Aetna Better Health® of Florida

Provider Notice: Congenital Cytomegalovirus (CMV) Screening

Applicable Provider Types: 01 (Hospital), 50 (Independent Laboratory)

As part of our steadfast dedication to providing exceptional care for our members, Aetna Better Health of Florida is pleased to share the latest guidance from the Agency for Health Care Administration (AHCA) regarding congenital cytomegalovirus (CMV) screening for newborns covered under Florida Medicaid. This update underscores our ongoing commitment to keeping providers informed and supporting the health of Florida's youngest patients.

Key Information

- Effective Date: July 1, 2024
- Florida Medicaid will provide reimbursement for congenital CMV screening for newborns who meet the criteria specified in Section 383.145, Florida Statutes.
- This reimbursement is offered in addition to the hospital inpatient Diagnosis-Related Group (DRG) payment, as outlined in Florida Medicaid Inpatient Hospital Services policy.
- Billing Guidance: Providers must bill CMV screening services directly to Florida Medicaid. Aetna Better Health of Florida is not responsible for payment of this service.

Screening Criteria

CMV screening is required for newborns admitted to the hospital who meet any of the following conditions:

- Premature birth before 35 weeks' gestation
- Cardiac care
- Medical or surgical treatment anticipated to require a hospital stay of three weeks or longer

Screening must be initiated before the newborn reaches 21 days of age. If the newborn is transferred to another hospital, the receiving facility is responsible for ensuring that CMV screening is performed, unless it has already been completed.

For questions or additional information, please refer to the applicable Florida Medicaid guidelines or contact Aetna Better Health of Florida Provider Services.

Covered CPT Code and Rate:

CPT	Description	Fee Schedule Rate
87496	CYTOMEG DNA AMP PROBE (CMV Testing)	$21.05

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Billing Guidance:

CMV screening is reimbursed in addition to the DRG payment for inpatient claims. This policy applies to Fee-for-Service (FFS) claims regardless of managed care enrollment; Aetna Better Health of Florida (ABHFL) is not responsible for reimbursing this service.

To receive the additional payment for services rendered on or after July 1, 2024, submit claim adjustments directly to Florida Medicaid.

FFS Claim Adjustment Instructions:

- Submit via X12 837 transaction.
- Use frequency code "7."
- Include the 13-digit ICN of the paid claim in the REF02 segment.

For claims submitted beyond the standard 12-month submission limit:

- Submit exceptional claims electronically through the Florida Medicaid Secure Web Portal.
- Use the Exceptional Claim Form.
- Refer to the Electronic Exceptional Claim Submission Quick Reference Guide for detailed instructions.

Resources:

- Updated fee schedules and billing guidance: https://ahca.myflorida.com
- EDI Companion Guides and Quick Reference Guides are available on the Florida Medicaid public Web Portal.

Need Help?

- Florida Medicaid Provider Helpline: 1-877-254-1055
- Email Questions: FLMedicaidManagedCare@ahca.myflorida.com
- For complaints or issues: https://ahca.myflorida.com
- or call 1-877-254-1055

We appreciate your ongoing partnership in delivering high-quality care to Florida's Medicaid population. Please ensure your teams are informed of this update and incorporate the necessary billing practices.

Sincerely,

Aetna Better Health of Florida