



PHYSICAL HEALTH STANDARD PRIOR AUTHORIZATION REQUEST FORM

FAX TO: 844-227-9205 TELEPHONE: 855-242-0802

AETNA BETTER HEALTH OF LOUISIANA
2400 VETERANS MEMORIAL BLVD, STE 200
KENNER, LA 70062
TELEPHONE NUMBER: 855-242-0802
TTY: 855-242-0802, 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 72 HOURS.

NON-URGENT STANDARD – ROUTINE SERVICES PROCESSED WITHIN 14 BUSINESS DAYS.

VISIT OUR PROPAT SEARCH TOOL TO DETERMINE IF A SERVICE REQUIRES PA (insert web address here). 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 contact info, and facility information.

