



PROVIDER NOTIFICATION
MEDICAID PRECERTIFICATION UPDATES

Dear Valued Provider:

Effective September 1, 2025 The Aetna Better Health of Kentucky health plan will remove the eviCore delegation on the below codes:

The codes will continue to require prior authorization (PA), following the standard PA process. Please visit our [provider website](#) for tips on requesting prior authorization.

22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
62292	Injection procedure for discography, each level; cervical/thoracic
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed

Prior Authorization request reminders:

- When submitting a prior authorization request for a surgical procedure, make sure all applicable surgical codes and/or associated devices are being submitted together.
- Include all pertinent clinical information with the PA request.

Phone and Fax Numbers for Prior Authorization:

- Prior Authorization Phone: 1.888.725.4969
- Prior Authorization Fax: 1.855.454.5579
- Prior Authorization SKY Fax: 1.833.689.1422

For a comprehensive listing of authorization requirements by Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes, please visit Availity at <https://apps.availity.com/availity/web/public.elegant.login> and refer to the prior authorization tool/directory.

You can also search ProPAT, our online prior authorization search tool, which includes a list of services that require authorization. Please remember to check the variance or service partner detail. AetnaBetterHealth.com/Kentucky/providers/prior-authorization.html

As always, do not hesitate to contact your Aetna Better Health of Kentucky Provider Relations Representative with any questions or comments.

Thank you for your valued partnership in caring for our Aetna Better Health of Kentucky Members.

Questions?

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

Sincerely,

Provider Services

Phone: 1-855-454-0061

Email: KYProviderRelations@aetna.com

Aetna Better Health of Kentucky