Aetna Better Health® of Illinois
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Aetna Better Health® of Illinois

Prior authorization requirements for H2015 and H2016 services

Aetna Better Health® of Illinois is reminding providers of the existing prior authorization requirements for the following services:

Code	Service description
H2015	Comprehensive community support services (per 15 minutes)
H2016	Comprehensive community support services (per diem)

Please note: This is a reminder of existing authorization requirements and does not represent a new policy or change in coverage criteria.

Participating providers

Participating providers may deliver up to 360 units per member, per provider, without prior authorization. Once the 360-unit threshold is reached, **prior authorization is required for any additional services.** To avoid interruptions in care, providers should monitor utilization and submit requests for authorization before the threshold is exceeded.

Non-participating providers

Prior authorization is required for all services provided by non-participating providers.

Prior authorization info

Prior authorization requests should be submitted through the standard Aetna Better Health of Illinois authorization process. Providers may also:

- Access **provider forms** and **prior authorization resources** online
- Contact Provider Services at **1-866-329-4701**
- Fax behavioral health authorization requests to **1-844-528-3453**

If you need assistance, or have questions, please contact your **Provider Relations Representative** or email us at **ABHILProviderRelations@AETNA.com**.