



# Aetna Participating Provider Precertification List

Effective January 1, 2012

Please note the exceptions to this Precertification List — See footnotes

Applies to: Aetna Choice® POS, Aetna Choice® POS II, Aetna Medicare<sup>SM</sup> Plan (PPO), Aetna Medicare<sup>SM</sup> Plan (HMO), all Aetna HealthFund® products, Aetna Health Network Only<sup>SM</sup>, Aetna Health Network Option<sup>SM</sup>, Aetna Open Access® Elect Choice®, Aetna Open Access® HMO, Aetna Open Access® Managed Choice®, Open Access Aetna Select<sup>SM</sup>, Elect Choice®, HMO, Managed Choice® POS, Open Choice®, Quality Point-of-Service® (QPOS®), Choose and Save<sup>SM</sup>, Savings Plus, and Aetna Select<sup>SM</sup> benefits plans and all products that may include the Aexcel® networks and include the designation Aexcel or Aexcel Plus\*

Precertification\*\* and notification are the process of collecting information before elective inpatient admissions and/or selected ambulatory procedures and services take place. Therefore, requests for precertification and notification must be received before rendering services. Failure to contact Aetna for precertification will relieve Aetna or employers and members from any financial liability for the applicable service(s), if those services are rendered.

<b>1. Inpatient confinements</b>	
<ul style="list-style-type: none"> <li>■ Surgical and non-surgical — Including vaginal or cesarean deliveries excluding routine delivery***</li> <li>■ Skilled nursing facility</li> </ul>	<ul style="list-style-type: none"> <li>■ Rehabilitation facility</li> <li>■ Inpatient hospice (except Medicare)</li> </ul>
<b>2. Reconstructive or other procedures that may be considered cosmetic</b>	
<ul style="list-style-type: none"> <li>■ Blepharoplasty/canthopexy/canthoplasty</li> <li>■ Breast reconstruction/breast enlargement</li> <li>■ Breast reduction/mammoplasty</li> <li>■ Cervicoplasty</li> <li>■ Chemical peels</li> </ul>	<ul style="list-style-type: none"> <li>■ Excision of excessive skin due to weight loss</li> <li>■ Gastroplasty/gastric bypass</li> <li>■ Injection of filling material</li> <li>■ Lipectomy or excess fat removal</li> <li>■ Sclerotherapy or surgery for varicose veins</li> </ul>
<b>3. Artificial intervertebral disc surgery</b>	
<b>4. Lumbar spinal fusion surgery</b>	
<b>5. Uvulopalatopharyngoplasty, including laser-assisted procedures</b>	
<b>6. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint</b>	

\*Not all plans are offered in all service areas. Precertification is required when Aetna is secondary payer.

\*\*The term precertification here means the utilization review process to determine whether the requested service, procedure, prescription drug, or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members. Notifications are not subject to clinical review.

\*\*\*A total length of stay of 3 days or less for vaginal deliveries. A total length of stay of 5 days or less for a cesarean section.

<b>7. Dental implants and oral appliances</b>	
<b>8. Ambulance</b>	
<ul style="list-style-type: none"> <li>■ Air ambulance transfers</li> </ul>	<ul style="list-style-type: none"> <li>■ Elective (non-emergent) transportation by ground ambulance or medical van for Medicare Advantage plan members only</li> </ul>
<b>9. Outpatient surgical scopes — This is a notification program. Our intent is to provide members with alternative, more cost-effective locations where their physician has privileges. Medicare plan members are currently excluded from this program.</b>	
<ul style="list-style-type: none"> <li>■ Bronchoscopy</li> <li>■ Colonoscopy</li> <li>■ Cystoscopy</li> <li>■ Hysteroscopy</li> </ul>	<ul style="list-style-type: none"> <li>■ Knee arthroscopy</li> <li>■ Laparoscopic cholecystectomy</li> <li>■ Shoulder arthroscopy</li> <li>■ Upper GI endoscopy</li> </ul>
<b>10. The following conditionally eligible services†</b>	
<ul style="list-style-type: none"> <li>■ Alpha 1-proteinase inhibitor — human</li> <li>■ Autologous Chondrocyte Implantation, Carticel®</li> <li>■ botulinum toxin type A and B (Botox®, Dysport®, incobotulinumtoxin a, Myobloc®, Xeomin®)</li> <li>■ Cochlear device and/or implantation</li> <li>■ Cognitive skills development</li> <li>■ Dorsal Column (lumbar) Neurostimulators: Trial or Implantation</li> </ul>	<ul style="list-style-type: none"> <li>■ GI tract imaging through capsule endoscopy</li> <li>■ Hyperbaric oxygen therapy</li> <li>■ Negative pressure wound therapy</li> <li>■ Onco Type DX</li> <li>■ Osseointegrated implant</li> <li>■ Osteochondral allograft/knee</li> <li>■ Ventricular Assist Devices</li> </ul>
<b>11. Drugs and Medical injectables</b>	
<ul style="list-style-type: none"> <li>■ Blood clotting factors</li> <li>■ Growth hormone</li> <li>■ Immunoglobulins — any parenteral administration — intravenous (IV), subcutaneous (SubQ) and/or intramuscular (IM)</li> </ul>	<ul style="list-style-type: none"> <li>■ Interferons when used for hepatitis C: Pegasys®, Peg Intron®, Rebetrone®, Roferon A®, Intron A®, Infergen®</li> <li>■ Oral medications for hepatitis C: telaprevir (Incivek™) and boceprevir (Victrelis™)</li> </ul>

