



June 4, 2021

Dear Valued Provider,

This provider bulletin serves as a notice that Aetna Better Health® of Illinois will **begin requiring** prior authorization for the below codes for both participating and non-participating providers.

- H0039 ASSERTIVE CMTY TX FCE-TO-FCE-15 MIN
- 97606 NEG PRESS WOUND TX GT 50 CM
- 97605 NEG PRESS WOUND TX LT /EQU 50 CM
- 97164 PT RE-EVAL EST PLAN CARE

This change will become effective 9/1/21, with a 90-day grace period ending 11/30/2021 based on claim receipt date where claims will process without a prior authorization.

After that 90-day time period claims will adhere to the prior authorization requirement.

There is no action needed at this point from providers, please contact your Provider Experience Representative with any questions.

Thank you for your continued partnership.

Sincerely,

Aetna Better Health of Illinois