

**Aetna Better Health® of Illinois**  
3200 Highland Avenue, MC F648  
Downers Grove, IL 60515



April 29, 2022

## **Aetna Better Health® of Illinois**

### **Medicaid precertification optimization**

Dear Provider,

Effective June 1, 2022, Aetna Better Health of Illinois will no longer require prior authorization for the set of codes listed below. This is part of a larger optimization initiative intended to improve operational efficiency and reduce unnecessary provider administration activity.

As always, do not hesitate to contact your Aetna Better Health of Illinois Provider Relations Representative with any questions or comments.

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services  
Aetna Better Health of Illinois

## Procedure Codes/Descriptions No Longer Requiring Prior Authorization

| Code  | Description                   |
|-------|-------------------------------|
| H0023 | ALCOHOL AND/OR DRUG OUTREACH  |
| H0024 | ALCOHOL AND/OR DRUG PREVENTI  |
| 90876 | PSYCHOPHYSIOLOGICAL THERAPY   |
| S9475 | AMBULATORY SETTING SUBSTANCE  |
| H0026 | ALCOHOL AND/OR DRUG PREVENTI  |
| T2025 | WAIVER SERVICES               |
| 99501 | HOME VISIT, POSTNATAL         |
| 99502 | HOME VISIT, NB CARE           |
| S9127 | SOCIAL WORK VISIT, IN THE HO  |
| Q5004 | HOSPICE IN SNF                |
| S5517 | HIT DECLOTTING KIT            |
| 99500 | HOME VISIT, PRENATAL          |
| S9348 | HIT SYMPATHOMIM DIEM          |
| S9211 | HOME MGMT GEST HYPERTENSION   |
| S5502 | HIT INTERIM CATH CARE         |
| Q5002 | HOSPICE/HOME HLTH IN ASST LVG |
| S9376 | HIT HYDRA 3 LITER DIEM        |
| S9359 | HIT ANTI-TNF PER DIEM         |
| S9490 | HOME INFUSION THERAPY         |
| S9363 | HIT ANTI-SPASMOTIC DIEM       |
| S9504 | HIT ANTIBIOTIC Q4H DIEM       |
| S9365 | HIT TPN; ONE LITER PER DAY P  |
| S9213 | HM PREECLAMP PER DIEM         |
| S9341 | HIT ENTERAL GRAV DIEM         |
| S9361 | HIT DIURETIC INFUS DIEM       |
| S9377 | HIT HYDRA OVER 3L DIEM        |
| S9328 | HIT PAIN IMP PUMP DIEM        |
| S9326 | HIT CONT PAIN MGMT INFUS; PE  |

| S9590 | IN HOME IRRIGATION THERAPY   |
|-------|------------------------------|
| S9331 | HIT INTERMIT CHEMOTX INFUS;  |
| B4104 | ADDITIVE FOR ENTERAL FORMULA |
| K0070 | REAR WHEEL ASSEMBLY, COMPLET |
| E0982 | BACK UPHOLSTERY, REPLACEMENT |
| L8694 | AOI TRANSDUCER/ACTUATOR REPL |
| E2212 | PNEUMATIC PROP TIRE TUBE     |
| K0056 | SEAT HT < 17 OR >=21 LTWT WC |
| K0039 | LEG STRAP, H STYLE, EACH     |
| E2221 | SOLID CASTER TIRE REPL, EACH |
| K0051 | CAM REL ASM FT/LEGRST REP EA |
| K0044 | FTRST UPR HANGER BRAC REP EA |
| E2220 | SOLID PROPULS TIRE, REPL, EA |
| E0656 | SEGMENTAL PNEUMATIC TRUNK    |
| Code  | Description                  |
| E0642 | DYNAMIC STANDING FRAME       |
| E2375 | NON-EXPANDABLE CONTROLLER    |
| E2381 | PNEUM DRIVE WHEEL TIRE       |
| E2378 | PW ACTUATOR REPLACEMENT      |
| E2389 | FOAM CASTER TIRE             |
| K0071 | FR CSTR COMP PNE TIRE REP EA |
| E2373 | HAND/CHIN CTRL SPEC JOYSTICK |
| E0316 | BED SAFETY ENCLOSURE         |



