

# 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



A **prior authorization** request is submitted on your behalf.

1



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.

3

## 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.



**Count on us for support.** We're here to help you through the process and explain your options. Be sure to check out the Aetna Health<sup>SM</sup> app at [aetna.com/ah\\_app](https://aetna.com/ah_app). It's an easy way to get status updates throughout this process.

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