

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: <https://www.aetnabetterhealth.com/pa/providers/forms>

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

Questions?

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