

AETNA BETTER HEALTH® OF KENTUCKY

PROVIDER NEWSFLASH –OCTOBER 11, 2018– PAGE 1 OF 6

To: Network Providers

Fax: <<location fax>>

Announcing: **1: Prior Authorization Changes Effective November 15, 2018**
 2: Urine Drug Screen Provider Notice, Effective November 12, 2018

1. Prior Authorization Changes **Effective November 15, 2018**

Effective **November 15, 2018**, the following CPT/HCPCS codes will require prior authorization before the services are rendered.

CODE	DESCRIPTION
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day
0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
Q4110	SKIN SUBSTITUTE PRIMATRIX PER SQ CM
Q4111	SKIN SUBSTITUTE GAMMAGRAFT PER SQ CM
Q4115	SKIN SUBSTITUTE ALLOSKIN PER SQUARE CENTIMETER
Q4117	HYALOMATRIX PER SQ CM
Q4118	MATRISTEM MICROMATRIX 1 MG
Q4121	THERASKIN PER SQ CM
Q4122	DERMACELL PER SQ CM
Q4123	ALLOSKIN RT PER SQ CM
Q4125	ARTHROFLEX PER SQ CM
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER
Q4127	TALYMED PER SQ CM

Q4134	HMATRIX PER SQUARE CENTIMETER
S3900	SURFACE ELECTROMYOGRAPHY
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64430	Injection, anesthetic agent; pudendal nerve
64505	Injection, anesthetic agent; sphenopalatine ganglion
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

Effective **November 15, 2018**, the following CPT/HCPCS codes **will not** require prior authorization before services are rendered.

CODE	DESCRIPTION	PROFESSIONAL ALLOWABLE UNITS	OUTPATIENT ALLOWABLE UNITS	DME ALLOWABLE UNITS
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	1/MONTH	1/MONTH	NA
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	1/MONTH	1/MONTH	NA
A4520	INCONTINENCE GARMENT ANY TYPE EACH	300/MONTH	300/MONTH	NA
A9282	WIG ANY TYPE EACH	1/YEAR	1/YEAR	NA
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	1/DAY	1/DAY	1/DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	1/DAY	1/DAY	1/DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	1/DAY	1/DAY	1/DAY
E1354	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	1/YEAR	1/YEAR	NA
E1356	O2 ACCESS BTRY PACK/CRTRDGE PRTBLE CONC REPL EA	1/YEAR	1/YEAR	NA
E1357	O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA	1/YEAR	1/YEAR	NA
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	1/YEAR	1/YEAR	NA
E1500	CENTRIFUGE FOR DIALYSIS	1/YEAR	1/YEAR	NA
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	1/YEAR	1/YEAR	NA
S0311	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO	1/MONTH	1/MONTH	NA
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	1/MONTH	1/MONTH	NA
S9152	SPEECH THERAPY RE-EVALUATION	1/MONTH	1/MONTH	NA

2. Urine Drug Screen Provider Notice, **Effective November 12, 2018**

Drug testing is an important clinical tool in the treatment of chronic pain and substance use disorders. Trends over the past several years indicate that increasingly these tests are not being ordered or performed in a patient-specific, evidence-based manner.

It is the responsibility of the ordering clinician to choose the specific, medically necessary test(s) for each patient based on current evidence and clinical guidelines.

Effective on or after **November 12, 2018**, Aetna Better Health of Kentucky will institute the following policy regarding drug testing:

When any provider or lab submits a claim for G0482 (definitive drug testing for 15 – 21 drug classes) or G0483 (definitive drug testing for more than 21 drug classes) for an outpatient place of service they must submit clinical records with the claim that substantiates the medical necessity of the test. Records must include a specific list of drug classes in question. Claims received without records will be denied for lack of documentation.

In the rare instances where these tests may be clinically indicated the medical record shall include a specific rationale, based on the patient's history and other relevant details, for the use of such expansive, definitive testing.

For additional information, please see the enclosed attachment titled, "**URINE DRUG TESTING: Evidence-based Test Ordering**"

Please direct any questions you may have about this policy to Aetna Better Health of Kentucky at **1-855-300-5528** or contact your Network Relations Consultant. Our most current list is attached.

URINE DRUG TESTING: Evidence-based Test Ordering

Urine Drug Testing is an important tool in the care of patients with substance use disorder, chronic pain and other medical conditions. The challenge for clinicians who order these tests is making sure that the test they order for each individual patient is the right test, done in the right order and right frequency in a manner consistent with clinical practice guidelines. National data from the past several years have documented a rapid rise in the use of these tests that is excessive and not consistent with evidence-based practice. The purpose of this communication is to help ordering clinicians understand and use these tests more effectively.

