



FAX

To: All Aetna Better Health of Louisiana Providers

Date: 02/09/2018

Attention: POLICY STATEMENTS.

Deleted CPT HCPCS Codes Policy

Procedure codes, such as Level II HCPCS and AMA CPT-4 Codes, undergo revision by their governing entities on a regular basis. Revisions typically include adding new procedure codes, deleting procedure codes, and redefining the description or nomenclature of existing procedure codes. These revisions are normally made on an annual basis by the governing entities with occasional quarterly updates. As these revisions are made public, the list of new/terminated/revised CPT/HCPCS codes will be updated to reflect these changes.

Deleted procedure codes are defined as procedure codes that have been valid at some point in the past, but have since been deleted by the governing entity. All procedure codes are assigned an effective date and a termination date by their governing entities. Claims received with deleted procedure codes will be validated against the date of service. If the procedure code is valid for the date of service, then the claim will continue processing. If the procedure code is invalid for the date of service, then the procedure will be processed in one of two ways: mapping or denying. Codes which are terminated but have no new code that is similar/the same as a new valid code will be denied. Deleted codes which have a new code that is a 1 to 1 mapping from old terminated code to new valid code will automatically be mapped from terminated code to new code should the terminated code be billed after its termination date.

National Correct Coding initiative (NCCI)

The CMS developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment in Part B claims. The CMS developed its coding

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. The CMS annually updates the National Correct Coding Initiative Coding Policy Manual for Medicare Services (Coding Policy Manual). The Coding Policy Manual should be utilized as a general reference tool that explains the rationale for NCCI edits.

There are two general categories of NCCI edit that are part of the NCCI policy:

- **Procedure to Procedure (PTP; commonly known as Column 1/Column 2 edits):** PTP edits prevent inappropriate payment of services that should not be reported together. Each edit has a column one and column two HCPCS/CPT code. If a provider reports the two codes of an edit pair for the same beneficiary on the same date of service, the column one code is eligible for payment but the column two codes are denied unless a clinically appropriate NCCI-associated modifier is also reported.
- **Mutually Exclusive Edits:** Mutually Exclusive NCCI edits prevent separate reimbursement for procedures that could not be performed at the same patient encounter because the two procedures were mutually exclusive based on anatomic, temporal, or gender considerations. Many procedure codes cannot be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same patient encounter.

Sources:

- CMS National Correct Coding Initiative
- CMS National Correct Coding Policy Manual

Durable Medical Equipment

Durable Medical Equipment is equipment which (1) can withstand repeated use, (2) is primarily and customarily used to serve a medical purpose, (3) generally is not useful to a person in the absence of illness or injury, and (4) is

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

appropriate for use in the home. All requirements of the definition must be met before an item can be considered to be Durable Medical Equipment.

The following supplies and equipment are considered Durable Medicaid Equipment (DME):

- Durable Medical Equipment
- Supplies
- Orthotics
- Prosthetics
- Drugs used with DME
- Parenteral Nutrition
- Enteral Nutrition

CMS provides policies through the Durable Medical Equipment Regional Administrative Contractors (DME MAC) and the National Coverage Determinations Manual (NCD). Although each DME MAC has issued LCDs, all four of the Administrative Contractors collaborate on the LCD development. The LCDs are identical across DME MACs. This set of policies also includes and applies to Louisiana Medicaid guidelines where the state of Louisiana Medicaid and CMS differ.

Any questions or concerns please Aetna Better Health of Louisiana Provider Relations by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

Thank you,

Aetna Better Health of Louisiana

This document may contain confidential or privileged information. If you think you have received this message in error, please contact the sender and then destroy this document immediately. Thank you, Aetna Inc.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).