



Aetna Better Health<sup>®</sup>  
of Oklahoma

**Aetna Better Health<sup>®</sup> of Oklahoma**

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Oklahoma City, OK 73116

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### Prior authorization required for drug urine testing procedure codes

This notice is a reminder that **prior authorization is required** for drug urine testing billed under the procedure codes listed below. This requirement follows **OHCA** guidelines and applies to all Aetna Better Health members.

Claims for these services **will be denied if performed without an approved prior authorization.**

### Procedure codes that require prior authorization

Code	Description
<b>G0480</b>	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed — 1–7 drug classes
<b>G0481</b>	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed — 1–7 drug classes
<b>G0482</b>	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), includes sample validation when performed — 1–7 drug classes
<b>G0483</b>	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS, LC/MS, LC/MS/MS, MALDI, TOF, and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA, KIMS) — 22 or more drug classes

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from Aetna. There are numerous ways you may opt-out: The recipient may call toll-free **877-265-2711** and/or fax the opt-out request to **1-888-263-9488**, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to **do\_not\_call@aetna.com**. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.

## Key reminders

- Prior authorization must be obtained before services are provided.
- Requests must include clinical documentation that supports medical necessity under OHCA guidelines.
- Retroactive authorization is considered only in emergencies or urgent clinical situations.
- Claims denied for lack of prior authorization may be appealed following the Aetna Better Health provider appeals process.
- Frequency limits and medical necessity requirements are based on OHCA SoonerSelect policy.

## How to submit a prior authorization request

By phone:

Call **1-844-365-4385**

Choose **option 2** (provider), then **option 4** (prior authorization)

By fax:

Send the prior authorization request form to **1-833-923-0831**

## Questions?

Contact the Provider Engagement team at: **1-844-365-4385** or by email at [ABHOKProviderEngagement@Aetna.com](mailto:ABHOKProviderEngagement@Aetna.com)

## Better health highlights

### Open enrollment is May 1–June 13, 2026

Open enrollment is coming soon. This is a key time for members to choose the coverage that fits their needs. If you have questions, reach out — we're here to support.

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### New universal roster now available for credentialing

Our updated roster template is ready to use. It makes credentialing easier across health plans and helps keep provider information current and accurate. Using this roster helps reduce delays and supports faster updates for your practice.

**Access the roster [here](#).**

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### AI/AN members can choose to opt in

Members who are American Indian or Alaskan Native can opt in to SoonerSelect and choose a health plan. If you serve AI/AN members, we can help answer questions and connect them to services that support their health and well-being.