursement, please review section 3.1 of the [Healthfirst Provider Manual](#).