

Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective September 5, 2024, Aetna Better Health of Texas *will require prior authorization* for the codes listed below for participating providers. 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 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
C9167	Injection, apadamtase alfa, 10 units
J1203	Injection, cipaglucosidase alfa-atga, 5 mg

Prior Authorization Requirements

Apadamtase alfa (Adzynma) procedure code C9167 is indicated in pediatric and adult clients for prophylactic or ondemand ERT for congenital thrombotic thrombocytopenic purpura (cTTP) and may be reimbursed with diagnosis code D6942.

Cipaglucosidase alfa-atga (Pombiliti) procedure code J1203 is indicated to treat adult clients with Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) who weigh over 40 kilograms, are not improving on current ERT, and may be reimbursed with diagnosis code E7402.

STAR (Medicaid) Bexar area 1-800-248-7767 **(TTY: 711) Tarrant area** 1-800-306-8612 (TTY: 711)