

August 2020

OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance for appropriate reimbursement, the details will be outlined by ABHLA in a supporting reimbursement policy.

Effective September 15, 2020, ABHLA will no longer utilize the eviCore Pain Management program to review codes for prior authorization. The following codes will now require prior authorization through ABHLA (rather than through eviCore), unless denoted with one of the following:

* — no prior authorization required.

** — no prior authorization required, effective 9/1/2020.

CPT®/ HCPCS	CPT®/ HCPCS Description
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)

CPT®/ HCPCS	CPT®/ HCPCS Description
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or
62290	Injection procedure for discography, each level; lumbar
62291	Injection procedure for discography, each level; cervical/thoracic
62292	Injection procedure for chemonucleolysis, including diskography, intervertebral disc, single or multiple levels, lumbar
62320	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without lamine
62321	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminecto
62322	Removal of previously implanted intrathecal or epidural catheter
62323	Implantation of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62324	Implantation of device for intrathecal or epidural drug infusion; non-programmable pump
62325	Implantation of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62326 *	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62327	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62350	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
62351	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a
62355 **	Percutaneous implantation of neurostimulator electrode array, epidural
62360	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
62361 *	Removal of spinal neurostimulator electrode percutaneous array(s)

CPT®/ HCPCS	CPT®/ HCPCS Description
62362 *	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy
62365	Revision, including replacement, of spinal neurostimulator electrode percutaneous array(s)
62367	Revision, including replacement, of spinal neurostimulator electrode plate/paddle(s)
62368	Insertion or replacement of spinal neurostimulator pulse generator or receiver
62370	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63650	Injection, anesthetic agent; greater occipital nerve
63655	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
63661	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
63662	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
63663	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
63664	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
63685	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (
63688	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any
64405	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64490	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; cervical or thoracic, single facet joint for the first level performed
64491	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; cervical or thoracic, each additional level
64492	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; lumbar or sacral, single facet joint for the first level performed
64493	Destruction of paravertebral facet joint nerve(s) by neurolytic agent with fluoroscopy or CT image guidance; lumbar or sacral, each additional level
64494	Destruction by neurolytic agent; other peripheral nerve or branch
64495	Epidurography, radiological supervision and interpretation
64510	Diskography Cervical/Thoracic RS&I

CPT®/ HCPCS	CPT® / HCPCS Description
64520	Diskography Lumbar RS&l
64633	Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral, with intraoperative or subsequent programming
64634	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and
64635	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician
64636	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
64640	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
95971	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; single level
95972	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
G0260	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension

To submit prior authorization requests:

- use ABHLA's 24/7 [Secure Provider Web Portal](#).
- fax the request to 1-844-227-9205, using the Prior Authorization Form. Use a cover sheet with the practice's correct phone and fax numbers to safeguard the member's protected health information and to facilitate processing.
- call our toll-free number: 1-855-242-0802.

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this notification.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.