

Provider eNEWS

NEWS FOR THE NETWORK

Supporting Our Provider Partners Through
Communication and Collaboration



DATE: April 8, 2025

FROM: Passport by Molina Healthcare

TO:

☒ All ☐ Primary Care ☐ Specialist Care ☐ Hospital/Facility
☐ Ancillary ☐ Behavioral Health

LINE OF BUSINESS:

☐ All ☒ Medicaid ☐ Medicare ☐ Marketplace

BACKGROUND:

Passport utilizes a claims adjudication system that encompasses edits and audits that follow state and federal requirements as well as administers payment rules based on generally accepted principles of correct coding. In the absence of state guidance, Medicare National Coverage Determinations (NCDs) and Medicare Local Coverage Determinations (LCDs) will be utilized for guidance as outlined in the Passport Provider Manual.

Effective May 7, 2025, Passport by Molina Healthcare (Passport) is following the clinical criteria based upon Medicare National Coverage Determinations (NCDs) and Medicare Local Coverage Determinations (LCDs) for the below medically necessary services.

Topic	Description
Allergy Testing and Immunotherapy	<p>Reimbursement will be based on the criteria outlined in CMS Local Coverage Determinations (LCD) L36402, L32553 and L36408.</p> <p>CPT/HCPCS code(s): 82785, 86003, 86008, 95004, 95017, 95018, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95065, 95070, 95076, 95079, 95115, 95117, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, and 95199</p> <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>

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Alpha Fetoprotein	<p>Reimbursement will be based on the criteria outlined in CMS National Coverage Determinations (NCD) (190.25).</p> <p>CPT/HCPCS code(s): 82105</p> <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>
Blood Glucose	<p>Reimbursement will be based on the criteria outlined in CMS National Coverage Determinations (NCD) (190.20).</p> <p>CPT/HCPCS code(s): 82947, 82948, and 82962</p> <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>
Gastrointestinal Pathogen Panels	<p>Reimbursement will be based on the criteria outlined in CMS Local Coverage Determinations (LCD) L38229. This applies to outpatient services only.</p> <p>CPT/HCPCS codes: 0369U, 87505, 87506, and 87507</p> <ul style="list-style-type: none"> • A GIP test panel is a single service with a single unit of service (UOS=1). • A GIP test panel must not be unbundled and billed as individual components regardless of the fact that the GIP test panel reports multiple individual pathogens and/or targets. • Only one GIP multiplex panel (CPT codes 0369U, 87505, 87506, and 87507) summing the testing for all targets per day per beneficiary by the same or different provider. <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>
Non-Invasive Abdominal/ Visceral Vascular Studies	<p>Reimbursement will be based on the criteria outlined in CMS Local Coverage Determinations (LCD) L35755.</p> <p>CPT/HCPCS code(s): 93975, 93976, 93978, 93979, 93980, and 93981</p> <ul style="list-style-type: none"> • Limited to 1 time per year, excluding inpatient and emergency room places of service. <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>

Radioallergosorbent (RAST) Type Tests:	<p>Reimbursement will be based on the criteria outlined in CMS Local Coverage Determinations (LCD) L33591.</p> <p>CPT/HCPCS code(s): 86003 and 86008</p> <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>
Vitamin D Assay Testing	<p>Reimbursement will be based on the criteria outlined in CMS Local Coverage Determinations (LCD) L33996 and L34658.</p> <p>CPT/HCPCS codes: 82306 and 82652</p> <ul style="list-style-type: none"> • Only one 25 OH vitamin D level will be reimbursed in any 24-hour period. • Only one 1.25-OH vitamin D level will be reimbursed in a 24-hour period if medically necessary. • Assays of the appropriate vitamin D levels for Rickets, vitamin deficiency, osteomalacia, and aluminum bone disease will be limited to 4 per year. <p>ICD-10-CM diagnostic code(s): The CPT/HCPCS code(s) above are considered medically necessary only when billed with ICD-10-CM-diagnostic code(s) that is specified within the associated LCD(s)/NCD(s).</p>

QUESTIONS:

If you have questions, please contact Provider Services at (800) 578-0775 or your [Provider Relations Representative](#).

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