PROVIDER BULLETIN



AETNA BETTER HEALTH® OF FLORIDA

261 N. University Drive
Plantation, FL 33324
www.AetnaBetterHealth.com/Florida

Date:	September 29 th , 2021
Purpose:	Provider Bulletin: Inform providers of NEW policy
Subject:	Obstetrics and Gynecology-Fetal Prenatal Genetic
	Testing Policy
Products:	MMA
From:	<u>Provider Relations</u>

Aetna Better Health® of Florida

Policy Update

Aetna Better Health of Florida (ABHF) regularly augment 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 for dates of service beginning 12/29/2021:

Obstetrics and Gynecology-Fetal Prenatal Genetic Testing-

According to our policy, which is based on American College of Obstetrics and Gynecology, nuchal ultrasound translucency testing and non-invasive prenatal genetic laboratory testing are considered redundant when reported within a 3-month timeframe of each other.

This policy update will be applied when billing the following CPT codes:

Noninvasive Prenatal Testing (NIPT)

Code	Description
81420	Fetal Chromosomal Aneuploidy
81507	Unlisted Molecular Pathology Procedure
0168U	Under Proprietary Laboratory Analyses

Nuchal Translucency Scan (NT)

Code	Description
76813	Under Diagnostic Ultrasound Procedures of the Pelvis Obstetrical
76814	Under Diagnostic Ultrasound Procedures of the Pelvis Obstetrical

PROVIDER BULLETIN

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,
Aetna Better Health of Florida
Pharmacy Department

CONFIDENTIALITY NOTICE: This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICETO RECIPIENT(S)OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.