Aetna Better Health of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223

July 14, 2026

Provider Notice

EPSDT Prior Authorization Submission Guidance and Temporary Availity Workaround

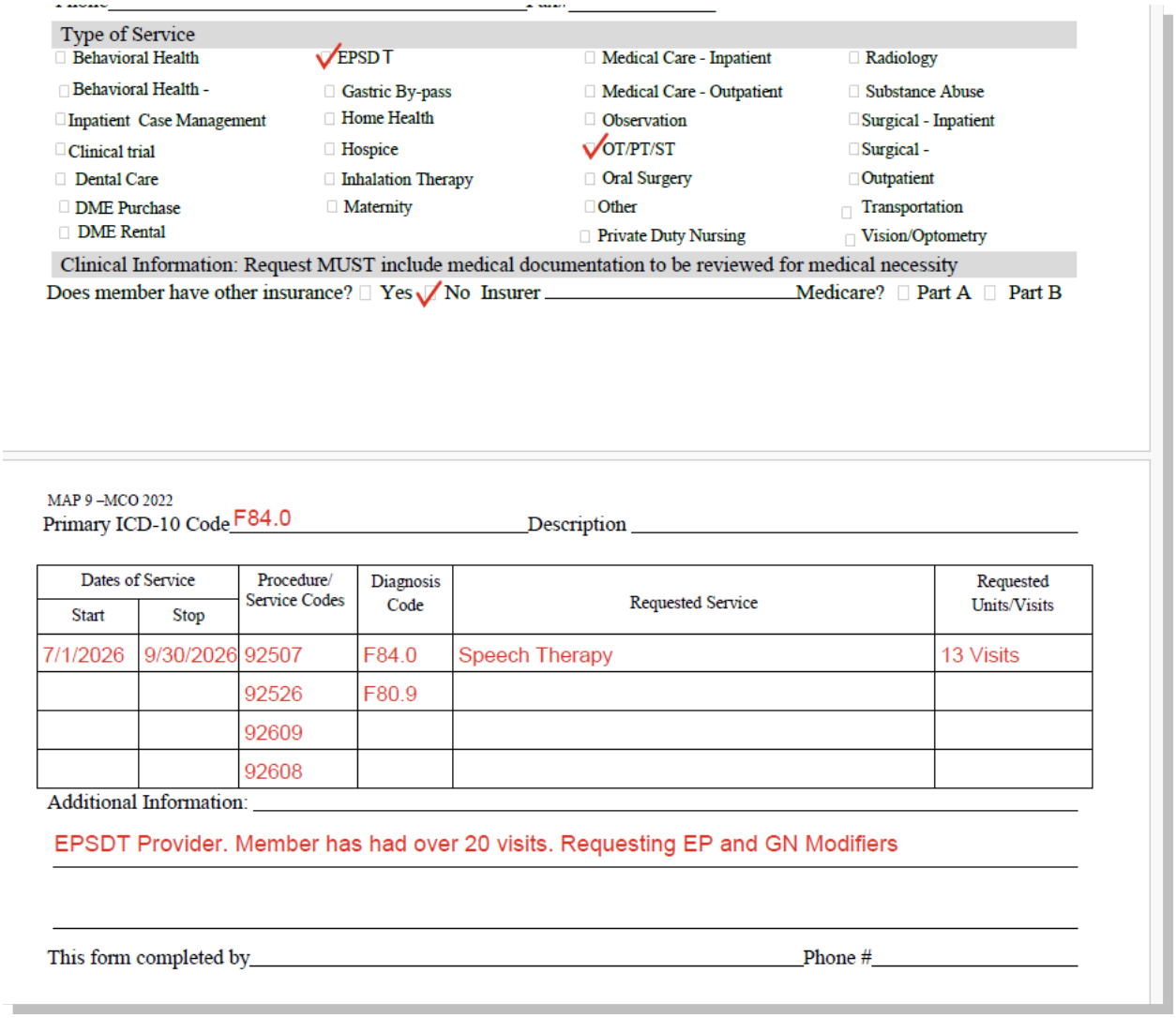
Effective Date: Immediately

Aetna Better Health of Kentucky is providing the following guidance to support accurate and timely submission of EPSDT prior authorization requests. We have identified several items that require provider awareness, including prior authorization submission requirements, a temporary Availity configuration issue, and modifier submission guidance.

Prior Authorization Submission Requirements
Providers should submit only the specific procedure codes for services that will be rendered and that are included in the members' treatment plan. Prior authorization requests should not include the full range of available EPSDT procedure codes unless all requested services are clinically supported and intended to be provided.

Provider Action Required:

- Providers should only submit the procedure codes included in the member's treatment plan.
- Procedure codes requested should correlate with the clinical attachment.
- Those same codes must be entered in the **"Procedure/Service Codes"** section of the PA request form.
- Submitting all available codes may result in delays or the need for additional review.



Type of Service

☐ Behavioral Health	☑ EPSDT	☐ Medical Care - Inpatient	☐ Radiology
☐ Behavioral Health - Inpatient Case Management	☐ Gastric By-pass	☐ Medical Care - Outpatient	☐ Substance Abuse
☐ Clinical trial	☐ Home Health	☐ Observation	☐ Surgical - Inpatient
☐ Dental Care	☐ Hospice	☑ OT/PT/ST	☐ Surgical - Outpatient
☐ DME Purchase	☐ Inhalation Therapy	☐ Oral Surgery	☐ Transportation
☐ DME Rental	☐ Maternity	☐ Other	☐ Vision/Optometry
		☐ Private Duty Nursing	

Clinical Information: Request MUST include medical documentation to be reviewed for medical necessity

Does member have other insurance? ☐ Yes ☑ No Insurer _____ Medicare? ☐ Part A ☐ Part B

MAP 9 –MCO 2022

Primary ICD-10 Code F84.0 Description _____

Dates of Service		Procedure/ Service Codes	Diagnosis Code	Requested Service	Requested Units/Visits
Start	Stop				
7/1/2026	9/30/2026	92507	F84.0	Speech Therapy	13 Visits
		92526	F80.9		
		92609			
		92608			

Additional Information: _____

EPSDT Provider. Member has had over 20 visits. Requesting EP and GN Modifiers

This form completed by _____ Phone # _____

Temporary Availity Configuration Issue

A temporary system issue has been identified in Availity where certain EPSDT procedure codes may not display the correct prior authorization requirement.

Provider Action Required:

- **All EPSDT services, with the exception of evaluations, require prior authorization.**
- Until the Availity update is completed, all EPSDT prior authorization requests must be submitted **via fax**.
- Providers should not rely on Availity's current PA indicator for EPSDT services.

Modifier Submission Guidance

Providers may experience a limitation in Availity when attempting to enter two modifiers on EPSDT prior authorization requests.

Provider Action Required:

- Include the **EP modifier** on the PA request.
- Any additional required modifiers should be entered in the **Provider Notes** section of the request until the system update is complete.

Important Reminder: Providers should continue to follow EPSDT prior authorization requirements and submit complete clinical documentation to support the requested services. Submitting accurate procedure codes and required modifiers will help reduce processing delays and additional review.

Thank you for your attention to this guidance and for your continued partnership in supporting EPSDT services for our members.