Provider Notice: Q1 JANUARY 2026 Cotiviti New Plan Policies

Important Clinical, Payment, and Coding Changes Effective May 1, 2026

Aetna Better Health of Michigan is committed to supporting our provider network by ensuring you are informed of key policy updates. The following clinical, payment, and coding changes will be effective for dates of service on or after May 1, 2026. Please review these updates carefully to ensure continued compliance and seamless care delivery.

Unlisted Service or Procedure

This policy identifies situations when a CPT code that contains the language, Miscellaneous, Unclassified, Unlisted, Not Otherwise Specified (NOS), Not Otherwise Classified (NOC), Not Elsewhere Classified (NEC) or Unspecified is billed.

According to CMS Policy, unlisted codes should be reported only if no other specific codes adequately describe the procedure or service.

Care Management Services (G0506)

Based on CMS Policy, G0506 should be reported only once per beneficiary during the initiation of the patient into Chronic Care Management. An initiating visit is required for new patients or patients who the billing practitioner has not seen within 1 year.

This policy identifies situations where G0506 is reported more than once within one year (365 days).

Orthotic and Prosthetic Useful Lifetime

Per the CMS Internet Only Manual, irreparable wear is defined as deterioration resulting from normal, day-to-day usage over time where no specific event can be pinpointed. When replacement is required due to irreparable wear, the reasonable useful lifetime of the equipment must be considered.

In accordance with CMS policy, the standard useful lifetime for durable medical equipment, prosthetic, and orthotic devices is five (5) years unless specific program instructions establish a shorter period for certain items.

Endoscopic Retrograde Cholangiopancreatography (ERCP) Coding

This policy addresses billing scenarios where CPT code 43264 (endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic duct[s]) is billed alongside codes 43274-43276 (ERCP procedures involving stent placement, removal, exchange, or balloon dilation).

Our policy reflects that it is customary to remove calculi or debris during stent placement or removal, foreign body extraction, or sphincterotomy. Therefore, these actions should not be reported as a separate procedure.

Physician Administered Drugs and National Drug Code (NDC) Reporting

Michigan State Medicaid guidelines require that all physician administered drugs be reported with the National Drug Code (NDC).

This policy identifies situations where a physician administered drug is billed without the necessary NDC, which is not compliant with state requirements.

Modifier CS (Cost Share Waiver COVID-19)

This policy addresses the submission of any CPT or HCPCS code with modifier CS after May 11, 2023.

Effective May 12, 2023, CMS no longer accepts modifier CS as a valid modifier for any submitted services.

If you have questions or require further clarification regarding these updates, please contact your Provider Relations representative or access additional resources through the Aetna Better Health of Michigan provider portal.

Thank you for your continued partnership and commitment to quality care.