August 18, 2026

Network Notice

Review and Alignment of Prior Authorization (PA) Requirements for Select Codes

Effective Date: September 18, 2026

Effective September 18, 2026 Aetna Better Health of Kentucky is realigning select procedure codes to align with corporate prior authorization (PA) standards.

As part of this initiative, the codes listed below will be updated to remove prior authorization requirements.

Codes Transitioning to PA = No
The following procedure codes will no longer require prior authorization (PA):

- 42975
- 81402
- G0398, G0400
- P9603, P9604
- Q4116

What This Means for Providers

- Prior authorization will not be required for the codes listed above when billed in accordance with applicable guidelines
- Providers should continue to ensure:
    - Services are medically necessary
    - Services are appropriately documented
    - Claims are submitted according to standard billing requirements

You can access ProPAT and additional PA guidance on our provider website:
AetnaBetterHealth.com/Kentucky/providers/prior-authorization.html

Codes Transitioning to PA = Yes
The following procedure codes will require prior authorization (PA):

- 22212
- 22216
- 22226
- 21175

What This Means for Providers

- Prior authorization will be required for the codes listed above.

As always, do not hesitate to contact your Network Manager with any questions or comments.

Thank you for your valued partnership in caring for our Aetna Better Health of Kentucky Members.