Aetna Better Health® of Illinois

PO Box 818031, MC F661 Cleveland, OH 44181-8031



September 12, 2023

Aetna Better Health® of Illinois

Clinical payment, coding and policy changes: Q3 2023 NPP 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.

Diagnosis Procedure Policy-Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

According to our policy, which is based on CMS Policy, the diagnosis codes indicating pathogen detection must be on the claim.

Drug and Biological Policy Processing and Policy Guidelines- National Drug Code (NDC)

According to our policy, which is based on Food and Drug Administration (FDA) Policy, providers are required to report valid National Drug Code (NDC) numbers and the NDC number should be valid, active, for an approved drug and the HCPCS code and the NDC code should indicate the same drug.

General Surgery Policy-Intravenous and Venous Services

According to our policy, injection sclerotherapy should not exceed 4 treatment sessions (or dates of service) in the same leg within a 90-day time frame.

Global Surgery Policy-Modifier 25 with E/M Services Reported with Procedures

According to our policy, which is based on CMS Policy, when an Evaluation and Management service is billed with modifier 25 on the same day as a procedure with a 0-day, 10-day, or 90-day postoperative period, the Evaluation and Management service is payable only if it is significant and separately identifiable.

Laboratory-Pathology Policy-COVID-19 Testing and Specimen Collection

According to our policy, which is based on the AMA CPT Manual and HCPCS Level II Manual, nucleic acid testing for SARS-CoV-2 should only be allowed one unit per day, unless reported with modifier 59 to indicate testing of separate samples from the same patient.

Medicaid-Illinois State Policy

Durable Medical Equipment and Supplies - Diabetic Shoes

According to our policy, which is based on Illinois Medicaid Guidelines and our Policy, depth inlay shoes, with or without inserts, are covered only for patients with foot ulcers, demonstrated impaired healing of the foot or toes, or a history of amputation or other serious medical foot problems due to diabetes or venous insufficiency. A diagnosis of uncomplicated diabetes or non-foot related complications is not sufficient.

National Provider Identifier (NPI)

According to our policy, which is based on Illinois Medicaid Guidelines, payment will not be made to any entity for any services furnished, ordered or prescribed on or after the effective date of a sanction or voluntary withdrawal.

COVID-19 Vaccine and Administration

According to our policy, which is based on Illinois Medicaid Guidelines, the billed coronavirus disease 2019 (COVID-19) vaccine product code should not be billed and is not reimbursable when obtained at a zero cost to the provider.

Place of Service Policy

Physician Fee Schedule Non-Facility NA Indicator

According to our policy, which is based on CMS Policy, some procedures or services are not appropriate in an office setting. Therefore, it is inappropriate to bill for these procedures or services when the place of service is an office (POS 11).

Mutually Exclusive Places of Service

According to our policy, which is based on CMS Policy, the place of service code used should indicate the setting in which the patient received a face-to-face encounter or where the technical component of a service was rendered, in the case of an interpretation. However, when a patient is in a registered inpatient status, all services billed by all providers should reflect and acknowledge the patient's inpatient status.

When a physician / practitioner / supplier furnishes services to a registered inpatient, payment is made under the Medicare Physician Fee Schedule at the facility rate. A physician / practitioner / supplier furnishing services to a patient who is a registered inpatient shall, at a minimum, report the inpatient hospital POS code 21 irrespective of the setting where the patient actually receives the face-to-face encounter.