



Aetna Better Health®  
of Oklahoma

**Aetna Better Health® of Oklahoma**

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## Aetna Better Health® of Oklahoma

Important update to prior authorization requirements – January 2026

Dear Provider Partner,

We hope this message finds you well. We are writing to inform you that the following codes will **NOT** require prior authorization:

Category	Code	Description
<b>PT/OT</b>	97022	Application of whirlpool therapy
	97150	Group therapy sessions
	97164	Re-evaluation for PT
	97168	Re-evaluation for OT
	97533	Sensory integration
	97542	Wheelchair management training
	97602	Wound(s) care
	97755	Assistive tech assessment
	97760	Orthotic management and training first encounter
	97761	Prosthetic training first encounter
<b>Dev testing</b>	96112	Orthotic/Prosthetic management subsequent encounter
		Developmental test psychological/Qualified healthcare professional (QHP) first hour
	96113	Developmental test psychological/Qualified healthcare professional (QHP) each additional hour
<b>Tau proteins</b>	82233	Detection of beta-amyloid proteins
	82234	Measurement of beta-amyloid 1-42
	84393	Testing for presence of phosphorylated tau (Ptau) proteins
	84394	Test measuring total tau
<b>Allergy</b>	86003	Allergen-specific Immunoglobulin, crude allergen extract, each

<b>Category</b>	<b>Code</b>	<b>Description</b>
	86008	Allergen-Specific Immunoglobulin, recombinant or purified components, each
	95027	Intracutaneous (IQ) tests, sequential and incremental, with allergenic extracts for airborne substances
	95028	Intracutaneous (IQ) tests with allergenic extracts, delayed-type reaction
	95052	Photo patch tests
	95056	Photo tests
	95060	Ophthalmic (OPH) mucous membrane tests
	95065	Direct nasal mucous membrane test
<b>Psoriasis</b>	96920	Excimer laser treatment for psoriasis, total area less than 250 sq cm
	96921	Excimer laser treatment for psoriasis, area 250 sq cm to 500 sq cm
	96922	Excimer laser treatment for psoriasis, area greater than 500 sq cm
<b>Breast milk</b>	T2101	Human breast milk processing, storage and distribution only
<b>Parenteral nutrition</b>	B4164	Parenteral nutrition solutions
	B4168	Parenteral nutrition solutions
	B4172	Parenteral nutrition solutions
	B4176	Parenteral nutrition solutions
	B4178	Parenteral nutrition solutions
	B4180	Parenteral nutrition solutions
	B4185	Parenteral nutrition solutions
	B4189	Specialty formulas require additional documentation
	B4193	Specialty formulas require additional documentation
	B4197	Specialty formulas require additional documentation
	B4199	Specialty formulas require additional documentation
	B4216	Parenteral nutrition additives

<b>Category</b>	<b>Code</b>	<b>Description</b>
	B4220	Supply kits 1/day with parenteral authorization
	B4222	Supply kits 1/day with parenteral authorization
	B4224	Supply kits 1/day with parenteral authorization
	B5000	Parenteral nutrition compound solutions
	B5100	Parenteral nutrition compound solutions
	B5200	Parenteral nutrition compound solutions
<b>Peristeen irrigation</b>	A4459	Transanal irrigation (any)
	A4453	Rectal catheter (any) (transanal each)
<b>Ventricular assist device (VAD)</b>	33981	Replace VAD pump extracorporeal
	33982	Replace VAD intracorporeal without cardiopulmonary bypass
	33983	Replace VAD intracorporeal with cardiopulmonary bypass
	33990	Percutaneous insertion of left heart VAD; arterial access
	33991	Percutaneous insertion of left heart VAD; both arterial and venous access
	33993	Repositioning of a percutaneous right or left VAD
	q0507	Miscellaneous supply or accessory for use with an external VAD
	q0508	Miscellaneous supplies or accessories for use with implanted VAD

In our ongoing effort to keep you informed, we will be sending out updated lists of prior authorization changes regularly throughout the year. This will ensure that you have the most current information at your fingertips.

**As a reminder, you can also check ProPAT at the following link for the latest updates and information regarding prior authorization requirements: [ProPAT CPT code lookup](#)**

Thank you for your continued partnership and commitment to providing quality care to our members.

**Questions?**

Contact the Provider Engagement team toll free at: **1-844-365-4385** or by email at **[ABHOKProviderEngagement@Aetna.com](mailto:ABHOKProviderEngagement@Aetna.com)**