



**Aetna Better Health of Texas  
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

**Effective 09/12/2022 the following codes will change from non-covered to covered.**  
STAR, STAR Kids and CHIP. Will remain NON COV for CHIP Perinate.

| Code  | Code Description | Prior Authorization |
|-------|------------------|---------------------|
| J2020 | Linezolid INJ    | No                  |