



## Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Aetna Better Health of Texas wishes to provide guidance for the following non covered codes. As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization

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

**Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.**

### CHIP

#### Bexar area

1-866-818-0959 (TTY: 711)

#### Tarrant area

1-800-245-5380 (TTY: 711)

### STAR (Medicaid)

#### Bexar area

1-800-248-7767 (TTY: 711)

#### Tarrant area

1-800-306-8612 (TTY: 711)

### STAR Kids

#### Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

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 Texas

### Code List

Procedure Code	Description	Desired Change/Reason/Effective date
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	Value added services managed through Dentaquest for CHIP Perinate. Please contact DentaQuest for this benefit by calling 1-833-493-0635.
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	
D0273	BITEWINGS-THREE RADIOGRAPHIC IMAGES	

D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	
D0603	CARIES RISK ASSESS DOC FIND HI RSK	
D1110	CARIES RISK ASSESS DOC FIND MOD RSK	
D1208	TOPICAL APPLICATION OF FLUORIDE	
D2330	RESIN-BASED COMPOSITE ONE SURF ANT	
D2331	RESIN-BASED COMPOSITE 2 SURFACE ANT	
D2332	RESIN-BASED COMPOSITE 3 SURFACE ANT	
D2335	RESIN-BASED COMP-4/GT SURFACES ANT	
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	
D2394	RESIN COMPOS - 4/MORE SURFACES POST	
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	

D7210	EXTN ERU TT RQR REMV BONE &/SECT TT	
D7220	REMOVAL IMPACT TOOTH - SOFT TISSUE	
D7230	REMOVAL IMPACT TOOTH - PARTLY BONY	
D7240	REMOVAL IMPACTED TOOTH - CMPL BONY	
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS	