



## AETNA BETTER HEALTH® of Illinois Policy

Policy Name:	Diagnosis Procedure Policy	Page:	1 of 4
Department:	Medical Payment Policy	Policy Number:	XXXX.XX
Subsection:		Effective Date:	7/1/2023
Applies to:	■ Medicaid Health Plans		

**PURPOSE:** Provides guidelines for Diagnosis Coding for Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels.

**STATEMENT OF OBJECTIVE:** This policy is based on CMS Guidelines.

### DEFINITIONS:

Aetna Better Health of Illinois	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
The American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicare (CMS)	Medicare is a health insurance program for: people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and



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Department: Medical Payment Policy Policy Number: XXXX.XX

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	people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Diagnosis Procedure Policy	A policy that outlines rules and requirements for selecting and reporting ICD-10-CM and CPT/HCPCS codes to secure proper medical necessity, patient care, and claim reimbursement. This ensures that the specific codes are related to patient's condition and services rendered.
Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels	Advanced diagnostic tools that simultaneously detect numerous respiratory viruses, such as influenza, SARS-CoV-2, and RSV, from a single patient sample using highly sensitive DNA or RNA amplification.

### **REIMBURSEMENT GUIDELINES:**

Diagnosis procedure policy- multiplex nucleic acid amplified tests for respiratory viral panels

- According to our policy, which is based on CMS Policy, the diagnosis codes indicating pathogen detection must be on the claim.

### **LEGAL/CONTRACT REFERENCE:**

- Federal and state laws, rules, and regulations concerning the practice of pharmacy, third party administration, Medicaid laws, rules, and regulations
- Applicable federal and state laws, regulations, and directives regarding the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])

### **FOCUS/DISPOSITION:**

#### **Responsibilities**

The chief medical officer (CMO) and chief operating officer (COO) are responsible for review and implementation based upon state and federal regulation. Aetna Medicaid Administrators LLC applies editing rules as implemented by NCCI and AMA standards. Editing may also be developed based upon recommendations for specialty societies.



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### ***OPERATING PROTOCOL:***

#### ***Systems***

- Business application systems

#### ***Measurement***

- Edit Accuracy
- Edit Application
- Overturn of Adjustment Rates

#### ***Reporting***

- Aetna Medicaid - Cotiviti Healthcare Monthly Performance Summary to plan leadership
- Claim Check Monthly Summary to health plans

### ***INTER-/INTRADEPENDENCIES:***

#### ***Internal***

- Medical Payment Policy
- Payment Integrity Center of Excellence, Service Operations (PIAB)
- Chief Medical Officer
- Chief Operating Officer
- Claims
- Finance
- Medical Management
- Special Investigations Unit

#### ***External***

- Clinical Editing Vendors
- Practitioners
- Providers
- Regulatory Departments
- Vendors
- Aetna Better Health



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Kimberly Foltz  
Interim Chief Executive Officer

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Glen Davis, MD  
Chief Medical Officer

Review/Revision History	
Revised	08/25/2025