

AETNA BETTER HEALTH® OF KENTUCKY

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To: Network Providers

Fax: <<location fax>>

In the News: **CLINICAL PAYMENT AND CODING CHANGES**

CLINICAL PAYMENT AND CODING CHANGES

We regularly augment our clinical, payment and coding positions as part of our ongoing review processes. In an effort to keep our providers informed, please see the below chart of upcoming changes.

Effective for dates of service beginning **December 02, 2018**:

Telehealth Services

Place of Service-Telehealth services should be reported with an appropriate place of service.

Modifiers-Telehealth services require appropriate modifiers be appended to identify mode of communication. Additionally new telehealth modifier 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunication System) should only be reported with telehealth services.

Packaged Services-

Observation services reported by an outpatient hospital facility are considered packaged when reported with an outpatient surgery by the same facility on the same date of service.

Additionally, when observation services are reported by an outpatient hospital facility with hydration/drug infusion therapy by the same facility on the same day when the only other services are drugs or labs the observation care would be considered packaged and not separately reimbursed as well.

Place of Service-Laboratory Services-Laboratory services reported by a pathologist in either a physician's office or independent laboratory and have no professional/technical split (CMS PC/TC Indicator 9) are considered reported in an incorrect place of service

Procedure Code Guideline-Guidance for localization of target volume for delivery of radiation treatment

delivery, includes intrafraction tracking-Guidance for localization of target delivery for radiation treatment delivery (including intrafraction tracking) should be considered incident to any other radiology service performed on the same date of service.

Intraoperative Electromyographic Monitoring-Intraoperative electromyographic (EMG) monitoring is considered medically necessary as part of the following surgical procedures:

- Monitoring of the facial nerve performed during intra-cranial neuro-otological surgeries
- EMG monitoring during selective dorsal rhizotomy
- EMG monitoring of cranial nerves necessary for surgical excision of neuromas of certain cranial nerves (e.g. Hypoglossal nerve, Spinal accessory, Trochlear nerve)

Other use of intraoperative EMG monitoring is considered experimental/investigational; there is insufficient value provided by performing the EMG monitoring; or the clinical value of intraoperative EMG monitoring has not been established.