Aetna Better Health® Kids
1425 Union Meeting Road
Blue Bell, PA 19422

Prior authorization request form

You must have a valid PROMISe ID (i.e., participate in the Pennsylvania Medicaid programs) at the time the service is rendered in order for your claim to be paid. For more information, please visit https://promise.dpw.state.pa.us . Please only submit this form with supporting clinical.

SERVICE(S) REQUESTED: Please PRINT LEGIBLY or TYPE.

MEMBER INFORMATION	
Name:	PCP Name:
DOB:	Other insurance:
Member ID#:	Other insurance Policy Number:
Gender (circle one): M☐or F☐	
PROVIDER INFORMATION (Ordering and/or Rendering Providers)	
Ordering Physician/Nurse Practitioner:	**Rendering** Provider/Facility/Physician:
Name:	Name:
Address:	Address:
Tel:	Tel:
***Fax** (**REQUIRED**):	***Fax** (**REQUIRED**):
Contact Person:	Specialty:
NPI:	NPI:
PROMISe ID:	PROMISe ID:
REQUIRED CLINICAL INFORMATION INPATIENT☐ OUTPATIENT☐ HOME HEALTH☐ DME☐ PHYSICAL/OCCUPATIONAL/SPEECH THERAPY☐ OTHER☐	
Diagnoses (list **CODES** & description):	
1.	3.
2.	4.
***NDC Code (REQUIRED for pharmacy requests)**	
1.	3.
2.	4.
Procedure/service requested (list all CPT/HCPCS codes & descriptions required)	
1.	4.
2.	5.
3.	6.
Date(s) of service:	# of units/visits:
For Home Health (shift care) ONLY:	
Number of hours per day:	Number of days per week:

REQUIRED DOCUMENTATION

Please attach supporting clinical information (e.g., Plan of Care, medical records, lab reports, letter of medical necessity, progress notes, etc.). **In order for the member to receive requested services in a timely manner, be sure to provide ALL supporting documentation with the request.**

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.)

Questions? Call Provider Relations at 1-866-638-1232. FAX form to: 1-877-363-8120.