



# Provider Alert

Urgent Provider News



May 1, 2024

Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

- [Benign Excision Repair Unbundling – Effective July 1, 2024](#)
- [New Adjustment Codes for Current Payment Policy Edits](#)
- [Billing Code J7170 Requires JW or JZ Modifier](#)
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## **Benign Excision Repair Unbundling – Effective July 1, 2024**

The National Correct Coding Initiative Policy Manual, Chapter 3 narrative, states when a benign lesion of 0.5 cm or less is excised, all types of repairs are included in the excision code. Excision of benign lesions with excised diameter of 0.5 cm or less (CPT codes 11400, 11420, and 11440) includes simple, intermediate, or complex repairs which shall not be reported separately.

## **New Adjustment Codes for Current Payment Policy Edits**

Sentara Health Plans has new adjustment codes that are effective July 1, 2024.

New Adjustment Code	Description
DC93B	DENY-CO-SURGEON NOT WARRANTED. PROVIDER RESP.
DC34D	DENY-TOTAL-COMPONENT-MODIFIER 78
DC34C	DENY-CPT CODE DENIED BASED ON MEMBERS AGE. PROVIDER RESP.
DC07R	DENY QUANTITY EXCEEDS THE FREQUENCY LIMIT
DC95T	DENY-MISSING MODIFIER-ALWAYS THERAPY
DC95H	DENY-MISSING MODIFIER-ALWAYS THERAPY

### **Billing Code J7170 Requires JW or JZ Modifier**

During a recent claims audit, Sentara Health Plans identified when J7170 is billed, the requisite JW or JZ modifiers were not added by providers to identify drug leftovers or waste.

Effective January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) implemented the requirement to add the JW modifier to identify unused and discarded amounts of drugs or biologicals from single-dose containers or single-dose packages. The discarded amount is defined as any amount that is not part of the prescribed dose and not intended to have a therapeutic effect in the patient.

Effective July 1, 2023, CMS implemented the requirement to add the JZ modifier to attest that there are no amounts of drugs or biologicals from single-dose containers or single-dose packages were unused and discarded.

### **Medicaid Five-Day Readmissions: Policy 3997**

As a reminder, Sentara Health Plans follows the Department of Medical Assistance Services (DMAS) requirements for Five-Day Readmissions. A readmission that occurs when a Medicaid patient is discharged and returns to the same hospital within five calendar days with the same or similar diagnosis is considered a continuation of the same stay and will not be reimbursed. Similar diagnoses shall be defined as ICD diagnosis codes possessing the same first three digits.

## **New Paper Claims Vendor Deadline Approaching – Action Required**

Beginning July 1, Sentara Health Plans will transition our paper claims processing functions to FirstSource, a third-party vendor responsible for the intake and processing of mailed claims. To help support this transition, we are reaching out to our provider community ahead of the effective date to communicate the change and ensure our provider partners have the details needed to submit claims successfully.

As part of this transition, submitted paper claims will be processed according to billing requirements consistent with CMS and DMAS. This change, for health plan compliance, ensures our received paper claims include the required fields and formatting to process as clean claims. Providers who previously submitted paper claims to Sentara Health Plans could see a change in processing. With the change to this vendor, claims that were previously processed by Sentara Health Plans and denied for missing information will be rejected prior to health plan processing. This will result in faster exchange of information to allow for an opportunity for re-billing or correcting claims.

We encourage providers to submit claims electronically for the quickest and most effective processing route. As an additional option, providers can use the provider portal through Availity to submit single claims electronically. **Note: Effective June 30, 2024, Excelsa will discontinue the process of scanning the claims received and ship them to FirstSource in Kingston, New Jersey by overnight mail.**

## **National Imaging Associates (NIA) is Now Evolent**

NIA, our Medical Specialty Solutions program vendor, is now Evolent Services. This includes prior authorization of nonemergent, advanced outpatient imaging and some cardiac services.