



**Aetna Better Health of Texas
PROVIDER NOTIFICATION**

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective December 30, 2024, Aetna Better Health of Texas **will require prior authorization** for the codes listed below for participating providers. The change applies to CHIP, STAR and STAR Kids. Codes remain non covered for CHIP Perinate. 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	Code Description
J8499	PRSC RX ORAL NONCHEMOTHAPEUTIC NOS
J9065	INJECTION CLADRIBINE PER 1 MG
J0801	INJECTION COR ACTHAR GEL UP TO 40 U

GCIT Program

Effective 12/30/2024, 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. Codes remain non covered for CHIP Perinate. Codes will be reviewed under the Prior Authorization Gene-based, Cellular and Innovative Therapy (GCIT) Program