

**Managed Care Policies Procedures Public Comments**

<b>Date Submitted</b>	<b>Item Number and Policy</b>	<b>My question/comment</b>
11/3/2023 9:29	2023-HBL-2220- Provider Digital Correspondence Initiative	<p>On behalf of its member hospitals and health systems, the LHA appreciates the opportunity to provide comments on Proposed Policy 2023-HBL-2220 – Provider Digital Correspondence Initiative. We appreciate Healthy Blue’s efforts to streamline health plan/provider communication. However, in this particular instance, we encourage LDH to review the proposal closely and ensure compliance with LA Revised Statutes 46:460.76, as well as 2.18.2 Claims Processing requirements detailed in LDH’s MCO contracts. We believe it’s important for the Department to have understanding of what type of additional information is being requested by Healthy Blue at the point of claim processing. As always, if you have any questions or need additional information, please let us know.</p>
3/10/2023 19:33	2023-UHC-1808- Peer Clinical Review	<p>As a representative of Brentwood Hospital, we do not agree with the changes to the peer-to-peer clinical review process.</p> <p>The adverse determination should be reconsidered based on the information provided during the peer-to-peer discussion to allow for timely decision making and opportunity to have the patient sign the consent to appeal prior to his/her discharge.</p> <p>The peer-to-peer discussion should be granted within one business day which is considered reasonable and allows for timely notification of authorization status to the facility and the patient.</p> <p>The peer-to-peer discussion should be allowed while the patient is still in the hospital to avoid unnecessary appeals on patients that have criteria.</p> <p>The physician that made the adverse determination should be available within one business day to discuss and reconsider the original decision if he/she is the only one that can overturn the original decision.</p>

**Managed Care Policies Procedures Public Comments**

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<p>1/11/2023 16:16</p>	<p>2022-HHH-1618 Non-Emergency Ambulance Transportation UM8</p>	<p>To Whom It May Concern:</p> <p>The Louisiana Ambulance Alliance (“the Alliance”) appreciates the opportunity to comment on the recently proposed changes to your company’s policy manual affecting ambulance transportation in Louisiana. The Alliance is the membership organization for EMS providers in Louisiana. From Acadian Ambulance, the state’s largest EMS provider, to Caddo Fire District #6, one of the state’s smallest providers, we speak with one voice.</p> <p>For the reasons detailed below, we urge Humana Healthy Horizons (“Humana”) to adopt the following suggestions and revise the proposed transportation policy posted on November 28, 2022.</p> <p>For a point of clarity, would this policy only be implemented if there is no specific state guidance or criteria?</p> <p>LDH currently has policies and procedures which must be followed for non-emergency ambulance transportation claims to be reimbursed. It is contained in LDH’s Medicaid Manual (pgs. 70 -71) and Medicaid State Plan (TN 21-0027). The state’s policy is as follows: “Non-emergency ambulance services are not prior authorized. Payment for non-emergency ambulance transportation shall be made upon receipt of the completed Certification of Ambulance Transportation form.”</p> <p>The MCO manual goes into specifics and lays out what steps are necessary for NEAT claims to be reimbursed:</p> <p>“The enrollee’s treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a</p>

**Managed Care Policies Procedures Public Comments**

Date Submitted	Item Number and Policy	My question/comment
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**Managed Care Policies Procedures Public Comments**

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		<p>If the procedures laid out in the MCO Manual are followed, then the ambulance provider shall be reimbursed.</p> <p>Since the state has specific policies and procedures covering NEAT, it seems as though this policy is moot and unnecessary if it is only applicable in the absence of state guidance.</p> <p>If the policy were to take effect regardless of state guidance, then the recommendation would be that it is not implemented because it would defy the current procedures contained in the MCO Manual published by LDH.</p> <p>In addition, our recommendation would be to delete the last paragraph under the NEAT Ground Transportation Section. If a member does not meet any of the criteria listed, then a medical professional would not certify the use of an ambulance on a Certification of Ambulance Transportation Form. If the ambulance provider or the broker cannot receive a Certification of Ambulance Transportation Form, then the claim is not reimbursable per LDH's MCO Manual. A policy implementing additional reviews prior to payment of a service if a clean claim with a completed Certification of Ambulance Transportation Form is submitted ignores the MCO Manual and the Louisiana Medicaid State Plan which do not allow prior authorizations for NEAT transports.</p> <p>Additionally, is a Certificate of Need the same thing as a Certification of Ambulance Transportation Form? If so, the language in the policy should be changed from Certificate of Need to Certification of Ambulance Transportation Form.</p> <p>Once again, the Alliance appreciates the opportunity to</p>

Managed Care Policies Procedures Public Comments

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		comment on this policy and looks forward to working with Humana to resolve these issues.

