



AETNA BETTER HEALTH® OF TEXAS

PROVIDER NOTIFICATION FOR CHANGES IN PRIOR AUTHORIZATION(PA) REQUIREMENTS

Effective 12/24/2018, Aetna Better Health of Texas will change the prior authorization requirement for specific CPT and HCPCS codes mentioned below.

Please refer to the list below for the codes where PA requirements have been updated.

Code	Description	PA Required?
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	Yes
Q4110	SKIN SUBSTITUTE PRIMATRIX PER SQ CM	Yes
Q4111	SKIN SUBSTITUTE GAMMAGRAFT PER SQ CM	Yes
Q4115	SKIN SUBSTITUTE ALLOSKIN PER SQUARE CENTIMETER	Yes
Q4117	HYALOMATRIX PER SQ CM	Yes
Q4121	THERASKIN PER SQ CM	Yes
Q4122	DERMACELL PER SQ CM	Yes
Q4123	ALLOSKIN RT PER SQ CM	Yes
Q4126	MEMODERM, DERMASPERM, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	Yes
Q4127	TALYMED PER SQ CM	Yes
Q4134	HMATRIX PER SQUARE CENTIMETER	Yes
S3900	SURFACE ELECTROMYOGRAPHY	Yes
64408	Injection, anesthetic agent; vagus nerve	Yes
64410	Injection, anesthetic agent; phrenic nerve	Yes
64420	Injection, anesthetic agent; intercostal nerve, single	Yes
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	Yes
64430	Injection, anesthetic agent; pudendal nerve	Yes
64505	Injection, anesthetic agent; sphenopalatine ganglion	Yes
33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	Yes