

Provider Bulletin No 153

To: Aetna Better Health of Michigan Providers

From: Aetna Better Health of Michigan Provider Relations Team

Date: July 17, 2018

Re: Prior Authorization Changes and Requirements Reminder

Aetna Better Health of Michigan requires prior authorization (PA) for select services for its Medicaid and MI Health Link programs. Additionally, Aetna Better Health of Michigan occasionally updates codes to change authorization requirements. Below is a summary of authorization requirement changes that will go into effect September 15, 2018.

I. NEW CODES REQUIRING AUTHORIZATION – EFFECTIVE SEPTEMBER 15, 2018 (ALL LINES OF BUSINESS: MEDICAID/MI HEALTH LINK)

CODE	DESCRIPTION
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day
0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
Q4110	SKIN SUBSTITUTE PRIMATRIX PER SQ CM
Q4111	SKIN SUBSTITUTE GAMMAGRAFT PER SQ CM
Q4115	SKIN SUBSTITUTE ALLOSKIN PER SQUARE CENTIMETER
Q4117	HYALOMATRIX PER SQ CM
Q4118	MATRISTEM MICROMATRIX 1 MG
Q4121	THERASKIN PER SQ CM
Q4122	DERMACELL PER SQ CM

Q4123	ALLOSKIN RT PER SQ CM
Q4125	ARTHROFLEX PER SQ CM
Q4126	MEMODERM, DERMASPERM, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER
Q4127	TALYMED PER SQ CM
Q4134	HMATRIX PER SQUARE CENTIMETER
S3900	SURFACE ELECTROMYOGRAPHY
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64430	Injection, anesthetic agent; pudendal nerve
64505	Injection, anesthetic agent; sphenopalatine ganglion
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

II. CODES NO LONGER REQUIRING AUTHORIZATION – EFF. SEPTEMBER 15, 2018

Effective September 15, 2018, Aetna Better Health of Michigan, will not require prior authorization for the following CPT/HCPCS codes before services are rendered. This change will apply to the lines of business as noted below. Please note the allowable units for each service below.

Line of Business: Medicaid

CODE	DESCRIPTION	PROFESSIONAL ALLOWABLE UNITS	OUTPATIENT ALLOWABLE UNITS	DME ALLOWABLE UNITS
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	1/MONTH	1/MONTH	NA
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	1/MONTH	1/MONTH	NA
A4520	INCONTINENCE GARMENT ANY TYPE EACH	250/MONTH	2/DAY	NA
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA	1/YEAR	1/YEAR	NA
A9282	WIG ANY TYPE EACH	1/YEAR	1/YEAR	NA
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	1/DAY	1/DAY	1/DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	1/DAY	1/DAY	1/DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	1/DAY	1/DAY	1/DAY
E1354	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	1/YEAR	1/YEAR	NA
E1356	O2 ACCESS BATTERY PACK/CRTRDGE PRTBLE CONC REPL EA	1/YEAR	1/YEAR	NA
E1357	O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA	1/YEAR	1/YEAR	NA
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	1/YEAR	1/YEAR	NA
E1500	CENTRIFUGE FOR DIALYSIS	1/YEAR	1/YEAR	NA
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	1/YEAR	1/YEAR	NA
S0311	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO	1/MONTH	2/MONTH	NA
S9152	SPEECH THERAPY RE-EVALUATION	2/MONTH	2/MONTH	NA

Line of Business: MI Health Link (Medicare)

CODE	DESCRIPTION	PROFESSIONAL ALLOWABLE UNITS	DME ALLOWABLE UNITS
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	1/MONTH	NA
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	1/MONTH	NA
A4520	INCONTINENCE GARMENT ANY TYPE EACH	250/MONTH	250/MONTH
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	1/DAY	1/DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	1/DAY	1/DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	1/DAY	1/DAY
E1354	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	1/YEAR	NA
E1356	O2 ACCESS BTTRY PACK/CRTRDGE PRTBLE CONC REPL EA	1/YEAR	NA
E1357	O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA	1/YEAR	NA
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	1/YEAR	NA
E1500	CENTRIFUGE FOR DIALYSIS	1/YEAR	NA
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	1/YEAR	NA
S0311	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO	1/MONTH	NA
S9152	SPEECH THERAPY RE-EVALUATION	1/MONTH	NA

Additional information on our Prior Authorization process can be found in your provider manual and on our website at: <https://www.aetnabetterhealth.com/michigan/providers/prior-authorization>. To request an authorization, find out what services require authorization, or check on the status of a request, just visit our secure provider website via our Provider Portal page at: <https://www.aetnabetterhealth.com/michigan/providers/portal>.

For assistance in registering for or accessing the secure provider website, please contact your provider relations representative at **1-855-676-5772** (TTY **711**).

You can also fax your authorization request to **1-844-241-2495**. **Requests must be sent on our Prior Authorization request form, found on our website.**

When you request PA for a member, it is reviewed and a response returned to you according to the following timeframes:

- Routine – 14 calendar days upon receipt of request.
- Urgent – 3 business days upon receipt of request. An urgent request is appropriate for a non-life-threatening condition, which, if not treated promptly, will result in a worsened or more complicated patient condition. We encourage you to call the Prior Authorization department at **1-855-676-5772** for all urgent requests.

Failure to obtain prior authorization for services identified as requiring approval may result in claim denials.

Sincerely,

Aetna Better Health of Michigan
Provider Relations Team