



AETNA BETTER HEALTH® OF VIRGINIA

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 **November 1, 2023**:

CMS Coverage Policy

- **Unauthorized COVID-19 Monoclonal Antibodies, Vaccines, and Related Administration:** According to our policy, which is based on CMS policy and the FDA, certain monoclonal antibodies used to treat COVID-19 are not authorized in the United States for the reported date of service.

Evaluation and Management Services Policy

- **Transitional Care Management (TCM) Services:** According to our policy, which is based on the AMA CPT Manual and CMS policy, Transitional care management services are required to be reported within 14 days after discharge from a facility.

Radiology Policy

- **Diagnostic Imaging – 3D Rendering:** According to our policy, which is based on CMS policy, 3D rendering with interpretation and reporting of CT, MRI, US, or other tomographic modality, requires an appropriate diagnosis when reported with transthoracic echocardiography. A qualifying procedure for the 3D rendering should also be included on the same date of service or in the previous three days.

Questions?

For questions you may have about these changes, contact Provider Relations at **1-800-279-1878 (TTY: 711)**.

Aetna Better Health of Virginia