Aetna Better Health® of Pennsylvania
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NEW POLICY UPDATES – JANUARY 15, 2019: 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 January 15, 2019:

Polysomnography/Sleep Studies-

Polysomnography/Sleep Studies-Limits-Number Allowed in a 3-year period-Per our policy, which is based on CMS/OIG guidelines, it is rarely medically necessary for beneficiaries to receive multiple polysomnography services in consecutive years. No more than 2 studies in a year period would be medically necessary to manage a patient's sleep issues.

Polysomnography/Sleep Studies-Repeated Titrations-Per our policy, which is based on CMS/OIG guidelines, it is rarely medically necessary for a beneficiary to undergo more than two titration services in such a short time. No more than 1 titration study in a year period would be medically necessary to manage a patient's sleep issues.

Polysomnography/Sleep Studies- Unbundling a split-night service-Per our policy, which is based on CMS/OIG guidelines, it is unusual for a provider to perform these two diagnostic and titration services on consecutive nights. Because a split-night service involves only one overnight stay, submitting two polysomnography claims for a split-night service constitutes inappropriate unbundling.

Polysomnography/Sleep Studies- Unattended Sleep Studies-Per our policy which is based on CMS guidelines, unattended sleep studies are covered only for the diagnosis of obstructive sleep apnea

Polysomnography/Sleep Studies- Unattended Sleep Studies-Limitations-Per our policy, which is based on CMS guidelines, home sleep studies should be reported only once per year. More than one Home Sleep Study per year interval would not be expected.

Ophthalmology Policies

Ophthalmoscopy-Per our policy, which is based on CMS guidelines, an extended ophthalmoscopy (92225, 92226) must be performed in an appropriate setting which includes (but not limited to) physician's office, outpatient hospital-off campus, urgent care facility, inpatient hospital etc.

Ophthalmoscopy-Per our policy, which is based on CMS guidelines, the frequency of ophthalmoscopy should be determined by the condition being monitored. In the absence of an indication requiring more frequent screening (i.e., neoplasms of the eye, glaucoma to name only two), ophthalmoscopy should be limited to two units per eye per year.

Ophthalmoscopy-Per our policy, which is based on CMS guidelines, ophthalmoscopy should be limited to 12 units per eye per year when the diagnosis is exudative senile macular degeneration

Ophthalmic Angiography (Fluorescein and Indocyanine-Green)-Per our policy, based on CMS guidelines, fluorescein angiography is considered medically necessary no more than nine times per year, per eye. Additionally, per CMS, indocyanine-green angiography is considered medically necessary no more than nine times per year, per eye.

Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI]-Per our policy, based on the American Academy of Ophthalmology and CMS policy, scanning computerized ophthalmic diagnostic imaging (SCODI) of the anterior segment is indicated only for evaluation of certain conditions, such as specified forms of glaucoma, or disorders of the cornea, iris or ciliary body.

Scanning Computerized Ophthalmic Diagnostic Imaging [SCODI]- Per our policy, based on CMS policy, it would rarely be necessary to perform scanning computerized ophthalmic diagnostic imaging (SCODI) of the retina more than once per year for patients whose primary ophthalmological condition is not related to glaucoma or retina disease.

Ophthalmic Ultrasound- Per our policy, which is based the American Academy of Ophthalmology, ultrasound biomicroscopy (UBM) is not an appropriate procedure for imaging the anterior chamber for glaucoma, except when one of the following rarer glaucoma types is present such as anatomical narrow angle glaucoma

Glaucoma Screening- Per our policy, based on CMS guidelines, a glaucoma screening procedure is limited to one visit within a 335-day period and should be reported as a screening test only.

Ophthalmology Policies (cont)

Cataract Surgery- Discussion of Secondary Membranous Cataract (66821) Following Cataract Surgery-Per our policy, which is based on CMS guidelines, posterior capsular opacification rarely occurs within 3 months of cataract surgery. Laser surgery in the global surgical period of another cataract surgery will only be reimbursed when documentation justifies the need for the procedure.

Cataract Surgery- iStent and CyPass with Cataract Surgery-Per our policy, which is based on CMS guidelines, certain anterior segment aqueous drainage devices are only appropriate when used in combination with cataract surgery. The iStent® device was created as a micro-invasive glaucoma surgery device. The Cypass® device is a micro-stent system created for the same purpose. These devices should be reported on the same day as cataract surgery.

Implantable Miniature Telescope (IMT)-Per our policy, which is based on CMS guidelines, insertion of an ocular telescope prosthesis including removal of the crystalline lens (0308T or C1840) is only covered for a diagnosis of nonexudative senile macular degeneration of the retina. Additionally, per CMS, insertion of an ocular telescope prosthesis is covered only for patients 65 years of age or older.