

PROVIDER NOTIFICATION

MEDICAID PRECERTIFICATION OPTIMIZATION

Dear Provider,

Effective August 26, 2022 Aetna Better Health of Texas will 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 Texas 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 Texas

Procedure Codes/Descriptions will Require Prior Authorization

| Code | Code Description |
|-------|----------------------------|
| 41826 | EXCISION OF GUM LESION |
| 41825 | EXCISION OF GUM LESION |
| 41823 | EXCISION OF GUM LESION |
| 41872 | REPAIR GUM |
| 41828 | EXCISION OF GUM LESION |
| 41830 | REMOVAL OF GUM TISSUE |
| 10010 | FNA BX W/CT GDN EA ADDL |
| S2411 | FETOSCOP LASER THER TTTS |
| V5267 | HEARING AID SUP/ACCESS/DEV |

Dear Provider,

Effective August 26, 2022 Aetna Better Health of Texas 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 Texas 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 Texas

Procedure Codes/Descriptions No Longer Requiring Prior Authorization

| Code | Code Description |
|-------|--------------------------|
| B4104 | ADDITIVE FOR ENTERAL |
| | FORMULA |
| 65730 | CORNEAL TRANSPLANT |
| 65710 | CORNEAL TRANSPLANT |
| 67916 | REPAIR ECTROPION; EXC |
| | TARSAL |
| 21743 | RECONSTRUCTION OF |
| | STERNUM |
| 21740 | RECONSTRUCTION OF |
| | STERNUM |
| 97036 | HYDROTHERAPY |
| 43881 | IMPLANTATION/REPLACE |
| | GASTRIC |
| C9739 | CYSTOSCOPY PROSTATIC IMP |
| | 1-3 |
| 81408 | MOPATH PROCEDURE LEVEL |
| | 9 |
| 81229 | CYTOGEN M ARRAY COPY |
| | NO&SNP |
| 88271 | CYTOGENETICS, DNA PROBE |
| 88291 | CYTO/MOLECULAR REPORT |
| 88275 | CYTOGENETICS, 100-300 |
| 88274 | CYTOGENETICS, 25-99 |
| 88273 | CYTOGENETICS, 10-30 |
| E2100 | BLD GLUCOSE MONITOR W |
| 22100 | VOICE |