



**AETNA BETTER HEALTH® PREMIER PLAN MMAI**

**Prior Authorization Request Form**

**Phone: 1-866-600-2139 (Premier Plan), Fax: 1-855-320-8445, Fax: 1-855-687-6955 (for Inpatient use)**

**PLEASE NOTE: Our free provider portal (Avality Essentials) may be used in place of this form to start, update, and check the status of a Prior Authorization. Please visit [www.availity.com/aetnaproviders](http://www.availity.com/aetnaproviders)**

**For urgent outpatient service requests (required within 72 hours) call us.**

Date of Request: \_\_\_\_\_

**PLACE OF SERVICE**

31 Skilled Nursing Facility  32 Nursing Facility  33 Custodial Care Facility  12 Home  11 Office

**MEMBER INFORMATION**

Name: \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PCP Name: \_\_\_\_\_

Other Insurance? / Policy Holder / Policy Number: \_\_\_\_\_

Gender (circle one): **F** **M**

**PROVIDER INFORMATION**

**Ordering/Requesting Provider:**

**Servicing Provider/Facility/Specialist:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

NPI (Required\*) \_\_\_\_\_

NPI (Required\*) \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Specialty: \_\_\_\_\_

**AUTHORIZATION INFORMATION**

**Diagnosis/ICD-10 Code(s) (Required\*)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Service/Procedure requested (CPT or HCPCS codes Required\*):**

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

**Type of Procedure/Level of care (circle one):** **Inpatient** **Outpatient** **In Office**

**Date(s) of service:** \_\_\_\_\_ **Number of visits/units:** \_\_\_\_\_

**REQUIRED DOCUMENTATION**

**Include supporting pertinent clinical information (Required\*) ---5 pages or less--- (e.g clinical/progress notes, lab/imaging**

reports, plan of care, letter of medical necessity, etc).

**\*NOTE: FAILURE TO INCLUDE NPI NUMBERS, DIAGNOSIS, CPT/HCPCS CODES AND SUPPORTING CLINICAL INFORMATION WILL RESULT IN THE RETURN OF THIS FORM UNPROCESSED.**

Created: 11/10/2010 Revised 8/11/2022

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