

Aetna Better Health® of Kansas

Addition of Codes Requiring Prior Authorization

In a periodic review of our Prior Authorization code listing, we are adding the attached list of codes which will require prior authorization. Effective 8/15/22, Aetna Better Health of Kansas **will require prior authorization** for the set of codes listed below for participating providers. This is part of a larger optimization initiative intended to ensure the safety, medical necessity, and appropriateness of request procedures. As always, do not hesitate to contact your Aetna Better Health of Kansas Provider Relations Representative with any questions or comments.

Code	Code Description
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR
22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LMBR
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS
22848	PELVIC FIXATION OTHER THAN SACRUM
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION

22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION
22855	REMOVAL ANTERIOR INSTRUMENTATION
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL
38220	MARROW ASPIRATION ONLY
63012	LAM W/RMVL ABNORMAL FACETS LMBR
63052	LAM FACET/FRMT ARTHRD LUM 1
63053	LAM FACTC/FRMT ARTHRD LUM EA
21235	EAR CARTILAGE GRAFT
21175	RECONSTRUC ORBIT/FOREHEAD
21230	RIB CARTILAGE GRAFT
69633	TYMPANOPLASTY W/O MASTOIDECT
69636	REBUILD EARDRUM STRUCTURES
69637	REBUILD EARDRUM STRUCTURES
31239	NASAL/SINUS ENDOSCOPY
27330	BIOPSY KNEE JOINT LINING
27437	REVISE KNEECAP
L5987	ALL LOWER EXTREMITY PROSTHES
11970	RPLCMT TISS XPNDR PERM IMPLT
55866	LAPARO RADICAL PROSTATECTOMY
52649	PROSTATE LASER ENUCLEATION

Questions?

If you have general questions about this communication, please contact our Provider Experience Department:

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aetnabetterhealth.com/kansas

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