Aetna Better Health® of Virginia
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AETNA BETTER HEALTH® OF VIRGINIA

New Policy Updates – Clinical Payment, Coding and Policy Changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies.

Effective for dates of service beginning **September 1, 2023**:

Virginia Medicaid State Policy – Non-Covered Services: Per Virginia Medicaid guidelines, there are procedures that are considered non-covered and as such are not reimbursed. Examples include anticoagulant management, artificial disc arthroplasty procedures, and billed acupuncture procedures.
Diagnosis Procedure Policy – Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels: Per our policy, which is based on CMS policy, the test to detect a respiratory infectious agent by nucleic acid must include an approved supporting diagnosis indicating the pathogen detection.
Laboratory-Pathology Policy – Respiratory Pathogen Panels Testing – Multiplex PCR Respiratory Viral Panels: Per our policy, which is based on CMS policy, multiplex PCR respiratory viral laboratory panels of five or more pathogens do not represent specific cause, a common syndrome, or the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations as such these tests are not appropriate and are not covered.
Drug and Biological Policy: **Aflibercept (J0178) – Administration**: According to our policy, which is based on CMS policy, when aflibercept is injected, the administration code must be reported on the same claim. **Enfortumab Vedotin (J9177) – Dosage Limitations**: According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum recommended daily dosage of enfortumab vedotin for the reported condition is 1.25 mg/kg. **Vedolizumab (J3380) – Frequency**: According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, when vedolizumab is used for a specified condition (e.g. ulcerative colitis; Regenia enteritis immune checkpoint inhibitor-related toxicity), it should not be administered more frequently than one time every 13 days. **Vedolizumab (J3380) – Dosage Over Time**: According to our policy, which is based on the FDA-approved package insert/prescribing information and the pharmaceutical compendia, the maximum dosage of vedolizumab for a specified condition (e.g. ulcerative colitis; Regenia enteritis immune checkpoint inhibitor-related toxicity) is 1500 units of J3380 for a 26-week time period.

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