



Aetna Better Health[®]
of New Jersey

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 **August 1, 2023**, 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 by calling **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

Procedure Codes/Descriptions Now Requiring Prior Authorization

| Code | Code Description |
|-------|--------------------------------------------------|
| 20930 | ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED |
| 20937 | AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION |
| 22010 | I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHRC |
| 22214 | OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR |
| 22325 | OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LMBR |
| 22840 | POSTERIOR NON-SEGMENTAL INSTRUMENTATION |
| 22841 | INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS |
| 22842 | POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG |
| 22843 | POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG |
| 22844 | POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG |
| 22845 | ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS |
| 22846 | ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS |
| 22847 | ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS |
| 22848 | PELVIC FIXATION OTHER THAN SACRUM |
| 22850 | REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION |
| 22852 | REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION |
| 22855 | REMOVAL ANTERIOR INSTRUMENTATION |
| 22858 | TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL |
| 22861 | REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV |
| 22864 | RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL |
| 38220 | MARROW ASPIRATION ONLY |
| 63012 | LAM W/RMVL ABNORMAL FACETS LMBR |
| 63052 | LAM FACET/FRMT ARTHRD LUM 1 |

| 63053 | LAM FACTC/FRMT ARTHRD LUM EA |
|-------|----------------------------------------------|
| C1821 | INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL |
| Code | Code Description |
| 21235 | EAR CARTILAGE GRAFT |
| 21175 | RECONSTRUC ORBIT/FOREHEAD |
| 21230 | RIB CARTILAGE GRAFT |
| 69633 | TYMPANOPLASTY W/O MASTOIDECT |
| 69636 | REBUILD EARDRUM STRUCTURES |
| 69637 | REBUILD EARDRUM STRUCTURES |
| 31239 | NASAL/SINUS ENDOSCOPY |
| 27330 | BIOPSY KNEE JOINT LINING |
| 27437 | REVISE KNEECAP |
| C9352 | NEURAGEN NERVE GUIDE, PER CM |
| C9354 | VERITAS COLLAGEN MATRIX, CM2 |
| L5987 | ALL LOWER EXTREMITY PROSTHES |
| C9363 | INTEGRA MESHED BIL WOUND MAT |
| Q4104 | INTEGRA BMWD |
| Q4105 | INTEGRA DRT OR OMNIGRAFT |
| Q4116 | ALLODERM |
| 11970 | RPLCMT TISS XPNDR PERM IMPLT |
| 54401 | INSERT PENILE PROSTH-INFLAT. |
| 54405 | INSERT MULTI-COMP PENIS PROS |
| 54410 | REMOVE/REPLACE PENIS PROSTH |
| 55866 | LAPARO RADICAL PROSTATECTOMY |
| 52649 | PROSTATE LASER ENUCLEATION |