



February 18, 2021

Dear Valued Provider,

This provider bulletin serves as a notification of a change in prior authorization requirements for the following procedures: Cologuard Services. **Effective 12/1/2020, prior authorization will not be required.** To check the authorization requirements for any service, you can access ProPat through our secure provider portal or at:

<https://www.aetnabetterhealth.com/illinois-medicaid/providers/prior-authorization.html>

CPT/HCPCS CODES	DESCRIPTION
81528	ONCOLOGY COLORECTAL SCR

Please contact the Provider Experience Team at [ABHILProviderRelations@Aetna.com](mailto:ABHILProviderRelations@Aetna.com) or at 1(866) 329-4701 if you have any questions or need more information.

Thank you for your continued partnership.

Sincerely,  
Aetna Better Health® of Illinois