

## Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective March 11, 2024, Aetna Better Health of Texas <u>will</u> <u>require prior authorization</u> for the 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.

Aetna Better Health of Texas wishes to clarify guidance for the following procedure codes. Although non-covered in the Medicaid fee schedule, we will review these codes for medical necessity and a prior authorization is required effective 3/11/2024.

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
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue