

AETNA BETTER HEALTH® OF PENNSYLVANIA
AETNA BETTER HEALTH® KIDS

December 4, 2019

Retrospective Lab Authorization Review Policy for 81420 & 81507
Effective November 15, 2019

Authorization is required for lab codes 81420 and 81507. You should request pre-authorization for these services; however, in the absence of pre-authorization we will allow a retrospective review for medical necessity.

You can submit your claim along with the required medical records to support payment of the claim. As always, you should adhere to the guidelines outlined in our clinical policy bulletin (CPB) and submit all required medical necessity supporting documentation.

Retrospectively to Effective November 15, 2019, these codes will be paid claims with the following procedure codes, along with supporting documentation, can be submitted for medical necessity review:

| CPT Code | Description |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy |

Submitting your claims

You are encouraged to submit medical records along with affected claims to prevent potential claim denials. If a claim is denied, you can utilize our [secure provider portal](#) to attach medical records to a denied claim for reconsideration.

Claim resubmission

You may enter a claim resubmission form in our [secure provider portal](#) and attach the required documentation to support the claim resubmission. **Note:** this functionality is for claim resubmissions that include required documentation, **not** claim corrections or provider appeals.

Need more information?

- Refer to this [step by step guide](#) to add attachments.
- Review the Clinical Policy Bulletin (CPB): [Serum and Urine Marker Screening for Fetal Aneuploidy](#):

Questions? We're here to help. Just call our Provider Relations department at **1-866-638-1232** with any questions Thank you for the quality care you give our members.