

<b>Professional Pricing Policy</b>	
<b>Subject: Frequency Editing</b>	
Policy Number: HLCP-0003	Policy Section: <b>Coding</b>
Last Approval Date: September 1, 2020	Effective Date: October 17, 2020

### Disclaimer

*These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for allowed amounts for HealthLink members. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities.*

*If appropriate coding/billing guidelines are not followed, HealthLink and/or its Payors may:*

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

*These policies may be superseded by provider or State contract language, or State, Federal requirements or mandates.*

*We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or adjust pricing accordingly to the effective date. HealthLink reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website. Note: medical claim pricing and processing services provided by HealthLink are available to a payor; however not all payors purchase such services for the benefit plans they sponsor.*

### Policy

HealthLink uses claims processing logic to determine when the use of multiple units is appropriate. HealthLink also uses the nomenclature for a particular Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS Level II) code, the Centers for Medicare & Medicaid Services' (CMS's) Medically Unlikely Edits (MUEs) designation, industry standards, or the ability to clinically perform or report a particular service more than one time on a single date of service or within a particular date span per member per provider in making these determinations.

1. All or any of the following factors identify when a procedure will be limited in units, or number of times a code is allowed on a single date of service:
  - a. The description of a procedure code includes the word(s) "bilateral" or "unilateral or bilateral"
  - b. A procedure code description specifies "unilateral" and there is another CPT code for the bilateral service or another add-on code for additional services (the unilateral CPT code cannot be submitted more than once on a single date of service)
  - c. The description of a procedure code includes a specified time frame
  - d. The parenthetical statement associated with the procedure code includes a specified time frame
  - e. The description of a procedure code implies multiplicity
  - f. The total number of times it is clinically possible or clinically reasonable to perform a given procedure on a single date of service is limited
    - In some circumstances a RT/LT or site specific modifier will allow a code to process when used more than once, since these modifiers will identify the specific side or digit when more than one site is being treated or evaluated

- g. A procedure code is reported more than one time, but typically is not performed more than once on a single date of service
- 2. When a procedure code is submitted with multiple units, and only a single unit is acceptable, allowance will be based on only one unit.
- 3. HealthLink will apply all unit/frequency edits pre-adjudication, using both the unit field and multiple submissions of line items.
- 4. HealthLink will apply a frequency edit, when applicable, to a base code which has a related add-on code listed in CPT Appendix D. Since the related add-on code(s) describes a phrase such as “each additional” or “list separately in addition to the primary procedure,” the base code is eligible for reimbursement only once per date of service.
- 5. HealthLink will apply frequency edits across dates of service for certain codes. This edit will use claim lines processed in history that have previous, current, and subsequent dates of service to accumulate and apply this type of frequency limit.
- 6. HealthLink will apply frequency maximums per day and/or per date span, which may be based on the CMS’s MUEs, industry standards, and/or code description.
- 7. HealthLink will apply frequency maximums per day and/or per date span when procedures are within the same service grouping.

HealthLink has customized unit/frequency logic for the procedure codes listed in the table in the Coding Section below. Services reported in excess of these restrictions are not allowed.

<b>Related Coding</b>		
<b>Codes</b>	<b>Description</b>	<b>Frequency Limit</b>
11720	Debridement of nail(s) by any method(s); 1 to 5	1 per 60 days** **first processed per code or code group; code group for this frequency limit includes 11720 and 11721
11721	Debridement of nail(s) by any method(s); 6 or more	1 per 60 days** **first processed per code or code group; code group for this frequency limit includes 11720 and 11721
49185	Sclerotherapy of a fluid collection (e.g., lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (e.g., ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	1 per date of service
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injections, localization device), imaging supervision and interpretation	1 per date of service
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	1 per date of service
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)	1 per date of service

