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Aetna Better Health of West Virginia

Provider Notice

Policy Changes Effective 1/1/20

1) Radiology Policies

- Hip ultrasound for infants (76885, 76886) will be denied when billed with a screening or normal exam diagnosis (ICD-10 codes Z00.11-Z00.111, Z00.129, Z01.89, Z13.828, Z13.89, Z13.9)
- Transvaginal ultrasound (76830) will be denied when the only diagnosis on the claim is encounter for ovarian cancer screening (ICD-10 code Z12.73)
- DXA bone density studies (77080 or 77081) will be denied when the only diagnosis on the claim is osteoporosis screening (ICD-10 code Z13.820) for a male who is less than 70 years of age.

2) Neurology Policy

- Lab testing (80047-89398) will be denied when BPPV (ICD-10 codes H81.1-H81.13) is the only diagnosis on the claim line.

3) Podiatry Policies

- Incision & drainage when performed without a diagnosis of cutaneous abscess of foot (ICD-10 codes L02.611, L02.612) or other specific disorders of skin (ICD-10 code L98.8), the procedure (10061,10061 or 10160) will be denied.

  Additionally, incision and drainage of hematoma, seroma or fluid collection (10140) performed by a podiatrist must be reported with one of the following approved diagnoses:

  Injury of ankle, foot and toes (ICD-10 codes S90.0-S90.32XS, S97-S97.82XS)
  Injury of knee and lower leg (ICD-10 codes S80.0-S80.12XS, S87-S87.82XS)
  Intraoperative and postprocedural complications of skin and subcutaneous tissue (ICD-10 codes L76.0-L76.02, L76.2-L76.22)

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4) Duplicate Services Policy

- The second service received will be denied as a duplicate if the place of service on one claim is independent laboratory (POS 81) and the other claim has been billed by an outpatient hospital in POS 22 or with Bill Type 0120-012Z, 0130-013Z, or 0140-014Z.