

JANUARY 19, 2024

CLINICAL PAYMENT, CODING AND POLICY CHANGES

We regularly revise our clinical, payment and coding policy positions as part of our ongoing policy review processes. This notice is developed to keep you informed of the details of the upcoming new policies or policy changes for Aetna Better Health Kids (CHIP).

These new policies below are effective April 1, 2024.

Medicaid - Pennsylvania State Policy:

Ambulance Transportation Services

Place of Service Requirement-According to Pennsylvania Medicaid guidelines, certain ambulance transportation services are allowed to be reported only in the specified places of service indicated in the Ambulance Services Medical Assistance Program Fee Schedule.

Childhood Nutrition and Weight Management Services

According to Pennsylvania Medicaid guidelines, specific child nutrition and weight management services should be rendered to beneficiaries less than 21 years of age.

Dental Services

According to Pennsylvania Medicaid guidelines, application of topical fluoride varnish by a physician or other qualified health care professional (99188) is not a benefit for members more than 21 years of age. Additionally, according to Pennsylvania Medicaid guidelines, application of topical fluoride varnish by a physician or other qualified health care professional are limited to specific places of service.

Durable Medical Equipment and Supplies

Maximum Units Over Time-According to Pennsylvania Medicaid guidelines, durable medical equipment, prosthetics, orthotics, supplies (DMEPOS), vision and hearing supplies have been assigned a maximum number of units that may be billed regardless of the provider within a specified time frame.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

According to Pennsylvania Medicaid guidelines, early and periodic screening, diagnostic and treatment (EPSDT) services are allowed only for a diagnosis of routine infant or child health check. Additionally, according to Pennsylvania Medicaid guidelines, specified screening services (i.e., vision screening or lead testing) appended with modifier for reduced services or reference/outside laboratory must be reported with a zero dollar (\$0) billed amount when reported with an EPSDT service preventive medicine service.

Family Planning Services Program

According to Pennsylvania Medicaid guidelines, long acting reversible contraceptive (LARC) devices are required to be reported with a modifier indicating family planning services.

Obstetrics and Gynecology - Postpartum Days

According to Pennsylvania Medicaid guidelines, the delivery fee includes office/outpatient, inpatient and home visits provided by the practitioner who performed the delivery within 60 postpartum days as indicated in the Medical Assistance Program Fee Schedule and should not be reported separately.

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this notice.

Questions? Call Provider Relations at 1-866-638-1232 for assistance.