**Managed Care Policies Procedures Public Comments**

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12/29/2022 10:37	2022-HHH-1571 NEW: Non-Emergency Ambulance Transportation	<p>To Whom It May Concern:</p> <p>The Louisiana Ambulance Alliance (“the Alliance”) appreciates the opportunity to comment on the recently proposed changes to your company’s policy manual affecting ambulance transportation in Louisiana. The Alliance is the membership organization for EMS providers in Louisiana. From Acadian Ambulance, the state’s largest EMS provider, to Caddo Fire District #6, one of the state’s smallest providers, we speak with one voice.</p> <p>For the reasons detailed below, we urge Humana Healthy Horizons (“Humana”) to adopt the following suggestions and revise the proposed transportation policy posted on November 17, 2022.</p> <p>For a point of clarity, does this policy only cover Non-Emergency Ambulance Transportation for out-of-state transports? When reading the document, it is unclear if it covers both in-state and out-of-state non-emergency ambulance transportation (“NEAT”).</p> <p>On page one, the Policy Section states:</p> <p>“The Plan does not require authorization for any emergency transportation by ground or air. The Plan does require authorization for NEAT services that out-of-state ground and all air. The Plan will review these authorizations against appropriate medical necessity criteria in accordance with the standard UM process and Louisiana Medicaid requirements. All authorization requests must be accompanied by the Certificate of Ambulance Transportation (CAT).”</p>

**Managed Care Policies Procedures Public Comments**

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		<p>The second sentence in this policy is not in line with the current MCO Manual published by the Louisiana Department of Health (“LDH”). The MCO Manual (pg. 71) states, “Enrollees may seek medically necessary services in another state when it is the nearest option available. All out-of-state NEAT transportation to facilities that are not the nearest available option, must be prior approved by the MCO.”</p> <p>The recommendation would be for the second sentence to be amended to state “The plan does require authorization for NEAT services for out-of-state ground and air when the out-of-state NEAT transportation is to a facility which is not the nearest available option.” This language would be in line with the current MCO Manual published by LDH.</p> <p>The same change would have to be made to paragraph two in the Procedure Section. The recommended change would be for the language to state: “2) All out-of-state transportation to facilities that are not the nearest available option require authorization by Humana Healthy Horizons.”</p> <p>If this policy covers in-state NEAT transports, then it does not follow the current scheduling and reimbursement procedures contained in the MCO Manual. Per the MCO manual (pg. 70-71) and the Medicaid State Plan (TN 21-0027), no authorizations are necessary on behalf of the Managed Care Organizations for NEAT.</p> <p>The current procedure and policy which must be followed for NEAT is as follows:</p> <p>“The enrollee’s treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician assistant, or a clinical nurse specialist must certify on the Certification of Ambulance Transportation (CAT) that the</p>

**Managed Care Policies Procedures Public Comments**

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		<p>transport is medically necessary and describe the medical condition which necessitates ambulance services.</p> <p>The certifying authority shall complete the date range on the CAT, which shall be no more than 180 days. A single CAT should be utilized by the MCO for all of the enrollee’s transports within the specified date range. The MCO may not require a new CAT from the certifying authority for the same enrollee during this date range.</p> <p>NEAT must be scheduled by the enrollee or a medical facility through the MCO or the ambulance provider.</p> <ul style="list-style-type: none"> <li>• If transportation is scheduled through the MCO, the MCO shall verify, prior to scheduling, enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form for the date of service is obtained, reviewed, and accepted by the MCO or its transportation broker prior to transport. Once the trip has been dispatched to an ambulance provider and completed, the ambulance provider shall be reimbursed upon submission of the clean claim for the transport.</li> <li>• If transportation is scheduled through the ambulance provider, the MCO shall require the ambulance provider to verify enrollee eligibility, that the originating or destination address belongs to a medical facility, and that a completed Certification of Ambulance Transportation form for the date of service is obtained, reviewed, and accepted by the ambulance provider prior to reimbursement. The MCO shall reimburse the ambulance provider only if a completed Certification of Ambulance Transportation form is submitted with the clean claim or is on file with the MCO or its transportation broker prior to reimbursement.”</li> </ul>

