Aetna Better Health® of New Jersey

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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 **July 1, 2023**:

Modifier Policy-Anatomical Modifiers-According to our policy, which is based on CMS Policy, AMA Coding with Modifiers, AMA CPT Manual and the HCPCS Level II Manual, anatomic-specific modifiers designate the area or part of the body on which the procedure is performed. These modifiers are required whenever they are appropriate. The following anatomic-specific modifiers include: -LT (Left side), RT (Right side), and 50 (Bilateral procedure) -Finger modifiers (FA-F9) and bilateral modifiers (LT [Left side], RT [Right side], 50 [Bilateral procedure]) -Toe modifiers (TA-T9) and bilateral modifiers (LT [Left side], RT [Right side], 50 [Bilateral procedure]) -Eyelid anatomical modifier (E1-E4) or LT (Left side), RT (Right side), and 50 (Bilateral procedure)
Drug and Biological Policy- Laboratory Monitoring- Pemetrexed- According to our policy, which is based on the FDA-approved package insert/prescribing information, patients being treated with pemetrexed (lyophilized) should not begin a new treatment cycle unless the creatinine clearance is greater than or equal to 45 mL/min. Panitumumab- According to the FDA-approved package insert/prescribing information and the pharmaceutical compendia, panitumumab is used for the treatment of patients with wild-type RAS (defined as wild-type in both KRAS and NRAS as determined by an FDA-approved test for this use) metastatic colorectal cancer. To determine RAS mutation status, appropriate laboratory must have been performed in the patient's history.