



## Aetna Better Health<sup>®</sup> of New Jersey

### PRIOR AUTHORIZATION METRICS FOR MEDICAL ITEMS AND SERVICES (EXCLUDING DRUGS)

Aetna Better Health<sup>®</sup> of New Jersey wants to help you get care without long waits. We have a report on our website that shows:

- Which medical services need approval first
- How many were approved or denied last year

We share this to help you understand how things work.

If you have questions, call 1-855-232-3596 (TTY: 711)

We are always working to make things easier for you and your providers. One way we do this is by decreasing prior authorization rules whenever we can. This means care can happen faster. The numbers shown are only for services that need prior authorization.

**Reporting Period: January 1, 2025, to December 31, 2025**

**These are the medical items and services for which we  
require prior authorization (excluding drugs)**



To review the prior authorization list, click here: [Aetna Better Health of New Jersey prior authorization request search tool](#)

Prior to January 1, 2026, Medicaid payers are required to send prior authorization decisions within the following timeframes:

- For Medicaid managed care plans and CHIP managed care entities, 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization [final rule](#) requires Medicaid managed care plans to send prior authorization decisions within:

- 72 hours for **expedited requests** (urgent)
- 7 calendar days for **standard requests** (non-urgent)



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### Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	40,306	55,635	72.45%
Request denied	15,329	55,635	27.55%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	380	2,527	15.03%

### Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	9,780	11,289	86.63%
Request denied	1,509	11,289	13.37%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0%



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### Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	8.77 days	10.0 days
Expedited (urgent) Prior Authorization Requests	0.58 days	0.0 days