<b>Codes</b>	<b>Description</b>	<b>Frequency Limit</b>
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	1 per date of service
77021	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	1 per date of service
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	1 per date of service
77600, 77605	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less) or deep (i.e., heating to depths greater than 4 cm)	1 per date of service
80320	Definitive drug testing: Alcohols	1 per date of service
80321, 80322	Definitive drug testing: Alcohol biomarkers	1 per date of service
80323	Definitive drug testing: Alkaloids, not otherwise specified	1 per date of service
80324, 80325, 80326	Definitive drug testing: Amphetamines	1 per date of service
80327, 80328	Definitive drug testing: Anabolic steroids	1 per date of service
80329, 80330, 80331	Definitive drug testing: Analgesics, non-opioid	1 per date of service
80332, 80333, 80334	Definitive drug testing: Antidepressants, serotonergic class	1 per date of service
80335, 80336, 80337	Definitive drug testing: Antidepressants, tricyclic and other cyclicals	1 per date of service
80338	Definitive drug testing: Antidepressants, not otherwise specified	1 per date of service
80339, 80340, 80341	Definitive drug testing: Antiepileptics, not otherwise specified	1 per date of service
80342, 80343, 80344	Definitive drug testing: Antipsychotics, not otherwise specified	1 per date of service
80345	Definitive drug testing: Barbiturates	1 per date of service
80346, 80347	Definitive drug testing: Benzodiazepines	1 per date of service
80348	Definitive drug testing: Buprenorphine	1 per date of service

<b>Codes</b>	<b>Description</b>	<b>Frequency Limit</b>
80349	Definitive drug testing: Cannabinoids, natural	1 per date of service
80350, 80351, 80352	Definitive drug testing: Cannabinoids, synthetic	1 per date of service
80353	Definitive drug testing: Cocaine	1 per date of service
80354	Definitive drug testing: Fentanyl	1 per date of service
80355	Definitive drug testing: Gabapentin, non-blood	1 per date of service
80356	Definitive drug testing: Heroin metabolite	1 per date of service
80357	Definitive drug testing: Ketamine and norketamine	1 per date of service
80358	Definitive drug testing: Methadone	1 per date of service
80359	Definitive drug testing: Methylenedioxyamphetamines (MDA, MDEA, MDMA)	1 per date of service
80360	Definitive drug testing: Methylphenidate	1 per date of service
80361	Definitive drug testing: Opiates	1 per date of service
80362, 80363, 80364	Definitive drug testing: Opioids and opiate analogs	1 per date of service
80365	Definitive drug testing: Oxycodone	1 per date of service
83992	Definitive drug testing: Phencyclidine (PCP)	1 per date of service
80366	Definitive drug testing: Pregabalin	1 per date of service
80367	Definitive drug testing: Propoxyphene	1 per date of service
80368	Definitive drug testing: Sedative hypnotics (non-benzodiazepines)	1 per date of service
80369, 80370	Definitive drug testing: Skeletal muscle relaxants	1 per date of service
80371	Definitive drug testing: Stimulants, synthetic	1 per date of service
80372	Definitive drug testing: Tapentadol	1 per date of service
80373	Definitive drug testing: Tramadol	1 per date of service
80374	Definitive drug testing: Stereoisomer (enantiomer) analysis, single drug class	1 per date of service
80375, 80376, 80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified	1 per date of service
81479	Unlisted molecular pathology procedure	1 per date of service

Codes	Description	Frequency Limit
81528	Oncology (colorectal) screening, quantitative real- time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result.	1 per date of service
86160	Complement; antigen, each component	4 per date of service
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (e.g., Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, Cryptococcus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets	1 per date of service
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	3 per date of service
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	3 per date of service
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	1 per date of service
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	4 per date of service
91065	Breath hydrogen or methane test (e.g., for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	1 per date of service
92250	Fundus photography with interpretation and report	1 per date of service
92275	Electroretinography with interpretation and report	1 per date of service
92326	Replacement of contact lens	1 per date of service
93268, 93270, 93271, 93272	Wearable patient activated EKG event recording per 30 day period of time	1 per date of service
93293, 93294, 93295, 93296	Transtelephonic rhythm strip pacemaker evaluation(s) system up to 90 days	1 per date of service
93297, 93298, 93299	Implantable cardiovascular monitor system, interrogation device evaluation(s) up to 30 days	1 per date of service
93325	Doppler echocardiography color flow velocity mapping	2 per date of service

<b>Codes</b>	<b>Description</b>	<b>Frequency Limit</b>
94014, 94015, 94016	Patient-initiated spirometric recording per 30 day period of time	1 per date of service
94774, 94775, 94776, 94777	Pediatric home apnea monitoring event recording per 30 day period of time	1 per date of service
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	150 doses per 365 days; 30 per date of service
95250, 95251	Continuous glucose monitoring	1 per date of service
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	1 per date of service ** **first processed per code or code group; code group for this frequency limit includes 95800, 95801, 95806, G0398, G0399, and G0400
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)	1 per date of service ** **first processed per code or code group; code group for this frequency limit includes 95800, 95801, 95806, G0398, G0399, and G0400
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)	1 per date of service ** **first processed per code or code group; code group for this frequency limit includes 95800, 95801, 95806, G0398, G0399, and G0400
95925, 95926, 95938, 95927,	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system.	1 per date of service
95928, 95929, 95939	Central motor evoked potential study (transcranial motor stimulation)...	1 per date of service
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	1 per date of service

