



AETNA BETTER HEALTH®
AETNA BETTER HEALTH® KIDS

Use new HCPCS and CPT-4 codes when billing in 2017

The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) are making changes to:

- The Healthcare Common Procedure Coding System (HCPCS)
- The Current Procedural Terminology (CPT-4) code sets

These changes include deleting some existing codes and replacing them with other codes. These changes are effective for dates of service on or after January 1, 2017.

Since DHS has not published rates for the new codes:

- We're adding this mapping to ensure consistent payment until such time that DHS provides us updated rates
- The updated rates will be applied retroactively to 1/1/2017
- We will go back and reprocess claims that paid at the *old* default rate

We're updating your agreement to reflect these changes

Your current Aetna Better Health agreement(s) may include compensation rates for the HCPCS and/or CPT-4 codes CMS or AMA are deleting (listed below). Those rates will now apply to the new HCPCS and/or CPT-4 codes that are replacing the deleted codes.

Please use the new codes when billing us for services with dates of service on or after January 1, 2017. Please attach this letter to your contract and rate exhibit for future reference.

Deleted code	HIPAA-compliant code
97001	97161, 97162, 97163
97002	97164
97003	97165, 97166, 97167
97004	97168

Not all deleted codes have replacement codes. If CMS or the AMA hasn't designated a replacement code, we'll remove the deleted code from your contract.

We're here to help

If you have questions, please contact Provider Relations at **1-866-638-1232**, prompt 3, then prompt 5.

We use nationally recognized coding structures including—but not limited to—revenue codes as described by the Uniform Billing Code, AMA Current Procedural Terminology (CPT4), CMS Common Procedure Coding System (HCPCS), Diagnosis Related Groups (DRG), ICD-10 Diagnosis and Procedure codes, National Drug Codes (NDC), the American Society of Anesthesiologists (ASA) relative values for the basic coding and description for the service provided. In all circumstances, applicable federal law, including Health Insurance Portability and Accountability Act (HIPAA) coding structures, will govern. We will only accept HIPAA-compliant coding structures that are valid at the time the health care services are given.