



Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective December 21, 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.

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

The following codes will change from Non-Covered to Covered effective December 21, 2022
but *will require a prior authorization.*

STAR, STAR Kids and CHIP.
Will remain NON COV for CHIP Perinate.

Code	Code Description
97605	NEG PRESS WOUND TX LT /EQU 50 CM
97606	NEG PRESS WOUND TX GT 50 CM
97607	NEG PRESS WND TX LT /EQU 50 SQ CM
97608	NEG PRESS WOUND TX GT 50 CM