

2021



## Aetna Better Health® Premier Plan MMAI - Prior Authorization (PA) List

### DME

Please refer to code specific listing as requirements may vary. In general the following require authorization:

- CPAP
- Hospital beds
- Oxygen
- Wheelchairs

### Dental

- Apexification/recalcification
- Apicoectomy
- Casts
- Crowns
- Oral Surgery
- Orthodontics
- Prosthodontics

### Injectables

All therapy management services provided by a pharmacist. Please refer to code specific listing as requirements may vary.

### Imaging

- Angiography
- MRA
- MRI
- PET scans

### Inpatient services (All)

- Rehabilitation
- Skilled nursing
- Surgical and non- surgical

### LTSS services (All)

### Orthotics / Prosthetics

- Electronic devices
- Implantable breast prosthetics
- Injectable bulking agents
- Implantable devices

### Outpatient Services

Services vary based upon the code and are not location specific. Please check the code specific listings for details.

### Surgical services

Please refer to code specific listing as requirements may vary.

### Therapy

All Therapy services require authorization with the *exception* of therapy diagnostic analysis and therapy evaluations.

### Transportation

Please refer to code specific listing as requirements may vary

### Other

- Enteral feeding supply and formulas, additives all pumps
- Hearing and vision services vary
- Non-Routine Dental Services
- Specialized Multidisciplinary Services
- Supply based services vary please refer to specific code
- Unlisted Codes require authorization