

# Special Bulletin

For professional and facility providers

February 27, 2023

## Four RPs to Be Updated on May 29, 2023

The following Reimbursement Policies (RPs) will be updated effective **May 29, 2023**. The description under each policy summarizes the changes occurring.

- **RP-003:** [Convenience Kits, Drug and Biological Wastage](#)  
The policy is being updated regarding the use of JZ and JW modifier, as well as skin substitute wastage documentation.
- **RP-041:** [Services Not Separately Reimbursed](#)  
The policy is being updated for Commercial products to add codes 38204, 90889, 92605, 92606, 92618, 93740, and R0076. These codes will be considered not separately reimbursable and rejected as non-billable to the member.
- **RP-057:** [Evaluation and Management Services](#)  
The policy is being updated to align with recent changes to Centers for Medicare and Medicaid Services (CMS) guidance for selecting the level of a reported Evaluation and Management (E/M) service and the eligibility for E/M reimbursement based on the fulfillment of the required criteria. As of January 1, 2023, all E/M services are now selected and scored based on medical decision-making or time.

To view any of the above policies, go to the **Provider Resource Center**, select **CLAIMS, PAYMENT & REIMBURSEMENT**, and then click **Reimbursement Policy**. Type the designated policy into the search bar on the page.

### Accessible via NaviNet®

- **RP-019N:** [Drugs and Biologicals](#)  
The policy is being updated with direction on the New York market's reimbursement of Drugs and Biologicals. This tiered reimbursement structure has been in place for many years and is now being documented in a policy for provider consumption. To access, log into NaviNet and select **Resource Center** from the left menu. Once redirected to the **Provider Resource Center**, choose **CLAIMS, PAYMENT & REIMBURSEMENT** from the left menu and then select **Reimbursement Policy**.

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