Healthfirst Reimbursement Policy Updates
Effective September 1, 2021 | 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 September 1, 2021, 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.

- Abrasion Arthroplasty (Including Chondroplasty)
- Arthrocentesis, Aspiration, or Injection of a Major Joint
- Frequency of Group Medical Nutrition Therapy (MNT)

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.
Abrasion Arthroplasty (Including Chondroplasty)

Policy Overview

Effective September 1, 2021, Healthfirst will no longer reimburse Arthroplasty of knee with abrasion (29879) when billed with Arthroscopy of knee with meniscectomy (29880-29881).

Rationale

According to our policy, if Abrasion Arthroplasty is billed and it shows chondroplasty in the same place as the meniscectomy, then 29879 should not be reported separately.

Billing Information

This policy applies to the following CPT codes:

**29879**: Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture.

**29880**: Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed.

**29881**: Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed.
Arthrocentesis, Aspiration, or Injection of a Major Joint

Policy Overview

Effective September 1, 2021, Healthfirst will no longer reimburse an arthrocentesis, aspiration, or injection of a major joint without an appropriate indication.

Rationale

According to the CPT manual, these codes describe procedures done on a “major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa)”. Submitting a diagnosis code that does not indicate a “major joint or bursa” will result in a denied line. Procedures done on smaller joints should be coded using the appropriate CPT and ICD-10-CM code for the procedure’s anatomical location.

Billing Information

This policy applies to the following CPT codes:

20610: Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance.

20611: Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting.
Frequency of Group Medical Nutrition Therapy (MNT)

Policy Overview

Effective September 1, 2021, Healthfirst will no longer reimburse more than three (3) hours (six units) of group MNT in the initial year of treatment and no more than two (2) hours (four units) in subsequent years.

Rationale

According to CMS IOM 100-03, Chapter 1, Part 3, Section 180.1 and IOM 100-04, Chapter 4, Section 300.4, “Effective October 1, 2002, basic coverage of MNT, for the first year a beneficiary receives MNT, is three hours of administration. Also, effective October 1, 2002, basic coverage in subsequent years is two hours. The dietitian/nutritionist may choose how many units are administered per day as long as all of the other requirements in this NCD and 42 CFR 410.130-410.134 are met.” More time can be allowed in the event of a change in the member’s medical condition, diagnosis, or treatment regimen.

Billing Information

This policy applies to CPT code 97804: Medical nutrition therapy; group (two or more individuals), each 30 minutes.