



## **Aetna Better Health® of Illinois**

### **Policy updates: Clinical, payment and coding policy changes**

We regularly enhance our clinical, payment and coding policies as part of our ongoing review process.

The following policy updates are effective for dates of service beginning 9/1/2022.

<p><b>Ambulatory Surgical Center (ASC) Policy</b></p> <p><u>Devices provided integral to a covered ASC procedure</u> - According to our policy — based on CMS policy — certain devices are allowed only when provided integral to a covered Ambulatory Surgical Center (ASC) procedure.</p>
<p><b>Device and Supply Policy</b></p> <p><u>Implant device requires implant procedure</u> - According to our policy — based on CMS policy — when an implantable surgical device is billed, it is expected that the associated surgical procedure would also be submitted.</p>
<p><b>Laboratory/Pathology Policy</b></p> <p><u>Vitamin D testing</u> - According to our policy — based on CMS policy — vitamin D testing is covered when it is reported with a diagnosis that supports medical necessity for the procedure, including hypothyroidism and unspecified vitamin D deficiency.</p>
<p><b>Incident to Service-Venipuncture</b></p> <p><u>Venipuncture</u> - According to our policy, venipuncture is considered incidental when reported with a laboratory service.</p>

If you have questions, please contact your assigned Network Relations Consultant or email the Provider Experience team at **[ABHILProviderRelations@aetna.com](mailto:ABHILProviderRelations@aetna.com)**.