

FEBRUARY 16, 2023

## **CLINICAL PAYMENT, CODING AND POLICY CHANGES**

### **NEW POLICY UPDATES – EFFECTIVE MAY 1, 2023**

We regularly revise our clinical, payment and coding policy positions as part of our ongoing policy review processes. This notice is developed to keep you informed of the details of the upcoming new policies or policy changes for Aetna Better Health Kids (CHIP).

Please see the information below regarding upcoming new policies which are effective May 1, 2023.

**Duplicate Services Policy-** Duplicate Claim Logic for Inpatient Claims- According to our policy, which is based on CMS Policy, duplicate logic for inpatient hospital facility claims/claim line reviews duplicates criteria to determine if a service has been previously processed and as such will not be reimbursed.

**Laboratory-Pathology Policy- Gastrointestinal Panels Testing-** According to our policy, which is based on CMS Policy, Gastrointestinal Panels testing of 12 or more organisms is only covered in critically ill or immunosuppressed patients.

**Drug and Biological Policy Processing and Policy Guidelines- National Drug Code (NDC)-** Expired NDC Numbers-According to CMS policy, providers are required to report valid National Drug Code (NDC) numbers for the given date of service. Therefore, when an NDC number has been designated as expired it is only allowed to be reported for the “obsolete” period of 30 months (913 days) set in the standard NDC reference sources. Once the expired NDC has surpassed the obsolete time frame it is no longer considered valid and should not be reported.

**Please note:** This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this notice.

### **Questions?**

Call Provider Relations at 1-866-638-1232 for assistance.