

**Aetna Better Health® of West Virginia**

500 Virginia Street East, Suite 400

Charleston, WV 25301



5/15/2020

Prior Authorization Requirements for Aetna Better Health of WV

Dear Provider,

Effective 08/01/2020, Aetna Better Health of West Virginia will change the way the following HCPCS and/or CPT codes will be processed.

The first list of codes will no longer require prior authorization.

The second list will require prior authorization and will be reviewed for medical necessity.

As always, don't hesitate to contact your Aetna Better Health of WV Provider Relations Representative with any questions or comments.

Sincerely,

Provider Relations

Aetna Better Health of WV

The following codes are changing from PA=Yes to No

|       |   |
|-------|---|
| 0095T | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)  |
| 0315T | Vagus nerve blocking therapy (morbid obesity); removal of pulse generator   |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only  |
| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)   |
| 0428T | Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only  |

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| 0429T | Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only  |
| 0430T | Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only  |
| 0447T | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision   |
| 0468T | Removal of chest wall respiratory sensor electrode or electrode array  |
| 0510T | Removal of sinus tarsi implant   |
| 0518T | Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing   |
| 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)  |
| 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only   |
| 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only   |
| 15730 | Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)  |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)  |
| 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)         |
| 19328 | Removal of intact mammary implant  |
| 19330 | Removal of mammary implant material  |
| 19361 | Breast reconstruction with latissimus dorsi flap, without prosthetic implant   |
| 19364 | Breast reconstruction with free flap   |
| 19366 | Breast reconstruction with other technique   |
| 27465 | Osteoplasty, femur; shortening (excluding 64876)   |
| 27466 | Osteoplasty, femur; lengthening  |
| 27468 | Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer   |
| 32994 | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation |
| 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed                                  |
| 47380 | Ablation, open, of 1 or more liver tumor(s); radiofrequency  |
| 47381 | Ablation, open, of 1 or more liver tumor(s); cryosurgical  |
| 47382 | Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency   |
| 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation   |
| 50370 | Removal of transplanted renal allograft  |

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| 62355 | Removal of previously implanted intrathecal or epidural catheter   |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles   |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)   |
| 93644 | Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)   |
| 95991 | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional   |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument   |
| A4641 | Radiopharmaceutical, diagnostic, not otherwise classified  |
| C1778 | Lead, neurostimulator (implantable)  |
| C1883 | Ocular implant, aqueous drainage assist device   |
| C1891 | Infusion pump, nonprogrammable, permanent (implantable)  |
| C1897 | Lead, neurostimulator test kit (implantable)   |
| C2624 | Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components  |
| G0293 | Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day  |
| G0294 | Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day  |
| G2000 | Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session   |
| G9187 | Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code |
| H0046 | Mental health services, not otherwise specified  |
| L7499 | Upper extremity prosthesis, not otherwise specified  |
| L8600 | Implantable breast prosthesis, silicone or equal   |
| L8625 | External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each  |

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| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only   |
| S2900 | Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)   |
| S8189 | Tracheostomy supply, not otherwise classified  |
| S9810 | Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code) |

The following codes are changing from PA=No to Yes

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| 0508T | Pulse-echo ultrasound bone density measurement resulting in indicator of axial bone mineral density, tibia  |
| 31661 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes  |
| 93355 | Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D |
| H2030 | Mental health clubhouse services, per 15 minutes  |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty  |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal  |
| L6632 | Upper extremity addition, latex suspension sleeve, each   |
| L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow   |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation   |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device   |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device   |
| L6890 | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment   |
| L7007 | Electric hand, switch or myoelectric controlled, adult  |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric   |
| L7009 | Electric hook, switch or myoelectric controlled, adult  |
| L7040 | Prehensile actuator, switch controlled  |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric  |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled   |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled  |
| L7259 | Electronic wrist rotator, any type  |
| L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)   |

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| L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)  |
| L7402 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)  |
| L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material  |
| L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material  |
| L7405 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material  |
| L8604 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies   |
| L8607 | Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies  |
| L8631 | Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system) |
| P9604 | Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge  |
| T2013 | Habilitation, educational, waiver; per hour  |