

PROVIDER NOTIFICATION

MMP/DUALS PRECERTIFICATION OPTIMIZATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, we are adding the attached code which will require prior authorization. If you have questions, contact your health plan representative.

Effective 07/31/2023, Aetna Assure Premier Plus (HMO D-SNP) ***will require prior authorization*** for the code listed below for participating providers. This is part of a larger optimization initiative intended to ensure the safety, medical necessity, and appropriateness of request procedures.

As always, do not hesitate to contact your Aetna Assure Premier Plus (HMO D-SNP) Provider Relations Representative with any questions or comments. 1-844-362-0934.

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

Sincerely,

Provider Services and Chief Medical Officer

Aetna Assure Premier Plus (HMO D-SNP)

Procedure Codes/Descriptions Now Requiring Prior Authorization

Code	Code Description
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U