



## **NEW POLICY UPDATES**

### **CLINICAL PAYMENT, CODING AND POLICY CHANGES**

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the chart below highlighting upcoming new policies.

Effective for dates of service beginning **October 1, 2025**:

#### **New Jersey Medicaid -Policy Guidelines**

##### Diagnosis Code Guideline, Multiple Gestation

Based on the ICD-10 Manual, certain diagnoses indicating complications to multiple gestation, maternal care, or complications of labor and delivery must also include an appropriate multiple gestation diagnosis.

This policy identifies situations where any procedure or service is billed with a diagnosis designating a complication specific to multiple gestation and a diagnosis code indicating multiple gestation is not also present.

##### NDC, Invalid or Expired NDC Codes

Based on the Food and Drug Administration (FDA) and Medicaid Drug Rebate Program (MDRP) Policy, providers are required to report valid National Drug Code (NDC) numbers. The reported NDC number does not exist in the standard NDC reference sources (invalid) or the reported NDC number has been determined to be expired in the standard NDC reference sources.

These policies identify claim lines containing invalid or expired National Drug Code (NDC) numbers based on the Food and Drug Administration (FDA) and Medicaid Drug Rebate Program (MDRP) Policy.

Split Surgical Care (Mod 54, 55, 56), NJ Medicaid

Based on CMS Policy and New Jersey State Medicaid Guidelines, modifiers 54 (Surgical care only), 55 (Postoperative management only), and 56 (Preoperative management only) should only be appended to procedure codes with a 10 day, 14 day, 15 day, 16 day, 21 day, 30 day, 40 day, 45 day, 50 day, 60 day, 90 day or 120 day global period.

This policy identifies procedures which have been reported inappropriately with split surgical modifiers 54, 55 or 56.