AETNA BETTER HEALTH® of Illinois Policy

Policy Name:	**Laboratory-Pathology Policy**	Page:	1 of 5
Department:	Medical Payment Policy	Policy Number:	XXXX.XX
Subsection:		Effective Date:	11/1/2023
Applies to:	■ Medicaid Health Plans		

PURPOSE: The purpose of this policy is to provide a information for our Laboratory-Pathology Policy, The policies are based on CMS and AMA Guidelines.

STATEMENT OF OBJECTIVE: These policies are based on CMS Guidelines

DEFINITIONS:

Aetna Better Health of Illinois	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
The American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicare (CMS)	Medicare is a health insurance program for: people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and

	people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Laboratory-Pathology Policy	Pathology policy is a set of guidelines, that are normally established by rules for billing, coverage, and payment for laboratory and pathology services including test performance, specimen handling, and physician interpretation.
Laboratory-Pathology Policy-Vitamin D Testing	Policy typically covers for specific risk factors for vitamin D testing that is medically necessary for a specific condition with symptoms of deficiency, or underlying diseases linked to vitamin D deficiency or impaired metabolism, but routine screening in the healthy population.
Laboratory-Pathology Policy-COVID-19 Testing and Specimen Collection	Testing and specimen collection provides specific guidlelines for handling and processing SARS-CoV-2 samples,
Laboratory-Pathology Policy – Respiratory Pathogen Panels Testing (J-5, J-8, J-15, J-E, J-F)	Tests that are performed, covered, and billed by a laboratory or healthcare system.

REIMBURSEMENT GUIDELINES:

- According to our policy, which is based on CMS Policy, vitamin D testing is covered when it is reported with a diagnosis that supports medical necessity for the procedure which includes hypothyroidism; unspecified vitamin D deficiency.
- According to our policy, which is based on the AMA CPT Manual and HCPCS Level II Manual, nucleic acid testing for SARS-CoV-2 should only be allowed one unit per day, unless reported with modifier 59 to indicate testing of separate samples from the same patient.

- Respiratory Pathogen Panels Testing (J-5, J-8, J-15, J-E, J-F). The new policies will define guideline requirements for the following:

87631, 87632, 87633, 87636, 87637, 0115U, 0202U, 0223U, 0225U, 0240U, or 0241U

According to our policy, which is based on CMS Policy, only one respiratory panel test is allowed to be reported for a single date of service.

- The billed respiratory panel test will be denied when reported with another respiratory panel test on the same date of service.

LEGAL/CONTRACT REFERENCE:

- Federal and state laws, rules, and regulations concerning the practice of pharmacy, third party administration, Medicaid laws, rules, and regulations
- Applicable federal and state laws, regulations, and directives regarding the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])

FOCUS/DISPOSITION:

Responsibilities

The chief medical officer (CMO) and chief operating officer (COO) are responsible for review and implementation based upon state and federal regulation. Aetna Medicaid Administrators LLC applies editing rules as implemented by NCCI and AMA standards. Editing may also be developed based upon recommendations for specialty societies.

OPERATING PROTOCOL:

Systems

- Business application systems

Measurement

- Edit Accuracy

- Edit Application
- Overturn of Adjustment Rates

Reporting

- Aetna Medicaid - Cotiviti Healthcare Monthly Performance Summary to plan leadership
- Claim Check Monthly Summary to health plans

INTER-/INTRADEPENDENCIES:

Internal

- Medical Payment Policy
- Payment Integrity Center of Excellence, Service Operations (PIAB)
- Chief Medical Officer
- Chief Operating Officer
- Claims
- Finance
- Medical Management
- Special Investigations Unit

External

- Clinical Editing Vendors
- Practitioners
- Providers
- Regulatory Departments
- Vendors
- Aetna Better Health

Kimberly Foltz
Interim Chief Executive Officer

Glen Davis, MD
Chief Medical Officer

Review/Revision History	
Revised	08/25/2025