PROVIDER NOTIFICATION

MMP & FIDE PRECERTIFICATION OPTIMIZATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, we are adding the attached list of codes which will require prior authorization. If you have questions, contact your health plan representative.

Effective September 1, 2022, Aetna Better Health Premier Plan of Michigan MMAI <u>will require prior</u> <u>authorization</u> 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 Premier Plan of Michigan MMAI Provider Relations Representative with any questions or comments at 1-855-676-5772.

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

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health Premier Plan of Michigan MMAI

Code List

| Code | Code Description |
|-------|--|
| 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 |
| 22858 | TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL |
| | CERVICAL |
| 22861 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 |
| | NTRSPC CRV |
| 63012 | LAM W/RMVL ABNORMAL FACETS |
| | LMBR |
| C1821 | INTERSPINOUS PROCESS DISTRACTION DEVICE |
| | HVII L |