



April 22, 2021

Prior Auth Changes for code J7326

Starting May 31, 2021, the J Code shown in the table below will require prior authorization to be considered for coverage.

Group Description	Code	Code Description
HCPCS - DRUGS (NOT ORAL)	J7326	HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS

Questions?

Please contact our Provider Relations department at **1-866-638-1232**, with any questions regarding this update.

Thank you for the quality care you give our members.

Sincerely,

Provider Relations
Aetna Better Health of Pennsylvania