



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 unlisted procedure 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

Procedure Codes/Descriptions Not Requiring Prior Authorization

Effective May 17, 2024, Aetna Better Health of Texas **will no longer require prior authorization** for the set of codes listed below.

Providers must submit medical records when submitting the claim. The change applies to CHIP, STAR and STAR Kids. Codes remain non covered for CHIP Perinate

Code	Code Description
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)

Procedure Codes/Descriptions Now Requiring Prior Authorization

Effective August 13, 2024, Aetna Better Health of Texas **will require prior authorization** for the set of codes listed below. The change applies to CHIP, STAR and STAR Kids. Code Remains non covered for CHIP Perinate

Code	Code Description
97799	Unlisted physcl med/rehab px

Procedure Codes/Descriptions Now Requiring Prior Authorization

Effective August 13, 2024, Aetna Better Health of Texas **will require prior authorization if non-emergent. Emergent is specified by the modifier ER.** The change applies to CHIP, CHIP-Perinate, STAR and STAR Kids.

Code	Code Description
A0999	Unlisted ambulance service