**For the following services, call 1-866-503-0857 or fax applicable request forms to 1-888-267-3277**

<ul style="list-style-type: none"> <li>■ Acthar® Gel</li> <li>■ Antiemetics: palonosetron (Aloxi IV®), dolasetron (Anzemet IV®), and fosaprepitant (Emend IV®)</li> <li>■ Benlysta®</li> <li>■ Enzyme replacement drugs</li> <li>■ Erbitux®</li> <li>■ Erythropoiesis Stimulating Agents (ESA), such as darbepoetin alpha, epoetin alpha and epoetin beta</li> <li>■ Hereditary angioedema drugs</li> <li>■ Infertility medications — injectable</li> <li>■ Jevtana®</li> <li>■ Krystexxa™</li> <li>■ Makena™</li> <li>■ Multiple Sclerosis drugs: Avonex®, Betaseron®, Copaxone®, Extavia®, Gilenya®, Rebif® and Tysabri®</li> </ul>	<ul style="list-style-type: none"> <li>■ Osteoporosis drugs — injectable <ul style="list-style-type: none"> <li>&gt; Boniva®, Forteo®, Miacalcin®, Reclast® and Prolia®</li> <li>&gt; Zometa® and pamidronate (Aredia®) (for osteoporosis indications only)</li> </ul> </li> <li>■ Provenge®</li> <li>■ Pulmonary arterial hypertension drugs</li> <li>■ Rituxan® when used for rheumatoid arthritis</li> <li>■ Soliris®</li> <li>■ Synagis®</li> <li>■ Vectibix®</li> <li>■ Viscosupplementation: Euflexxa®, Hyalgan®, Orthovisc®, Supartz®, Synvisc® and Synvisc-One®</li> <li>■ Xgeva®</li> <li>■ Xolair®</li> <li>■ Yervoy™</li> </ul>
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†All services deemed “never effective” are excluded from coverage. Aetna defines a service as “never effective” when it is not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Visit the secure website, available through [www.aetna.com](http://www.aetna.com), for more information. Select “Claims,” “CPT/HCPCS Coding Tool,” “Clinical Policy Code Lookup.”

<b>12. Home health care related services</b>		
<ul style="list-style-type: none"> <li>Private duty nursing, maternity management home care and home uterine activity monitoring</li> </ul>	<ul style="list-style-type: none"> <li>All home health care for Medicare Advantage plan members only</li> </ul>	<ul style="list-style-type: none"> <li>Home Hospice for Medicare Part B plan members only</li> </ul>
<b>13. Selected durable medical equipment</b>		
<ul style="list-style-type: none"> <li>Electric or motorized wheelchairs and scooters</li> </ul>	<ul style="list-style-type: none"> <li>Limb prosthetics</li> </ul>	<ul style="list-style-type: none"> <li>Customized braces</li> </ul>
<b>14. Referral or use of nonparticipating physician or provider for non-emergent services, unless the member understands and consents to the use of a non-participating provider under their out-of-network benefits when available in their plan.<sup>††</sup></b>		
<b>15. Nonparticipating free-standing ambulatory surgical facility services, when referred by a participating provider</b>		
<b>16. Dialysis visits</b>		
Call <b>1-866-503-0857</b> or fax applicable request forms to <b>1-888-267-3277</b>		
<b>17. Special programs</b>		
<b>Beginning Right<sup>®</sup> maternity program</b> <ul style="list-style-type: none"> <li>Including genetic testing, antenatal testing, perinatal consultations and counseling: <b>1-800-272-3531</b></li> </ul>		
<b>BRCA genetic testing</b> <ul style="list-style-type: none"> <li><b>1-877-794-8720</b></li> </ul>		
<b>Infertility Program</b> <ul style="list-style-type: none"> <li><b>1-800-575-5999</b></li> </ul>		
<b>To precertify mental health or substance abuse services</b> <ul style="list-style-type: none"> <li>See the member's ID card.</li> </ul>		
<b>National Medical Excellence Program<sup>®</sup></b> <ul style="list-style-type: none"> <li><b>1-877-212-8811</b> for all major organ transplant evaluations and transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy</li> </ul>		
<b>Pre-implantation genetic testing</b> <ul style="list-style-type: none"> <li><b>1-800-575-5999</b></li> </ul>		
<b>Pediatric Congenital Heart Surgery Program</b> <ul style="list-style-type: none"> <li>See the member's ID card to contact the Precertification unit</li> </ul>		
<b>Chiropractic Precertification</b> <ul style="list-style-type: none"> <li>HMO-based plan members only <ul style="list-style-type: none"> <li>&gt; AZ through American Specialty Health (ASH) <b>1-800-972-4226</b></li> </ul> </li> <li>HMO-based plan and Group Medicare members only <ul style="list-style-type: none"> <li>&gt; CA through American Specialty Health (ASH) <b>1-800-972-4226</b></li> </ul> </li> <li>HMO-based and Medicare Advantage plan members only — <ul style="list-style-type: none"> <li>&gt; <b>Metro NY and the following Upstate NY counties:</b> Broome, Cayuga, Onondaga, Oswego, Tioga through American Chiropractic Network <b>1-888-329-5180</b></li> <li>&gt; <b>NJ</b> through Triad <b>1-800-409-9081</b></li> </ul> </li> <li>For all members (with Commercial and Medicare Advantage plans applicable to this precert list): <ul style="list-style-type: none"> <li>&gt; <b>CT, DC, DE, GA, Chicago, IL, MA, ME, OH, PA and VA</b> through American Specialty Health (ASH) <b>1-800-972-4226</b></li> </ul> </li> </ul>		

