

PROVIDER NOTIFICATION

MMP & FIDE 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 September 1, 2022, Aetna Assure Premier Plus (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 Assure Premier Plus (HMO D-SNP) Provider Relations Representative with any questions or comments at 1-844-362-0934.

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

Sincerely,

Provider Services and Chief Medical Officer

Aetna Assure Premier Plus (HMO D-SNP)

Code List

Code	Code Description
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
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV
63012	LAM W/RMVL ABNORMAL FACETS LMBR
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL