

CODING POLICY CHANGES

July 26, 2024

We regularly revise our coding policy positions as part of our ongoing policy review processes. This notice is developed to keep you informed of the details of the upcoming new policies or policy changes for Aetna Better Health Kids (CHIP) based on Pennsylvania Medicaid Bulletins and up to date CPT and HCSPCS coding requirements.

Please note: Due to PA CHIP eligibility, these policies only apply to members up to age 19.

These new policies below are effective October 1, 2024.

MA Program Fee Schedule:

Code	Policy
K0455	will deny when not billed with modifier NU for pharmacy providers with place of service 11 and 12.

Mental Health Substance Abuse/ IBHS Individual Service:

Code	Policy
H2014-FQ	will deny when billed by Mental Health/Substance Abuse Providers, when exceed 24 units on the same date of service with place of service 02.

Certified Nurse Midwife Service:

Code	Policy
99384, 99394	will deny when not billed with modifier HD and member age is greater than 18 years and less than 12 years, with place of service 02 and 11.
59025	will deny when not billed with modifier 26, and member age is greater than 18 years and less than 10 years, with place of service 11, 15, and 27.
99386-HD, 99384-HD, 99394-HD, 99396-HD	will deny when billed with place of service 02, 11, 99, and female gender is not present.
81025	will deny when billed with place of service 15 and female gender is not present.
90746	will deny when member age is greater than 18 and less than 11 years, when billed with place of service 15, 27.
57170	Will deny when billed with place of service 11, 12, 23 and female gender is not present.
90620, 90621	Will deny when member age is greater than 18 years and less than 10 years, when billed with place of service 15 and 27.

Inpatient Facility Fee Schedule update:

Code	Policy
99204-GT	will deny when member age is greater than 18 years and less than 10 years, when billed by a Hospital Based Medical Clinic with place of service 22.
99242	Will deny when member age is greater than 18 years and less than 10 years, when billed by a Hospital Base Medical Clinic and female gender is not present.

Mental Health/Substance Abuse/ Psychiatric Service:

Code	Policy
96136-FQ	will deny when provider exceeds 1 unit on the same date of service for Partial Hospitalization child or adult services with place of service 02.
96137-FQ	will deny when provider exceeds 11 units on the same date of service for Partial Psych Hospitalization child or adult services with place of service 02.
H2033-95, FQ	will deny when provider exceeds 32 units on the same date of service for IBHS Individual service providers with place of service 02.
H2033	will deny when provider exceeds 32 units on the same date of service for IBHS Individual service providers, with place of service 10, 11, and 27.

Physician Services:

Code	Policy
99384-GT, 99394-GT	will deny when billed by a physician, with place of service 11,12, and female gender is present.

This new process may result in a change in how your practice is reimbursed for these services.

Questions? Call Provider Relations at 1-866-638-1232 for assistance.