

November 1, 2020



Healthfirst Reimbursement Policy Updates

Effective December 1, 2020 | For All Lines of Business

Healthfirst aims to ensure that our reimbursement policy standards are up to date and are compliant with state and national industry standards. Effective **December 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](#).

- [Folate Testing](#)
- [Treatment of Benign Hyperkeratotic Lesions](#)
- [Nail Plate Avulsion Therapy](#)
- [Radiological Examination Chest](#)

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.

Folate Testing

Policy Overview

Effective December 1, 2020, Healthfirst will no longer reimburse for folate testing (82746) when performed more than once per year, with the exception of deficiency disorder or malabsorption syndrome, testing for which will be allowable four times per year.

Rationale

According to CMS policy, folate testing should not be performed more than once per year except in cases that involve deficiency disorder or malabsorption syndrome.

Billing Information

This policy applies to the following service code:

82746: Folic acid; serum

Treatment of Benign Hyperkeratotic Lesions

Policy Overview

Effective December 1, 2020, Healthfirst will no longer reimburse for the paring of hyperkeratotic lesions (11055–11057) for the treatment of hyperkeratosis without an additional diagnosis such as the metabolic, neurologic, or peripheral vascular disease on the claim.

Rationale

According to CMS policy, the paring of hyperkeratotic lesions (11055–11057) for the treatment of hyperkeratosis also requires an additional diagnosis to indicate that a complication such as pain or infection exists or that severe systemic disease exists that has resulted in circulatory or neurologic impairment.

Billing Information

This policy applies to the following service codes:

- 11055:** Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); single lesion
- 11056:** Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); two to four lesions
- 11057:** Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); more than four lesions

Nail Plate Avulsion Therapy

Policy Overview

Effective December 1, 2020, Healthfirst will no longer reimburse for the avulsion of nail plate partial or complete, simple (11730, 11732) when billed more than once in a 12-week period.

Rationale

According to CMS policy, if there is a recurrence, a subsequent nail avulsion (11730, 11732) should not be required for at least 12 weeks.

Billing Information

This policy applies to the following service codes:

11730: Avulsion of nail plate, partial or complete, simple; single

11732: Avulsion of nail plate, partial or complete, simple; each additional nail plate (list separately in addition to code for primary procedure)

Radiological Examination Chest

Policy Overview

Effective December 1, 2020, Healthfirst will no longer reimburse for chest X-ray (71045 or 71046) without the diagnosis of pertinent signs, symptoms, or diseases.

Rationale

According to CMS policy and the American College of Radiology, a chest X-ray (71045 or 71046) should not be performed for screening purposes in the absence of pertinent signs, symptoms, or diseases.

Billing Information

This policy applies to the following service codes:

71045: Radiologic examination, chest; single view

71046: Radiologic examination, chest; two views