

Aetna Compliance Dispute Resolutions and Retroactive Medical Payment Policy Changes

Retroactive Medical Payment Policies due to the Aetna Physicians Advisory Committee's efforts

Important Message Regarding Aetna's Payment Policy for Urinalysis Dipstick and Pulse Oximetry When Billed with Evaluation and Management (E/M) Codes Appended with Modifier 25.

Aetna has reached an agreement with state medical societies to begin paying claims processed as of November 12, 2006, for the following codes when billed with the following Current Procedural Terminology (CPT®) evaluation and management (E/M) service codes appended with Modifier 25:

- Urinalysis dipstick CPT codes:
 - 81002 Urinalysis, by dip stick or tablet non-automated, without microscopy; and
 - 81003 Urinalysis, by dip stick or tablet automated, without microscopy

- Pulse oximetry CPT codes:
 - 94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination;
 - 94761 Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations; and
 - 94762 Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring

- E/M codes that apply:
 - 99201-99205 New patient office or other outpatient visit;
 - 99211-99215 Established patient office or other outpatient visit;
 - 99241-99245 New or established patient office consultation; and
 - 99381-99397 Initial and periodic comprehensive preventive medicine

Do claims need to be resubmitted?

Aetna has agreed to reprocess previously denied claims for dates of service on or after May 1, 2006 with the above CPT codes when billed with an office-based E/M code appended with Modifier 25. **Physicians should not resubmit these claims, as they will be rejected as duplicates. No action by physicians is needed.**

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RESUBMIT claims retroactive to August 15, 2005 for payment

Lack of Recognition of the American Medical Association (AMA) Current Procedural Terminology (CPT®) Preventive Medicine and Problem-Focused Evaluation and Management (E/M) Services

Aetna has agreed to pay for the reporting of the AMA CPT preventive medicine E/M service code and the problem-focused E/M service code appended with the CPT modifier 25, when two E/M services are appropriately performed and documented for the same patient on the same date of service.

Revision to Global Period

Aetna has agreed to pay for the CPT E/M service code appended with CPT modifier 57 when billed with a major procedure (defined as one with a global period of 90 days or more).

Physicians NEED to resubmit these CPT modifier 25 and 57 claims retroactive to August 15, 2005 for payment.

No action required - Aetna will reprocess claims

Lack of recognition of CPT E/M services appended with a CPT modifier 25 and procedure code.

(Bundling of E/M services with CPT codes 94664, 96110, 99173 and 93010 [EKGs])

Aetna is updating its computers to recognize and pay these claims. Then Aetna will reprocess all claims involving over 200 CPT codes billed with CPT E/M service codes appended with CPT modifier 25 back to July 2004 (over \$3 million per year). In addition, Aetna will add a minimum of \$1.7 million worth of codes to be paid going forward, and will then reprocess all those codes back to May 1, 2006. *Refer to "Codes to be Reprocessed When Billed With An Evaluation and Management Code Appended with Modifier 25".*