



February 14, 2018

Dear Provider,

Aetna Better Health of Michigan (ABH) recently completed an analysis of its prior authorization process. Procedure codes requiring a prior authorization were compared to procedure codes that do not require a prior authorization. As a result, the following changes were made:

- We identified 529 codes that required an authorization and changed them to **“no authorization required” category**.
- We also identified twenty nine (29) codes that currently **“do not require”** an authorization and moved them to **the “authorization required” category**.

For a list of the 529 codes that no longer require authorization and the 29 that now require an authorization, please go to our website

at: <https://www.aetnabetterhealth.com/michigan/providers/prior-authorization>.

The changes apply to both the Medicaid and Medicare / Medicaid MMP (Dual) programs and are effective May 1, 2018.

Prior authorization can be obtained by completing the Aetna Better Health of Michigan Prior Authorization Form and faxing the completed form to the appropriate fax number as indicated on the form.

The ABHMI Prior Authorization form can be obtained from the ABHMI website or using the link: <https://www.aetnabetterhealth.com/michigan/providers/forms>

You can also obtain more information on ABHMI Prior Authorization process by using this link: <https://www.aetnabetterhealth.com/michigan/providers/prior-authorization>

If you have any questions, please contact ABHMI Provider Services at 1-855-676-5772. You may also fax the Prior Authorization form to ABHMI Prior Authorization department at: 1-844-241-2495.

Sincerely,

Deanne Stahl
Manager, Prior Authorization