

AETNA BETTER HEALTH® OF FLORIDA1340 Concord Terrace
Sunrise FL, 33323**aetna®**
Provider Bulletin**Subject: Prior Authorization Requirements****Florida Medicaid and Healthy Kids Members****Date: January 10, 2018**

This Provider Bulletin serves as notification of a change in prior authorization requirements for the following procedures or DME. **Effective March 15, 2018, prior authorization will be required.** To check the authorization requirements for any service, you can access ProPat through our secure provider portal or directly at:

<http://www.aetnamedicaidportal.com/propat/Default.aspx>

CPT/HCPCS Codes	
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL MAMMARY IMPLANT MATERIAL
21243	ARTHROPLASTY OF JOINT W/PROSTHETIC REPLACEMENT
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY
43631	GASTROSTOMY W/DISTAL ANASTOMOSIS
43632	GASTROSTOMY W/PROXIMAL ANASTOMOSIS
43633	GASTROSTOMY W/ROUX-Y EN-Y ANASTOMOSIS
43634	GASTROSTOMY W/FRONTAL ANASTOMOSIS
69930	COCHLEAR IMPLANTATION W/OUT MASTOIDECTOMY
95807	SLEEP STUDY WITH RESPIRATORY MONITORING
97112	PHYSIOTHERAPY 15 MIN
99183	HYPERBARIC OXYGEN THERAPY
E0424	STATIONARY OXYGEN SYSTEM RENT
E0425	STATIONARY GAS PURCHASER RENT
E0439	STATIONARY OXYGEN SYSTEM PURCH
E0440	STATIONARY GAS PURCHASER PURCH
E0617	EXTERNAL DEFIBRILLATOR W/ECG ANALYSIS
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE
E0619	APNEA MONITOR WITH RECORDING FEATURE
E1390	OXYGEN CONCENTRATOR RENTAL
E1391	OXYGEN CONCENTRATOR PURCH
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE
E2101	GLUCOSE MONITOR W/INTEGRATED LANCING
G0177	TRN & ED REL CARE & TX PTS DISABL MENTL HLTH-SESS
K0065	SPOKE PROTECTORS EACH
K0073	CASTER PIN LOCK EACH
K0105	IV HANGER EACH

Should you have questions, or require additional information please contact your Provider Relations Representative at 1-800-441-5501 (MMA) or 1-844-528-5815 (Florida Healthy Kids). You can also reach us via email FLMedicaidProviderRelations@aetna.com or fax 1-844-235-1340.

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Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.