Tests and Test Ordering:

- Urine drug tests are defined as Presumptive and Definitive
 - Presumptive Tests: CPT codes 80305 – 80307 – “establishes preliminary evidenced regarding the absence or presence of drugs or metabolites in a sample.”*
 - Definitive Tests: CPT codes 80320 – 80377 and HCPCS G0480 – G0483 – “performed using a method with high sensitivity and specificity that is able to identify specific drugs, their metabolites, and/or drug quantities.”*
- Definitive tests should not routinely be the first tests of choice
 - “Presumptive testing should be a routine part of initial and on-going assessment.”*
 - Definitive testing is medically indicated when:
 - The presumptive test was negative for prescribed medications **AND** the patient disputes the results; OR
 - The presumptive test was positive for a prescription drug with abuse potential that was no prescribed **AND** the patient disputes the results; OR
 - The presumptive test was positive for an illegal drug **AND** the patient disputes the results
 - Routine use of definitive testing following expected negative presumptive testing is not medically necessary.
- Definitive tests may be ordered individually or in groups of drug classes
 - If definitive testing for an individual drug or drugs (qualitative or quantitative) is required based on the patient-specific history and treatment plan and the indications above, use a targeted and limited number of codes in the CPT range 80320 – 80377; the rationale for each test ordered should be included in the medical record
 - If definitive testing for substances of abuse are required based on the patient-specific history and treatment plan and the indications above, use HCPCS G0480 (1 – 7 drug classes) or G0481 (8 – 14 drug classes).
 - ASAM (American Society of Addiction Medicine) has defined a total of 9 classes of substances of abuse*; they are:
 - Amphetamines
 - Opiates
 - Phencyclidine
 - Barbiturates
 - Propoxyphene
 - Benzodiazepines
 - Marijuana
 - Cocaine
 - Methadone

- When choosing between G0480 and G0481, consider which drug classes are pertinent to the care of each patient based on the medical indications listed above; the target drug classes should be documented on the order for the test and in the medical record.
- Definitive tests G0482 (15 – 21 drug classes) and G0483 (22 or more drug classes) are rarely, if ever, indicated for routine testing in the outpatient setting.
 - In the rare instances where these tests may be clinically indicated the medical record must include a specific rationale, based on the history and other relevant details (including a detailed list of all drug classes in question), for such expansive definitive testing.

Examples of Medically Inappropriate Drug Testing:

- Routine use of or standing orders for large, arbitrary test panels – G0482 or G0483
- Orders for definitive tests without a presumptive test that meets the medical indications above
- Orders for definitive test(s) after a presumptive test that is positive for expected substance or substances
- Standing orders
 - Standing orders for presumptive and definitive testing on all patients
 - Standing orders for any drug testing at a frequency that does not reflect the current clinical status of each individual patient
 - Standing orders for definitive testing, including quantitative testing, for all presumptive positive and negative tests
- Multiple presumptive tests on the same date of service
- Ordering definitive tests without documenting discussion of the presumptive test results with patient and documenting any dispute of the results

For additional detail, clinicians ordering drug testing for their patients are directed to:

*ASAM “Consensus Statement: Appropriate Use of Drug Testing in Clinical Addiction Medicine,” American Society of Addiction Medicine, Chevy Chase, MD, 20817. <http://email.asam.org/h/t/BAA5F97766658441>

Effective on or after November 12, 2018 any provider or lab submitting a claim for G0482 or G0483 for an outpatient place of service must submit clinical records with the claim that substantiate the medical necessity of the test. Records must include a specific list of drug classes in question. Claims received without records will be denied for lack of documentation.

Who is my Provider Relations Representative? - Effective 09.21.2018

Region	Provider Representative	Telephone	Email	State
1	Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	N/A
2	Gina Gullo	(502) 612-9958	Rlgullo@aetna.com	Indiana
3	Becky Bowman	(502) 434-8917	BowmanB@aetna.com	N/A
4	Tacie Campbell (INTERIM)	(502) 702-6540	Campbellt6@aetna.com	Tennessee
5	Sammie Asher	(606) 401-1573	AsherS@aetna.com	N/A
6	Holly Smith	(815) 641-7411	SmithH3@aetna.com	Ohio
7	Jacquyline Pack	(606) 331-1075	Jmpack@aetna.com	West Virginia
8	Krystal Risner	(606) 687-0310	Risnerk@aetna.com	Virginia
Outside of KY	Salicia Green	(502) 434-8186	GreenS2@aetna.com	All Other States
CMHC	Lori Kelley	(859) 302-6334	KelleyL2@aetna.com	N/A



List of Counties by Regions

Region 1	Ballard, Caldwell, Calloway, Carlisle, Crittenden, Fulton, Graves, Hickman, Livingston, Lyon, Marshall, McCracken
Region 2	Christian, Daviess, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, Webster
Region 3	Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington
Region 4	Adair, Allen, Barren, Butler, Casey, Clinton, Cumberland, Edmonson, Green, Hart, Logan, McCreary, Metcalfe, Monroe, Pulaski, Russell, Simpson, Taylor, Warren, Wayne
Region 5	Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jackson, Jessamine, Lincoln, Madison, Mercer, Montgomery, Nicholas, Owen, Powell, Rockcastle, Scott, Woodford
Region 6	Boone, Campbell, , Gallatin, Grant, Kenton, Pendleton
Region 7	Bath, Boyd, Bracken, Carter, Elliot, Fleming, Greenup, Lawrence, Lewis, Mason, Menifee, Morgan, Robertson, Rowan
Region 8	Bell, Breathitt, Clay, Floyd, Harlan, Johnson, Knott ,Knox, Laurel, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike, Whitley, Wolfe