


PROVIDER BULLETIN

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|  AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida | Date: | February 11, 2020 |
| | Purpose: | Provider Bulletin: Prior Authorization Update |
| | Subject: | Orthotics and Prosthetics Prior Authorization (PA) Changes |
| | Products: | All Lines of Business |
| | From: | <u>Provider Relations</u> |

Dear Providers,

Effective **April 10th, 2020**, Aetna Better Health of Florida will implement changes that affects Prior Authorization (PA) requirements for Orthotics Prosthetics.

Prior to providing services for Orthotics Prosthetics we recommend checking PA requirements using the Propat tool available on our website portal under Health Tools, PA Requirements Search Tool. **Attached is a full list of HCPCS that will require Prior Authorization for your review.**

Please be aware that any codes that are not on the Medicaid Fee Schedules require Prior Authorization. Please refer to the Medicaid Fee Schedules at the link below.

- https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

For services requiring Prior Authorizations please submit your request to our prior authorization department fax: 860-607-8056.

We appreciate the excellent care you provide to our members. If you have any questions please feel free to contact us via e-mail: FLMedicaidProviderRelations@Aetna.com.

You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line:

1-844-528-5815.

Thank you,

Provider Relations Department

CONFIDENTIALITY NOTICE: This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.

NOTICE TO RECIPIENT(S) OF INFORMATION: Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains of as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

www.AetnaBetterHealth.com/Florida

FL-20-02-03

Proprietary



Prior Authorization Requirements for Orthotics Prosthetics

| Group Description | Code | Code Description | PA required Effective 04/10/2020 |
|-------------------------------|-------|---|----------------------------------|
| HCPCS - ORTHOTIC PROCEDURES | L3257 | ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE SPLIT SIZE | YES |
| HCPCS - ORTHOTIC PROCEDURES | L4210 | REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7520 | REPAIR PROSTHETIC DEVICE LABOR CMPNT PER 15 MIN | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6881 | AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6900 | HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6905 | HAND REST PART HAND W/GLOVE MX FNGR REMAIN | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6910 | HAND REST PART HAND W/GLOVE NO FNGR REMAIN | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5010 | PARTIAL FT MOLDED SOCKET ANK HEIGHT W/TOE FILLER | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5020 | PART FT MOLDED SOCKET TIB TUBERCLE HT W/TOE FIL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5790 | ADD EXOSKEL SYSTEM ABOVE KNEE ULTRA-LGHT MATERIAL | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0458 | TLSO TRIPLANAR 2 RIGD SHELL ANT TO XIPHOID PRFAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0460 | TLSO TRIPLANAR 2 SHELL ANT TO STERNL NOTCH PRFAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0462 | TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0464 | TLSO TRIPLANAR 4 SHELL ANT TO STERNL NOTCH PRFAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5964 | ADD ENDOSKEL AK FLXIBLE PROTVE OUTR SURF COVR | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5706 | CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1710 | LEGG PERTHES ORTHOTIC NEWINGTON CUSTOM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1730 | LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1832 | KO ADJ KNEE JNT UNICENT/POLYCNT RIGD PRFAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5639 | ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1686 | HIP ORTHOT ABDUCT CNTRL POSTOP HIP PRFAB-FIT&ADJ | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5705 | CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE | YES |

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| HCPCS - ORTHOTIC PROCEDURES | L1844 | KO 1 UPRT THI&CALF ADJ UNICNT/POLYCNT CSTM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1845 | KO DBL UPRT THI&CALF ADJ UNICNT/POLYCNT PRFAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5950 | ADD ENDOSKEL SYSTEM ABVE KNEE ULTRA-LGHT MATL | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1846 | KO DBL UPRT THI&CALF ADJ UNICNT/POLYCNT CSTM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1840 | KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2038 | KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2108 | AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5824 | ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6708 | TERMINAL DEVICE HAND MECH VOLUNTARY OPENING | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1834 | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1945 | AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2525 | ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL | YES |
| HCPCS - ORTHOTIC PROCEDURES | L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6320 | SHOULDER DISART PASSIVE REST SHOULDER CAP ONLY | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6370 | INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6000 | PARTIAL HAND ROBIN-AIDS THUMB REMAINING | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6010 | PART HAND ROBIN-AIDS LITTLE & OR RING FNGR REMAIN | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6020 | PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5726 | ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5724 | ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2136 | KAFO FEM FX CAST ORTHOTIC RIGD PRFAB W/FIT & ADJ | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2627 | ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT&CABLES | YES |



