


PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	August 25, 2022
	Purpose:	Educate Providers on our Prior Authorization Requirements
	Subject:	Prior Authorization Requirements
	Products:	MMA, LTC, FHK
	From:	Provider Relations

Aetna Better Health® of Florida

New Prior Authorization Requirements

Dear Providers,

Based on a periodic review of our Prior Authorization code listing, Aetna Better Health of Florida is updating prior authorization requirements.

Effective October 1, 2022, Aetna Better Health of Florida will require prior authorization (PA) for the set of codes listed below for participating providers. This is part of a larger optimization initiative intended to ensure the safety, medical necessity, and appropriateness of requested procedures.

Thank you for your continued participation in the Aetna Better Health of Florida network.

As always, please don't hesitate to contact our Provider Services line if you have any questions at:

Phone: MMA: 1-800-441-5501
LTC: 1-844-645-7371
FHK: 1-844-528-5815

Email: FLMedicaidProviderRelations@aetna.com

Thank you,

Aetna Better Health of Florida
www.aetnabetterhealth.com/florida

CONFIDENTIALITY NOTICE: This message intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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FL-22-06-01
Proprietary

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Procedure Codes/Descriptions Now Requiring Prior Authorization

Code	Code Description
11970	RPLCMT TISS XPNDR PERM IMPLT
20930	ALLOGRAFT FORSPINE SURGERY ONLY MORSELIZED
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION
21175	RECONSTRUC ORBIT/FOREHEAD
21230	RIB CARTILAGE GRAFT
21235	EAR CARTILAGE GRAFT
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR
22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LMBR
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS
22848	PELVIC FIXATION OTHER THAN SACRUM
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION
22855	REMOVAL ANTERIOR INSTRUMENTATION
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV

Code	Code Description
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL
27330	BIOPSY KNEE JOINT LINING
27437	REVISE KNEECAP
31239	NASAL/SINUS ENDOSCOPY
38220	MARROW ASPIRATION ONLY
52649	PROSTATE LASER ENUCLEATION
54401	INSERT PENILE PROSTH-INFLAT.
54405	INSERT MULTI-COMP PENIS PROS
54410	REMOVE/REPLACE PENIS PROSTH
55866	LAPARO RADICAL PROSTATECTOMY
63012	LAM W/RMVL ABNORMAL FACETS LMBR
63052	LAM FACET/FRMT ARTHRD LUM 1
63053	LAM FACTC/FRMT ARTHRD LUM EA
69633	TYMPANOPLASTY W/O MASTOIDECT
69636	REBUILD EARDRUM STRUCTURES
69637	REBUILD EARDRUM STRUCTURES
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL
C9352	NEURAGEN NERVE GUIDE, PER CM
C9354	VERITAS COLLAGEN MATRIX, CM2
C9363	INTEGRA MESHED BIL WOUND MAT
L5987	ALL LOWER EXTREMITY PROSTHES
Q4104	INTEGRA BMWWD
Q4105	INTEGRA DRT OR OMNIGRAFT
Q4116	ALLODERM