

# AETNA BETTER HEALTH<sup>®</sup> OF CALIFORNIA

## Change in Prior Authorization Requirements

Aetna Better Health of California would like to notify you that effective **September 15, 2018**, Aetna Better Health of California, for all lines of business, will require prior authorization for the following CPT/HCPCS codes before services are rendered.

CODE	DESCRIPTION
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day
0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
Q4110	SKIN SUBSTITUTE PRIMATRIX PER SQ CM
Q4111	SKIN SUBSTITUTE GAMMAGRAFT PER SQ CM
Q4115	SKIN SUBSTITUTE ALLOSKIN PER SQUARE CENTIMETER
Q4117	HYALOMATRIX PER SQ CM
Q4122	DERMACELL PER SQ CM
Q4123	ALLOSKIN RT PER SQ CM
Q4125	ARTHROFLEX PER SQ CM
Q4126	MEMODERM, DERMASPAN, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER
Q4127	TALYMED PER SQ CM
Q4134	HMATRIX PER SQUARE CENTIMETER

S3900	SURFACE ELECTROMYOGRAPHY
4408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64430	Injection, anesthetic agent; pudendal nerve
64505	Injection, anesthetic agent; sphenopalatine ganglion
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation

Effective **September 15, 2018**, Aetna Better Health of California, for all lines of business, will not require prior authorization for the following CPT/HCPCS codes before services are rendered. Please note the allowable units for each service below.

CODE	DESCRIPTION	PROFESSIONAL ALLOWABLE UNITS	OUTPATIENT ALLOWABLE UNITS
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	1/MONTH	1/MONTH
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	1/MONTH	1/MONTH
A4520	INCONTINENCE GARMENT ANY TYPE EACH	250/MONTH	2/DAY
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA	1/YEAR	1/YEAR
A9282	WIG ANY TYPE EACH	1/YEAR	1/YEAR
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	1/DAY	1/DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	1/DAY	1/DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	1/DAY	1/DAY
E1354	O2 ACCESS WHEELED CART PRTBLE CYL/CONC REPL EA	1/YEAR	1/YEAR
E1356	O2 ACCESS BATTERY PACK/CRTRDGE PRTBLE CONC REPL EA	1/YEAR	1/YEAR
E1357	O2 ACCESS BATTERY CHARGER PRTBLE CONC REPL EA	1/YEAR	1/YEAR
E1358	O2 ACCESS DC POWER ADAPTER PRTBLE CONC REPL EA	1/YEAR	1/YEAR
E1500	CENTRIFUGE FOR DIALYSIS	1/YEAR	1/YEAR
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS	1/YEAR	1/YEAR
S0311	COMP MGMT & CARE COORD ADVANCED ILL PER CAL MO	1/MONTH	1/MONTH

S9110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	1/MONTH	1/MONTH
S9152	SPEECH THERAPY RE-EVALUATION	1/MONTH	1/MONTH

\*DHCS often updates codes; timing may not coincide with the release of this letter.

As always, don't hesitate to contact your Aetna Better Health of California Provider Relations Representative with any questions or comments.

Thanks for all you do!

Sincerely,

Provider Services

**Aetna Better Health of California**

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