


# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	<b>May 26, 2020</b>
	<b>Purpose:</b>	<b>Provider Bulletin: Communicate and Educate Providers on the 2020 Prior Authorization Changes</b>
	<b>Subject:</b>	<b>Prior Authorization (PA) Changes for 2020</b>
	<b>Products:</b>	<b>All Lines of Business (MMA, LTC, FHK)</b>
	<b>From:</b>	<b><u>Provider Relations</u></b>

Dear Provider,

This communication is to advise you that effective **August 1<sup>st</sup>, 2020**, Aetna Better Health of Florida will make changes on the way that the attached HCPCS and/or CPT codes are reviewed and processed.

Attached you will find two lists of HCPCS and/or CPT codes which will provide you detail information whether the Prior Authorization will be required or not.

The first list of codes will no longer require prior authorization. The second list will require prior authorization and will be reviewed for medical necessity.

We appreciate the excellent care you provide to our members. If you have any questions please feel free to contact us via e-mail: [FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com). You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

Aetna Better Health of Florida  
**Provider Relations Department**

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FL-20-05-04

Proprietary

**Attachment #1:**

**The following codes are changing from PA=Yes to No effective 08/01/2020.**

CPT	DESCRIPTION	PA REQUIREMENT
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	No PA required effective 08/01/2020
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	No PA required effective 08/01/2020
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	No PA required effective 08/01/2020
19328	Removal of intact mammary implant	No PA required effective 08/01/2020
19330	Removal of mammary implant material	No PA required effective 08/01/2020
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	No PA required effective 08/01/2020
19364	Breast reconstruction with free flap	No PA required effective 08/01/2020
19366	Breast reconstruction with other technique	No PA required effective 08/01/2020
27465	Osteoplasty, femur; shortening (excluding 64876)	No PA required effective 08/01/2020
27466	Osteoplasty, femur; lengthening	No PA required effective 08/01/2020
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	No PA required effective 08/01/2020
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	No PA required effective 08/01/2020
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	No PA required effective 08/01/2020
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	No PA required effective 08/01/2020
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	No PA required effective 08/01/2020
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	No PA required effective 08/01/2020
50370	Removal of transplanted renal allograft	No PA required effective 08/01/2020
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	No PA required effective 08/01/2020
62355	Removal of previously implanted intrathecal or epidural catheter	No PA required effective 08/01/2020
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	No PA required effective 08/01/2020
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	No PA required effective 08/01/2020
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	No PA required effective 08/01/2020
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	No PA required effective 08/01/2020
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	No PA required effective 08/01/2020
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	No PA required effective 08/01/2020

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CPT	DESCRIPTION	PA REQUIREMENT
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	No PA required effective 08/01/2020
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	No PA required effective 08/01/2020
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	No PA required effective 08/01/2020
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	No PA required effective 08/01/2020
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	No PA required effective 08/01/2020
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	No PA required effective 08/01/2020
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	No PA required effective 08/01/2020
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	No PA required effective 08/01/2020
0468T	Removal of chest wall respiratory sensor electrode or electrode array	No PA required effective 08/01/2020
0510T	Removal of sinus tarsi implant	No PA required effective 08/01/2020
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	No PA required effective 08/01/2020
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	No PA required effective 08/01/2020
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	No PA required effective 08/01/2020
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	No PA required effective 08/01/2020
C1778	Lead, neurostimulator (implantable)	No PA required effective 08/01/2020
C1883	Ocular implant, aqueous drainage assist device	No PA required effective 08/01/2020
C1891	Infusion pump, nonprogrammable, permanent (implantable)	No PA required effective 08/01/2020
C1897	Lead, neurostimulator test kit (implantable)	No PA required effective 08/01/2020
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	No PA required effective 08/01/2020
H0046	Mental health services, not otherwise specified	No PA required effective 08/01/2020
L7499	Upper extremity prosthesis, not otherwise specified	No PA required effective 08/01/2020
L8600	Implantable breast prosthesis, silicone or equal	No PA required effective 08/01/2020
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	No PA required effective 08/01/2020
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	No PA required effective 08/01/2020
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	No PA required effective 08/01/2020
S8189	Tracheostomy supply, not otherwise classified	No PA required effective 08/01/2020
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	No PA required effective 08/01/2020
S9810	Home therapy: professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	No PA required effective 08/01/2020

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CPT	DESCRIPTION	PA REQUIREMENT
G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code	No PA required effective 08/01/2020
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	No PA required effective 08/01/2020
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	No PA required effective 08/01/2020
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	No PA required effective 08/01/2020
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	No PA required effective 08/01/2020
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	No PA required effective 08/01/2020
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	No PA required effective 08/01/2020
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	No PA required effective 08/01/2020
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	No PA required effective 08/01/2020
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	No PA required effective 08/01/2020
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	No PA required effective 08/01/2020
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	No PA required effective 08/01/2020
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	No PA required effective 08/01/2020
58740	Lysis of adhesions (salpingolysis, ovariolysis)	No PA required effective 08/01/2020
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	No PA required effective 08/01/2020

**Attachment #2:**

**The following codes are changing from PA=No to Yes effective 08/01/2020.**

CODE	DESCRIPTION	PA REQUIREMENT
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Yes PA is required effective 08/01/2020
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, colorflow, and 3D	Yes PA is required effective 08/01/2020
0510T	Removal of sinus tarsi implant	Yes PA is required effective 08/01/2020
0508T	Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia	Yes PA is required effective 08/01/2020
H2030	Mental health clubhouse services, per 15 minutes	Yes PA is required effective 08/01/2020
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	Yes PA is required effective 08/01/2020
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	Yes PA is required effective 08/01/2020
L6632	Upper extremity addition, latex suspension sleeve, each	Yes PA is required effective 08/01/2020
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	Yes PA is required effective 08/01/2020
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	Yes PA is required effective 08/01/2020
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Yes PA is required effective 08/01/2020
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Yes PA is required effective 08/01/2020
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Yes PA is required effective 08/01/2020
L7007	Electric hand, switch or myoelectric controlled, adult	Yes PA is required effective 08/01/2020
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Yes PA is required effective 08/01/2020
L7009	Electric hook, switch or myoelectric controlled, adult	Yes PA is required effective 08/01/2020
L7040	Prehensile actuator, switch controlled	Yes PA is required effective 08/01/2020
L7045	Electric hook, switch or myoelectric controlled, pediatric	Yes PA is required effective 08/01/2020
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Yes PA is required effective 08/01/2020
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	Yes PA is required effective 08/01/2020
L7259	Electronic wrist rotator, any type	Yes PA is required effective 08/01/2020
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	Yes PA is required effective 08/01/2020
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	Yes PA is required effective 08/01/2020
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	Yes PA is required effective 08/01/2020
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	Yes PA is required effective 08/01/2020
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Yes PA is required effective 08/01/2020
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Yes PA is required effective 08/01/2020



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CODE	DESCRIPTION	PA REQUIREMENT
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	Yes PA is required effective 08/01/2020
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Yes PA is required effective 08/01/2020
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Yes PA is required effective 08/01/2020
P9604	Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge	Yes PA is required effective 08/01/2020
T2013	Habilitation, educational, waiver; per hour	Yes PA is required effective 08/01/2020