<b>Codes</b>	<b>Description</b>	<b>Frequency Limit</b>
96150, 96151, 96152, 96153, 96154, 96155	Health and behavior assessment/intervention; each 15 minutes	8 per date of service
96367	Additional sequential infusion, up to 1 hour	6 per date of service
96416	Initiation of prolonged IV Chemotherapy administration (more than 8 hours) requiring the use of a portable or implantable pump	1 per date of service
96900	Actinotherapy (ultraviolet light)	1 per date of service
97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028	Physical medicine modalities	1 per date of service
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	3 per date of service
99363, 99364	Anticoagulant management...90 days of therapy	1 per date of service
0403T	Preventive behavior change, intensive program\of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day	1 per date of service
A4210	Needle-free injection device, each	2 per 365 days
A4230	Infusion set for external insulin pump, non –needle cannula type	60 per date of service
A4232	Syringe with needle for external insulin pump, sterile, 3CC	60 per date of service
A4258	Spring-powered device for lancet, each	2 per date of service
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	2 date of service
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	8 per 365 days
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	8 per 365 days
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	8 per 365 days
C9257	Injection, bevacizumab, 0.25 mg (for Avastin®)	10 per date of service (5 per eye for intravitreal
E0441, E0442, E0443, E0444	Oxygen one month's supply	1 per date of service

<b>Codes</b>	<b>Description</b>	<b>Frequency Limit</b>
E0602	Breast pump, manual, any type	1 per date of service
E0603	Breast pump, electric (AC and/or DC), any type	1 per date of service
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	1 per date of service
G0249	Provision of test materials and equipment for home INR monitoring ... includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	3 per 90 days
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	1 per 7 days ** **first processed per code or code group; code group for this frequency limit includes 95800, 95801, 95806, G0398, G0399, and G0400
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation]	1 per 7 days ** **first processed per code or code group; code group for this frequency limit includes 95800, 95801, 95806, G0398, G0399, and G0400
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	1 per 7 days ** **first processed per code or code group; code group for this frequency limit includes 95800, 95801, 95806, G0398, G0399, and G0400
G0480	Definitive, per day, 1 – 7 drug classes	1 per date of service and 18 per 365 days
G0481	Definitive, per day, 8 – 14 drug classes	1 per date of service and 18 per 365 days
G0482	Definitive, per day, 15 – 21 drug classes	1 per date of service and 18 per 365 days
G0483	Definitive, per day, 22 or more drug classes	1 per date of service and 18 per 365 days
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	1 per date of service
H0022	Alcohol and/or drug intervention service (planned facilitation)	1 per date of service
Q4101	Apligraf, per sq cm	44 per date of service
S9123	Nursing care, in the home; by registered nurse, per hour	24 per date of service



Codes	Description	Frequency Limit
S9124	Nursing care, in the home; by licensed practical nurse, per hour	24 per date of service
S9140	Diabetic management program, follow-up visit to non-MD provider	1 per date of service
S9141	Diabetic management program, follow-up visit to MD provider	1 per date of service
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	2 per date of service
V5298	Hearing aid, not otherwise classified	2 per date of service

### Exemptions

--	--

### Definitions

Medically Unlikely Edit (MUE)	Maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.
General Professional Pricing Policy Definitions	

### Related Policies and Materials

Health and Behavior Assessment/Intervention
Sleep Studies

### References and Research Materials

<p>This policy has been developed through consideration of the following</p> <ul style="list-style-type: none"> <li>• CMS Medically Unlikely Edits</li> <li>• Healthcare Common Procedural Coding System (HCPCS Level II)</li> <li>• American Medical Association (AMA) Current Procedural Terminology (CPT)</li> </ul>
---

#### **Use of Pricing Policy**

*This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Pricing Policy is constantly evolving and we reserve the right to review and update these policies periodically.*

*No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from HealthLink, Inc.*