Aetna Better Health® of Ohio
7400 West Campus Road
New Albany, OH 43054

Prior Authorization Form

Phone: 1-855-364-0974, TTY: 711 **Fax:**
1-855-734-9389

PLEASE NOTE: Our free provider portal (Availity Essentials) may be used in place of this form to start, update, and check the status of Prior Authorization requests. Please visit www.availity.com/aetnaproviders

Date of Request: _____

For urgent requests (required within 24 hours), call Aetna Better Health of Ohio at 1-855-364-0974.
For Inpatient Acute Physical Health and Behavioral Health Requests for ACT (H0040), IHBT (H2015), and SUD Residential Treatment (H2034, H2036) please use fax 1-855-734-9393. For all other Physical Health and Behavioral Health Service authorization requests please use fax 1-855-734-9389.

PLACE OF SERVICE

☐ 31 Skilled Nursing Facility ☐32 Nursing Facility ☐33 Custodial Care Facility ☐12 Home ☐11 Office

MEMBER INFORMATION

Name: _____
Date of Birth: _____
Other Insurance: _____

ID Number _____ **Physician Name:** _____
Gender (circle one): ☐ **F** ☐ **M**

REQUESTING PHYSICIAN OR PROVIDER INFORMATION

Referring Provider / Requesting Provider
Name: _____
Address: _____
Telephone #: _____
Fax #: _____
Specialty: _____
National Provider Identification (NPI): _____
Contact Person: _____

Place of Service or Facility Name
Name: _____
Address: _____
Telephone #: _____
Fax #: _____
Specialty: _____
NPI: _____
Contact Person: _____

REFERRAL / AUTHORIZATION INFORMATION

Problem / Diagnosis (ICD-10 Code(s)): _____

_____

Procedure / Test Requested (CPT Code(s)): _____

_____

Date of Appointment or Service: _____ **Number of Visits Required:** _____
Type of Procedure (circle one): Inpatient ☐ **Outpatient** ☐ **In-Office** ☐
Other Clinical Information - Include clinical notes, lab and X-ray reports, etc. (For procedures, please attach additional pages as necessary.): _____

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