

Aetna Better Health® of Michigan
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Provider Bulletin No 150

To: Aetna Better Health of Michigan Providers
From: Aetna Better Health of Michigan Provider Relations Team
Date: October 13, 2017
Re: Prior Authorization Requirements Reminder

Aetna Better Health of Michigan requires prior authorization (PA) for select services for its Medicaid and MI Health Link programs.

To request an authorization, find out what services require authorization, or check on the status of a request, just visit our secure provider website via our Provider Portal page at:

<https://www.aetnabetterhealth.com/michigan/providers/portal>.

For assistance in registering for or accessing the secure provider website, please contact your provider relations representative at **1-855-676-5772** (TTY 711).

You can also fax your authorization request to **1-844-241-2495**. **Requests must be sent on our Prior Authorization request form, found on our website.**

When you request PA for a member, it is reviewed and a response returned to you according to the following timeframes:

- Routine – 14 calendar days upon receipt of request.
- Urgent – 3 business days upon receipt of request. An urgent request is appropriate for a non-life-threatening condition, which, if not treated promptly, will result in a worsened or more complicated patient condition. We encourage you to call the Prior Authorization department at **1-855-676-5772** for all urgent requests.

Failure to obtain prior authorization for services identified as requiring approval may result in claim denials.

Additional information on our Prior Authorization process can be found in your provider manual and on our website at: <https://www.aetnabetterhealth.com/michigan/providers/prior-authorization>.

Sincerely,

Aetna Better Health of Michigan
Provider Relations Team

www.aetnabetterhealth.com/michigan