Aetna Better Health® of Michigan



28588 Northwestern Hwy, Suite 380B Southfield, MI 48034 1-866-316-3784

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 (October 1, 2024):

<u>Genetic Testing Policy- Genetic Testing Panel Unbundling-</u> According to our policy, which is based on the National Correct Coding Initiative Policy Manual and the AMA CPT Manual, genetic testing panels should be coded with the most comprehensive CPT code that describes the testing that was performed. It is inappropriate to report separate codes for individual components rather than a single comprehensive panel code.

<u>Diagnosis Procedure Policy- Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels-</u> According to CMS policy, the test to detect a respiratory infectious agent by nucleic acid must include an approved supporting diagnosis indicating the pathogen detection.

Medicaid - Michigan State Policy-

- <u>- Laboratory Services Genetic Testing-</u> According to Michigan Medicaid guidelines, coverage for cystic fibrosis transmembrane conductance regulator gene analysis has been discontinued by the state.
- National Provider Identifier (NPI)- Excluded National Provider Identifier (NPI)- According to Michigan Medicaid guidelines, Medicaid Program will not reimburse a provider for any services or items that were rendered or ordered/prescribed by a sanctioned (e.g., suspended, excluded) provider.

<u>Respiratory Viral Panels-</u> According to CMS policy, Multiplex PCR respiratory viral panels of 5 or more pathogens are considered non covered pathogens and do not represent specific cause, a common syndrome, or the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations.

<u>Drug and Biological Policy (A-E)- Aprepitant (J0185)- Chemotherapy Drug Prerequisite-</u>
According to the FDA approved package insert/prescribing information, and the pharmaceutical compendia, aprepitant injectable emulsion is indicated for prevention of nausea and vomiting associated with highly or moderately emetogenic chemotherapy.

Therefore, a highly or moderately emetogenic chemotherapy drug must be submitted for the same date of service.