Aetna Better Health® of Kentucky
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AETNA BETTER HEALTH® OF KENTUCKY

Fax Blast

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To:	Network Providers	**Fax:**	<<location_fax>>
From:	Provider Relations	**Date**:	June 24, 2016
Re:	Clinical Coding & Policy Change effective July 26, 2016 Communication access under ACA	**Pages:**	3 pages with cover

Notes:

We appreciate your participation in the Aetna Better Health of Kentucky provider network. Please review the attached information.

Thank you for being part of the Aetna Better Health of Kentucky network.

Aetna Better Health® of Kentucky
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To: Network Providers
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Date: June 24, 2016
RE: Clinical Coding & Policy Change effective July 26, 2016
Communication access under ACA

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1. **NEW POLICY UPDATES –** Effective for dates of service beginning **July 26, 2016**
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.

POLICY
Duplicate Global Surgery For surgical procedures only one provider should be reimbursed except for assistant surgeon and co-surgeon
Duplicate Independent Laboratory Services Only one independent laboratory will be reimbursed for the same lab test.
Maximum Units Based on Code Descriptor According to the AMA CPT Manual and the HCPCS Level II Manual, the code descriptors for certain procedures indicate that the procedure may account for more than one service. We will only allow one unit of service for these procedures. Example: CPT code 11056 is defined “Paring or cutting of benign hyperkeratotic lesion (e.g., corn or callus); 2 to 4 lesions”; therefore only one unit of service should be reported whether 2, 3 or 4 parings/cuttings are performed.
Anesthesia for Gastrointestinal Endoscopic Procedures According to the American Society of Gastrointestinal Endoscopy, routine gastrointestinal endoscopy procedures usually do not require general or monitored anesthesia in average risk patients.
Anesthesia for Pain Management Injections According to the American Society of Anesthesiologists and the International Spine Intervention Society, minor pain procedures such as epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injection, bursal injections, occipital nerve block and facet injections under most routine circumstances, require only local anesthesia for adult patients.
Needle Electromyography for Carpal Tunnel Syndrome Based on guidelines from the American Association of Neuromuscular and Electrodiagnostic Medicine Practice Parameter EMG a maximum of 3 nerves are required to diagnose and manage carpal tunnel syndrome; this equates to a limited needle EMG study.
Electroencephalogram (EEG) - Epileptic Spike Analysis According to the American Academy of Neurology and CLS policy EEG procedures for “monitoring for identification and lateralization of cerebral seizure focus" include epileptic spike analysis.

Genetic Testing Policy-

Tier 1 Molecular Pathology Procedures

Per AMA/CPT Tier 1 molecular pathology procedures include all analytical services performed in the test. Additionally when Tier 1 molecular pathology procedure codes are reported, only the most comprehensive code should be reported.

Coverage for Germline Mutation Testing

Based on CMS policy certain biomarker laboratory tests are covered only when genetic testing is being performed to establish a molecular diagnosis of an inheritable disease and the following criteria have been met: 1) patient must display clinical features of an associated disease (noting that coverage of molecular testing for carrier status or family studies is considered screening and therefore not covered); 2) result of the test will directly impact the treatment being delivered to the patient; 3) a definitive diagnosis remains uncertain after history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies. Certain biomarker testing (example CPT 81161-DMD (dystrophin) (e.g., Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed) do not meet this criteria.

Physician Interpretation of Molecular Pathology Procedures

According to CMS policy, physician interpretation and reporting molecular pathology procedure code G0452, by definition, is an interpretation code only and should be reported accordingly (using modifier 26).

Frequency of Allergy Studies

Based on CMS policy a combined total of 137 allergy tests per year for allergy testing (CPTs 95004, 95017, 95018, 95024, or 95027) would be appropriate for the management of most conditions.

Non-Physician Practitioners (NPPs) Billing Major Surgical Procedures

According to CMS Policy, major surgical procedures are generally not covered when billed by a non-physician practitioner unless the NPP is serving as the assistant surgeon, or providing preoperative/postoperative care.

2. Update on Communication Access under Affordable Care Act

The Federal government has a new rule that beginning on **July 18, 2016**, all healthcare, dental care, behavioral care and other healthcare providers that obtain any funds, such as Medicare or Medicaid from the U.S. Dept. of Health and Human Services (HHS) are **required to consult with Deaf people to ask for their preferred method of communication**. If the patient prefers an on-site interpreter, an interpreter through video remote interpreting, CART or formats, providers must meet that request of the client, giving priority to their communication need. There are limited exceptions, such as limited expenses. That exception will only work if the financial resources of the medical practice, group practice, hospital or healthcare system, are such that they can't afford an interpreter or the assistance you need. The new rule also contains other anti-discrimination requirements, as outlined, which are at the following website addresses:

- **http://abilitychicagoinfo.blogspot.com/2016/05/affordable-care-act-final-rule-includes.html**
- **https://www.indemandinterpreting.com/upcoming-events/major-changes-aca-will-affect-language-access-program/**

This new rule also addresses new legal standards that promote use of qualified medical interpreters and translators and substantially restrict the use of unqualified interpreters, such as untrained bilingual staff, adult family members, friends, and minor children.

Link to the new rule Section 1557 of the Affordable Care Act. "The Nondiscrimination in Health Programs and Activities" information:

- **http://www.hhs.gov/about/news/2016/05/13/hhs-finalizes-rule-to-improve-health-equity-under-affordable-care-act.html**