Prior Authorization Requirements for Orthotics Prosthetics

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|-------------------------------|-------|---|----------------------------------|
| HCPCS - ORTHOTIC PROCEDURES | L1200 | TLSO INCLUSIVE FURNISHING INITIAL ORTHOTIC ONLY | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5400 | IMMED POSTSURG/ERLY FIT APPLY RIGD DRESS W/1 CHG | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5780 | ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5966 | ADD ENDO HIP DISRTC FLXIBL PROTVE OTR SURF COVR | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6380 | IMMED POSTSURG RIGD DRSG 1 CAST CHG WRST DISRTC | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1300 | OTH SCOLIOSIS PROC BODY JACKET MOLDED PT MODEL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5535 | PREP BELW KNEE PTB NON-ALIGN PRFAB ADJ OPN END | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1755 | LEGG PERTHES ORTHOTIC PATTEN BOTTOM CSTM FAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5420 | IMMED POSTSURG INIT RIGD DRESS 1 CHG AK/KNEE | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0490 | TLSO SAGIT-CORONAL W/OVLAP REINFORCED ANT PRFAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5707 | CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1951 | ANK FT ORTHOT SPIRAL PLSTC/OTH MATL PRFAB W/FIT | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1932 | AFO RIGD ANT TIBL TOT CARB FIBER/EQUL MATL PRFAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1310 | OTH SCOLIOSIS PROC POSTOPERATIVE BODY JACKET | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2126 | KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5830 | ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5681 | ADD LW EXT CSTM INSRT CNGN/ATYP TRAUMAT AMP INIT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5585 | PREP AK-DISARTIC NON-ALIGN PRFAB ADJ OPN END SCKT | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1685 | HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0631 | LUMB-SACRAL ORTHOTIC RIGID ANT/POST PANEL PREFAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1720 | LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN CSTM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0480 | TLSO TRIPLANAR 1 PIECE W/O INTERFCE LINER CSTM | YES |

| Group Description | Code | Code Description | PA required Effective 04/10/2020 |
|-------------------------------|-------|--|----------------------------------|
| HCPCS - PROSTHETIC PROCEDURES | L5560 | PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5530 | PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/=MOLD MDL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5540 | PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL | YES |
| HCPCS - ORTHOTIC PROCEDURES | L3900 | WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6582 | PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6709 | TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1700 | LEGG PERTHES ORTHOTIC TORONTO CUSTOM FABRICATED | YES |
| HCPCS - ORTHOTIC PROCEDURES | L3901 | WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0859 | ADD HALO PROC MRI COMPAT SYS RINGS&PINS ANY MATL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5610 | ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5611 | ADD LW EXTRM ENDO AK-DISRTC 4-BAR LINK W/FRICT | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1000 | CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5580 | PREP AK DISARTIC NON-ALIGN THERMOPLSTC/=MOLD MDL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6707 | TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2128 | KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0482 | TLSO TRIPLANAR 1 PIECE W/INTERFCE LINER CSTM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7040 | PREHENSILE ACTUATOR SWITCH CONTROLLED | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6580 | PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6100 | BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6050 | WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2628 | ADD LW EXT PELV METL FRME RECIP HIP JNT&CABLES | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2036 | KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB | YES |



