



PHYSICAL HEALTH STANDARD PRIOR AUTHORIZATION REQUEST FORM

FAX TO: 1-855-454-5579 FOR SKY MEMBERS FAX TO: 1-833-689-1422
TELEPHONE: 1-888-725-4969 (TTY: 711)

AETNA BETTER HEALTH OF KENTUCKY
9900 CORPORATE CAMPUS, SUITE 1000
LOUISVILLE, KY 40223
TELEPHONE NUMBER: 1-888-725-4969 (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 (TAT 1 BUSINESS DAY)

NON-URGENT STANDARD – ROUTINE SERVICES PROCESSED WITHIN (TAT 2 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.

