



Aetna Better Health of Florida (ABHFL)

Provider Notice – Prior Authorization Requirement Update

Date: 7/1/2026

Effective Date: 8/15/2026

Line of Business: Medicaid (MMA, LTC, FHK)

Subject: Prior Authorization (PA) Requirement for Spinal Add-on Procedure Codes

Aetna Better Health of Florida (ABHFL) is implementing a prior authorization (PA) requirement for select spinal procedure codes as part of alignment with corporate medical policy and utilization management standards.

What is Changing

Effective August 15, 2026, the following procedure codes will require prior authorization (PA):

- 22212 – Osteotomy of spine, posterior or posterolateral approach; thoracic
- 22216 – Osteotomy of spine, posterior or posterolateral approach; each additional vertebral segment
- 22226 – Osteotomy of spine, including discectomy, anterior approach; each additional vertebral segment

Reason for Change

- Ensure medical necessity review for additional spinal levels
- Reduce risk of inappropriate or non-medically necessary procedures
- Promote consistent reimbursement and authorization practices

Provider Action Required

Beginning August 15, 2026:

- Providers must submit prior authorization requests for the above codes before performing services
- Requests should be submitted through the Availity Provider Portal or standard ABHFL UM channels
- Failure to obtain authorization may result in claim denial

Important Notes

- This change applies to covered services; benefit coverage rules remain unchanged
- Non-covered services will continue to adjudicate based on benefit design
- Standard medical necessity criteria will be applied during review

Questions

Provider Engagement: 1-800-441-5501

Website: www.aetnabetterhealthofflorida.com

Disclaimer

This notice is intended for participating providers of Aetna Better Health of Florida. ABHFL reserves the right to amend policies in accordance with state and federal requirements.

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