|       |                                |
|-------|--------------------------------|
| L6687 | UPPER EXTREMITY ADDITION, FR   |
| L5973 | ANK-FOOT SYS DORS-PLANT FLEX   |
| E1297 | SPECIAL WHEELCHAIR SEAT DEPT   |
| L8613 | OSSICULA IMPLANT               |
| E2217 | FOAM FILLED CASTER TIRE EACH   |
| E0660 | NON-SEGMENTAL PNEUMATIC APPL   |
| E8002 | GAIT TRAINER, PEDIATRIC SIZE   |
| E1130 | STD WHEELCHAIR, FIXED ARMS, FO |
| E0444 | PORTABLE O2 CONTENTS, LIQUID   |
| E1240 | LIGHTWEIGHT WHEELCHAIR, DETA   |
| E2606 | POSITIONING WHEELCHAIR SEAT    |
| L8604 | DEXTRANOMER/HYALURONIC ACID    |
| E2216 | FOAM FILLED PROPULSION TIRE    |
| V2520 | CONTACT LENS HYDROPHILIC, SP   |
| V5282 | ALD FM/DM SYSTEM BINAURAL      |
| A8003 | HARD PROTECT HELMET CUSTOM     |
| E0472 | RAD W BACKUP INVASIVE INTRFC   |
| E1035 | PATIENT TRANSFER SYSTEM <300   |
| K0041 | LARGE SIZE FOOTPLATE, EACH     |

|       |                                |
|-------|--------------------------------|
| E1100 | SEMI-RECLINING WHEELCHAIR, F   |
| E1160 | STD WHEELCHAIR, FIXED ARMS, EL |
| E0959 | MNL WC ACCSS ADAPTER FOR AMP   |
| E1222 | WHEELCHAIR WITH FIXED ARM, E   |
| E2390 | SOLID DRIVE WHEEL TIRE         |
| E0480 | PERCUSSOR                      |
| E1801 | SPS ELBOW DEVICE               |
| K0018 | DETACH ADJUST ARMST UPPER      |
| 65730 | CORNEAL TRANSPLANT             |
| 65780 | OCULAR RECONST TRANSPLANT      |
| 65756 | CORNEAL TRNSPL, ENDOTHELIAL    |
| 65710 | CORNEAL TRANSPLANT             |
| 65782 | OCULR RECNSTR; LIMBL CONJUNCT  |
| 65779 | COVER EYE W/MEMBRANE SUTURE    |
| 65757 | PREP CORNEAL ENDO ALLOGRAFT    |
| Code  | Description                    |
| 0376T | INSERT ANT SEGMENT DRAIN IN    |
| 67911 | REVISE EYELID DEFECT           |
| 67916 | REPAIR ECTROPION; EXC TARSAL   |
| 77318 | BRACHYTX ISODOSE COMPLEX       |
| C8908 | MRI W/O FOL W/CONT, BREAST,    |
| 41826 | EXCISION OF GUM LESION         |
| 41825 | EXCISION OF GUM LESION         |

|       |   |
|-------|---|
| D9223 | DEEP SEDATION/GENERAL ANESTHESIA - EACH 15 MINUTE INCREMENT |
| 41823 | EXCISION OF GUM LESION                                      |
| 41872 | REPAIR GUM  |
| D9239 | INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANESTHESIA        |
| 41828 | EXCISION OF GUM LESION                                      |
| 41830 | REMOVAL OF GUM TISSUE                                       |
| D9222 | DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES         |
| 92630 | AUDITORY REHABILITATION                                     |
| 92633 | AUDITORY REHABILITATION                                     |
| 33270 | INS/REP SUBQ DEFIBRILLATOR                                  |
| 33274 | TCAT INSJ/RPL PERM LDLS PM                                  |
| 93355 | ECHO TRANSESOPHAGEAL (TEE)                                  |
| 21743 | RECONSTRUCTION OF STERNUM                                   |
| 21740 | RECONSTRUCTION OF STERNUM                                   |
| 97036 | HYDROTHERAPY  |
| G0270 | MNT SUBS TX FOR CHANGE DX                                   |
| G0177 | OPPS/PHP; TRAIN & EDUC SERV                                 |
| 29126 | APPLY FOREARM SPLINT  |
| 0511T | RMVL&RINSJ SINUS TARSI IMPLT                                |
| 0335T | INSJ SINUS TARSI IMPLANT                                    |
| 43881 | IMPLANTATION/REPLACE GASTRIC                                |
| 10010 | FNA BX W/CT GDN EA ADDL                                     |
| 81595 | CARDIOLOGY HRT TRNSPL MRNA                                  |
| 86794 | ZIKA VIRUS IGM ANTIBODY                                     |

