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

August 24, 2026

Aetna Better Health® of Kentucky
Update to CPT Code 97533 Prior Authorization Requirements

Aetna Better Health of Kentucky (ABHKY) is issuing this notice to update guidance previously communicated on March 27, 2026 regarding prior authorization requirements for CPT code 97533. This update reflects revised direction for therapy services and supersedes any conflicting information contained in the March 27, 2026 notice.

Effective Immediately

Non-EPSDT Services

- Prior authorization is not required for CPT code 97533 when billed as part of the member's initial twenty (20) outpatient therapy visits.
- Beginning with the 21st therapy visit, prior authorization is required for CPT 97533.

EPSDT Services

- Prior authorization is required for all CPT 97533 services billed under EPSDT, regardless of visit count.
- EPSDT claims are identified by the presence of Provider Type (PT) 45 and/or applicable EPSDT billing requirements.
- Authorization must be obtained prior to service delivery.

Prior Authorization Requests

When prior authorization is required, providers should submit all applicable clinical documentation supporting medical necessity, including:

- CPT code(s) being requested
- Applicable therapy modifier(s)
- EPSDT indicators, when applicable
- Supporting clinical records and treatment plans

Providers with questions regarding this change may contact their Network Manager.

Thank you for your continued partnership in serving Kentucky Medicaid members.

Questions?

If you have general questions about this communication, contact Provider Relations at **1-855-300-5528** (TTY: 711). We're here for you Monday through Friday, 7 AM to 7 PM ET.