

July 13, 2018

AETNA BETTER HEALTH[®] OF PENNSYLVANIA
AETNA BETTER HEALTH[®] KIDS

PRIOR AUTHORIZATION UPDATE

Codes Changes for Two Code Groups - Effective August 15, 2018

Dear Aetna Better Health Provider,

Aetna Better Health of Pennsylvania/Aetna Better Health Kids would like to notify you that effective **August 15, 2018**, Aetna Better Health of Pennsylvania/Aetna Better Health Kids, **WILL REQUIRE** prior authorization for the following CPT/HCPCS codes **before services are rendered**.

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, Dermaspan, Tranzgraft or Integuply, per square centimeter

CODE	Description
Q4127	Talymed per sq cm
Q4134	Hmatrix per square centimeter
53900	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, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

Effective **August 15, 2018**, Aetna Better Health of Pennsylvania/Aetna Better Health Kids, for all lines of business, **WILL NOT REQUIRE** prior authorization for the following CPT/HCPCS codes before services are rendered. Please note the allowable units for each service below:

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
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
S0311	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO	1/MONTH	2/MONTH	NA
S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	1/MONTH	1/MONTH	NA
S9152	SPEECH THERAPY RE-EVALUATION	1/MONTH	1/MONTH	NA

Please note: These tables are a reference point only and do not serve as the final authority in prior authorization of services. You should continue to access the secure provider portal from the [Prior Authorization](#) tab for real-time information regarding authorization requirements. You can contact our Prior Authorization team at **1-866-638-1232, option 3, and then option 2** to confirm prior authorization requirements before performing services.

If you have any questions, you can contact our Provider Relations Department by calling 1-866-638-1232.

Thank you,
Aetna Better Health of Pennsylvania