

JANUARY 26, 2024

CHANGES IN PRIOR AUTHORIZATIONS

We regularly revise our clinical, payment and coding policy positions as part of our ongoing policy review processes. This notice is developed to keep you informed of the details of the upcoming new policies or policy changes for Aetna Better Health Kids (CHIP).

Effective March 1, 2024, the codes below will **no longer** require prior authorization.

CODE	DESCRIPTION
90678	RSV VACC PREF BIVALENT IM
S1040	CRANIAL REMOLD ORTHOT PED CUST FAB
K0738	PORT GASEOUS O2 SYS RNTL;HOM COMPRS
K0040	ADJUSTABLE ANGLE FOOTPLATE EACH
K0007	EXTRA HEAVY-DUTY WHEELCHAIR
G0300	DIR SNS LPN HH/HOSPICE SET EA 15 MIN
G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN
G0156	SRVC HH/HOSPICE AIDE EA 15 MIN
G0153	SRVC SPCH&LANG PATH HH/HOSPICE EA 15
G0152	SRVC OT HOM HLTH/HOSPICE EA 15 MIN
G0151	SRVC PT HOM HLTH/HOSPICE EA 15 MIN
E2611	GEN WC BACK CUSHN WIDTH LT 22 IN HT
E2601	GEN WC SEAT CUSHN WIDTH LT 22 DEPTH
E2361	PWR WC ACSS 22NF SEALED LEAD BATTERY
E2231	MNL WC ACCESS SOLID SEAT SUPP BASE
E2211	MNL WC ACCESS PNEUMAT PROPULSN TIRE
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL
E1390	O2 CONC 85PCT /GT O2 CONC PRSC FLW RATE
E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL
E0990	WC ACCSS ELEV LEG REST CMPL ASSMBL
E0973	WC ACCSS ADJ HT DTACH ARMREST EA
E0971	MNL WC ACSS ANTI-TIPPING DEVC EA
E0951	HEEL LOOP/HOLDER ANY TYPE EACH
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMIN
E0652	PNEUMAT COMPRS W/CALBRT GRADNT PRSS
E0630	PATIENT LIFT HYRAULIC/MECH
E0601	CONTINUOUS POS AIRWAY PRESSURE DEVC
E0443	PORTBL O2 CONTENT GAS 1 MO SPLEQU 1 U
E0431	PRTBLE GASEOUS O2 SYS RENTAL;
E0425	STATION COMPRS GAS SYS PURCHASE;

E0260	HOS BED SEMI-ELEC W/RAIL W/MATTRSS
B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE
B4155	ENTRAL F NUTRITN INCMPL/MOD NUTRNTS
B4153	ENTRL F NUTRTN CMPL HYDROLYZD PROTS
B4152	ENTRAL F NUTRITION CMPL CAL DENSE
A9277	TRANSMITTER; EXT NONDME INTRSTL CGM
97530	THERAPEUTIC ACTIVITIES
97140	MANUAL THERAPY 1/GT REGIONS
97116	GAIT TRAINING THERAPY
97112	NEUROMUSCULAR REEDUCATION
97110	THERAPEUTIC EXERCISES
97035	ULTRASOUND THERAPY
97014	ELECTRIC STIMULATION THERAPY
95811	POLYSOM 6/GT YRS CPAP 4/GT PARM
95805	MULTIPLE SLEEP LATENCY TEST
95783	POLYSOM LT 6 YRS CPAP/BILVL
95782	POLYSOM LT 6 YRS 4/GT PARAMTRS
95720	EEG PHY/QHP EA INCR W/VEEG
92507	SPEECH/HEARING THERAPY
90999	UNLISTED DIALYSIS PROCEDURE
41899	UNLISTED PX DENTALVLR STRUX

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this notice.

Questions? Call Provider Relations at 1-866-638-1232 for assistance.