

October 30, 2024

## **CODING POLICY CHANGE UPDATE**

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).

**These new Pennsylvania State Medicaid Policy Updates below are effective for Aetna Better Health Kids starting January 1, 2025.**

### **National Provider Identifier (NPI)**

According to our policy, which is based on Pennsylvania State Medicaid Guidelines, the department and managed care organizations will not pay for any services prescribed, ordered, or rendered by the providers or individuals listed on the Medichex List as excluded.

### **Global Surgery Policy - Other Medical and Surgical Service during the Postoperative Period**

According to our policy, which is based on CMS and Pennsylvania Medicaid Policy, the performance of a related procedure within the global period of a major procedure is included in the global services for the major procedure. Additionally, according to our policy, which is based on CMS and Pennsylvania Medicaid Policy, separate payment for additional procedure(s) with a global surgery fee period during the postoperative period of a prior procedure must be billed with an appropriate modifier designating the reason for the second procedure.

### **Global Surgery Policy - Modifier 25 with E/M Services Reported with Procedures**

According to CMS Policy, Pennsylvania State Medicaid Guidelines, and our Policy, when an Evaluation and Management (E/M) service is billed with modifier 25 on the same day as a procedure with a 0-day, 10-day, or 90-day postoperative period, the E/M service is payable only if it is significant and separately identifiable.

### **Diagnosis Procedure Policy- Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels**

According to CMS policy, respiratory infectious agent testing by nucleic acid must include an approved supporting diagnosis indicating the pathogen detection.

### **CMS National Coverage Determinations (NCD) Policy-Lipid Testing**

According to CMS policy, lipid testing requires a supporting diagnosis when billed.

### **Drug and Biological Policy**

Vedolizumab: According to our policy, which is based on the FDA-approved package insert/prescribing information, the pharmaceutical compendia, and the medical literature, the safety and effectiveness of vedolizumab [intravenous] have not been established for patients under the age of 18 years for certain indications (example regional enteritis; ulcerative colitis).

Pegfilgrastim: According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum recommended daily dosage for pegfilgrastim for chemotherapy-induced neutropenia prophylaxis in patients with non-myeloid malignancies or hematopoietic syndrome of acute radiation syndrome [H-ARS] is 1.5 mg.

Asparaginase erwinia chrysanthemi (recombinant)-rywn-According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum recommended daily dosage of asparaginase Erwinia chrysanthemi recombinant (Rylaze) for acute lymphoblastic leukemia or lymphoblastic lymphoma is 65 mg.

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.