

Attachment G
Benefit Limits Effective October 1, 2013 for Adults
(Effective October 1, 2016 use codes in the Chart on the next page)

Description	Codes	Policy	Comments
Facet/Medial Branch Block Injections	64490 64491 64492 64493 64494 64495	Limit of 4 Diagnostic Medial Branch Block Injections per Calendar Year Therapeutic Facet/Medial Branch Block Injections Not Covered Must be performed by a physician/practitioner as required by State law (Public Chapter No. 961/SB No. 1935 http://www.tn.gov/sos/acts/107/pub/pc0961.pdf	MCO to define supporting documentation that shall be required to accompany a claim in order to be processed. The supporting documentation must demonstrate that the service and provider qualify for payment. 271U will report number of Diagnostic Medical Branch Block Injections paid and apply encounter edits if exceeded
Trigger Point Injections	20552 20553	Limit of 4 per muscle group in any period of 6 consecutive months (counting will start with the first shot on or after October 1)	Post Medical Necessity Review 271U will report number of injections paid for MCO informational purposes to prompt Medical Necessity Review but TennCare will not apply edits
Epidural Steroid Injections	62310 62311 62318 62319 64479 64480 64483 64484	Limit of 3 in any period of 6 consecutive months (counting will start with the first shot on or after October 1)	Limits will not apply in conjunction with Labor and Delivery (codes for L&D should be different) 271U will report number of injections paid and apply encounter edits if exceeded

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Description	Codes	Policy	Comments
Facet/Medial Branch Block Injections	64490 64491 64492 64493 64494 64495	Limit of 4 Diagnostic Medial Branch Block Injections per Calendar Year Therapeutic Facet/Medial Branch Block Injections Not Covered Must be performed by a physician/practitioner as required by State law (Public Chapter No. 961/SB No. 1935 http://www.tn.gov/sos/acts/107/pub/pc0961.pdf	MCO to define supporting documentation that shall be required to accompany a claim in order to be processed. The supporting documentation must demonstrate that the service and provider qualify for payment. 271U will report number of Diagnostic Medical Branch Block Injections paid and apply encounter edits if exceeded
Trigger Point Injections	20552 20553	Limit of 4 per muscle group in any period of 6 consecutive months (counting will start with the first shot on or after October 1)	Post Medical Necessity Review 271U will report number of injections paid for MCO informational purposes to prompt Medical Necessity Review but TennCare will not apply edits
Epidural Steroid Injections	62310 62311 62318 62319 62320 62321 62322 62323 62324 62325 62326 62327 64479 64480 64483 64484	Limit of 3 in any period of 6 consecutive months (counting will start with the first shot on or after October 1)	Limits will not apply in conjunction with Labor and Delivery (codes for L&D should be different) 271U will report number of injections paid and apply encounter edits if exceeded

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Description	Codes	Policy	Comments
Urine Drug Screens (Effective January 1, 2016 use codes in the Chart on the next page)	G0434 G0431	G0434 - Limit of 12 per calendar year G0431 - Limit of 4 per calendar year Limits do not apply in the emergency department (Note: this includes urine drug screens that are sent to an independent lab on the same date of service for the same enrollee on the same day of an emergency department visit.)	Adhere to Medicare Guidelines for billing Urine Drug Screens. Do Not Cover Urine Drug Screens Under 8xxxx series CPT codes Each G code carries its own limit: G0434 = limited to 12 units per member, per calendar year G0431 = limited to 4 units per member in addition to the 12 for G0434 and may be billed on the same date of service 271U will report number of urine drug screens paid and apply encounter edits if exceeded
TENS Units	E0730	Non-Covered for Chronic Low Back Pain (NOTE: This includes multiple specific diagnoses for the symptom of chronic low back pain)	Prior Auth Or Post Medical Necessity Review

- Note:** 1) Please remember with Benefit Limits, you must provide a Notice of Limit (EOB) to members once a service is billed that exceeds a limit.
 2) If a service is requested after a limit is exceeded, a Grier notice of denial must be sent.

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Effective January 1, 2016, CMS updated codes related to Urine Drug Screens as follows:

Description	Codes	Code Descriptions	Policy	Comments
Urine Drug Screens (Effective January 1, 2017 use codes in the Chart on the next page)	G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards,	Limit of 12 per member, per calendar year (Any combination of G0477 and G0478 combined limited to a total of 12)	Adhere to Medicare Guidelines for billing Urine Drug Screens. Do Not Cover Urine Drug Screens Under 8xxxx series CPT codes
	or	cartridges), includes sample validation when performed, per date of service.		
	G0478	Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument - assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation's when performed, per date of service.		G0477 or G0478 (any combination) = limited to 12 units total per member, per calendar year
	G0479	Drug tests, presumptive, any number of drug classes; any number of devices or procedures by instrumental chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MA LDI, LDTD, DES I, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.	Limit of 4 per member, per calendar year Limits do not apply in the emergency department (Note: this includes urine drug screens that are sent to an independent lab on the same date of service for the same enrollee on the same day of an emergency department visit.)	G0479 = limited to 4 units per member in addition to the 12 for G0477/G0478 and may be billed on the same date of service 271U will report number of urine drug screens paid and apply encounter edits if exceeded

Note: 1) Please remember with Benefit Limits, you must provide a Notice of Limit (EOB) to members once a service is billed that exceeds a limit.

2) If a service is requested after a limit is exceeded, a Grier notice of denial must be sent.

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Effective January 1, 2017, CMS updated codes related to Urine Drug Screens as follows:

Description	Codes	Code Descriptions	Policy	Comments
Urine Drug Screens	80305	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards,	Limit of 12 per member, per calendar year (Any combination of 80305 and 80306 combined limited to a total of 12)	Adhere to Medicare Guidelines for billing Urine Drug Screens.
	or	cartridges), includes sample validation when performed, per date of service.		Crosswalk
	80306	Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument - assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation's when performed, per date of service.	Limit of 4 per member, per calendar year	80305 to G0477, 80306 to G0478, 80307 to G0479 80305 or 80306 (any combination) = limited to 12 units total per member, per calendar year
	80307	Drug tests, presumptive, any number of drug classes; any number of devices or procedures by instrumental chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MALDI, LDTD, DES I, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.	Limit of 4 per member, per calendar year Limits do not apply in the emergency department (Note: this includes urine drug screens that are sent to an independent lab on the same date of service for the same enrollee on the same day of an emergency department visit.)	80307 = limited to 4 units per member in addition to the 12 for 80305/80306 (G0477/G0478) and may be billed on the same date of service 271U will report number of urine drug screens paid and apply encounter edits if exceeded

Note: 1) Please remember with Benefit Limits, you must provide a Notice of Limit (EOB) to members once a service is billed that exceeds a limit.

2) If a service is requested after a limit is exceeded, a Grier notice of denial must be sent.