Prior Authorization Checklist

Use this helpful checklist when filling out and submitting a Prior Auth Request Form.

☐ **Member Information**

- Name
- PCP Name
- DOB
- Other insurance
- Other insurance Policy Number
- Member ID#
- Gender

☐ **Provider Information (Ordering and/or Rendering)**

Ordering Physician/Nurse Practitioner

- Name
- Address
- Telephone number
- Fax phone number (REQUIRED)
- Contact Person
- NPI
- PROMISe™ ID

Rendering Provider/Facility/Physician

- Name
- Address
- Telephone number
- Fax phone number (REQUIRED)
- Contact Person and Specialty
- NPI
- PROMISe™ ID

☐ **Required Clinical Information (indicate the type of the service using the checklist)**

- Inpatient
- Outpatient
- Home Health
- DME
- Physical/Occupational/Speech Therapy
- Other

☐ **Diagnoses Codes and Descriptions**

☐ **NDC Code (For Pharmacy Requests)**

☐ **Procedure/service requested (list all CPT/HCPCS codes & descriptions required)**

- Date(s) of service
- Include # of units/visits

☐ **For Home Health (shift care) ONLY:**

- Number of hours per day and days per week

☐ **Required Documentation**

- Attach supporting clinical information (e.g., Plan of Care, medical records, lab reports, letter of medical necessity, progress notes, etc.)

☐ **IF THIS IS A REQUEST FOR THERAPY, PLEASE USE A SEPARATE FORM FOR EACH SERVICE! (e.g., one form for PT with all codes and clinical, one form for OT with all codes and clinical etc.)**

You can find the Prior Auth Request Form here: AetnaBetterHealth.com/Pennsylvania/providers/forms

Fax the completed Prior Auth form to: **1-877-363-8120**

Questions?

For questions call Provider Relations at **1-866-638-1232.**

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