

# 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 January 1, 2026:

Michigan Medicaid-Policy guidelines	
<b>Diagnosis Code Guideline, Multiple Gestation</b>	<p>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.</p> <p>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.</p>
<b>NDC and Non-Specific Crosswalk</b>	<p>According to the Food and Drug Administration (FDA), providers are required to report National Drug Codes (NDC) with certain HCPCS codes. The NDC must match the HCPCS code being reported.</p> <p>This policy identifies situations in which a HCPCS drug code reported with non-specific language, such as miscellaneous, unclassified, NEC, NOS, etc. is billed with a National Drug Code (NDC) number and the NDC number does not match a non-specific HCPCS code in the NDC Crosswalk.</p>
<b>Duplicate Claim Logic for Drugs</b>	<p>This policy identifies situations when a vaccine code is billed and the same submitted code with the same submitted units has been billed on a different claim by any provider and any claim type for the same date of service. The second code received will be denied as a duplicate submission based on criteria that may include but is not limited to subscriber/ member number, dependent number, date of service, procedure code, and units.</p>
<b>Infliximab</b>	<p>This policy identifies situations when Infliximab (J1745, Q5103, Q5104, Q5109, Q5121) is billed for more than five unique visits every 26 weeks.</p> <p>Additional Criteria:</p> <ul style="list-style-type: none"><li>• By any provider</li><li>• Diagnosis of regional enteritis [adult]</li><li>• Any claim type</li><li>• Patient's age is greater than or equal to 18 years</li></ul> <p>Per the FDA-approved package insert/prescribing information and the pharmaceutical compendia, when Infliximab is used for regional enteritis, it should not be administered more frequently than five times every 26 weeks.</p>