

**Aetna Better Health® of New Jersey**

3 Independence Way, Suite 104

Princeton, NJ 08540



## **PROVIDER NOTIFICATION**

### *MEDICAID 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 January 22, 2024, Aetna Better Health of New Jersey ***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 New Jersey Provider Relations Representative with any questions or comments. Or you can call Provider Services at **1-855-232-3596**.

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

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health of New Jersey

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**Procedure Codes/Descriptions Now Requiring Prior Authorization**

Code	Code Description
0102T	ESW PHY ANES LAT HMRL EPCNDL
0101T	ESW MUSCSKEL SYS NOS
0100T	PROSTH RETINA RECEIVE&GEN
0071T	US LEIOMYOMATA ABLATE LT 200