Aetna Better Health® of Virginia
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AETNA BETTER HEALTH® OF VIRGINIA

New Policy Updates – Clinical Payment, Coding and Policy Changes

Dear Provider:

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 **September 1, 2022**:

CMS National Coverage Determinations Policy: Lung Cancer Screening with Low-Dose Computed Tomography (LDCT)

- **Age limitations**: According to our policy, which is based on CMS policy, services related to screening for lung cancer with LDCT are only covered for patients who are 50 to 80 years old.
- **Covered indications**: According to our policy, which is based on CMS policy, services related to screening for lung cancer with LDCT are only covered for certain indications including, but not limited to, personal history of nicotine dependence.
- **Frequency limitations:** According to our policy, which is based on CMS policy, screening for lung cancer with LDCT should not be performed more than once within a 12-month period.

Device and Supply Policy

- **Implant Device Requires Implant Procedure**: According to our policy, which is based on CMS policy, when an implantable surgical device is billed, it is expected that the associated surgical procedure would also be submitted.
- **Implant Procedure Requires Implant Device**: According to our policy, which is based on CMS policy, when a device-dependent procedure is billed, there must be an associated qualifying device billed on the same claim for the same date of service. Additionally, according to our policy, when reporting for certain surgical implant procedures, the associated implant device must also be reported for the same date of service.
- **Brachytherapy Source**: According to our policy, when a brachytherapy source is billed, an appropriate brachytherapy procedure must be reported for the same date of service.

Laboratory-Pathology Policy-Vitamin D Testing

- According to our policy, which is based on CMS policy, vitamin D testing:
  - Should not be reported more frequently than once a year except when performed for specified indications including, but not limited to, rickets; osteomalacia.
  - Should not be performed more frequently than four times in a year for vitamin D deficiency.
  - Is covered when it is reported with a diagnosis that supports medical necessity for the procedure which includes hypothyroidism; unspecified vitamin D deficiency.
- According to our policy, which is based on the Endocrine Society and the American Association for Clinical Chemistry, measurement of serum Vitamin D; 1, 25 dihydroxy is not recommended as a screening study which includes, but is not limited to, screening for nutritional disorder; screening as part of an administrative examination.

Incident To Service: Venipuncture

- According to our policy:
  - Venipuncture is incidental when reported with a laboratory service.
  - Venous access procedures should not be reported when they are performed in a physician's office.

Procedure Code Definition Policy: Immunization Administration for COVID-19 Vaccine

Per AMA/CPT manual CPT code definitions, there are specific vaccine and vaccine administration procedure codes for COVID-19. There are vaccine-to-vaccine administration services that are specific to each manufacturer (Pfizer, Moderna, Janssen) and should be coded correctly based on each code definition. There are also dose frequencies based on appropriate timeframe for second dose/booster doses as well.

- According to our policy, which is based on the AMA CPT Manual, it would not be appropriate to:
  - Report the administration of corona virus vaccine (Pfizer, Moderna, Janssen) without a corona virus vaccine code.
  - Administer the second dose of corona virus vaccine before 20 days of the first dose (Pfizer).
  - Administer second dose of corona virus vaccine (Pfizer; Moderna) before 27 days of the first dose.