



February 10, 2026

Aetna Better Health[®] of Kentucky

Kentucky Medicaid Policy Updates – Coding and Diagnosis Requirements

Purpose

The purpose of this memo is to outline key Kentucky Medicaid policy guidelines regarding appropriate diagnosis requirements for three categories of services: impacted cerumen removal, non-invasive coronary fractional flow reserve (FFR), and thyroid testing.

These guidelines are intended to ensure accurate claim submission and compliance with state and federal coding standards.

Impacted Cerumen Removal

According to the American Medical Association (AMA) CPT Manual, CPT codes 69209, 69210, and G0268 apply to the removal of impacted cerumen. These codes may only be reported when submitted with a diagnosis that supports the medical necessity of impacted cerumen removal.

This policy identifies instances in which claims for impacted cerumen removal are submitted without a diagnosis indicating impacted cerumen.

Non-Invasive Coronary Fractional Flow Reserve (FFR)

In accordance with Centers for Medicare & Medicaid Services (CMS) policy, non-invasive fractional flow reserve (CPT 75580) is covered only when billed with an approved diagnosis.

This policy highlights situations where CPT 75580 is submitted without an approved diagnosis supporting the need for FFR assessment.

Thyroid Testing

This policy identifies claims in which thyroid function testing is billed with only a screening diagnosis. National clinical guidelines—including those from the U.S. Preventive Services Task Force, the American Academy of Family Physicians, and the American Association of Clinical Endocrinologists—**do not recommend routine screening for thyroid dysfunction in non-pregnant, asymptomatic individuals.**

Thank you for your attention to this matter and for your continued partnership in providing quality care.

Questions?

If you have general questions about this communication, contact Provider Relations at **1-855-300-5528** (TTY: 711). We're here for you Monday through Friday, 7 AM to 7 PM ET.

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