1340 Concord Terrace Sunrise FL, 33323



Subject: Prior Authorization Requirements

January 10, 2018 Date:

Florida Medicaid and Healthy Kids Members

This Provider Bulletin services as notification of a change in prior authorization requirements for the following procedures or DME. *Effective March 15, 2018, prior authorization will be required*. To check the authorization requirements for any service, you can access ProPat through our secure provider portal or directly at:

http://www.aetnamedicaidportal.com/propat/Default.aspx			
	CPT/HCPCS Codes	DESCRIPTION	
	19328	REMOVAL INTACT MAMMARY IMPLANT	
	19330	REMOVAL MAMMARY IMPLANT MATERIAL	
	21243	ARTHRP TMPRMAND JOINT W/PROSTETHIC REPLACEMENT	
	27416	OSTEOCHRONDRAL AUTHOGRAFT KNEE OPEN MOSAICPLASTY	
	43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	
	43632	GSTRCT PRTL DISTL W/GASTROJEJUNOSTOMY	
	43633	GSTRCT PRTL DISTL W/ROUX-EN-Y RCNSTJ	
	43634	GSTRCT PRTL DISTL W/FRMJ INTSTINAL POUCH	
	69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	
	05007		

19330	REMOVAL MAMMARY IMPLANT MATERIAL
21243	ARTHRP TMPRMAND JOINT W/PROSTETHIC REPLACEMENT
27416	OSTEOCHRONDRAL AUTHOGRAFT KNEE OPEN MOSAICPLASTY
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY
43632	GSTRCT PRTL DISTL W/GASTROJEJUNOSTOMY
43633	GSTRCT PRTL DISTL W/ROUX-EN-Y RCNSTJ
43634	GSTRCT PRTL DISTL 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 MEDICINE
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 NEBULIZR
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 02 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

Should you have questions, or require additional information please contact your Provider Relations Representative at 1-800-441-5501 (MMA) or 1-844-528-5815 (Florida Healthy Kids). You can also reach us via email FLMedicaidProviderRelations@aetna.com or fax 1-844-235-1340.

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 patient.