**Managed Care Policies Procedures Public Comments**

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		<p>If the procedures laid out in the MCO Manual are followed, then the ambulance provider shall be reimbursed. The MCO Manual does not require or allow for an additional review by the MCO or its transportation broker. Thus, our recommendation would be to remove all language in this policy which provides for a clinical or UM review by Humana. Any additional review provided by the MCO or a transportation broker would defy the current procedure contained in the MCO Manual published by LDH.</p> <p>In addition, our recommendation would be to delete paragraph four under the Procedures Section. If a member does not meet any of the criteria listed, then a medical professional would not certify the use of an ambulance on a Certification of Ambulance Transportation Form. If the ambulance provider or the broker cannot receive a Certification of Ambulance Transportation Form, then the claim is not reimbursable per LDH's MCO Manual. As stated earlier, a policy implementing additional reviews prior to payment of a service if a clean claim with a completed Certification of Ambulance Transportation Form is submitted ignore the MCO Manual and the Louisiana Medicaid State Plan which do not allow prior authorizations for NEAT transports.</p> <p>Once again, the Alliance appreciates the opportunity to comment on this policy and looks forward to working with Humana to resolve these issues.</p>

**Managed Care Policies Procedures Public Comments**

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12/8/2022 9:06	2022-HHH-1606-Louisiana UM Program Description	<p>After reviewing the Humana Healthy Horizons document, UM is seeking clarification regarding the questions denoted by ( ** ) at the end of point 1. and 2.</p> <p>1. Some services do not require authorization:</p> <p>Hospital Service authorization for non-emergency inpatient admissions for normal newborn deliveries (Model Contract 2.12.8.7.2) **Do they allow any labor days without authorizations or will they require an auth for any labor days ?</p> <p>2. Regarding the peer to peer process: Informal Reconsideration/Peer to Peer Review</p> <p>This informal reconsideration process allows the requestor a reasonable opportunity to present evidence, and allegations of fact or law, in person and in writing. [42 CFR §438.402(c)(1)(ii)</p> <p>(Model Contract 2.12.6.4.3.1)The informal reconsideration will occur within one (1) business day of the receipt of the request and will be conducted between the provider rendering the service and the Plan’s physician who made the adverse determination, or a clinical peer designated by the Medical Director, if the physician who made the adverse determination cannot be available within one (1) business day. (Model Contract 2.12.6.4.3.3)</p> <p>**It states the peer to peer needs to be conducted within one business day from the receipt of the request for peer to peer. How long do we have to set up the peer to peer? Some plans are 3 days, 5, 10 or 14 ?</p> <p>** How will retros be handled when the patient discharges on a weekend and the auth is started on a Monday? Will this fall into</p>

Managed Care Policies Procedures Public Comments

<b>Date Submitted</b>	<b>Item Number and Policy</b>	<b>My question/comment</b>
		the retro category of 30 days or will this be considered normal initial/concurrent review turnaround times?

