Aetna Better Health® of Kentucky
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Louisville, KY 40223

PROVIDER NOTICE - Via Fax/Email

TO NETWORK PROVERS @ <<LOCATION FAX>>

JANUARY 21, 2020

INPATIENT AND DRUG BIOLOGICALS POLICY UPDATES

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 **February 21, 2020**:

Inpatient Claim Data Validation-According to our policy, which is based on CMS, the discharge status may be necessary for appropriate Diagnosis Related Group (DRG) determination and must be submitted as a valid code. Therefore, when the discharge status code is not valid for the date of service submitted, the claim will be denied.
Diagnosis Code Guideline Policy-Principal Diagnosis for Inpatient Claims- Questionable Admission-Principal Diagnosis-According to our policy, which is based on the ICD Manual and CMS policy, questionable admission-principal diagnosis only codes are not sufficient justification for admission to an acute care hospital. ICD-10-CM Sequela (7th character "S") Codes-The ICD10 manual defines sequela as “the residual effect (condition produced) after the acute phase of an illness or injury has terminated”. Coding of sequela requires 2 codes- coding/reporting of the condition or nature of the sequela and the sequela (7th character "S") code. Sequela diagnosis codes should not be the only diagnosis reported on a claim.
Duplicate Services Policy-Duplicate Claim Logic for Inpatient Claims-A duplicate claim as a claim or claim line that has been previously processed for payment claims deemed to be a duplicate will be denied. This concept applies to inpatient facility claims based on matching criteria which includes (but is not limited to) date of service, member ID, DRG, etc. This correct coding concept applies to inpatient facility claims.
Diagnosis-Age Policy- Diagnosis-Age Consistency- Certain diagnosis codes have been identified as being specific to certain age groups. The patient’s age and diagnosis code age should match. This correct coding concept applies to inpatient facility claims.
Bundled Facility Payment Policy- Inpatient Hospital Repeat Admissions-According to our policy, which is based on CMS, inpatient leave of absence and short-term re-admissions should not be reported as separate claims. Admissions within 2 weeks of a previous admission with the same diagnosis and DRG will be considered a readmission and should not be reported separately.
No Pay Billing-According to our policy, which is based on the National Uniform Billing Committee, certain bill types are not payable based on definition. No-pay bill types can be identified by the presence of a "0" as the final digit of the bill type. These bill types are used when a provider does not anticipate payment for the bill but is informing the payer about a period of non-payable confinement or termination of care.
Discharge Status Codes - Deceased Patient-According to our policy, services performed after a patient's date of death are not reportable. A patient discharge status code is a two-digit code entered into the CMS 1450 claim form, which identifies where the patient is at the conclusion of a health care facility encounter. This information is required for both inpatient and outpatient claims for Medicare billing purposes.

Drugs and Biologicals Policies:

Aetna Kentucky supports FDA label, off-label compendia (Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network, Lexi-Drugs, American Hospital Formulary Service Drug Information®), AMA/ CPT, state Medicaid guidelines and other sources for Drugs and Biologicals. These supported policies include:

-Indication (FDA-label and off-label approved compendia indications)
-Dosage (based on indication and supported by FDA-label and off-label approved compendia)
-Frequency (based on indication and supported by FDA-label and off-label approved compendia)
-Route of administration (based on category of drug, FDA-label, off-label approved compendia, and AMA/CPT guidelines)
-Age restrictions
-Combination therapy with other required drugs/substances (based on FDA-label and approved off-label compendia guidelines by indication)

New Drug/Biological Policies:

-HCPCS J2785- Regadenoson (Injection, regadenoson, 0.1 mg)- **Brand Name:** Lexiscan®
-HCPCS J1756 (Injection, iron sucrose, 1mg)- **Brand Name:** Venofer®