

Aetna Better Health® of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210



Aetna Better Health® of Kansas Peer-to-Peer Request for Prior Authorization Denials, Timeframe Requirement

Dear Providers,

Effective 2/1/2024, providers requesting a Peer-to-Peer for prior authorization denials of Inpatient, Outpatient, including Behavioral Health services need to make that Peer-to-Peer request within two business days from the date of the denial of coverage determination fax. The below information will be included in the fax back notification to the Provider:

A recent authorization request for <member>, <DOB>, and <ID#> was sent to the Medical Director for review and has been denied. A denial letter will be faxed to the treating practitioner/provider at fax# within the next 24 hours or next business day to outline your appeal rights. A peer-to-peer reconsideration can be scheduled within 2 business days from the date of the denial of coverage determination fax was sent. If you would like to schedule a peer-to-peer or discuss Appeal information about this determination, you can do so by calling 833-459-1998 member services. The reference number for this request is <(auth#)>.

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