



January 25, 2021

Dear Valued Provider,

This provider bulletin services as a notification of a change in prior authorization requirements for the following procedures/services/DME. **Effective 05/01/2021, prior authorization will be required.** To check the authorization requirements for any service, you can access ProPat through our secure provider portal or at:

<https://www.aetnabetterhealth.com/illinois-medicaid/providers/prior-authorization.html>

CPT/HCPCS CODES	DESCRIPTION
76978	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); INITIAL LESION
76979	ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); EACH ADDITIONAL LESION WITH SEPARATE INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)
76982	ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION
76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA
81235	EGFR GENE COM VARIANTS
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS
81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE

81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT
81275	KRAS GENE ANALYSIS VARIANTS IN CODONS 12 AND 13
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUA
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY
81342	TRG@ GENE REARRANGEMENT ANALYSIS
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
81528	ONCOLOGY COLORECTAL SCR
81535	ONCOLOGY GYNECOLOGIC
81536	ONCOLOGY GYNECOLOGIC
81596	INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1, TOTAL BILIRUBIN, GGT, AND HAPTOGLOBIN) UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS SCORES FOR FIBROSIS AND NECROINFLAMM
83006	GROWTH STIMULATION EXPRESSED GENE 2
86794	ZIKA VIRUS IGM ANTIBODY
87505	NFCT AGENT DNA RNA GASTROINTESTINAL PATHOGEN
87506	IADNA-DNA RNA GI PTHGN MULTIPLEX PROBE TQ 6-11

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Proprietary



87507	IADNA-DNA RNA GI PTHGN MULTIPLEX PROBE TQ 12-25
87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE
87662	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN
88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC EACH
88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC EACH
88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB
88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY (EG, ALCOHOL SEPTAL ABLATION) INCLUDING TEMPORARY PACEMAKER INSERTION WHEN PERFORMED
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT
93797	CARDIAC REHAB
93798	CARDIAC REHAB/MONITOR
A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH
G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS
G0252	PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR
G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN
G0300	DIR SNS LPN HH/HOSPICE SET EA 15 MIN
G0422	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/EXER
G0423	INTENSIVE CARD REHAB; W/WO CONT ECG MON W/O EXER
Q4110	SKIN SUBSTITUTE PRIMATRIX PER SQ CM
Q4115	SKIN SUBSTITUTE ALLOSKIN PER SQUARE CENTIMETER
Q4121	THERASKIN PER SQ CM
Q4122	DERMACELL PER SQ CM

Q4132	GRAFIX CORE PER SQUARE CENTIMETER
Q4133	GRAFIX PRIME PER SQUARE CENTIMETER
Q4186	EPIFIX, PER SQUARE CENTIMETER
Q4195	PURAPLY, PER SQUARE CENTIMETER
Q4196	PURAPLY AM, PER SQUARE CENTIMETER
S0190	MIFEPRISTONE ORAL 200 MG
S0191	MISOPROSTOL ORAL 200 MCG

Please contact the Provider Experience Team at [ABHILProviderRelations@Aetna.com](mailto:ABHILProviderRelations@Aetna.com) or at 1(866) 329-4701 if you have any questions or need more information.

Thank you for your continued partnership.

Sincerely,  
Aetna Better Health® of Illinois

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