Prior Authorization Requirements for Orthotics Prosthetics

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| HCPCS - PROSTHETIC PROCEDURES | L5795 | ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6110 | BELOW ELBOW MOLDED SOCKET | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5828 | ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5845 | ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2037 | KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5590 | PREP AK-DISARTIC NON-ALIGN LAMINATED SCKT MOLD | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5728 | ADD EXOSKEL KNEE-SHIN FLUID SWING&STANCE CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6382 | IMMED POSTSURG RIGD DRSG 1 CAST CHG ELB DISARTIC | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0486 | TLSO TRIPLANAR 2 PIECE W/INTERFCE LINER CSTM | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0484 | TLSO TRIPLANAR 2 PIECE W/O INTERFCE LINER CSTM | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0820 | HALO PROC CERV HALO INC IN PLASTR BDY JACKET | YES |
| HCPCS - ORTHOTIC PROCEDURES | L1690 | COMB BIL LUMBO-SAC HIP FEM ORTHOT PRFB W/FIT&ADJ | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5960 | ADD ENDOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5988 | ADD LW LIMB PROSTH VERTCL SHOCK RDOC PYLN FEATUR | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6120 | BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6130 | BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF | YES |
| HCPCS - ORTHOTIC PROCEDURES | L2034 | KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6055 | WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5060 | ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5210 | ABVE KNEE SHRT PROSTH NO KNEE JNT NO ANK JNT EA | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5220 | ABVE KNEE SHRT PROSTH W/ARTIC ANK/FOOT DYN | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6400 | BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP | YES |

| Group Description | Code | Code Description | PA required Effective 04/10/2020 |
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| HCPCS - PROSTHETIC PROCEDURES | L6586 | PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5649 | ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5979 | ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5100 | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5050 | ANKLE SYMES MOLDED SOCKET SACH FOOT | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0700 | CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6624 | UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6584 | PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6200 | ELB DISARTIC MOLD SOCKT OUTSIDE LOCK HINGE FORARM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6250 | ABVE ELB MOLD DBL WALL SCKT INTRNL LCK ELB FORARM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5301 | BELW KNEE MOLD SOCKT SHIN SACH FT ENDOSKEL SYS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6384 | IMMED POSTSURG RIGD DRSG 1 CAST CHG SHLDR DISRTC | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0830 | HALO PROC CERV HALO INC IN MLWAKEE TYPE ORTHOSIS | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0710 | CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL | YES |
| HCPCS - ORTHOTIC PROCEDURES | L0810 | HALO PROC CERV HALO INCORPORATED IN JACKET VEST | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6205 | ELB DISARTIC MOLD SCKT W/XPND INTRFCE LOCK FORARM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6590 | PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5613 | ADD LW EXTRM ENDO AK-DISARTIC 4-BAR W/HYDRAULIC | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5700 | REPLACEMENT SOCKET BELOW KNEE MOLDED PT MODEL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5200 | ABVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5105 | BELOW KNEE PLSTC SOCKT JNT&THIGH LACER SACH FOOT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6693 | UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE | YES |



Prior Authorization Requirements for Orthotics Prosthetics

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| HCPCS - PROSTHETIC PROCEDURES | L5230 | ABVE KNEE PROX FEM FOCAL DEFIC SACH FOOT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5981 | ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6450 | ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6500 | ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6300 | SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6310 | SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6350 | INTERSCAP THOR HUM SECT INTRL LOCK ELB FORARM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6550 | SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5150 | KNEE DISRTC MOLD SOCKT EXT KNEE JNT SHIN SACH FT | YES |
| HCPCS - ORTHOTIC PROCEDURES | L3904 | WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5160 | KNEE DISARTIC MOLD SOCKT BENT KNEE EXT KNEE JNT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5701 | REPL SOCKT ABVE KNEE/KNEE DISARTIC W/ATTCH PLAT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5595 | PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/=MOLD | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5840 | ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6360 | INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6570 | INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS | YES |
| HCPCS - PROSTHETIC PROCEDURES | L6588 | PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7008 | ELECTRIC HAND SWITCH/MYOELCTRIC CNTRL PEDIATRIC | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5814 | ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5980 | ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5968 | ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5600 | PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD | YES |

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| HCPCS - PROSTHETIC PROCEDURES | L6882 | MICRPROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5321 | ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5702 | REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7009 | ELECTRIC HOOK SWITCH/MYOELCTRIC CONTROL ADULT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7007 | ELECTRIC HAND SWITCH/MYOELCTRIC CONTROL ADULT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5250 | HIP DISARTIC CANADIAN TYPE; MOLD SOCKT HIP JNT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5312 | KNEE DISARTIC MOLD SOCKET 1 AXIS KNEE SACH FOOT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5280 | HEMIPELVECT CANADIAN TYPE; MOLD SOCKT HIP JNT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5331 | JOINT SINGLE AXIS KNEE SACH FOOT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5341 | SINGLE AXIS KNEE SACH FOOT | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7170 | ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7185 | ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L5987 | ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLNL | YES |
| HCPCS - PROSTHETIC PROCEDURES | L7186 | ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL | YES |

