



Aetna Better Health PROVIDER NOTIFICATION

Effective June 14, 2022, Aetna Better Health of Texas will change the way the following CPT codes will be processed.

If a prior authorization is not submitted, the claim will be denied for no authorization. Please refer to the provider pre-authorization tool (<https://medicaidportal.aetna.com/propat/Default.aspx>) 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 prior authorization effective June 14, 2022:

Code	Code Description
J0490	INJECTION BELIMUMAB
C9085	INJ AVALGLUCOSIDASE ALFA-NGPT 4 MG
J0180	INJECTION AGALSIDASE BETA 1 MG
J0221	INJ ALGLUCOSIDASE ALFA 10 MG
J0567	INJECTION CERLIPONASE ALFA 1 MG
J1322	INJECTION ELOSULFASE ALFA 1 MG
J1458	INJECTION GALSULFASE 1 MG
J1743	INJECTION IDURSULFASE 1 MG
J1786	INJECTION IMIGLUCERASE 10 UNITS
J1931	INJECTION LARONIDASE 0.1 MG
J2724	INJ PROTEN C CONC IV HUMAN 10 IU
J2840	INJECTION SEBELIPASE ALFA 1 MG
J3060	INJECTION TALIGLUCERASE ALFA 10 U
J3385	INJ VELAGLUCERASE ALFA 100 UNITS