

Aetna Better Health® of Kansas EPSDT Medical Necessity Form

Dear Providers,

Effective November 1, 2023, Providers may submit the EPSDT Medical Necessity Form to the appropriate Managed Care Organization (MCO) or KMAP to request medically necessary non-covered services for EPSDT coverage consideration when more information is needed for consideration of coverage.

To request medically necessary non-covered EPSDT services for an Aetna Better Health of Kansas member, providers should send the request using one of the below prior authorizations (PA) options:

- Submit online through Availity at <https://apps.availity.com/availity/web/public.elegant.login>
- Fax the request form to 1-855-225-4102. The form is located here: [abhks_pa_ph_fax_form.pdf \(aetnabetterhealth.com\)](#)
- Call 1-855-221-5656

If the MCO requests more information on the non-covered service, providers can use the EPSDT Medical Necessity Form to provide additional information for the medically necessary service. The EPSDT Medical Necessity Form is located on the provider website under the Prior Authorization Forms section, found here:

[Materials and Forms for Providers | Aetna Medicaid Kansas \(aetnabetterhealth.com\)](#)

Questions?

If you have general questions about this communication, please contact our Provider Experience Department:

By Phone: **1-855-221-5656**

By Email: providerexperience_ks@aetna.com