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Provider Bulletin No 141

TO: Aetna Better Health of Michigan Providers
FROM: Shelia A. McIntyre, Supervisor, Provider Relations
DATE: December 7, 2015
SUBJECT: Release of Revised Pre Authorization List

A new and improved Pre-Authorization List has been posted on the Aetna Better Health of Michigan website at www.aetnabetterhealth.com/michigan.

The list is much easier to read and the number of surgeries requiring authorization has been substantially reduced. Additionally, you will need to discard the old list and utilize the revised version as some services which previously did not require an authorization now do. The following services require prior-authorization:

- All inpatient services (including Skilled Nursing and Rehabilitation Facilities)
- All homecare services
- Hospice Services
- All services provided by non-participating providers
- All “miscellaneous” codes
- Selected ambulatory procedures/services (see authorization grid)

If you are a participating provider, you do not need an authorization for office visits (99201-99215). This is not an all-inclusive list. For code specific authorization requirements, please refer to the authorization grid on the website. The Plan hopes that these changes will allow greater ease of navigating through the authorization process resulting in enhanced services to members and smoother claims processing for all providers.

If you have any questions, please contact your Provider Relations Liaison at (866) 874-2607.