Aetna Better Health® of Texas
P.O. Box 569150
Dallas, Texas 75356-9150

<Date>

<Dear Provider>
<Address1>
<Address2>
<City, State Zip Code>

Aetna Better Health® of Texas

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 below chart of upcoming new policies.

Effective for dates of service beginning (**06/01/2018**):

POLICY
Dental services requiring general anesthesia must be coded as follows: • Procedure code **00170** must be billed with modifier U3 and is for the anesthesiologist or certified registered nurse anesthetist (CRNA) to use on the claim form. Procedure code **00170** with modifier U3 will require prior authorization for all patients under the age of 21. • Procedure code **41899** is for the facility to use on the claim form. Procedure code **41899** will require an authorization for all patients, regardless of age or modifier. • An appropriate diagnosis code must be used on the claim form. • The examining physician, anesthesiologist, hospital, ASC, or HASC must submit claims separately for the medical and facility components of their services. Claims submitted for dental services requiring dental anesthesia with CPT code **00170**, modifier U3, and a patient under the age of 21 will **pend** to our Claims Team who will review for a prior authorization. Claims with CPT code **00170**, modifier U3, and a patient under the age of 21 that do not have a prior authorization will be denied. Claims submitted for dental services requiring dental anesthesia with CPT code **41899** will

pend to our Claims Team who will review for a prior authorization. Claims with CPT code **41899** that do not have a prior authorization will be denied.