**Managed Care Policies Procedures Public Comments**

<b>Date Submitted</b>	<b>Item Number and Policy</b>	<b>My question/comment</b>
11/24/2022 10:13	2022-LHCC-1416-Transportation Policy	<p>The Louisiana Ambulance Alliance (“Alliance”) appreciates the opportunity to comment on the recently proposed changes to your company’s policy manual affecting ambulance transportation in Louisiana. The Alliance is the membership organization for EMS providers in Louisiana. From Acadian Ambulance, the state’s largest EMS provider, to Caddo Fire District #6, one of the state’s smallest providers, we speak with one voice.</p> <p>For the reasons detailed below, we urge Louisiana Healthcare Connections (“LHCC”) to adopt the following suggestions and revise the proposed transportation policy posted on October 11, 2022.</p> <p>The Alliance understands that the policy restates current Medicaid and Medicare policies; however, we would like to recommend that new language be used when defining certain terms.</p> <p>The defined terms section in your proposed policy currently states:</p> <p>Terms utilized in the published Medicaid fee schedule are defined as follows:</p> <ul style="list-style-type: none"> <li>• Basic Life Support (BLS): Emergency medical care administered to the EMT basic Scope of practices;</li> <li>• Advanced Life Support (ALS): Emergency medical care administered to at least the Level of an emergency medical technician-paramedic’s scope of practice; and</li> <li>• Specialty Care Transport: Interfacility transportation of a critically injured or ill Beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of services beyond the scope of the EMT-Paramedic.</li> </ul>

**Managed Care Policies Procedures Public Comments**

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		<p>In the 2022 legislative session, the Louisiana legislature passed ACT 644 which placed definitions for the ALS and BLS levels of service into statute.</p> <p>La. R.S. 40:1131 now states the following:</p> <p>(25) "Advanced life support" or "ALS" means the provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of advanced emergency technician or equivalent.</p> <p>(26) "Basic life support" or "BLS" means the provision of medically necessary supplies and services by EMS practitioners who are licensed at least to the level of emergency medical technician.</p> <p>Thus, any policies put in place by any managed care organization should follow provisions currently in statute.</p> <p>Our recommendation would be for LHCC's transportation policy to adopt the definitions which were recently placed in statute in lieu of those contained in the proposed policy.</p> <p>If you need anything from us, please do not hesitate to contact us.</p>
11/21/2022 10:40	2022-LHCC-991- Concurrent Review	Can we please verify if an auth will be required for observation now? And If so, if an auth is required will clinicals now be required for observation?

**Managed Care Policies Procedures Public Comments**

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1/13/2022 13:52	2021-ACLA-1177 Potential Upcoding of Surgical Services	On behalf of the Louisiana Rural Mental Health Alliance, I would urge the department to reject this proposed policy seeking to implement prepayment review. While our members do not provide any of the services outlined in the proposed policy, we are nonetheless deeply concerned that approval of this policy will lead to the rapid expansion of prepayment review being used in a manner that simply creates unnecessary administrative burden for providers as they seek payment for claims rather than serving as a tool to protect program integrity. We strongly believe that prepayment review should only be implemented directly by the department and in strict conformance with the provisions of the Medical Assistance Programs Integrity Law.
3/3/2021 11:10	2020-LHCC-680- Provider Reimbursement	<p>The policy is proposing to remove 5.7a "The PLAN shall reimburse providers for emergency services rendered without a requirement for service authorization of any kind," and replace it with " The plan shall not deny payment for treatment when a representative of the PLAN instructs the member to seek emergency services."</p> <p>My question- Is the Provider considered to be a representative of the PLAN?</p> <p>If your Plan requires the patient to contact LHC prior to arriving to the ER why would the ER Provider be held financially reliable for treating the patient. By law, the Provider can not turn a patient away who seeks medical attention in the ER setting. This change will also create a ethical issue because you are not to medically treat based on payment source.</p>

**Managed Care Policies Procedures Public Comments**

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8/3/2020 15:36	2020-HBL-250 Provider Manual	<p>On behalf of the Louisiana Hospital Association (LHA), the trade association for more than 150 hospitals and health systems in the state, we would like to express concern over a proposed section of new policy included in the proposed revision of the Healthy Blue Provider Manual, Item Number 2020-HBL-250.</p> <p>Specifically, on page 97 of the PDF document, under the heading "Outpatient/Ambulatory Surgery," the document shows new language being added as follows:</p> <p>"Emergency and Observation services rendered within one (1) day of a Same Day Surgery, and all pre-admission (workup) services shall be included in the Same Day Surgery rate."</p> <p>This new language is concerning as it appears to be more expansive than the existing requirements set forth in the Hospital Services Provider Manual. Pertinent language from the Medicaid Hospital Provider manual which can be found in Chapter 25, Section 25.3 under the heading "Outpatient Surgery" provides:</p> <p>"...All other charges associated with the surgery (for example, observation, labs, radiology) must be billed on the same claim form as the Ambulatory surgery charges..."</p> <p>In contrast, the proposed Healthy Blue policy purports to limit reimbursement for any "emergency" or "observation" services simply because they were rendered within one (1) day of the outpatient surgery and seemingly without regard as to whether those services had any association with the surgery. We would urge LDH to seek greater clarification of the proposed policy in order to determine whether it conflicts with existing Medicaid policy.</p>

