

Aetna Better Health® of Michigan

28588 Northwestern Hwy, Suite 380B
Southfield, MI 48034
1-866-316-3784



AETNA BETTER HEALTH® OF MICHIGAN

January 12, 2024

PROVIDER NOTIFICATION

MEDICAID PRECERTIFICATION OPTIMIZATION

Dear Valued Provider:

Effective March 18, 2024, The Aetna Better Health of MI health plan will no longer require prior authorization for the set of codes listed below. This is part of a larger optimization initiative intended to improve operational efficiency and reduce unnecessary provider administration activity.

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 no longer 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	
	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	
95720			E0973	WC ACCSS ADJUSTBL HT DTACH ARMST CMPL ASSMBL EA
95782		POLYSOM <6 YRS 4/> PARAMTRS		
95783	POLYSOM <6 YRS CPAP/BILVL	E0990	WHEELCHAIR ACCESS ELEV LEG REST CMPL ASSMBL EA	
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 WPTH < 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	
E0455	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	
E0630	PATIENT LIFT HYDRAULIC/MECH INCL SEAT SLING/PAD	K0040	ADJUSTABLE ANGLE FOOTPLATE EACH	
		K0738	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR	
		S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	

Codes no longer requiring prior authorization

S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM
S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM
90999	UNLISTED DIALYSIS PROCEDURE
90678	RSV VACC PREF BIVALENT IM