What’s prior authorization?
What you need to know for musculoskeletal conditions

It’s a requirement that your provider requests approval before prescribing certain medicines or procedures. During the prior authorization process, it’s reviewed against nationally recognized criteria, the highest-quality clinical guidelines and scientific evidence. This helps ensure you’re getting the best care for your condition.

3 STEPS TO THE PROCESS

1. A prior authorization request is submitted on your behalf.
   We’ll review and make a decision quickly. And we’ll keep you updated throughout the process.

2. We’ll approve or deny your prior authorization. If denied, we’ll work with you and your provider on next steps.

FACTS ABOUT MUSCULOSKELETAL ISSUES
These common problems happen with your muscles, bones, tendons, ligaments, joints and cartilage. They can be painful and limit your movement.

• Most common form of non-cancer pain
• Accounts for nearly 70 million doctor visits in the U.S. each year
• About 130 million total outpatient, hospital and emergency room visits
• Treatments available don’t always require surgery

Source: https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions

KNOW YOUR CHOICES
If you get a denial, know that you have options:

Talk to your provider. You’ll get a letter from us explaining the reason why your request didn’t meet clinical guidelines.

Ask for a review between your provider and our medical director. They can further discuss your specific case to meet your specific needs.

Ask for a formal appeal. The denial letter will explain the steps you can take when requesting a formal appeal on your decision.

Know us for support. We’re here to help you through the process and explain your options. Be sure to check out the Aetna Health™ app at aet.na/ah_app. It’s an easy way to get status updates throughout this process.

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