

### NEW PRIOR AUTHORIZATION UPDATES

Effective September 1<sup>st</sup>, our authorization requirements have changed. Please see a summary of the changes listed below.

Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) for the most up to date listing of codes requiring a prior authorization and additional information specific to approval. Failure to obtain an authorization prior to services being rendered may result in claim denials.

Code	Description	Effective date	Change in Prior authorization requirement
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	9/1/2020	Will now require authorization
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	9/1/2020	Will now require authorization
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	9/1/2020	Will now require authorization
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	9/1/2020	Will now require authorization
19328	Removal of intact mammary implant	9/1/2020	Will no longer require authorization
19330	Removal of mammary implant material	9/1/2020	Will no longer require authorization

19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	9/1/2020	Will no longer require authorization
19364	Breast reconstruction with free flap	9/1/2020	Will no longer require authorization
19366	Breast reconstruction with other technique	9/1/2020	Will no longer require authorization
50370	Removal of transplanted renal allograft	9/1/2020	Will no longer require authorization
C1883	Ocular implant, aqueous drainage assist device	9/1/2020	Will no longer require authorization
C1897	Lead, neurostimulator test kit (implantable)	9/1/2020	Will no longer require authorization
L8600	Implantable breast prosthesis, silicone or equal	9/1/2020	Will no longer require authorization
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	9/1/2020	Will no longer require authorization
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	9/1/2020	Will no longer require authorization