| 0075T | PERQ STENT/CHEST VERT ART         |
|-------|-----------------------------------|
| S2411 | FETOSCOP LASER THER TTTS          |
| C9739 | CYSTOSCOPY PROSTATIC IMP 1-3      |
| 36516 | APHERESIS IMMUNOADS SLCTV         |
| 81243 | FMR1 GENE DETECTION               |
| 81329 | SMN1 GENE DOS/DELETION ALYS       |
| 81405 | MOPATH PROCEDURE LEVEL 6          |
| 81406 | MOPATH PROCEDURE LEVEL 7          |
| 81408 | MOPATH PROCEDURE LEVEL 9          |
| 81404 | MOPATH PROCEDURE LEVEL 5          |
| Code  | Description                       |
| 81401 | MOPATH PROCEDURE LEVEL 2          |
| 81407 | MOPATH PROCEDURE LEVEL 8          |
| 81270 | JAK2 GENE                         |
| 81241 | F5 GENE                           |
| 81321 | PTEN GENE FULL SEQUENCE           |
| 81240 | F2 GENE                           |
| 81295 | MSH2 GENE FULL SEQ                |
| 81292 | MLH1 GENE FULL SEQ                |
| 81298 | MSH6 GENE FULL SEQ                |
| 81400 | MOPATH PROCEDURE LEVEL 1          |
| 81244 | FMR1 GENE CHARAC ALLELES          |
| 81596 | NFCT DS CHRNC HCV 6 ASSAYS        |
| 81317 | PMS2 GENE FULL SEQ ANALYSIS       |
| 81255 | HEXA GENE                         |
| 81161 | DMD DUPLICATION/DELETION ANALYSIS |



|       |                              |
|-------|------------------------------|
| 81260 | IKBKAP GENE                  |
| 81251 | GBA GENE                     |
| 81257 | HBA1/HBA2 GENE               |
| 81301 | MICROSATELLITE INSTABILITY   |
| 81275 | KRAS GENE VARIANTS EXON 2    |
| 81294 | MLH1 GENE DUP/DELETE VARIANT |
| 81235 | EGFR GENE COM VARIANTS       |
| 81319 | PMS2 GENE DUP/DELET VARIANTS |
| 81323 | PTEN GENE DUP/DELET VARIANT  |
| 81443 | GENETIC TSTG SEVERE INH COND |
| 81311 | NRAS GENE VARIANTS EXON 2&3  |
| 81297 | MSH2 GENE DUP/DELETE VARIANT |
| 81291 | MTHFR GENE                   |
| 81300 | MSH6 GENE DUP/DELETE VARIANT |
| 81276 | KRAS GENE ADDL VARIANTS      |
| 81314 | PDGFRA GENE                  |
| 81201 | APC GENE FULL SEQUENCE       |
| 81302 | MECP2 GENE FULL SEQ          |
| 81272 | KIT GENE TARGETED SEQ ANALYS |
| 81219 | CALR GENE COM VARIANTS       |
| 81331 | SNRPN/UBE3A GENE             |
| 81330 | SMPD1 GENE COMMON VARIANTS   |
| 81242 | FANCC GENE                   |
| 81290 | MCOLN1 GENE                  |
| 81422 | FETAL CHRMOML MICRODEL TJ    |
| 81226 | CYP2D6 GENE COM VARIANTS     |

| 81225 | CYP2C19 GENE COM VARIANTS    |
|-------|------------------------------|
| 81227 | CYP2C9 GENE COM VARIANTS     |
| 81170 | ABL1 GENE                    |
| Code  | Description                  |
| 81471 | X-LINKED INTELLECTUAL DBLT   |
| 81470 | X-LINKED INTELLECTUAL DBLT   |
| 81202 | APC GENE KNOWN FAM VARIANTS  |
| 81256 | HFE GENE                     |
| 81265 | STR MARKERS SPECIMEN ANAL    |
| 81245 | FLT3 GENE                    |
| 81455 | TARGETED GENOMIC SEQ ANALYS  |
| 81173 | AR GENE FULL GENE SEQUENCET  |
| 81355 | VKORC1 GENE                  |
| 81450 | TARGETED GENOMIC SEQ ANALYS  |
| 81252 | GJB2 GENE FULL SEQUENCE      |
| 81189 | CSTB GENE FULL GENE SEQUENCE |
| 81304 | MECP2 GENE DUP/DELET VARIANT |
| 81203 | APC GENE DUP/DELET VARIANTS  |
| 81430 | HEARING LOSS SEQUENCE ANALY  |
| 81267 | CHIMERISM ANAL NO CELL SELEC |
| 81445 | TARGETED GENOMIC SEQ ANALYS  |
| 81328 | SLCO1B1 GENE COM VARIANTS    |

