



Aetna Better Health of Texas (ABHTX)
PROVIDER NOTIFICATION- Prior Authorization guidance when ABHTX is
Secondary

To minimize the administrative burden on our providers, Aetna Better Health of Texas (ABHTX) recently updated its Prior Authorization process. When ABHTX is a secondary payor and providers expect that the primary payor will allow the service, no authorization is required. The providers should not submit a request for authorization.

If providers believe that the service will not be allowable by the primary payor, providers can indicate as such on their request to ensure that it is processed without additional questions from our intake team.

If a primary payor has a known benefit limit, only units and dates of services beyond the known limit should be submitted for authorization by ABHTX.

We recognize that providers may have uncertainty about the coverage, limitations, and processes of primary payors. As a result, ABHTX will review post-service authorization requests if providers receive unexpected claims result from the primary payor. Providers should ensure they made a good faith effort to follow primary payor policies.

We want to partner with providers on any concerns about this process. Do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

CHIP

Bexar area

1-866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.
Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas