



## Whole Exome Sequencing (WES)

### Florida Medicaid's inclusion of Exome

Aetna Better Health of Florida would like to share the following billing updates and reminders to help ensure timely and accurate claims processing when billing for whole exome sequencing in our serving regions.

**Region D** – Tampa: Hardee, Highlands, Hillsborough, Manatee and Polk.

**Region E** – Orlando: Brevard, Orange, Osceola and Seminole.

**Region I** – Miami: Miami Dade and Monroe

### **Claims Information:**

Claim must be filed within 180 days of the date of service, unless there is a contractual exception for in-network providers and one year from date of service for out-of-network providers.

There are several options for submitting claims and corrected claims, including:

- Electronic submission through our provider portal, Availity: <https://availability.com/>
- EDI using our submission payer ID: 128FL
- Mailing paper claims to:  
Aetna Better Health of Florida Inc.  
PO Box 982960  
El Paso, TX 79998-2960

### **Billing Requirements:**

Providers must meet the qualifications specified in the [Florida Medicaid Laboratory Services Coverage Policy](#) in order to be reimbursed for Florida Medicaid laboratory services.

This policy is intended for use by providers that render laboratory services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's general policies and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

Aetna Better Health of Florida encourages providers to review the policy above for member and provider eligibility requirements, coverage information and exclusions.



The following chart provides the applicable Exome Sequencing CPT codes:

CPT	Description
81415	Exome sequence analysis (proband) for unexplained constitutional or heritable disorders.
81416	Exome sequence analysis for each comparator (e.g., parents, siblings) when testing in a family group (duo/trio).
81417	Re-evaluation of a previously obtained exome sequence, often due to new clinical information or updated knowledge.

**Common Combinations:**

- **Proband Only:** 81415.
- **Duo (Patient + 1 Comparator):** 81415, 81416.
- **Trio (Patient + 2 Comparators):** 81415, 81416 x 2.