



**Aetna Better Health of Texas
PROVIDER NOTIFICATION**

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective March 5, 2024, Aetna Better Health of Texas **will require prior authorization** for the code 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

Code List

Code	Code Description
J1413	Elevidys (delandistrogene moxeparvovec-rokl)