

Prior authorization list for participating providers

Effective February 17, 2015

Aetna Prior Authorization List for participating providers for 2015:

Applies to: Aetna Medicaid and CHIP for members receiving care within their home Service Delivery Area

This 2015 Prior Authorization List supersedes all previous lists from Aetna Better Health.

ALL TEXAS REFERRAL / AUTHORIZATION FORMS MUST BE SIGNED BY A PCP OR ORDERING PHYSICIAN THAT HAS A VALID REFERRAL FROM A PCP.

PROCEDURE DESCRIPTION

INPATIENT

Hospitalizations / inpatient admissions

- **All elective admissions** to a facility including acute, skilled, hospice, rehabilitation and partial hospitalization for behavioral health conditions. Exception: Well babies (v30.0 who go home with their mothers in less than 3 days for vaginal deliveries or less than 5 days for c-section deliveries).

- **All inpatient facility to facility transfers** — the transferring facility is responsible for obtaining pre-certification prior to the transfer to the new facility.
- **All non-elective admission notification is required.** Please submit clinical information for medical necessity for admission and level of care within two business days of the admission date.

PROCEDURE DESCRIPTION

PROCEDURE CODES

In-office specialty care referrals

Any non-urgent referral for out of network or out of Service Delivery Area specialist office visits, regardless of specialty

All neuropsych evaluations

96101, 96118

Obstetrical and perinatology — notification required after the first visit to ensure member is screened for OB case management

Diagnostic testing

Genetic testing for those over 1 year of age

83890 – 84999 Pathology and lab / chemistry
86805 – 86849 Tissue typing
88230 – 88299 Cytogenic studies
99201 – 99215 Office and other outpatient services
99241 – 99245 Office and other outpatient consultations
S3820, S3822, S3823 Brach genetic testing

OB ultrasounds

76801 – 76817 OB ultrasounds for CHIP Perinate ONLY (CHIP will allow one OB ultrasound without prior authorization and any additional requests require prior authorization).

Ambulance

Non-emergent ambulance transportation —
air or ground

Home health care

Skilled nursing

Rehabilitation / physical, occupational,
speech therapy

Private duty nursing

Infusion therapy

Home health aide / personal care assistant

Medical injectables — in-office or home

Growth hormone

IVIg

Synagis®

Remicade

17 Alpha hydroxyprogesterone caproate (17P)

Pain management — intrathecal, epidural,
trigger point injections, facet injections, joint injections, etc.

Intrathecal baclofen pump

Xolair

Transplants

All transplant work-ups and procedures

**Outpatient rehabilitation / habilitation / therapies —
excluding re-evaluations**

Physical therapy

Occupational therapy

Speech therapy

Respiratory therapy

Outpatient procedures

Removal of premalignant, malignant lesions

11600 – 11646

Dental / oral maxillofacial / craniofacial

TMJ

Orthognathic surgery procedures / osteotomies	21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215 D codes: D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996
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Cosmetic procedures

(including but not limited to):

Reconstructive repairs, injection of filling material (including collagen)	11950, 11951, 11952, 11954
Excision of skin	15831 – 15839
Removal of benign lesion	11400 – 11446
Otoplasty	69300, 69399
Breast reconstruction	19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396, S2066, S2067, S2068
Reconstructive repair of pectus excavatum or carinatum	21740, 21742, 21743
Reduction mammoplasty / gynecomastia	19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342
Lipectomy	15876, 15877, 15878, 15879
Venous ligation	36475, 36476, 36478, 36479, 37204, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785, 75894
Sclerotherapy	36468, 36469, 36470, 36471
Rhinoplasty	30120, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30620
Blepharoplasty	15820, 15821, 15822, 15823, 21280, 21282, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67916, 67917, 67923, 67924, 67950
Canthopexy	21282
Canthoplasty	67950
Cervicoplasty	15819
Rhytidectomy	15824, 15825, 15826, 15828, 15829
Gastroplasty / gastric bypass	43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999
Uvulopalatopharyngoplasty (UP3 or LAUP)	42145, 42140, 42299
Circumcision in children over 1 year of age	54152, 54161
Abortion	59840 – 59857, 59866

**Durable medical equipment, supplies,
prosthetics, orthotics**

All requests where the total amount of the request is greater than \$1,000 (including but not limited to):

Hospital beds

Electric scooter

Customized braces / orthotics

Upper limb prosthetics

Lower limb prosthetics

Wheelchairs

Cranial molding helmets

S1040

Hearing aids

**Behavioral health services requiring
precertification / authorization**

Inpatient admissions

Residential treatment center admissions

Anesthesia for electroconvulsive therapy

00104

Psychiatric E&M

90865, 90870, 90899

Biofeedback training

90901, 90911

Electrical stimulation or needle
electromyography for guidance in
conjunction with chemodenervation

95873, 95874

Psychological and developmental testing

96101, 96110, 96111, 96116, 96118

Training and educational services related to the
care and treatment of patient's disabling mental
health problems

G0177, S9445

Alcohol and substance abuse services

H0012, H0031, H0047, H1010, H2035, T1007

Injectables

J1265, C9399

Targeted behavioral health case management

T1017