

February 1, 2018

## AETNA BETTER HEALTH® OF PENNSYLVANIA AETNA BETTER HEALTH® KIDS

### PRIOR AUTHORIZATION UPDATE

### Codes Now Requiring Prior Authorization - Effective March 1, 2018

Dear Aetna Better Health Provider,

Please be advised that **effective March 1, 2018**, the 28 Current Procedural Terminology (CPT) codes shown below will require prior authorization.

**Please note:** This table is a reference point only and does 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 also contact our Prior Authorization team at **1-866-638-1232, option 3, and then option 2** to confirm prior authorization requirements before performing services.

#### PROCEDURE CODES

CPT Code	Description	Prior Authorization Required
19328	REMOVAL INTACT MAMMARY IMPLANT	Yes
19330	REMOVAL MAMMARY IMPLANT MATERIAL	Yes
21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	Yes
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Yes
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	Yes
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	Yes
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	Yes
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	Yes
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	Yes
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	Yes

#### OP VISIT CODES

CPT Code	Description	Prior Authorization Required
97112	THER PX 1/GT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Yes
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	Yes

**BEHAVIORAL HEALTH CODE**

CPT Code	Description	Prior Authorization Required
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS (CHIP ONLY)	Yes

**DURABLE MEDICAL EQUIPMENT CODES**

CPT Code	Description	Prior Authorization Required
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR	Yes
E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	Yes
E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR	Yes
E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	Yes
E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY	Yes
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE	Yes
E0619	APNEA MONITOR WITH RECORDING FEATURE	Yes
E1390	O2 CONC 1 DEL PORT 85PCT /GT O2 CONC AT PRSC FLW RATE	Yes
E1391	O2 CONC 2 DEL PORT 85PCT /GT O2 CONC PRSC FLW RATE EA	Yes
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	Yes
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE	Yes
E2101	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE	Yes
K0065	SPOKE PROTECTORS EACH	Yes
K0073	CASTER PIN LOCK EACH	Yes
K0105	IV HANGER EACH	Yes

For questions or concerns, please contact Aetna Better Health of Pennsylvania Provider Relations by calling 1-866-638-1232.

Thank you,

Aetna Better Health of Pennsylvania