PROVIDER BULLETIN

AETNA BETTER HEALTH® OF FLORIDA

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Date:	**May 10th, 2021**
Purpose:	**Provider Bulletin: New Policy Updates**
Subject:	**Clinical Payment, Coding and Policy changes effective 05/25/2021**
Products:	**MMA, FHK**
From:	**Provider Relations**

Dear Provider,

Aetna Better Health of Florida (ABHFL) regularly augments our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please see the below chart of upcoming new policies effective May 25th, 2021.

Colorectal Cancer Screening Tests – DNA Based

Multitarget stool DNA testing (Cologuard™):

- Should be reported with the appropriate screening diagnosis
- Is limited to once per 3 years
- Is covered for routine purposes only for certain ages/adult members (between 50 years of age and 85 years)
- Should be reported with the correct bill type when billed on an outpatient hospital facility claims. Deny when billed with any bill type other than 0130-013Z (Hospital outpatient), 0140-014Z (Hospital-laboratory services provided to non-patients), or 0850-085Z (Critical access center outpatient Part B).

Obstetrics and Gynecology Policy- Planned Cesarean Delivery Less than 39 Weeks of Gestation

According to the American College of Obstetricians and Gynecologists, cesarean delivery requested by the mother should not be performed before a gestational age of 39 weeks in the absence of other indications for early delivery since there is a higher risk of respiratory morbidity, including transient tachypnea of the newborn, respiratory distress syndrome, and persistent pulmonary hypertension, for elective cesarean delivery compared with vaginal delivery when delivery is earlier than 39– 40 weeks of gestation.

CPT Code	Description
59510, 59514 or 59515	Cesarean delivery when billed and a diagnosis of encounter for cesarean delivery without indication is present on the claim line and a diagnosis indicating a gestational age of less than 39 weeks is also present on the claim line is subject of denial.

Laboratory/Pathology Policy

1. Clinical Laboratory Improvement Amendment (CLIA) Waived Tests

The Clinical Laboratory Improvement Amendment (CLIA) is a program administered by the Secretary of Health and Human Services to assure that laboratories which examine materials derived from the human body for diagnosis, prevention, or treatment purposes, consistently provide accurate results. CLIA waived tests are determined by the Federal Drug Administration (FDA) or Centers for Disease Control and Prevention (CDC) to be so simple that there is little risk of error. Modifier QW (CLIA waived test) can only be appended to procedures designated as CLIA waived tests on the clinical laboratory fee schedule

2. COVID-19 Testing and Specimen Collection

- Only one type of COVID-19 test (antibody/non-CDC/nucleic acid detection) per day should be performed within the same category of test; multiple like tests on the same date of services are duplicative.
- COVID-19 specimen collection services (nasopharyngeal, oropharyngeal or respiratory samples) should be reported in conjunction with COVID-19 laboratory testing.
- Nucleic-Acid Testing-Positive nucleic-acid based tests for SARS-CoV-2 generally confirm the diagnosis and do not have to be repeated. Negative nucleic-acid tests may be repeated if the suspicion of COVID-19 is high but is not recommended on the same day.

CPT Code	Description
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) when billed with 0224U (Antibody; severe acute respiratory syndrome coronavirus 2, includes titer(s), when performed) by any provider.
U0004	(COVID-19 lab test non-CDC high throughput) when billed with U0002 (COVID-19 lab test non-CDC) by any provider.
U0003	(COVID-19 infectious agent detection by nucleic acid, high throughput) when billed with 87635 (COVID-19 Infectious agent detection by nucleic acid) by any provider.
C9803, G2023 or G2024	(Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2)) when billed and a SARS-CoV-2 virus test has not been billed on the same day or the following two days by any provider.

Limits for Nucleic-acid based SARS-CoV-2 viral tests:

- One unit per day by any provider, unless reported with modifier 59

Please note that Aetna Better Health of Florida may request medical records at any time to support services rendered.

We appreciate the excellent care you provide to our members. If you have any questions, please feel free to contact us via e-mail: **FLMedicaidProviderRelations@Aetna.com**. You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

Provider Relations Department
Aetna Better Health of Florida