

# 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 of Ohio ***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 of Ohio Provider Relations Representative with any questions or comments. 1-855-364-0974.

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

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health of Ohio

**Procedure Codes/Descriptions Now Requiring Prior Authorization**

Code	Code Description
J0598	INJ C1 ESTERASE INHIB CINRYZE 10 U