

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 **(9/1/2020)**:

POLICY UPDATE

Polysomnography (procedure codes): 95782, 95783, 95808, 95810, and 95811) is a benefit of Texas Medicaid.

If a prior authorization is not submitted with the claim containing revenue code(s) 95782, 95810, 95811, 95808, and 95805, the claim will be denied for no authorization. Please refer to the provider pre-authorization tool

<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional guidance specific to Polysomnography.

Effective for dates of service beginning **(9/1/2020)**:

POLICY UPDATE

Neuropsychological Testing (procedure codes): 96130, 96131*, 96136, and 96137*, Neurobehavioral Testing (procedure codes 96116 and 96121*) and Neuropsychological Testing (procedure codes 96132, 96133*, 96136, and 96137*) are limited to four hours per client, per day, and eight hours per client, per calendar year.

Please refer to the provider pre-authorization tool

(<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.

Effective for dates of service beginning **(9/1/2020)**

POLICY UPDATE

Natera/Prenatal Genetic Testing: CPT 81408 (MOPATH PROCEDURE LEVEL 9)

Please refer to the provider pre-authorization tool

(<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval.