

Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, we are adding the attached list of codes which will require prior authorization. If you have questions, contact your health plan representative.

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.

Effective November 1, 2022 Aetna Better Health of Texas **will require prior authorization** for the set of codes listed below for participating providers.

As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

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

Effective November 1, 2022 Aetna Better Health of Texas **will require prior authorization**
For STAR, STAR Kids and CHIP. Will remain NON COV for CHIP Perinate.

Code List

Code	Code Description
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
J1300	INJECTION ECULIZUMAB 10 MG
J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS