PROVIDER NOTICE

June 1, 2020

Medical Policy, Reimbursement Policy, and Prior Authorization Updates Effective July 1, 2020

Updated Medical Policy | Breast Pump Equipment/Supplies and Counseling, PG0201 - Effective for all product lines.

- Paramount has updated the policy to include the following limits:
 - E0602: two (2) per two (2) years. The purchase of one (1) standard manual breast pump every two years. One (1) replacement if the breast pump is broken, lost or subsequent pregnancy every two years.
 - E0603: two (2) per five (5) years. The purchase of one (1) standard electric breast pump every five years. One (1) replacement if the breast pump is broken or lost every five years.
 - Only one of these procedures codes related to breast pumps may be reimbursed when submitted for the same date of service by any provider. Procedure codes E0602 and E0603 will be denied when submitted within the same calendar month as procedure E0604.
 - A4281 A4286: each part, up to two (2) times within twelve (12) months from the breast pump date of purchase.
 - Applicable only for HMO, PPO, Individual Marketplace, and Medicare Elite.
 - Replacement supplies for breast pumps are non-covered for Medicaid Advantage.

Updated Medical Policy | Human Papillomavirus (HPV) Screening, PG0369

- Effective for all product lines.
- Paramount will require prior authorization for members under thirty (30) years of age and over sixty-five (65) years of age.

For more information, please reference each complete policy on our website. Visit our online medical and reimbursement policy libraries:

- paramounthealthcare.com/medicalpolicies
- paramounthealthcare.com/reimbursementpolicies

IMPORTANT: All referenced policies will be available to view on our website 30 days prior to their effective date. We cannot guarantee that they will be uploaded prior to this date.

If you have questions regarding this notice, or other issues, please contact your Provider Relations Representative or call Provider Relations at 800-891-2542.

