Aetna Better Health® of Illinois
PO Box 818031, MC F661
Cleveland, OH 44181-8031

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Aetna Better Health® of Illinois

Prior authorization requirements for gender-affirming services

To ensure timely review and processing of requests for gender-affirming services, providers should follow the standard prior authorization process used for all services requiring authorization.

Additional requirement for gender-affirming services
In addition to the standard authorization submission process, requests for gender-affirming services must include the Illinois Department of Healthcare and Family Services (HFS) designated **Gender-Affirming Services Prior Authorization Request Form**, completed in its entirety.

The form contains:

- The clinical criteria used to evaluate requests
- Required supporting documentation
- Detailed submission instructions

Incomplete forms or missing required documentation may result in delays in processing. Providers should carefully review and complete all sections of the form prior to submission and follow the instructions included on the form to ensure a complete authorization request.

If you need assistance, or have questions, please contact your **Provider Relations Representative** or email us at **ABHILProviderRelations@AETNA.com**.