PROVIDER BULLETIN

aetna™ **AETNA BETTER HEALTH® OF FLORIDA** 261 N. University Drive Plantation, FL 33324 **www.AetnaBetterHealth.com/Florida**	**Date:**	July 29, 2022
	Purpose:	Provider Bulletin: Clinical payments, coding and policy updates/reminders
	Subject:	Policy Updates Effective 08.01.2022
	Products:	MMA, LTC, FHK
	From:	Provider Relations

Aetna Better Health® of Florida

Clinical Payment, Coding and Policy Updates/Reminders

Aetna Better Health of Florida would like to inform you that 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 review the below policy updates that will be **effective August 1, 2022**.

Florida Medicaid Policies

Drug and Biological Policy Processing and Policy Guidelines-National Drug Code (NDC)- According to our policy, which is based on CMS Policy, providers are required to report specific drug HCPCS codes with the certain National Drug Codes (NDC). The NDC must match the specific drug HCPCS code being reported. It is not appropriate to report a drug with a specified HCPCS code with a miscellaneous drug HCPCS code and the NDC should match the specified drug HCPCS code.
CMS Coverage Policies-Self-Administered Drugs- According to CMS policy, coverage for drugs that are furnished 'incident to' a physician's service is allowed provided that the drugs are not usually self-administered by the patients who take them. Drugs that can be self-administered by the patient are not covered in office places of service.
Diagnosis Procedure Policy-Procedures That Do Not Remedy a Health State- According to our policy, which is based on CMS Policy, services which are elective in nature and do not remedy a health state are considered noncovered.
Orthopedic Policy-Injections involving tendons, ligaments and ganglion cysts- Injections into tendon sheaths, ligaments, tendon origins or insertions, or ganglion cysts may be indicated to relieve pain or dysfunction resulting from inflammation or other pathological changes. These injections require that an appropriate diagnosis is reported (e.g., bursitis, carpal tunnel syndrome).
Orthopedic Policy-Percutaneous Fusion of the Sacroiliac Joint- According to CMS policy, percutaneous fusion of the sacroiliac (SI) joint is considered appropriate when at least one therapeutic intra-articular SI joint injection and when x-rays of the pelvis, x-ray of SI joint and CT scans have been performed in the past year.

Gastroenterology Policy-Gastrointestinal Capsule Imaging-
According to CMS Policy, when capsule endoscopy is reported, an upper endoscopy and colonoscopy related to the current episode of care, should be performed prior to the capsule endoscopy.

Podiatry Policy-Routine Foot Care-
According to CMS policy, routine foot care must be reported with an appropriate modifier indicating certain physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement when billed with a qualifying diagnosis.

Bundled Services Policy-

- Packaged Services for the Ambulatory Surgical Center (ASC)- According to our policy, which is based on CMS Policy, Certain ancillary HCPCS codes are considered integral to the delivery of other procedures or services provided in an ASC (Ambulatory Surgical Center) and as such are not separately reimbursable.
- Packaged Services for the Outpatient Hospital-According to our policy, which is based on CMS Policy, Certain revenue codes are considered packaged under the Outpatient Prospective Payment System (OPPS) when billed without a HCPCS code. Payment for these services is included in the APC payment.

CMS National Coverage Determinations (NCD) Policy-Lung Cancer Screening with Low Dose Computed Tomography (LDCT)-

- Age Limitations - According to our policy, which is based on CMS Policy, services related to screening for lung cancer with low dose computed tomography (LDCT) are only covered for patients who are 50 to 77 years old.
- Covered Indications - According to our policy, which is based on CMS Policy, services related to screening for lung cancer with low dose computed tomography (LDCT) are only covered for certain indications including (but not limited to) personal history of nicotine dependence.
- Frequency Limitations - According to our policy, which is based on CMS Policy, screening for lung cancer with low dose computed tomography (LDCT) should not be performed more than once within a 12-month period.

Laboratory-Pathology Policy-Vitamin D Testing-

- According to our policy, which is based on CMS Policy, vitamin D testing should not be reported more frequently than once a year except when performed for specified indications including (but not limited to) rickets; osteomalacia.
- According to our policy, which is based on CMS Policy, vitamin D testing should not be performed more frequently than four (4) times in a year for vitamin D deficiency.
- According to our policy, which is based on CMS Policy, vitamin D testing is covered when it is reported with a diagnosis that supports medical necessity for the procedure which includes hypothyroidism; unspecified vitamin D deficiency.

Procedure Code Definition Policy-Immunization Administration for COVID-19 Vaccine-
Per AMA/CPT manual CPT code definitions, there are specific vaccine and vaccine administration procedure codes for COVID-19. There are vaccine-to-vaccine administration services that are specific to each manufacturer (Pfizer, Moderna, Janssen) and should be coded correctly based on each code definition. There are also dose frequencies based on appropriate timeframe for second dose/booster doses as well.

- According to our policy, which is based on the AMA CPT Manual, it would not be appropriate to report the administration of corona virus vaccine (Pfizer, Moderna, Janssen) without a corona virus vaccine code.
- According to our policy, which is based on the AMA CPT Manual, it would not be appropriate to administer the second dose of corona virus vaccine before 20 days of the first dose (Pfizer).
- According to our policy, which is based on the AMA CPT Manual, it would not be appropriate to administer second dose of corona virus vaccine (Pfizer; Moderna) before 27 days of the first dose.

We appreciate the excellent care you provide to our members. If you have any other questions, please feel lfree to contact us via e-mail: **FLMedicaidProviderRelations@Aetna.com.** You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line:

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Thank you

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