



**Aetna Better Health of Texas  
PROVIDER NOTIFICATION**

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective November 25, 2025, 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)  
711)

**Tarrant area**

1-800-245-5380 (TTY: 711)

**STAR (Medicaid)**

**Bexar area**

1-800-248-7767 (TTY:

**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**

<b>Code</b>	<b>Code Description</b>
<b>E0784</b>	EXTERNAL AMB INFUSION PUMP INSULIN
<b>E2102</b>	ADJUNCTIVE NONIMPLANTED CGM/RECEIVR
<b>E2103</b>	NONADJUNCTIVE NONIMPLANTED CGM/RECV