

AETNA BETTER HEALTH® OF NEW JERSEY

2014 Prior Authorization (PA) List

All Inpatient services

- Surgical and non- surgical
- Skilled nursing
- Rehabilitation
- Hospice

All LTSS services

Outpatient Services vary based upon the code and are not location specific. Please check the code specific listings for details. Listed below are selected services requiring precertification.

- Surgical services
 - Please refer to code specific listing as requirements may vary.
- Home based services including hospice
- Therapy
 - All Therapy services require authorization with the exception of therapy diagnostic analysis and therapy evaluations.
- Imaging
 - MRI
 - MRA
 - Angiography
 - PET scans
- DME
 - Please refer to code specific listing as requirements may vary. In general the following require authorization:
 - Hospital beds
 - Wheelchairs
 - Oxygen
 - CPAP
- Dental
 - Casts
 - Crowns

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

- Injectables
 - Therapy management services provided by a pharmacist.
 - Please refer to code specific listing as requirements may vary.
- Orthotics / Prosthetics
 - Implantable devices
 - Electronic devices
 - Implantable breast prosthetics
 - Injectable bulking agents
- Transportation
 - Please refer to code specific listing as requirements may vary.
- Other
 - Sleep studies
 - Osteopathic manipulation and chiropractic services
 - Hearing and vision services vary please refer to specific code
 - Genetic or infertility counseling or testing services
 - Specialized Multidisciplinary Services
 - Enteral feeding supply and formulas, additives all pumps

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- Supply based services vary please refer to specific code
- All Unlisted Codes require authorization
- Non-Routine Dental Services

- *No authorization is required for emergency services.*
- *This document represents the majority of services requiring authorization. Please refer to the code specific listing for details.*