**Managed Care Policies Procedures Public Comments**

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11/22/2019 16:29	2019-Healthy Blue-95 MHR PSR Provider Bulletin	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by Healthy Blue is compliant with the provisions of Act 319. The proposed Healthy Blue policy implies a change, but does not appear to completely meet the following requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation which are to be deleted shall be struck through.</p>
11/22/2019 16:27	2019-LHCC-25 UM Communication Services	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by LHCC is compliant with the provisions of Act 319. The proposed LHCC policy implies a change, but does not appear to completely meet the following requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation which are to be deleted shall be struck through.</p> <p>While there is language represented on page 5 of 6 that is bolded and underscored and has the appearance of a proposed change, we do not believe this is the proper representation of the change as it is not represented in its proper place and context of the submitted document.</p>

**Managed Care Policies Procedures Public Comments**

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11/22/2019 16:25	2019-Healthy Blue-49 PA Req N Supervision for Hyperbaric O2	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by Healthy Blue is compliant with the provisions of Act 319. The proposed Healthy Blue policy implies a change in the policy, but does not appear to meet the following format requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation which are to be deleted shall be struck through.</p>
11/22/2019 16:24	2019-Healthy Blue-80 SBIRT Flier Update	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by Healthy Blue is compliant with the provisions of Act 319. The proposed Healthy Blue policy implies a change in the policy, but does not appear to meet the following format requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation which are to be deleted shall be struck through.</p>
11/22/2019 16:21	2019-Healthy Blue-96 ICD-10 Coding Tips Sheet Flier	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by Healthy Blue is compliant with the provisions of Act 319. The proposed Healthy Blue policy implies a change in the policy, but does not appear to meet the following format requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation</p>

**Managed Care Policies Procedures Public Comments**

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		<p>which are to be deleted shall be struck through.</p> <p>Additionally, we are uncertain about the intent of this "tip sheet" and its intended use. We believe that policies and procedures should be clearly denoted.</p>
11/22/2019 16:17	2019-Healthy Blue-94 SUD Criteria for Prior Authorization	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by Healthy Blue is compliant with the provisions of Act 319. The proposed Healthy Blue policy implies a change in the policy, but does not appear to meet the following format requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation which are to be deleted shall be struck through.</p>
11/22/2019 16:16	2019-Healthy Blue-38 WAVE CG DME 46 Pneumatic	<p>The Louisiana Hospital Association appreciates the opportunity to comment on proposed MCO policies/procedures as provided by Act 319 of the 2019 Session. We have reviewed the above referenced policy and do not believe this submission by Healthy Blue is compliant with the provisions of Act 319. The proposed Healthy Blue policy implies a change in the policy, but does not appear to meet the following format requirements as specified in the Act:</p> <p>(1) Include both the existing policy or procedure and the proposed policy or procedure, with the proposed language in the text printed in boldface type and underscored;</p> <p>(2) All present policy or procedure language and punctuation which are to be deleted shall be struck through.</p>
9/3/2019 10:46	2019-HBL-1 Modifier Usage RP (4.19.19)	<p>After reviewing Exhibit A: Reimbursement Modifiers Listing*, I noticed that modifier 62 is being changed from "Cosurgeons" to "Two Surgeons". By any chance, can modifier 62 continue to be listed as "Co-Surgeon" to assure it cross references with 2019-</p>

**Managed Care Policies Procedures Public Comments**

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		HBL-2 Modifier 62 (8.1.19) reimbursement policy which will also support the use of the standard medical terminology?