



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 **July 1, 2023**:

Modifier Policy: Anatomical Modifiers

- According to our policy, which is based on CMS policy, AMA Coding with Modifiers, AMA CPT Manual, and the HCPCS Level II Manual, anatomic-specific modifiers designate the area or part of the body on which the procedure is performed. These modifiers are required whenever they are appropriate.
- The following anatomic-specific modifiers include:
 - LT (Left side), RT (Right side), and 50 (Bilateral procedure)
 - Finger modifiers (FA-F9) and bilateral modifiers (LT [Left side], RT [Right side], 50 [Bilateral procedure])
 - Toe modifiers (TA-T9) and bilateral modifiers (LT [Left side], RT [Right side], 50 [Bilateral procedure])
 - Eyelid anatomical modifier (E1-E4) or LT (Left side), RT (Right side), and 50 (Bilateral procedure)

Radiation Oncology: Intensity Modulated Radiotherapy Plan

- According to our policy, simulation-aided filed setting is considered part of intensity modulated radiotherapy planning and should not reported separately within a two-week period.

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