

Aetna Better Health® of Michigan

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Southfield, MI 48034
1-866-316-3784



AETNA BETTER HEALTH® OF MICHIGAN

February 12, 2025

PROVIDER NOTIFICATION

Dear Valued Provider:

Effective February 12 2025, The Aetna Better Health of MI health plan will require prior authorization for the set of codes listed below.

As always, do not hesitate to contact your Aetna Better Health of MI Provider Relations Representative with any questions or comments.

Thank you for your valued partnership in caring for our Aetna Better Health of MI Members.

Questions?

If you have general questions about this communication, please contact our Provider Experience Department:

By Phone: **1-866-316-3784**

By Email: MIABHProviderNetworkMgt@AETNA.com

Sincerely,

Provider Services

Aetna Better Health of MI

Codes now requiring prior authorization

Code	Full Code Description		
		E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS
41899	UNLIS PX DENTOALVEOLAR STRUXS		
92507	TX SP LANG COMUNICAJ PCX DISORDER INDIV	E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret	E0951	HEEL LOOP/HOLDER TYPE W/WO ANKLE STRAP EACH
		E0971	MNL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVC EACH
		E0973	WC ACCSS ADJUSTBL HT DTACH ARMST CMPL ASSMBL EA
		E0990	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA
95782	POLYSOM <6 YRS 4/> PARAMTRS		
95783	POLYSOM <6 YRS CPAP/BILVL		
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	E1028	WC ACCSS MANL SWINGAWAY OTH CNTRL INTRFCE/PSTN
95811	POLYSOM 6/>YRS CPAP 4/> PARM		
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	E1390	O2 CONC 1 DEL PORT 85%/>O2 CONC AT PRSC FLW RATE
97035	APPL MODALITY 1/GT AREAS ULTRASOUND EA 15 MIN	E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL
97110	THERAPEUTIC PX 1/GT AREAS EACH 15 MIN EXERCISES	E2211	MNL WHLCHAIR ACSS PNEUMAT PROPULSION TIRE ANY SZ
97112	THER PX 1/GT AREAS EACH 15 MIN NEUROMUSC REEDUCAJ	E2231	MNL WC ACCESS SOLID SEAT SUPP BASE INCL HARDWARE
97116	THERAPEUTIC PX 1/GT AREAS EACH 15 MIN EXERCISES	E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTERY EA
97140	MNL THER TQS 1+ REGIONS EA 15 MIN	E2601	GENERAL WHLCHAIR SEAT CUSHN WIDTH < 22 IN DEPTH
97530	THERAPEUTIC ACTIVITIES	E2611	GEN WC BACK CUSHN WDTH < 22 IN HT MOUNT HARDWARE
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	G0151	SRVC PHYS THERAPIST HOME HLTH/HOSPICE EA 15 MIN
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	G0152	SRVC OCCUP THERAPIST HOME HLTH/HOSPICE EA 15 MIN
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	G0153	SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN
B4155	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS	G0155	SRVC CLINICAL SOCIAL WORKER HH/HOSPICE EA 15 MIN
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN
E0260	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS	G0157	SERVICES PT ASSIST HOME HEALTH/HOSPICE EA 15 MIN
E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB	G0158	SERVICE OT ASSIST HOME HEALTH/HOSPICE EA 15 MIN
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK	G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN
E0443	PORTABLE O2 CONTENTS GASEOUS 1 MO SUPPLY=1 UNIT	G0300	DIR SNS LPN HH/HOSPICE SET EA 15 MIN
		K0007	EXTRA HEAVY-DUTY WHEELCHAIR
E0455	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS	K0040	ADJUSTABLE ANGLE FOOTPLATE EACH
		K0738	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB

Codes now requiring prior authorization

S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM