

## AETNA BETTER HEALTH® OF LOUISIANA Prior Authorization (PA) list

- All Inpatient services
  - Surgical and non-surgical
  - Skilled nursing
  - Rehabilitation
  - Hospice
- 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
- Orthotics / Prosthetics
  - Implantable devices
  - Electronic devices
  - Implantable breast prosthetics
  - Injectable bulking agents
- Injectables
  - Therapy management services provided by a pharmacist.

- Please refer to code specific listing as requirements may vary.
- Transportation
  - Please refer to code specific listing as requirements may vary.
- 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
- 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
  - 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.

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