

| Peer Recovery Support Services Authorization Request | |
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| <p>Aetna Better Health of West Virginia allows 80 units per month <u>without</u> a prior authorization. Refer to the complete policy on our website at www.AetnaBetterHealth.com/WestVirginia, "For Providers" for further information or call the Provider Services Department at 1-888-348-2922.</p> | |
| Member Name: | Member ID: DOB: |
| Date of Request: | Intended / Actual Date of Initiation of Service: |
| Diagnosis (ICD-10): | |
| Provider Name / Agency: | Phone: |
| Contact Name: | |
| Address: | |
| Tax ID: | |
| <i>Providers may obtain additional units of PRSS service to the end of the month if documentation supports the member's need for services:</i> | |
| Date of initiation of PRSS beyond 80 units per month: | Number of Units requested per day: |
| Date span requested: | To |
| Supervising Masters Level Clinician: | |
| Specification of additional units requested and period for which they are requested (may not exceed last day of month as next month allows 80 units without authorization): | |
| Description of activities that require the additional units (be specific): | |

Is the member receiving any additional Medicaid services? If yes, please list.

Attach copies of documentation of the 80 units used in the last month from the requesting agency. Include current treatment plan and/or PRSS strategy.

Submit authorization / Initiation of service requests to Aetna Better Health of West Virginia by fax to **1-866-366-7008**.

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WV-21-08-03