

# 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 Better Health of Virginia (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), and Aetna Medicare Assure Value (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 Better Health of Virginia (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), and Aetna Medicare Assure Value (HMO D-SNP) Provider Relations Representative with any questions or comments. 1-855-463-0933.

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

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health of Virginia (HMO D-SNP)

Aetna Medicare Assure Premier (HMO D-SNP)

Aetna Medicare Assure Value (HMO D-SNP)

**Procedure Codes/Descriptions Now Requiring Prior Authorization**

Code	Code Description
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U