



# PROVIDER BULLETIN

<b>Date:</b>	<b>April 29, 2019</b>
<b>Purpose:</b>	<b>Provider Bulletin: Unlisted &amp; Non-Specific Code Education</b>
<b>Subject:</b>	Unlisted & Non-specific CPT and HCPCS subject to Prepayment REVIEW
<b>Products:</b>	FHK - MMA - LTC
<b>From:</b>	<b><u>Provider Relations - Medicaid</u></b>

Dear Provider,

We would like to inform you that Aetna Better Health of Florida has recently changed the way unlisted and non-specific CPT and HCPCS codes are reviewed and paid.

With a few exceptions listed below, these codes will no longer be managed through the prior authorization process. They will be managed **By Report** at the time of claim submission. That is, records supporting the use of these codes must be submitted with the claim. These claims will pend to our AMA Edit Team who will review for:

- Experimental/Investigational status per relevant Aetna CPB (<https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>); and
- Medical necessity applying relevant criteria; and
- Assignment of a more appropriate specific code if one exists; or
- Approval to pay as submitted

**The codes below are excluded from the process change:**

<b>CODE(s)</b>	<b>PROCESS</b>
41899 – General Anesthesia for dental procedures	Prior Authorization
E1399 and K0108 – wheelchair components and services	Prior Authorization
90999 – unlisted dialysis procedure	Prior Authorization with dialysis services
Unlisted J code	Prior Authorization

If records are not submitted with any claim including one of the codes listed below, the claim will be denied for lack of documentation. You may resubmit the claim with required supporting records.

**PROPAT EXAMPLE:**

Make sure that when searching for a CPT Code you use the “Variance Detail”  to view information whether Medical Records would need to be submitted with the claim

Enter CPT or HCPCS Code(s) OR Select CPT Group:   Include only CPT or HCPCS codes where PA is required?

Select Plan:

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc Partner Detail
B9998	NOC FOR ENTERAL SUPPLIES	HCPCS - ENTERAL & PARENTERAL	NO		

**Please refer to the attached list for the codes covered by this process.**

If you have any questions or urgent concerns, please contact your Network Relations Consultant or a Provider Relations representative for assistance in resolving any issues.

To speak to a Provider Relations Representative please call (MMA) 1-800-441-5501, (LTC) 1-844-645-7371, or (FHK) 1-844-528-5815. We are also available via e-mail [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com),

Sincerely,

**Provider Relations**

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse.

**Unlisted and Non-specific CPT and HCPCS Subject to Prepayment Review**

Code	Code Description
01999	UNLISTED ANESTHESIA PROCEDURE
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE
19499	UNLISTED PROCEDURE BREAST
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD
21899	UNLISTED PROCEDURE NECK/THORAX
22899	UNLISTED PROCEDURE SPINE
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM
23929	UNLISTED PROCEDURE SHOULDER
24999	UNLISTED PROCEDURE HUMERUS/ELBOW
25999	UNLISTED PROCEDURE FOREARM/WRIST
26989	UNLISTED PROCEDURE HANDS/FINGERS
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT
27599	UNLISTED PROCEDURE FEMUR/KNEE
27899	UNLISTED PROCEDURE LEG/ANKLE
28899	UNLISTED PROCEDURE FOOT/TOES
29799	UNLISTED PROCEDURE CASTING/STRAPPING
29999	UNLISTED PROCEDURE ARTHROSCOPY
30999	UNLISTED PROCEDURE NOSE
31299	UNLISTED PROCEDURE ACCESSORY SINUSES
31599	UNLISTED PROCEDURE LARYNX
31899	UNLISTED PROCEDURE TRACHEA BRONCHI
32999	UNLISTED PROCEDURE LUNGS & PLEURA
33999	UNLISTED CARDIAC SURGERY
36299	UNLISTED PROCEDURE VASCULAR INJECTION
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE
37799	UNLISTED PROCEDURE VASCULAR SURGERY
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM
39499	UNLISTED PROCEDURE MEDIASTINUM
39599	UNLISTED PROCEDURE DIAPHRAGM
40799	UNLISTED PROCEDURE LIPS
40899	UNLISTED PROCEDURE VESTIBULE MOUTH
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH

