NEW POLICY UPDATES

CLINICAL PAYMENT, CODING AND POLICY CHANGES

At Aetna Better Health of Michigan, we continuously review and update our clinical, payment, and coding policy positions as part of our commitment to maintaining accurate and effective guidelines. To keep our provider community informed, we've outlined upcoming new policies in the chart below.
Effective for dates of service beginning (February 1, 2026):

Michigan Medicaid-Policy Guidelines

Impacted Cerumen Removal

According to the AMA CPT Manual, CPT codes 69209, 69210, and G0268 describe removal of impacted cerumen. It should not be reported unless it is submitted with an appropriate diagnosis to support the necessity of performing the procedure.

This policy identifies situations when impacted cerumen removal (69209, 69210, or G0268) is billed without a diagnosis of impacted cerumen.

Outpatient Consultations

Based on the AMA CPT Manual, HCPCS Level II Manual, and CMS Policy, a consultation requires a prior evaluation by a referring provider. The request for consultation must be documented in the patient's medical record and the consultant's opinion must also be documented in the patient's medical record and communicated by written report to the requesting provider.

This policy identifies situations where 99242-99245, 99446-99449, 99451 or S0285 (Consultation) is billed in an outpatient setting and a face-to-face service or clinic visit has not been billed by a different provider on the same date of service or in the previous year.

Non-Invasive Coronary Fractional Flow Reserve (FFR)

According to CMS Policy, non-invasive fractional flow reserve (FFR) in only covered when reported with an approved diagnosis.

This policy identifies situations when non-invasive estimate of coronary fractional flow reserve (75580) is billed without an approved diagnosis.

Immunization Administration for Vaccines and Toxoids

These policies identify situations when an immunization administration, vaccine, or toxoid has been billed incorrectly.

These situations may include but are not limited to:

- If an immunization administration code (90460, 90471 or 90473) is billed with a SARS-CoV-2 Vaccine (91304-91322) and a vaccine or toxoid (90476-90477 or 90581-90759) is not reported as well.
    - According to the AMA CPT Manual, an immunization administration code is not the appropriate code to report for a SARS-CoV-2 vaccine code.

- If a vaccine or toxoid (90476-90477 or 90581-90759) is billed with a COVID-19 administration code (90480), and a SARS-CoV-2 vaccine code (91304-91322) is not reported as well.
    - According to the AMA CPT Manual, a vaccine or toxoid should not be reported with COVID-19 administration without a COVID-19 vaccine.

Thyroid Testing

This policy identifies situations when thyroid dysfunction testing is billed and the only diagnosis on the claim is for screening.

According to the United States Preventive Services Task Force, the American Academy of Family Physicians, and the American Association of Clinical Endocrinologists, screening for thyroid dysfunction is not recommend in non-pregnant, asymptomatic individuals.

Thyroid Testing Diagnosis Restrictions

This policy identifies situations when a Thyroid Test (84480 or 84481) is billed and the only diagnosis on the claim is for hypothyroidism.

According to the American Association of Clinical Endocrinologists, the American Thyroid Association, and the American Academy of Family Physicians, serum T3 measurement, whether total or free, has limited utility in patients diagnosed with hypothyroidism.

Laboratory Serum Iron Studies

According to the American Academy of Family Physicians, the American Academy of Pediatrics, and the United States Preventive Services Task Force, serum iron studies should

not be routinely performed on asymptomatic children over the age of 5 years and non-pregnant adults.

This policy identifies when 82728 (Ferritin), 83540 (Iron), 83550 (Iron binding capacity), or 84466 (Transferrin) is billed and the patient is older than 5 years and the only diagnosis on the claim is for a screening or examination without abnormal findings.