aetna

April 8, 2024

90-day notices

We regularly review and adjust our clinical, payment and coding policies. Review our policies and claim edits on our provider portal on Availity®.* Just go to **Payer Space > Resources > Expanded Claim Edits**. Or you may visit **Aetna.com** to see them.

Claim and Code Review Program (CCRP) update

This update applies to our commercial, Medicare and Student Health members.

Beginning July 8, 2024, you may see new claim edits. These are part of our CCRP. These edits support our continuing effort to process claims accurately for our commercial, Medicare and Student Health members.

Starting July 8, we will review physician and facility claims for Emergency Room Services, and we'll evaluate the proper use of the Level 4 and 5 E&M coding that you submit. We may adjust your payment if the claim details don't support the level of service billed.

We'll review fully insured and self-insured member claims.

Note to Washington State providers: Your effective date for changes described in this article will be communicated following regulatory review.

Note to Texas providers: Changes described in this article will be implemented for fully insured plans written in the state of Texas in accordance with regulatory requirements. Changes for all other plans will be as outlined in this article.

Reimbursement of Anesthesia Physical Status Modifiers

This update applies to our commercial members.

Effective July 15, 2024, Aetna® will no longer reimburse additional unit value(s) for Anesthesia Physical Status Modifiers, which is in accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines.

Note to Washington State providers: Your effective date for changes described in this article will be communicated following regulatory review.

Note to Texas providers: Changes described in this article will be implemented for fully insured plans written in the state of Texas in accordance with regulatory requirements. Changes for all other plans will be as outlined in this article.

Pre-Admission Testing update

This update applies to both our commercial and Medicare members.

Effective July 15, 2024, Pre-Admission Testing is defined as the process of pre-screening in order to assess a patient's health status. Pre-screening helps ensure that the patient is healthy enough to safely undergo the scheduled surgery, anesthesia and recovery.

The screening usually includes a physical examination, cardiac evaluation, lung function assessment and appropriate lab tests. A hospital (or an entity that is wholly owned or wholly operated by the hospital) performs these tests for all outpatient diagnostic services (14 days) and admission-related outpatient non-diagnostic services (3 days) during the pre-admission testing window, which is the 3 to 14 days leading up to surgery.

Reimbursement for these pre-admission services is included in the reimbursement for the scheduled admission or scheduled surgery.

Note to Washington State providers: Your effective date for changes described in this article will be communicated following regulatory review.

You can always find this information on our provider portal on Availity.*

You can also use our Code Edit Lookup tools on Availity®. Just go to **Payer Space > Applications > Code Edit Lookup Tools**. And keep your Aetna provider ID number handy to access them.

Availity portal