Code	Code Description
42299	UNLISTED PROCEDURE PALATE UVULA
42699	UNLISTED PX SALIVARY GLANDS/DUCTS
42999	UNLISTED PROCEDURE PHARYNX ADENOID/TONSILS
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS
43499	UNLISTED PROCEDURE ESOPHAGUS
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH
43999	UNLISTED PROCEDURE STOMACH
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM
44799	UNLISTED PROCEDURE SMALL INTESTINE
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX
45399	UNLISTED PROCEDURE COLON
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM
45999	UNLISTED PROCEDURE RECTUM
46999	UNLISTED PROCEDURE ANUS
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER
47399	UNLISTED PROCEDURE LIVER
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT
47999	UNLISTED PROCEDURE BILIARY TRACT
48999	UNLISTED PROCEDURE PANCREAS
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER
53899	UNLISTED PROCEDURE URINARY SYSTEM
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM

**Aetna Better Health® of Florida**

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Code	Code Description
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE
67599	UNLISTED PROCEDURE ORBIT
67999	UNLISTED PROCEDURE EYELIDS
68399	UNLISTED PROCEDURE CONJUNCTIVA
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
69399	UNLISTED PROCEDURE EXTERNAL EAR
69799	UNLISTED PROCEDURE MIDDLE EAR
69949	UNLISTED PROCEDURE INNER EAR
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA
76496	UNLISTED FLUOROSCOPIC PROCEDURE
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE
76999	UNLISTED US PROCEDURE
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE
78199	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE
79999	RP THERAPY UNLISTED PROCEDURE
81099	UNLISTED URINALYSIS PROCEDURE
81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS
84999	UNLISTED CHEMISTRY PROCEDURE
85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE
86486	SKIN TEST UNLISTED ANTIGEN EACH
86849	UNLISTED IMMUNOLOGY

Code	Code Description
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE
87999	UNLISTED MICROBIOLOGY
88099	UNLISTED NECROPSY PROCEDURE
88199	UNLISTED CYTOPATHOLOGY PROCEDURE
88299	UNLISTED CYTOGENETIC STUDY
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE
88749	UNLISTED IN VIVO LABORTORY SERVICE
89240	UNLIS MISC PATH
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE
90399	UNLISTED IMMUNE GLOBULIN
90749	UNLISTED VACCINE/TOXOID
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE
92499	UNLIVSTED OPHTHALMOLOGICAL SERVICE/PROCEDURE
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY
94799	UNLISTED PULMONARY SERVICE/PROCEDURE
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX
95999	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS
96549	UNLISTED CHEMOTHERAPY PROCEDURE
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCEED
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE
99600	UNLISTED HOME VISIT SERVICE/PROCEDURE
A0999	UNLISTED AMBULANCE SERVICE
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A4649	SURGICAL SUPPLY; MISCELLANEOUS
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE NOS
A9152	SINGLE VIT/MINERAL/TRACE ELEMENT ORAL-DOSE NOS
A9153	MX VIT W/WO MINERLS&TRACE ELEMS ORL PER DOSE NOS
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED



Code	Code Description
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOC FOR PARENTERAL SUPPLIES
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS
E1229	WHEELCHAIR PEDIATRIC SIZE NOS
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS
K0462	TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE
K0899	PWR MOBILTY DVC NOT CODED DME PDAC/NOT MEET CRIT
L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED
L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED
L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED
L3649	ORTHOPEDE SHOE MODIFICATION ADDITION/TRANSFER NOS
L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED
L5999	LOWER EXTREMITY PROSTHESIS NOS

Code	Code Description
L7499	UPPER EXTREMITY PROSTHESIS NOS
L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES
L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED
L9900	ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE
Q4050	CAST SUPPLIES UNLISTED TYPES&MATERIALS OF CASTS
Q4051	SPLINT SUPPLIES MISCELLANEOUS
Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED
Q5009	HOSPICE/HOME HEALTH CARE PROVIDED IN PLACE NOS
S5001	PRESCRIPTION DRUG BRAND NAME
S5199	PERSONAL CARE ITEM NOS EACH
S9542	HOME INJ TX NOC W/CARE COORDINATION PER DIEM
S9999	SALES TAX
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGE DEVC NOS
T1999	MISC TX ITEMS & SPL RETAIL PURCHASE NOC
T5999	SUPPLY NOT OTHERWISE SPECIFIED
V2599	CONTACT LENS OTHER TYPE
V2799	VISION ITEM OR SERVICE MISCELLANEOUS
V5274	ASSISTIVE LEARNING DEVICE NOS
V5299	HEARING SERVICE MISCELLANEOUS