<sup>††</sup>All products that include Aetna HealthFund, Aexcel Plus products, Aetna Health Network Option products, Aetna Choice, Choice POS II, Aetna Medicare Plan (PPO), Open Access Managed Choice, Open Choice and QPOS benefits plans may include the option for members to elect to go outside the network and receive reduced benefits.

## 17. Special programs (cont.)

### Outpatient Physical Therapy (PT) and Occupational Therapy (OT) Precertification — through Orthonet 1-800-771-3205

- **Metro NY/NNJ** — For HMO-based and Medicare Advantage plan members only
- **CT** — For all members (with plans applicable to this precert list)

### Radiology Precertification where applicable — For all members (with plans applicable to this precert list):

- Outpatient imaging precertification for computed tomographic (CT) studies, coronary CT angiography, MRI/MRA, nuclear cardiology, PET scans, diagnostic left and right heart catheterizations and echo stress tests through regional-specific Radiology Benefit Manager (MedSolutions or Care Core National)

### Radiation Oncology Precertification

- **AZ, FL and GA (Atlanta metropolitan area)** — Radiation oncology precertification through MedSolutions for all Aetna patients enrolled in HMO (including Medicare) and PPO-based benefits plans. To request preauthorization, follow one of these simple options:
  - > Submit a request online at [www.medsolutionsonline.com](http://www.medsolutionsonline.com)
  - > Call **1-888-693-3211** between 7 a.m. and 8 p.m. ET
  - > Fax to **1-888-693-3210** Monday through Friday during normal business hours or as required by federal or state regulations
- **Metro NY/NNJ** — Radiation oncology precertification through CareCore for HMO-based and Medicare Advantage plan members only
  - > **1-888-647-5940** for Northern New Jersey members
  - > **1-888-622-7329** for Metro NY members

### Sleep Study Precertification for HMO-based and Medicare Advantage plan members only

- **Metro NY/NNJ** — Sleep apnea study management — through CareCore National at **1-888-647-5940** prior to performing these tests
- **PA, SNJ, DE, MD, DC and VA** — Sleep apnea study management — through MedSolutions at **1-888-693-3211** prior to performing these tests

## Additional Assistance and Information

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| <ul style="list-style-type: none"><li>■ Electronic submission of precert requests and inquiries is preferred. If you require assistance with precertification, please call our Aetna Voice Advantage® line using the appropriate phone number indicated below and select the precertification option:<ul style="list-style-type: none"><li>&gt; For HMO-based and Medicare Advantage benefits plans, call <b>1-800-624-0756</b>.</li><li>&gt; For all other plans, call <b>1-888-632-3862</b>.</li></ul></li></ul> | <ul style="list-style-type: none"><li>■ For precertification of oral medications not indicated on this list, Contact Aetna Pharmacy Management at <b>1-800-414-2386</b>.</li><li>■ Call <b>1-866-782-2779</b> for information on injectable medications not listed.</li></ul> |
| <ul style="list-style-type: none"><li>■ Visit Clinical Policy Bulletins and DocFind®.</li></ul>  | <ul style="list-style-type: none"><li>■ Precertification approvals are valid for six months in all states unless otherwise indicated at the time of precertification.</li></ul>   |



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).