

AETNA BETTER HEALTH® OF KENTUCKY

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PROVIDER NEWSFLASH – FRIDAY, DECEMBER 30, 2016 – PAGE 1 OF 1

To: All Network Providers

Fax: <<location fax>>

In the News: 1. New Policy Updates - Clinical Payment, Coding and Policy Changes
2. Modifier codes for PT, OT and ST

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 **January 31, 2017:**

POLICY
Incident to Services- Aetna Better Health of Kentucky follows Kentucky Administrative Regulations regarding venipuncture reimbursement. Per 907 KAR 3:010, “A routine venipuncture procedure shall not be separately reimbursed if submitted with a charge for an office, hospital or emergency room visit or in addition to a laboratory test.” Therefore, CPT codes 36410, 36415, and 36416, billed in place of service, 11, 19, 22, or 23, will not be reimbursed, and will be considered “Incident to” services.

2. Modifier codes for PT, OT and ST

Multiple therapies on same date of service: Aetna Better Health of Kentucky would like to encourage therapy providers to add appropriate modifiers when multiple therapies are provided to the same member on the same date of service. When billing a therapy, attach the most appropriate modifier to the service delivered:

- GN – Services delivered under an outpatient speech language pathology plan of care
- GO – Service delivered under an outpatient occupational therapy plan of care
- GP – Service delivered under an outpatient physical therapy plan of care