Aetna Better Health® of Illinois
PO Box 818031, MC F661
Cleveland, OH 44181-8031

October 30, 2025

Aetna Better Health® of Illinois

Utilization Management changes to align with new legislation

Healthcare Protection Act (HPA) as amended in Public Act 104-0028 (2025): 104-0028, establishes new requirements regarding utilization management and notification of **behavioral health** treatment.

This provision is effective January 1, 2026, and applies to services provided to Aetna Better Health® of Illinois members.

Authorization is still required for claims payment purposes.

Notification requirements

- For acute inpatient mental health treatment, providers should notify Aetna Better Health® of Illinois within 48 hours of admission.
    - If notification requirements are met, utilization review will not be initiated for the first 72 hours of the admission.
    - If notification requirements are not met, utilization review begins on admission.
- For substance use detox and residential rehabilitation treatment (ASAM 3.7 and 3.5), if Aetna Better Health® of Illinois receives notification within 1 business day from start date of treatment, the initial authorization request will be approved for the first day of treatment, with utilization review to follow the 1 business day notification period.
- For outpatient mental health and substance use disorder services, if Aetna Better Health® of Illinois receives notification within 1 business day from the start date of treatment, the initial authorization will be approved without utilization review as follows:
    - Partial Hospitalization Program: 5 sessions over a 7-day auth span
    - Intensive Outpatient Treatment: 6 sessions over a 14-day auth span
    - Transcranial Magnetic Stimulation: 36 sessions over a 6-week auth span

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- Electroconvulsive Therapy: 12 sessions over a 4-week auth span
- Community Based Services: n/a as initial treatment episodes do not currently require authorization. Utilization review already only applies upon concurrent review. Initial units that do not require authorization will still apply.
- Concurrent utilization review will follow for additional days requested after the initial approval, per treatment episode.

  If we do not receive notification within 1 business day from the start date of treatment as outlined above, authorizations will be approved for the 1st day of treatment, with concurrent utilization review to follow the 1 business day notification period.

Additional changes effective January 1, 2026

- Psychiatric and Neuropsychiatric testing will no longer require authorization.
- Assertive Community Treatment (H0039) will have no authorization required for the first 800 units per member, per provider.

How to notify us

Continue to submit notification of inpatient admissions for members using your current method. You can use the **Provider Portal**, call **1-866-329-4701** (TTY: **711**), or fax the request to **1-844-528-3453** for behavioral health.

Questions?

Please contact your assigned **Provider Relations representative** if you have questions.