



April 28, 2023

Aetna Better Health® of Illinois

Clinical, payment and coding policy changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. Please see the chart below for upcoming new policies.

These updates are 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)

Radiation Oncology-Intensity modulated radiotherapy plan

According to our policy, intensity modulated radiotherapy treatment services are considered part of intensity modulated radiotherapy planning and should not be reported separately within a 14-day period.