ABHKY Updated Claim Policy Edit

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 September 29, 2023:

Laboratory-Pathology Policy-Respiratory Pathogen Panels Testing-According to our policy, which is based on CMS Policy, only one respiratory panel test is allowed to be reported for a single date of service.
Medicaid - Kentucky State Policy- National Provider Identifier (NPI)- According to our policy, which is based on Kentucky Medicaid Guidelines, an individual or entity terminated or excluded from participating in the Kentucky Medicaid program will not be reimbursed for services provided in any capacity or in any category. Modifier CR-According to our policy, which is based on Kentucky Medicaid Guidelines, modifier CR (catastrophe/disaster related) may only be used with the preventive medicine counselling code to denote standalone coronavirus disease 2019 (COVID-19) counseling for children.
Drugs and Biologicals Policies: Aetna Kentucky supports FDA label, off-label compendia (Micromedex, Clinical Pharmacology, National Comprehensive Cancer Network, Lexi-Drugs, American Hospital Formulary Service Drug Information®), AMA/ CPT, state Medicaid guidelines and other sources for Drugs and Biologicals. These supported policies include: -Indication (FDA-label and off-label approved compendia indications) -Dosage (based on indication and supported by FDA-label and off-label approved compendia) -Frequency (based on indication and supported by FDA-label and off-label approved compendia) -Route of administration (based on category of drug, FDA-label, off-label approved compendia, and AMA/CPT guidelines) -Age restrictions -Combination therapy with other required drugs/substances (based on FDA-label and approved off-label compendia guidelines by indication) -Emicizumab-kxwh (J7170)- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, when emicizumab is used for the indication of hereditary factor VIII deficiency, it should not be administered more frequently than one time every six days.

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-Collagenase Clostridium Histolyticum (J0775)- According to our policy, which is based on FDA-approved package insert/prescribing information, when collagenase Clostridium histolyticum is injected, the procedure code must be submitted for the same date of service.

-Collagenase Clostridium Histolyticum (J0775)-According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum recommended daily dosage of collagenase Clostridium histolyticum for the reported condition of Dupuytren's contracture is 0.58 mg per cord.

-Omalizumab (J2357)- According to our policy, which is based on the FDA-approved package insert/prescribing information, the pharmaceutical compendia and the medical literature, the maximum dosage of omalizumab for the reported conditions (e.g. chronic idiopathic urticaria) is 60 units of J2357 for a 27-day time period.

-Vedolizumab (J3380)- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum dosage of vedolizumab for the reported condition is 1500 units of J3380 for a 26-week time period.

-Vedolizumab (J3380)- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, vedolizumab should not be administered using an intravenous push technique.

-Pembrolizumab (J9271)- According to our policy, which is based on the FDA-approved package insert/prescribing information, the pharmaceutical compendia, and the medical literature, the maximum dosage of pembrolizumab for the reported condition (e.g. adrenal gland tumor, salivary gland cancer, ovarian cancer) is 400 units of J9271 for a 41-day time period.

-Pembrolizumab (J9271)- According to our policy, which is based on the pharmaceutical compendium and the medical literature, the maximum recommended daily dosage of pembrolizumab for the reported condition (e.g., adrenal gland tumor, Kaposi sarcoma, pediatric diffuse high-grade glioma) is 200 mg (200 units of J9271).

-Pembrolizumab (J9271)- According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, when pembrolizumab is used for the reported condition (e.g., ampullary adenocarcinoma, bone cancer, hepatobiliary cancer,), testing for microsatellite instability-high [MSI-H], mismatch repair deficient [dMMR], or tumor mutational burden-high [TMB-H] biomarkers is required.

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