

## AETNA BETTER HEALTH® OF KENTUCKY

Please note our newly formatted fax blast – A copy of this communication is available on our website:  
[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), go to Provider News

### PROVIDER NEWSFLASH – FRIDAY, NOVEMBER 04, 2016 – PAGE 1 OF 2

**To:** All Network Providers

**Fax:** <<location fax>>

- In the News:**
1. Clinical payment, coding and policy changes
  2. New policy for submitted costs for medications and implants on hospital claims
  3. Observation stays no longer required for PAR providers
  4. Open enrollment is open through December 16<sup>th</sup>
  5. Aetna Better Health of Kentucky will continue to serve members in 2017

#### 1. 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 **November 29, 2016:**

<b><u>POLICY</u></b>
<b><u>Duplicate Claims From Same National Provider Identifier (NPI)</u></b> - The National Provider Identifier (NPI) is a unique identification number for health care providers. Duplicate Logic criteria will include NPI when determining whether or not a claim/claim line is duplicate billing (when a code is submitted for payment only one billing of that service will be allowed per NPI).
<b><u>Once per Lifetime Services</u></b> - According to CMS, there are certain procedures that have been identified as being allowed only once in a patient's lifetime. In general, procedures of this nature involve the removal of some organ in the body, such as the appendix or the stomach.
<b><u>Adult Preventive Medicine Services</u></b> - Preventive medicine services are routine examinations. When these services are performed the appropriate preventive medicine service CPT code should be reported based on the patient's age. Preventive medicine services should be reported with a diagnosis indicating that the examination is of a routine nature. Additionally preventive medicine services are not generally needed more than once per year per patient for adults.
<b><u>Durable Medical Equipment-Maximum Units Over Time</u></b> - Specific DME and supply codes have been assigned a maximum number of units that may be billed within a specified time frame for a member, regardless of the provider. These unit settings are based on Kentucky Medicaid guidelines and values published by Kentucky Medicaid will be enforced.

#### 2. New policy to review submitted costs for medications and implants on high dollar inpatient hospital claims

**Effective December 1, 2016**, Aetna Better Health of Kentucky will implement a policy to review submitted costs for medications and implants on hospital claims. The plan will utilize common sources reflecting marketing costs for these items. An upper limit on reimbursement will set. Requests for exceptions to the upper limit will be reviewed with submission of supporting documentation justifying the facility costs (acquisition, storage, administration) associated with the item.

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#### **3. Observation stays no longer require prior authorization\* for PAR providers.**

A decision to admit observation stays must be made within the first 48 hours. If observation services result in an inpatient admission, notification must be made within 24 hours or next the business day.

Example: The patient is admitted to observation on Monday, the decision for admission must be made by Wednesday and the facility has until Thursday to notify the plan and provide clinical review.

#### **Applicable CPT codes:**

99217  
99218  
99219  
99220

If you have any questions about authorization requirements, contact your Provider Relations representative by calling **1-855-300-5528**, option **4, 4, 8, 1**.

\*The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.

#### **4. REMINDER: Kentucky's Medicaid Open Enrollment is October 24 – December 16.**

We look forward to continuing to offer great benefits in 2017, below are just a few:

- No copay to visit primary care providers
- Member incentives
- Free dental and vision care for children and adults under the age of 21
- 24-hour Informed Health Line (**1-855-620-3924**)
- Helpful and accessible care managers

#### **5. Aetna Better Health will continue to serve Kentuckians in 2017 and beyond**

Aetna recently announced changes to plans offered through the Health Insurance Exchange. Changes **do not** affect Aetna Better Health Medicaid or the coverage our plan provides to nearly 300,000 members in all 120 counties of the Commonwealth.

Aetna coverage through the Health Insurance Exchange is a separate line of business from Aetna Better Health of Kentucky. It was only available in 10 counties, with approximately 800 members enrolled at the time of the announcement.

We recently sent a flyer to our member households, which seeks to clarify this issue and have taken other steps to help our members understand that there will be no change to Aetna Better Health of Kentucky Medicaid benefits. We are here to stay! Aetna Better Health of Kentucky will continue to serve Kentuckians in 2017.