

## Aetna Better Health PROVIDER NOTIFICATION

Aetna Better Health of Texas will change the way the following CPT codes will be processed for the following procedures.

Please refer to the provider pre-authorization tool https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html for the most up to date listing of codes requiring a prior authorization

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.

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

Sincerely,
Provider Experience
Aetna Better Health of Texas

## The following codes will require no longer prior authorization effective May 09, 2022:

| Code  | Code Description                 |  |  |
|-------|----------------------------------|--|--|
| A0382 | BLS ROUTINE DISPOSABLE SUPPLIES  |  |  |
| A0422 | AMBOXYGEN&O2SPLLIFESUSTAINING    |  |  |
| A0398 | ALS ROUTINE DISPOSABLE SUPPLIES  |  |  |
| A0420 | AMBWAITINGTIME 1/2 HR INCREMENTS |  |  |
| A0424 | EXTRA AMB ATTENDANT GROUND/AIR;  |  |  |

## The following code will be a covered benefit effective May 09, 2022:

| Code  | Code Description                 | Change  |
|-------|----------------------------------|---|
| Q5115 | Rituximab-abbs (Truxima)         | Covered benefit for clients<br>who are 18 years of age or<br>older  |
| 81528 | ONCOLOGY (COLORECTAL) SCREENING- | may be reimbursed once<br>every 3 years for clients<br>who are 45 years of age and<br>older for services rendered<br>in the laboratory setting. |