

## New and Updated Neighborhood Payment Policies

Neighborhood News - July 2022

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*Maintaining current and accurate payment policies is a priority for Neighborhood. We know our provider network relies on policies to inform doing business with Neighborhood.*

Please see below for a list of recent payment policy activity:

### Non-Covered Services Payment Policy

**Action:** Reviewed and revised May 16, 2022

#### **Summary of Changes:**

- Comprehensive review and update (i.e., addition/removal) of CPT/HCPC codes for each line of business. Non-covered modifiers were added to the non-covered services listing/grid for each line of business.
- Non-Covered Services Payment Policy - Archive 5, now published on the [Billing Guidelines and Payment Policies Archive webpage](#).

**Impacted line(s) of business:** All

### Modifier Payment Policy

**Action:** New policy; Created May 16, 2022

#### **Summary of Changes:**

- Newly created policy for documentation of current and active reimbursement guidance for specified modifiers. This policy (5.16.22) does not include guidance Modifier CQ or CO.

**Impacted line(s) of business:** All

### Out of Network Payment Policy

**Action:** Reviewed and revised May 2, 2022

#### **Summary of changes:**

- Annual review; Updated language for Commercial members regarding the No Surprises Act and the Qualifying Payment Amount (QPA).
  - Out of network emergency room services, out of network air ambulatory services, and services rendered by an out of network provider at an in network facility, will be reimbursed using the defined QPA methodology.
- Replaces former Out of Network Payment Policy, now published on the [Billing Guidelines and Payment Policies Archive webpage](#).

**Impacted line(s) of business:** All

### Physician Services Payment Policy

**Action:** Reviewed and revised May 2, 2022

#### **Summary of changes:**

- Annual review; Gynecological exam codes added that were formerly documented in “Annual GYN Exams CHC Billing Guideline,” now published on the Billing Guidelines and Payment Policies Archive webpage.
- Replaces former Physician Services Payment Policy - Archive 2, now published on the [Billing Guidelines and Payment Policies Archive webpage](#).

**Impacted line(s) of business:** All

### Speech Therapy Services

**Action:** Revisions effective May 1, 2022 (providers were formally notified on March 1, 2022); Annual review on May 2, 2022

#### **Summary of changes:**

- Updated **“Prerequisites” section** to include the following clarification regarding ordering/referring providers for outpatient therapy services:
  - Members must receive an order for outpatient therapy services from their primary care provider (PCP) or treating physician that is separate and distinct from the practice providing therapy. The ordering/referring provider must be documented in the member’s medical record, as well as, noted in Box 17 (referring provider) on the claim.
- Replaces for “Speech Therapy Services Payment Policy – Archive 3,” now published on the [Billing Guidelines and Payment Policies Archive webpage](#).

**Impacted line(s) of business:** All

### Telemedicine/Telephone Services Payment Policy – Effective July 1, 2022

**Action:** Reviewed and revised May 1, 2022 (providers were formally notified on March 1, 2022)

#### **Summary of Changes:**

- Place of service (POS) 10 language added.
- Requirement that all claims for telemedicine services must be billed on a CMS-1500 claim form.
- Two separate coding grids:
  1. Listing of the permanent codes allowed for telemedicine,
  2. Listing of temporary codes allowed through December 2023.
- Limiting telemedicine services at a CPT/HCPC code level versus provider specialty (see policy for excluded provider specialty types).

For complete information regarding this new Telemedicine/Telephone Services Payment Policy, please [click here](#) to view a copy of the notification from May 1, 2022

**Impacted line(s) of business:** All

### Vision Care Services Payment Policy

**Action:** Revised April 29, 2022

#### **Summary of changes:**

- Error corrected regarding the age ranges for Commercial children members.
  - Under “Coverage & Reimbursement Requirements” section, the former policy cited Commercial children as age “under 21 years,” however, the correct Commercial child age applicability is “under 19 years.”

**Impacted line(s) of business:** Revision impacts Commercial membership only; entire policy applies to all LOB.