



Aetna Better Health of Texas

Prior authorization list for participating providers effective January 1, 2018

Aetna prior authorization list for participating providers

Applies to: Aetna Medicaid STAR, STAR Kids and CHIP for members receiving care within their home Service Delivery Area

This prior authorization list supersedes all previous lists from Aetna Better Health.

All Texas referral/authorization forms must be signed by a PCP or ordering physician that has a valid referral from a PCP.

Procedure description

Inpatient Hospitalizations/Admissions

- **All elective admissions** to a facility including acute, skilled, hospice, rehabilitation and partial hospitalization for behavioral health conditions. Exception: Well babies (v30.0 who go home with their mothers in less than 3 days for vaginal deliveries or less than 5 days for C-section deliveries).
- **All inpatient facility to facility transfers** - the transferring facility is responsible for obtaining pre-certification prior to the transfer to the new facility.
- **All non-elective admission notification is required.** Please submit inpatient notification along with clinical information for medical necessity for admission and level of care within one business day of the admission date.
- **MedSolutions/eviCore** is delegated vendor to provide authorization services for CT/CTA; MRI/MRS/MRA; PET Scans; Ultrasounds. Please contact MedSolutions/eviCore for prior authorization of these services by calling **1-888-693-3211**. Refer to MSI Announcement under What's New at **aetnabetterhealth.com/texas**
- Prolonged nursery level 1 care (longer than two days for a vaginal delivery or four days for a cesarean section) and All Neonatal/Nursery/Newborn levels of care beyond well nursery level 1, that is Revenue Code 0172, 0173, 0174 and 0175 require PA for payment, regardless of length of stay.

Procedure Description

Procedure Codes

In-office specialty care referrals

Any non-urgent referral for out of network or out of Service Delivery Area specialist office visits, regardless of specialty

All neuropsych evaluations

96101, 96118

Diagnostic testing

BRAC genetic testing

81211 - 81217
88271 - 88275
88291

OB ultrasounds

**76801 – 76817 OB ultrasounds for
CHIP Perinate ONLY (CHIP will
allow one OB ultrasound without
prior authorization and any
additional requests require prior
authorization).**

Ambulance

Non-emergent ambulance transportation—air or ground

Home health care

Skilled nursing

Rehabilitation / physical, occupational, speech therapy (**excluding excluding initial and re-evaluations**)

Private duty nursing

Infusion therapy

Home health aide / personal care assistant

Medical injectables — in-office or home

Growth hormone

IVIG

Synagis®

Remicade

17 Alpha hydroxyprogesterone caproate (17P)

Transplants

All transplant work-ups and procedures

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TX-18-05-07

**Outpatient rehabilitation / habilitation / therapies —
excluding initial and re-evaluations (3/1/18)**

Physical therapy

Occupational therapy

Speech therapy

Outpatient procedures

Removal of premalignant, malignant lesions

11600 – 11646

Dental / oral maxillofacial / craniofacial

Orthognathic surgery procedures / osteotomies

**21120, 21121, 21122, 21123, 21125, 21127,
21141, 21142, 21143, 21145, 21146, 21147,
21150, 21151, 21154, 21159, 21193, 21194,
21195, 21196, 21198, 21199, 21206, 21208,
21209, 21210, 21215**

THSteps Therapeutic Dental

**For members aged 0-6 years 00170 with EP or U3
modifier (07/01/017 -05/31/18)**

Effective 6/1/18

**Procedure code 00170 with modifier U3 will require
prior authorization for all patients under the age of
21.**

**Procedure code 41899 will require an authorization
for all patients, regardless of age or modifier**

Cosmetic procedures (Including but not limited to):

Reconstructive repairs, injection of filling material
(including collagen)

11950, 11951, 11952, 11954

Excision of skin

**15830, 15832, 15833, 15834, 15835,
15836, 15837, 15838, 15839**

Otoplasty

69300, 69399

Breast reconstruction	19350, 19355, 19357, 19361, 19364, 19366, 19370, 19371, 19380, 19396, S2066, S2067, S2068
Reconstructive repair of pectus excavatum or carinatum	21740, 21742, 21743
Reduction mammoplasty / gynecomastia	19316, 19318, 19324, 19325, 19340, 19342
Lipectomy	15876, 15877, 15878, 15879
Venous ligation	36475, 36476, 36478, 36479, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785
Sclerotherapy	36468, 36469, 36470, 36471
Rhinoplasty	30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Blepharoplasty	15820, 15821, 15822, 15823, 21280, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67916, 67917, 67950
Canthoplasty	67950
Cervicoplasty	15819
Rhytidectomy	15824, 15825, 15826, 15828, 15829
Gastroplasty / gastric bypass	43644, 43645, 43647, 43648, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 43881, 43882, 43886, 43887, 43888, 43999, 44132 - 44137, 49999
Uvulopalatopharyngoplasty (UP3 or LAUP)	42145, 42140, 42299
Circumcision in children over 1 year of age	54150, 54161
Abortion	59840 - 59857, 59866

Durable medical equipment, supplies, prosthetics, orthotics

All requests where the total amount of the request is greater than \$1,000 (including but not limited to):

Hospital beds
 Electric scooter
 Customized braces /orthotics
 Upper limb prosthetics
 Lower limb prosthetics
 Wheelchairs
 Cranial molding helmets **S1040**
 Hearing aids

Behavioral health services requiring precertification / authorization

Inpatient admissions
 Residential treatment center admissions
 Psychiatric E&M **90870, 90899**
 Biofeedback training **90901, 90911**
 Psychological and developmental testing **96101, 96116**
 Training and educational services related to the care and treatment of patient’s disabling mental health problems **S9445**
 Alcohol and substance abuse services **H0012, H0031, H0047, H1010, H2035**
 Injectables **C9399**
 Targeted behavioral health case management **T1017**

Long-Term Services and Supports **G0162, H2015, H2023, H2025, S5101, S5160, S5161, S5165, T1000, T1005, T1019, T1025, T1026, T2002, T2027, T2028, T2029, T2038, T2039, T2040**

Effective 3/15/18

Code	Description
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL MAMMARY IMPLANT MATERIAL

21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN
97112	THER PX 1/GT AREAS EACH 15 MIN NEUROMUSC REEDUCA
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR
E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB
E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULZR
E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR
E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE
E0619	APNEA MONITOR WITH RECORDING FEATURE
E1390	O2 CONC 1 DEL PORT 85PCT /GT O2 CONC AT PRSC FLW RATE
E1391	O2 CONC 2 DEL PORT 85PCT /GT O2 CONC PRSC FLW RATE EA
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE
E2101	BLD GLU MONITOR W/INTEGRATED LANCING/BLD SAMPLE
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS
K0065	SPOKE PROTECTORS EACH

K0073	CASTER PIN LOCK EACH
K0105	IV HANGER EACH

MedSolutions/eviCore Cardiology Effective 9/5/17

78451	93304	93351	93531
78452	93306	93352	93532
78453	93307	93451	93533
78454	93308	93452	0399T
78466	93312	93453	C8921
78468	93313	93454	C8922
78469	93314	93455	C8923
78472	93315	93456	C8924
78473	93316	93457	C8928
78481	93317	93458	C8929
78483	93318	93459	C8930
78494	93320	93460	
78496	93321	93461	
78499	93325	93462	
93303	93350	93530	

Authorization approvals are not a guarantee of claim payment.