aetna **Aetna Better Health® of Kentucky** Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	Date:	July 11, 2023
	To	All Network Providers
	From	Provider Experience
	Subject	Prior Authorization Guidance
	Document ID	Aetna - 1441

Service(s) Requiring Prior Authorization

Prior authorization is the process for authorizing the non-emergency use of facilities, diagnostic testing and other health services before care is provided. For a comprehensive and current listing of authorization requirements, please visit Availity at: https://apps.availity.com/availity/web/public.elegant.login and refer to the prior authorization tool/directory. **Please check the variance detail tab.**

Retrospective Authorization

Retrospective reviews are conducted when providers or practitioners request a review after a service or procedure has been provided. Aetna Better Health of Kentucky performs retrospective reviews for services/admissions, with extenuating circumstances or that the member was determined to be retroactively eligible only.

If a medically necessary service was performed without authorization, a provider has **seven (7) days from the date the service was performed** to **submit a retro authorization request.** When submitting a request, all pertinent clinical information must accompany the request.

Requests received or authorization change requests beyond seven (7) days post service will be denied for timely notification.

If you have a **retrospective review request** *where the services have already been rendered, please fax these your request to:* ***Kentucky Medical Retrospective review: 855-336-6054***

Please note: Any DME **exceeding $500 billed charge will require prior authorization. Supplies exceeding the allowable quantity will also require prior authorization.

Required Information

Please provide the following information for each service when requesting authorization:

- Member name
- Ordering provider
- Aetna Better Health and/or Kentucky Medicaid number
- Date of birth
- Expected date of service
- Diagnosis
- Service requested
- Significant medical information related to the diagnosis and service requested
- Name of provider/facility rendering service

Following is a list of resources for Prior Authorizations:

Availity- https://apps.availity.com/availity/web/public.elegant.login
refer to the prior authorization tool/directory. Please check the variance detail tab.

Online Prior Authorization Search Tool (ProPAT)-
https://www.aetnabetterhealth.com/kentucky/providers/prior-authorization.html. Please remember to check the variance detail.

By phone
You can call us Monday through Friday, from 8 AM to 6 PM ET, at 1-888-725-4969 (TTY: 711) for physical health PA. You can call us at 1-888-470-0550 (TTY: 711) for physical health or inpatient concurrent review requests. Or you can call us at 1-855-300-5528 (TTY: 711), 24 hours a day, 7 days a week to request PA for behavioral health inpatient services.

By fax
You can download the appropriate PA form from Prior Authorization | Aetna Medicaid Kentucky (aetnabetterhealth.com). Then, send your:

- Physical health PA requests to 1-855-454-5579
- Physical health or inpatient concurrent review requests to 1-855-454-5043
- Behavioral health PA requests to 1-855-301-1564
- Behavioral health psychological and neuropsychological testing requests to 1-844-885-0699
- Physical health retro reviews to 1-855-336-6054

If you're requesting PA for Supporting Kentucky Youth (SKY) members, just download the appropriate PA form. Then, send your:

- Physical health PA request for a SKY member to 1-833-689-1422
- Physical health concurrent review request for a SKY member to 1-833-689-1423
- Behavioral health outpatient request for a SKY member to 1-833-689-1424
- Behavioral health and testing PA request for SKY members to 1-844-885-0699

To download forms please visit: Prior Authorization | Aetna Better Health of Kentucky

Reminder
Authorization does not guarantee payment. Issues related to billing errors and member eligibility may cause a claim and/or claim line to adjudicate with a non-payment status.

Questions?
Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

INSERT NETWORK CONTACT LISTING