

PROVIDER NOTIFICATION

MMP/DUALS PRECERTIFICATION OPTIMIZATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, we are adding the attached code which will require prior authorization. If you have questions, contact your health plan representative.

Effective 07/31/2023, Aetna Better Health Premier Plan of Michigan MMAI **will require prior authorization** for the code listed below for participating providers. This is part of a larger optimization initiative intended to ensure the safety, medical necessity, and appropriateness of request procedures.

As always, do not hesitate to contact your Aetna Better Health Premier Plan of Michigan MMAI Provider Relations Representative with any questions or comments. 1-855-676-5772.

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health Premier Plan of Michigan MMAI

Procedure Codes/Descriptions Now Requiring Prior Authorization

| Code | Code Description |
|-------|------------------------------------|
| J0598 | INJ C1 ESTERASE INHIB CINRYZE 10 U |