

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.**

posted 11/06