



PHYSICAL HEALTH STANDARD PRIOR AUTHORIZATION REQUEST FORM

Fax to: 855-661-1828 Phone: 1-800-279-1878

Aetna Better Health of Virginia
9881 Mayland Drive
Richmond, VA 23233
1-800-279-1878 (TTY: 711)

DATE OF REQUEST: (MM/DD/YYYY)

Did you know that you can use our provider portal Availity® to submit prior authorization request, upload clinical documentation, check statuses, and make changes to existing requests? Register today at www.Availity.com

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 (J-CODES AND Q-CODES = 24-HOUR TAT)

NON-URGENT STANDARD – ROUTINE SERVICES PROCESSED WITHIN 14 BUSINESS 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 info, and contact 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.