



Aetna Better Health of Kentucky
9900 Corporate Campus Drive, Suite 1000
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June 2, 2026

Aetna Better Health® of Kentucky

Reminder on Authorization Process for Outpatient Surgeries

Aetna Better Health of Kentucky reviewed our internal process for managing codes associated with outpatient surgeries. This process involves linking all codes to the initial authorization, thereby authorizing the entire episode of care.

We encourage providers to include a comprehensive list of codes that will be utilized during a procedure at the time of the authorization request. This proactive approach helps ensure that all potential codes related to the procedure are accounted for upfront, minimizing the risk of reimbursement issues later on. This practice allows for better planning and resource allocation, ensuring that all necessary supplies and devices are authorized and available when needed. We understand that it may not always be possible to anticipate every code, but including as many relevant codes as possible can significantly improve the efficiency and effectiveness of the authorization process.

Outpatient Surgeries:

Please note that select outpatient surgical procedures require prior authorization. To minimize scheduling conflicts related to network access, benefit availability, and/or medical necessity, we recommend contacting the Aetna Better Health Prior Authorization Department prior to scheduling elective services. You can also confirm prior authorization requirements by access the ProPat tool on the website and provider portal.

Requests for services must be made at least five (5) working days prior to the date of service to promote a timely determination. To expedite the prior authorization process, please provide the following information at the time of the request:

- Member name and date of birth
- Aetna Better Health member ID number and/or Kentucky Medicaid ID number
- Expected date of admission
- Primary diagnosis
- Significant medical history related to the diagnosis and/or treatment plan request
- Previous treatments and procedures initiated for the same diagnosis
- **Planned procedure or treatment plan**
- Attending provider name
- Facility where services are to be rendered

Once the review is approved, the prior authorization associate will issue an authorization number for the initial day of treatment.

Questions?

If you have general questions about this communication, contact Provider Relations at **1-855-300-5528** (TTY: 711). We're here for you Monday through Friday, 7 AM to 7 PM ET.

[AetnaBetterHealth.com/Kentucky](https://www.aetna.com/betterhealth/kentucky)

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