

February 5, 2025

## **Coding Policy Updates**

Dear Provider,

Effective April 1, 2025, the following Pennsylvania Medicaid State Policies will be implemented for Aetna Better Health Kids (CHIP).

### **Birth Center**

- Codes 99211, 99212, and 99213 will deny when members age is less than 10 years of age, or greater than 18 years of age, when billed with a place of service 12 (home), and the provider type/specialty is birthing center.
- Codes 99211, 99212, and 99213 will deny when billed with a place of service of 11 (office) or 25 (birthing center), and the provider type/specialty is birthing center, and female gender is not present on the claim.

### **PA Medicaid Fee Schedule changes**

- Codes L8010-LT and L8010-RT will each deny if billed with a quantity of greater than 3 in 180 days.
- Code 99452 will deny when billed with a unit of greater than 1 in 14 days for the following provider types and place of services:
  - Hospital Based Medical Clinic with a place of service 22 (on campus- outpatient hospital).
  - Independent Medical/Surgical Clinic with a place of service 49 (independent clinic).
  - Psychiatric Outpatient with a place of service 49 (independent clinic).
  - Physician, Certified Registered Nurse Practitioner, Physician Assistant, Oral/Maxillofacial Surgeon, or Certified Nurse Midwife with a place of service 11 (office).
- Codes L8000, L8001, L8002, and L8015 will deny when billed with a quantity of greater than 4 units each per 1 year by any provider.

- Codes L8010, L8020, L8030, L8033, and L8035 billed with modifiers RT, LT or 50 will deny when female gender is not present on the claim, for the following places of service and provider specialties:
  - Place of services: 11 (office), 12 (home), 21 (inpatient hospital), 31 (skilled nursing facility), or 32 (nursing facility)
  - Provider specialties: DME/medical supplies, prosthetist, or orthotist
- Code A4280 will deny when billed by a specialty of DME/medical supplies, prosthetist, or orthotist in place of services 11 (office) or 12 (home), and female gender is not present on the claim.
- Code A4280 will deny when billed with a place of service of 11 (office) or 12 (home), and the provider type is pharmacy (independent, institutional independent, chain, institutional chain, mail order), and female gender is not present on the claim.
- Code S0199 will deny when members age is less than 10 years of age, or greater than 18 years of age, when billed by a physician with a place of service of 11 (office).
- Code G2214 will deny when billed more than 1 unit per calendar month by a physician's assistant in place of service 11 (office), 12 (home), or 27 (outreach site/street).
- Code 99501 will deny if billed by an acute care hospital or hospital based medical clinic in place of service 02 (telehealth provided other than in pt's home) or 12 (home), and female gender is not present on the claim.
- Codes 99050, 99202-99205, 99211-99215, 99384-99385, and 99394-99395 will deny if billed by a hospital based medical clinic in place of service 22 (on campus, outpatient hospital), and female gender is not present on the claim.

### **Certified Nurse Midwife**

- Codes G0156, G0299, T1001, and T2003 will deny when members age is less than 10 years of age, or greater than 18 years of age, when billed by a certified nurse midwife, and female gender is not present on the claim.

### **Questions?**

Please contact our Provider Relations department at **1-866-638-1232**, with any questions regarding this update.

Thank you for the quality care you give our members. Sincerely,

Provider Relations  
Aetna Better Health Kids