



Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, effective 1/30/2024, Aetna Better Health of **Texas will require prior authorizations** for the codes listed. Aetna Better Health of Texas reminds providers gender affirming and cosmetic (solely for cosmetic purposes) surgery/services are not a benefit. The change applies to CHIP, STAR and STAR Kids. Codes remain non covered for CHIP Perinate. 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
67909	Reduction of overcorrection of ptosis
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
92065	Orthoptic training; performed by a physician or other qualified health care professional

30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour
50340	Recipient nephrectomy (separate procedure)
50380	Renal autotransplantation, reimplantation of kidney
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
21282	Lateral canthopexy
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	Repair fistula; oronasal
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less

15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	Repair nasal septal perforations

Immune globulins may be indicated for treatment of certain immune disorders and states of immunodeficiency. Age and diagnosis restrictions for the procedure codes may vary according to the FDA approved indications.

Code List

Code	Code description
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each

Reslizumab (procedure code J2786) is a benefit of Texas Medicaid when medically necessary with prior authorization.

Code List

Code	Code description
J2786	Injection, reslizumab, 1 mg

Aetna Better Health of Texas wishes to provide guidance for the following procedure codes. These codes will not require prior authorization effective December 30, 2024.

Code List

Code	Code description
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma
A9593	Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi
A9594	Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J9118	Injection, calaspargase pegol-mknl, 10 units

Aetna Better Health of Texas wishes to provide guidance for the following procedure codes. These codes will not require prior authorization effective December 30, 2024. Aetna Better Health follows TMPPM for Revision or Removal of Neurostimulator Devices The revision or removal of implantable neurostimulators may be reimbursed without prior authorization using the following procedure codes 43648 43882 61781 63661 63662 63663 63664 63688 61880 61888 64569 64570 64585 64595

Code List

Code	Code description
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array

The following codes don't require prior authorization as of December 30, 2024.

Code List

81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported