



PHYSICAL HEALTH STANDARD PRIOR AUTHORIZATION REQUEST

FORM FAX TO: 1-866-603-5535 TELEPHONE: 1-866-874-2567

AETNA BETTER HEALTH OF MICHIGAN
28588 NORTHWESTERN HWY SUITE #380B
SOUTHFIELD, MI 48034
TELEPHONE NUMBER: 1-866-874-2567
TTY: 711

DATE OF REQUEST (MM/DD/YYYY):

TYPE OF REQUEST: INPATIENT OUTPATIENT IN OFFICE

URGENT - WHEN A NON-URGENT PRIOR AUTHORIZATION REQUEST COULD SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF A MEMBER, THE MEMBER'S ABILITY TO ATTAIN, MAINTAIN, OR REGAIN MAXIMUM FUNCTION OR THAT A DELAY IN TREATMENT WOULD SUBJECT THE MEMBER TO SEVERE PAIN THAT COULD NOT BE ADEQUATELY MANAGED WITHOUT THE CARE/SERVICE REQUESTED. URGENT REQUESTS WILL BE PROCESSED WITHIN 72 HOURS.

NON-URGENT STANDARD - ROUTINE SERVICES PROCESSED WITHIN 14 DAYS.

VISIT OUR PROPAT SEARCH TOOL TO DETERMINE IF A SERVICE REQUIRES PA https://medicaidportal.aetna.com/propat/Default.aspx. A DETERMINATION WILL BE COMMUNICATED TO THE REQUESTING PROVIDER.

Form with sections: MEMBER INFORMATION, ORDERING/REFERRING PROVIDER INFORMATION, and SERVICING PROVIDER INFORMATION. Includes fields for member details, provider contact info, and insurance information.

**CLINICAL INFORMATION (ALL FIELDS REQUIRED)**

31. SERVICE START DATE (MMDDYYYY):	SERVICE END DATE (MMDDYYYY):

32. ICD-10 / DSM-5 CODE(S) (*REQUIRED*):	33. ICD-10 / DSM-5 CODE(S) DESCRIPTION:

34. CPT / HCPCS CODE(S) (*REQUIRED*):	35. CPT / HCPCS CODE(S) DESCRIPTION:	36. QUANTITY / UNITS:

37. CLINICAL INDICATIONS / RATIONALE FOR REQUEST:

To prevent delay in processing your request for services, please attach clinical documentation / medical records to support your request. Please include the following: conservative treatment tried without success, applicable diagnostic testing with results, lab values and a medication list. Incomplete requests will delay the prior authorization process. .

AUTHORIZATION DOES NOT GUARANTEE PAYMENT. ALL AUTHORIZATIONS ARE SUBJECT TO MEMBER ELIGIBILITY ON THE DATE OF SERVICE. TO ENSURE PROPER PAYMENT FOR SERVICES RENDERED, PROVIDER/ FACILITY MUST VERIFY ELIGIBILITY ON THE DATE OF SERVICE.