

AETNA BETTER HEALTH®
AETNA BETTER HEALTH® KIDS

Use new CPT-4 codes when billing in 2018

The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) are making changes to:

- The Current Procedural Terminology (CPT-4) code sets

These changes include deleting some existing codes and replacing them with other codes. These changes are effective for dates of service on or after January 1, 2018.

Since DHS has not published rates for the new codes:

- We’re adding this mapping to ensure consistent payment until such time that DHS provides us updated rates. Those rates will now apply to the new CPT-4 codes that are replacing the deleted codes.
- The updated rates will be applied retroactively to January 1, 2018
- We will go back and reprocess claims that have paid at a default rate

Please use the new codes when billing us for services with dates of service on or after January 1, 2018.

Deleted Code	Deleted Code Long Description	Replacement Codes
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	15733
34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	34707 34708
36120	Introduction of needle or intracatheter; retrograde brachial artery	36140
71010	Radiologic examination, chest; single view, frontal	71045
71015	Radiologic examination, chest; stereo, frontal	71045
74000	Radiologic examination, abdomen; single anteroposterior view	74018
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone view	74019
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect view	74021
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	94618
97532	DEVELOPMENT OF COGNITIVE SKILLS EACH 15 MINUTES Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	97127 G0515

Note: Not all deleted codes have replacement codes.

We’re here to help

If you have questions, please contact Provider Relations at **1-866-638-1232**, prompt 3, then prompt 5.

We use nationally recognized coding structures including—but not limited to—revenue codes as described by the Uniform Billing Code, AMA Current Procedural Terminology (CPT4), CMS Common Procedure Coding System (HCPCS), Diagnosis Related Groups (DRG), ICD-10 Diagnosis and Procedure codes, National Drug Codes (NDC), the American Society of Anesthesiologists (ASA) relative values for the basic coding and description for the service provided. In all circumstances, applicable federal law, including Health Insurance Portability and Accountability Act (HIPAA) coding structures, will govern. We will only accept HIPAA-compliant coding structures that are valid at the time the health care services are given.