



Aetna Better Health[®] of West Virginia

The Provider Prior Authorization (PA) List reflects all covered services. For service code specific requirements, please refer to [ProPAT](#), our online prior authorization tool. Authorization of services is not a guarantee of payment and are subject to benefit coverage, limitations, and exclusions outlined in plan coverage guidelines.

NOTE: NON-PARTICIPATING providers must request prior authorization for all non-emergency services.

Service	
Behavioral Health – Inpatient	Services require prior authorization.
Behavioral Health – Outpatient	Services may require prior authorization.
Cardiac Rehabilitation	Services require prior authorization.
Chiropractic Services	The first 20 Chiropractic visits, in a calendar year, do not require prior authorization. After 20 visits have been reached, prior authorization is required.
Dental Services	Dental authorizations are provided by Liberty Dental. Please call 1-800-267-6610 to determine benefits or prior authorization requirements.
Diagnostic Testing	Services may require prior authorization.
Durable Medical Equipment (DME) / Orthotics / Prosthetics	Services may require prior authorization.
Home Health Aide	Services require prior authorization.
Home Health Care Services	Services require prior authorization.
Home Infusion	Services require prior authorization.
Hospice Care – Inpatient and Outpatient	Do not require prior authorization if performed by a participating provider and billed correctly.
Inpatient Hospital Services	Services require prior authorization.
Laboratory	Services may require prior authorization.
Maternity	Plan notification is required. Notification should be completed as soon as possible after delivery.
Medical Imaging (MRI, CT, PET)	Services require prior authorization.
Medications / Injectables covered by the medical benefit	Services require prior authorization.
Observation Hospital Services	No prior authorization required for up to 48 hours in a participating facility.
Pain Management	Services require prior authorization.
Pulmonary Rehabilitation	Services require prior authorization.
Skilled Nursing	Services require prior authorization.
Substance Use Treatment	Services may require prior authorization.



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Surgery	Services may require prior authorization.
Therapy Services – Physical and Occupational	The first 20 Physical and Occupational Therapy visits (combined amount), in a calendar year, do not require prior authorization. After 20 combined visits have been reached, prior authorization is required.
Therapy Services - Speech	Services require prior authorization.
Transplants	Services require prior authorization.
Vision Care	Vision authorizations are provided by VSP. Please call 1-877-666-2188 to determine benefits or prior authorization requirements.