Aetna Better Health® of Illinois
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Aetna Better Health® of Illinois

Clinical payment, coding and policy changes: Q3 2023 PUR Review

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. Below are upcoming new policies, which are effective for dates of service beginning November 1, 2023.

CMS Coverage Policies-Unauthorized COVID-19 Monoclonal Antibodies, Vaccines and Related Administration

According to our policy, which is based on CMS Policy and the Food and Drug Administration (FDA), certain monoclonal antibodies used to treat COVID-19 are not authorized in the United States for the reported date of service.

Device and Supply Policy-Pass-Through and Non-Pass-Through Drugs and Biologicals Require an OPPS-Payable Procedure

According to our policy, which is based on CMS Policy, when a pass-through or non-pass-through drug other than a radiopharmaceutical is billed, a payable OPPS procedure must be submitted for the same date of service.

Evaluation and Management Services Policy

Transitional Care Management (TCM) Services
According to our policy, which is based on AMA CPT Manual and CMS Policy, Transitional Care Management services are required to be reported within 14 days after discharge from a facility.

Interprofessional Telephone/Internet Consultations
According to our policy, which is based on the AMA CPT Manual and HCPCS Level II Manual, Telephone Evaluation and Management services should not be reported within seven (7) day period, same day or on the previous day of a related Evaluation and Management service.

Diagnosis Code Guideline Policy

Factors Influencing Health Status and Contact with Health Services Diagnoses and Non-Routine Examinations

According to the ICD Manual guidelines, diagnosis codes indicating "immunization not carried out and under immunization status" and "persons encountering health services for specific procedures and treatment, not carried out" indicate that the procedure was not carried out and therefore, is not eligible for reimbursement.

Gestational Diabetes Coding

According to our policy, which is based on the ICD-10-CM Official Guidelines for Coding and Reporting, diagnoses indicating long term use of insulin, hypoglycemic drugs or non-insulin antidiabetic drugs should not be assigned with codes for diabetes mellitus in pregnancy, childbirth and the puerperium.

Diagnosis Validity Policy-Invalid Diagnosis Codes

According to our policy, which is based on CMS Policy, CPT and HCPCS codes should be accompanied by valid ICD codes that are coded to the highest level of specificity.

Radiology Policy-Diagnostic Imaging-3D Rendering

According to our policy, which is based on CMS policy, 3D rendering with interpretation and reporting of CT, MRI, US, or other tomographic modality, requires an appropriate diagnosis when reported with transthoracic echocardiography (TTE). A qualifying procedure for the 3D rendering should also be included on the same date of service, or in the previous three days.