Aetna Better Health® of Pennsylvania
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AETNA BETTER HEALTH® OF PENNSYLVANIA
AETNA BETTER HEALTH® KIDS

Miscellaneous Procedure Codes B9998, E1399 and K0108 Frequently Asked Questions (FAQ) Billing Guide

This FAQ Billing Guide is meant to assist providers with common billing and reimbursement questions related to **miscellaneous procedure codes**. Providers are reminded miscellaneous procedure codes **B9998**, **E1399** and **K0108** with specific modifiers have been assigned to distinct items as indicated in MA Bulletin 25-05-04 issued on December 1, 2005.

Online reference material:

- Department of Human Services (DHS) Provider Quick Tips #131:
http://dhs.pa.gov/cs/groups/webcontent/documents/communication/p_012325.pdf
- DHS Medical Assistance Bulletin 25-05-04
http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/d_004095.pdf
- DHS online Outpatient Fee Schedule:
http://www.dhs.pa.gov/publications/forproviders/schedules/outpatientfeeschedule/index.htm?agreementSubmitted=true

1. **Why is the topic of miscellaneous codes being addressed now?**
   Miscellaneous HCPC(s) procedure code **B9998**, **E1399** and **K0108** are being billed incorrectly according to DHS guidelines resulting in duplicate encounter data denials by the State for encounters submitted by Aetna Better Health to the State.

2. **How should miscellaneous procedure codes be billed on a claim?**
   If any of the miscellaneous codes B9998, E1399 or K0108 are being billed, **one** claim should be submitted for all charges for that date of service. Professional claims should be billed on a CMS-1500 claim form or an electronic 837P transaction.

3. **Should the description of the procedure be listed on the claim form?**
   Yes. Either a typed description or a legible hand written description is required on the claim form in order to validate the pre-authorized service during claims processing.

4. **Can I bill for services for the same date on separate claim forms?**
   No.

- Billers must submit a claim for services performed on the same day for the same patient on a single claim form.
- If services are billed separately, the claim will be denied as an invalid submission.
- If more than one claim is received for services performed for the same member, by the same rendering provider, and on the same date of service as a previously submitted claim:
    - All individually submitted claims will be adjusted to deny
    - The provider will be required to submit any split-billed services as a single new claim for payment reconsideration

5. **How should the miscellaneous procedure code be billed if I exceed the number of lines on one claim form?**
   If services performed for one date of service exceeding the number of lines on the CMS-1500 form, billers should use a second page submitting a total charge at the end of the bill. Do not submit a sub-total on the first page or any subsequent page as the claim will be scanned or keyed as a duplicate claim causing an incorrect claim denial.

If you have any questions about this update, please call our provider relations team at **1-866-638-1232**, option 3, and then option 5. As always, thank you for the quality care you provide to Aetna Better Health of Pennsylvania members.

Provider Relations
Aetna Better Health of Pennsylvania