Prior Authorization Form

MMA/FHK/Comprehensive/LTC

Prior Auth MMA/FHK Fax: 1-860-607-8056; Obstetrical (OB) Fax: 1-860-607-8726 Prior Auth Telephone: 1-800-441-5501
 Comprehensive/Long Term Care Requests Fax: 1-844-404-5455 Comprehensive/Long Term Care Telephone: 1-844-645-7371

A determination will be communicated to the requesting provider

- Visit ProPat Search Tool to research whether a service requires prior authorization: <http://www.aetnamedicaidportal.com/propat/Default.aspx>
- An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services rendered must be a covered health plan benefit and medically necessary with prior authorization as per plan policy and procedures.
- **All Inpatient and Observation Hospital admissions for MMA/FHK/Comprehensive members must be called in to the MMA/FHK Prior Authorization Department: Phone number 1-800-441-5501**

TYPE OF REQUEST

- *URGENT/EXPEDITED** (to be used when non-urgent/standard prior authorization could seriously jeopardize the life or health of a member, the member's ability to attain, maintain, or regain maximum function, or a delay in treatment would subject the member to severe pain that could not be adequately managed without the service requested—response within 2 calendar days for Medicaid and Comprehensive/LTC members; 3 calendar days for Florida Healthy Kids)
- *NON-URGENT/STANDARD** (for routine services – response within 7 calendar days for Medicaid and Comprehensive/LTC members; 14 calendar days for Florida Healthy Kids)
- OUTPATIENT**
- HOME HEALTH CARE**
- DME/Supplies**

PATIENT INFORMATION

Asterisk (*) Indicates REQUIRED fields. Incomplete requests will delay the authorization process.

Please include pertinent clinical notes to expedite this request.

* Membership Type: MMA FHK Comprehensive LTC

| | | | | | |
|---------------------|-------------|-----------|--------------------|-------------------------|---------------------|
| *Patient Name: Last | | First | MI | *Member ID/Medicaid ID: | *Date of Birth: / / |
| *PCP Name: | *Phone: () | *Fax: () | *PCP Contact Name: | | |

REQUESTING PROVIDER INFORMATION

| | | |
|----------------------------|------------------|------------------|
| *Requesting Provider Name: | *Requesting NPI: | *Requesting TIN: |
| *Requesting Contact Name: | *Phone: () | *Fax: () |

SERVICING PROVIDER INFORMATION

Servicing Provider same as Requesting Provider (Please select if the Provider's information above is the same)

| | | | |
|-----------------------------------|-------------------------|-----------------|-----------------|
| *Servicing Provider Name: | *FL Medicaid Provider#: | *Servicing NPI: | *Servicing TIN: |
| *Servicing Provider Contact Name: | | *Phone: () | *Fax: () |
| *Servicing Facility Name: | *FL Medicaid Provider#: | *Facility NPI: | *Facility TIN: |
| *Servicing Facility Contact Name: | | *Phone: () | *Fax: () |

AUTHORIZATION REQUEST

| | | |
|--|-----------------|--|
| *Start Date: | *End Date: | *Total Units/Visits (Total units should be based on CPT/HCPCS description of units): |
| *Have services already been rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| *Procedure Codes: | *ICD- 10 Codes: | |
| Comments: | | |

CLINICAL INDICATIONS/RATIONALE FOR REQUEST: *DME, Home Health, Therapies and Infusions must have Rx attached.
 To expedite a determination on your request for services, please attach clinical documentation/medical records to support your request. Please include the following: Conservative treatment tried and failed, applicable diagnostic testing with results and lab values and a medication list.
ATTESTATION: I hereby certify and attest that all information provided as part of this prior authorization request is true and accurate.

*Provider Signature: _____ *Date: _____