|       |                              |
|-------|------------------------------|
| 81364 | HBB FULL GENE SEQUENCE       |
| 81411 | AORTIC DYSFUNCTION/DILATION  |
| 81410 | AORTIC DYSFUNCTION/DILATION  |
| 81223 | CFTR GENE FULL SEQUENCE      |
| 81269 | HBA1/HBA2 GENE DUP/DEL VRNTS |
| 81234 | DMPK GENE DETC ABNOR ALLELEE |
| 81236 | EZH2 GENE FULL GENE SEQUENCE |
| 81342 | TRG GENE REARRANGEMENT ANAL  |
| 81340 | TRB@ GENE REARRANGE AMPLIFY  |
| 81440 | MITOCHONDRIAL GENE           |
| 81293 | MLH1 GENE KNOWN VARIANTS     |
| 81432 | HRDTRY BRST CA-RLATD DSORDRS |
| 81490 | AUTOIMMUNE RHEUMATOID ARTHR  |
| 81442 | NOONAN SPECTRUM DISORDERS    |
| 81332 | SERPINA1 GENE                |
| 81288 | MLH1 GENE                    |
| 81540 | ONCOLOGY TUM UNKNOWN ORIGIN  |
| 81541 | ONC PROSTATE MRNA 46 GENES   |
| 81350 | UGT1A1 GENE                  |
| 81335 | TPMT GENE COM VARIANTS       |
| 81435 | HEREDITARY COLON CA DSORDRS  |
| 81229 | CYTOGEN M ARRAY COPY NO&SNP  |
| 88271 | CYTOGENETICS, DNA PROBE      |
| 87507 | IADNA-DNA/RNA PROBE TQ 12-2  |

|       |                              |
|-------|------------------------------|
| 88291 | CYTO/MOLECULAR REPORT        |
| 88275 | CYTOGENETICS, 100-300        |
| 81460 | WHOLE MITOCHONDRIAL GENOME   |
| Code  | Description                  |
| 87634 | RSV DNA/RNA AMP PROBE        |
| 88274 | CYTOGENETICS, 25-99          |
| 0097U | GI PATHOGEN 22 TARGETS       |
| 88273 | CYTOGENETICS, 10-30          |
| 81465 | WHOLE MITOCHONDRIAL GENOME   |
| 88262 | CHROMO COUNT:15-20 CELL/2 KA |
| 88280 | CHROMO ANAL;ADDITIONAL KARYO |
| 88289 | CHROMO ANAL, ADD HI RESOLUTN |
| 88285 | CHROMOSOME COUNT: ADDITIONAL |
| 0037U | TRGT GEN SEQ DNA 324 GENES   |
| 81361 | HBB GENE COM VARIANTS        |
| 81230 | CYP3A4 GENE COMMON VARIANTS  |
| 81231 | CYP3A5 GENE COMMON VARIANTS  |
| 81120 | IDH1 COMMON VARIANTS         |
| 81232 | DPYD GENE COMMON VARIANTS    |
| 81121 | IDH2 COMMON VARIANTS         |
| 81259 | HBA1/HBA2 FULL GENE SEQUENCE |
| 81283 | IFNL3 GENE                   |
| 0032U | COMT GENE                    |
| 0031U | CYP1A2 GENE                  |
| 88377 | M/PHMTRC ALYS ISHQUNT/SEMI   |
| 88269 | CHROMO ANAL: AMNIOTIC FLUID  |

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## **Nondiscrimination Notice**

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104**.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 East Cotton Center Boulevard  
Phoenix, AZ 85040  
Telephone: **1-888-234-7358 (TTY: 711)**  
Email: [MedicaidCRCoordinator@aetna.com](mailto:MedicaidCRCoordinator@aetna.com)

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-385-4104 (TTY: 711)**.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-385-4104 (TTY: 711)**.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-385-4104 (TTY: 711)**.

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-385-4104 (TTY: 711)**。

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-385-4104 (TTY: 711)** 번으로 전화해 주십시오.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-385-4104 (TTY: 711)**.

**(711)**. إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم  
رقم هاتف الصم والبكم: ملحوظة:

**Arabic:** 1-800-385-4104

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-385-4104 (телетайп: 711)**.

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો િન:શબ્દો ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-385-4104 (TTY: 711)**.

کریں اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

**Urdu:**

1-800-385-4104 (TTY: 711) خبردار:

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-385-4104 (TTY: 711)**.

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-385-4104 (TTY: 711)**.

**Hindi:** धय न द: यद आप ह द ब लत ह त आपक लए मफत म भ ष सह यत सव ए उपलबध ह। **1-800-385-4104**

**AetnaBetterHealth.com/Illinois-Medicaid**

(TTY: 711) पर क ल कर।

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-385-4104** (ATS: **711**).

**Greek:** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-385-4104** (TTY: **711**).

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