



Healthfirst Reimbursement Policy Updates

Effective February 1, 2022 | For All Lines of Business

Healthfirst aims to ensure that our reimbursement policy standards are compliant with state and national industry standards. Effective **February 1, 2022**, 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.

Note: this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

For more details, click on the links below.

[!\[\]\(17413706fd4997a1a4bdf85c6864eee1_img.jpg\) Chest X-ray for Lung Cancer Screening](#)

[!\[\]\(faf942dc3e59ce8eb64b4ac481eca7e0_img.jpg\) Direct Laryngoscopy](#)

[!\[\]\(cf531ed27e91483460120fcc057b3901_img.jpg\) HPV and PAP Provider Update](#)

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.

Chest X-ray for Lung Cancer Screening

Effective February 1, 2022

Policy Overview

Effective **February 1, 2022**, Healthfirst will no longer reimburse for chest X-rays (71045–71048) when the only diagnosis reported is for lung cancer screening or nicotine use/dependence.

Rationale

According to the American College of Chest Physicians and the American College of Radiology, a chest X-ray does not lower risk of fatality and should therefore not be utilized for the purpose of screening in asymptomatic patients.

Billing Information

This policy applies to the following CPT codes:

71045: Radiologic examination, chest; single view

71046: Radiologic examination, chest; 2 views

71047: Radiologic examination, chest; 3 views

71048: Radiologic examination, chest; 4 or more views

Direct Laryngoscopy

Effective February 1, 2022

Policy Overview

Effective **February 1, 2022**, Healthfirst will no longer reimburse for direct laryngoscopy for anyone under two years of age when performed in an ineligible place of service.

Rationale

Direct laryngoscopy for anyone under two years of age requires specific equipment for patient monitoring and should be provided only in one of the following places of service.

Billing Information

This policy applies to place of service codes:

- 05:** Indian Health Service Free-standing Facility
- 06:** Indian Health Service Provider-based Facility
- 07:** Tribal 638 Free-standing Facility
- 08:** Tribal 638 Provider-based Facility
- 19:** Off Campus-Outpatient Hospital
- 21:** Inpatient Hospital
- 22:** On Campus-Outpatient Hospital
- 23:** Emergency Room – Hospital
- 24:** Ambulatory Surgical Center
- 26:** Military Treatment Facility

This policy applies to the following CPT codes:

- 31515:** Laryngoscopy direct, with or without tracheoscopy; for aspiration
- 31520:** Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn

Billing Information *(continued)*

31525: Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn

31526: Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope

31527: Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator

31528: Laryngoscopy direct, with or without tracheoscopy; with dilation, initial

31529: Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent

31530: Laryngoscopy, direct, operative, with foreign body removal

31531: Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope

31535: Laryngoscopy, direct, operative, with biopsy

31536: Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope

31540: Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis

31541: Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope

31545: Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)

31546: Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)

31560: Laryngoscopy, direct, operative, with arytenoidectomy

31561: Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope

31570: Laryngoscopy, direct, with injection into vocal cord(s), therapeutic

31571: Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope

HPV/PAP

Effective February 1, 2022

Policy Overview

Effective **February 1, 2022**, Healthfirst will allow Human Papillomavirus (HPV) and Pap smear tests to be conducted at least every three to five years.

Rationale

The United States Preventative Services Task Force (USPSTF) recommends screening for cervical cancer every three years with cervical cytology alone in women 21 to 29 years of age. For women 30 to 65 years of age, screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus testing alone, or every five years with hrHPV testing in combination with cytology (co-testing).

Healthfirst recognizes the importance of regular screening and, as a benefit to our members, is expanding on the USPSTF recommendation by allowing these exams more frequently when medically necessary.