

# No PA requirements for services for COB/TPL services

**Date:** September 2025

**To:** All Provider Partners

**From:** Aetna Better Health® of Oklahoma Provider Relations

Dear Provider Partners,

We're sharing an important reminder about how Aetna Better Health handles claims when we are the secondary payer.

## No prior authorization needed

When Aetna Better Health is the secondary insurance, we do not require prior authorization (PA) for services. This situation is called TPL (Third Party Liability) or COB (Coordination of Benefits). To help get these claims paid, it's important to include the Explanation of Benefits (EOB) from the primary insurance when sending in the claim.

**There is no need to request authorization** for these services.

## What you need to do

To help ensure timely payment:

- Include the EOB from the primary insurance when submitting your claim to Aetna Better Health.
- Follow all requirements of the primary insurance plan.
- If the primary plan's rules are not followed, it may result in claim delays or denials.

Thank you for your continued partnership.

Sincerely,



Aetna Better Health®  
of Oklahoma

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## Reminders

If you are submitting your credentialing application, providers must also attest to its accuracy. Without that attestation, the application won't be finalized.

The 2025 HEDIS manual is now available. You can explore the latest quality measures on our website.

For questions call the provider services team toll free at: **1-844-365-4385**  
[ABHOKProviderEngagement@aetna.com](mailto:ABHOKProviderEngagement@aetna.com)

This provider update has been sent to:

Provider type(s) -

- IPA/Medical groups
- Primary care providers
- Specialist providers
- Hospitals
- Ancillary
- SNF
- DME
- Home health

Line of business:

- SoonerSelect