

PROVIDER NOTIFICATION

MMP/DUALS 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 07/11/2022, Aetna Better Health of Virginia (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), and Aetna Medicare Assure Value (HMO D-SNP) **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 Virginia (HMO D-SNP), Aetna Medicare Assure Premier (HMO D-SNP), and Aetna Medicare Assure Value (HMO D-SNP) Provider Relations Representative with any questions or comments. 1-855-463-0933.

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 Virginia (HMO D-SNP)

Aetna Medicare Assure Premier (HMO D-SNP)

Aetna Medicare Assure Value (HMO D-SNP)

Procedure Codes/Descriptions Now Requiring Prior Authorization

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