



Aetna Better Health of Texas PROVIDER NOTIFICATION

New Authorization Requirements

Managed Care Organizations are required to implement clinical prior authorizations as instructed by the Vendor Drug Program. The Texas Drug Utilization Review Board implemented new prior authorization requirements for certain clinician administered drugs (CADs). For CADs, the clinical prior authorization must be done before administering the drug. These changes must be implemented by March 1, 2024. Claims billed without the appropriate ICD 10 code will be denied.

Prior Authorization for Clinician-administered drugs (CAD) for Hormonal Therapy Agents will be required as of 3/01/2024 for CHIP, STAR and STAR Kids. Remains Non Cov for CHIP Perinate. Claims will not pay when billed with the following ICD 10 codes:

F64.0
F64.1
F64.2
F64.8
F64.9

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

Code	Code Description
J1000	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG
J1071	INJECTION TESTOSTERONE CYPIONATE 1 MG
J1380	INJECTION ESTRADIOL VALERATE UP TO 10 MG
J3121	INJECTION TESTOSTERONE ENANTHATE 1 MG
J3145	INJECTION TESTOSTERONE ENANTHATE 1 MG
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG
J3316	INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG
J9155	INJECTION DEGARELIX 1 MG
J9217	LEUPROLIDE ACETATE 7.5 MG
J9218	LEUPROLIDE ACETATE PER 1 MG
S0189	TESTOSTERONE PELLETT 75 MG
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG