



Aetna Assure Premier Plus (HMO D-SNP) - 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