

Participating Provider Precertification List

Effective August 15, 2014

Reference general precertification information.¹

Applies to: all Aetna plans, except Traditional Choice[®] plans; all Innovation HealthSM plans.^{1,2}

1. Inpatient confinements

- Surgical and nonsurgical
- Skilled nursing facility
- Rehabilitation facility
- Inpatient hospice (except Medicare)
- Maternity and newborn confinements that exceed the standard length of stay (LOS)³

2. Ambulance

- Transportation by fixed-wing aircraft (plane)
- Elective (non-emergency) transportation by ground ambulance or medical van for Medicare Advantage plan members only

3. Autologous chondrocyte implantation, Carticel^{®4}

4. Cochlear device and/or implantation⁴

5. Cognitive skills development⁴

6. Dental implants

7. Dialysis visits

- Call **1-866-503-0857** or fax applicable request forms to **1-888-267-3277**

8. Dorsal column (lumbar) neurostimulators: trial or implantation⁴

9. Electric or motorized wheelchairs and scooters

10. Gastrointestinal (GI) tract imaging through capsule endoscopy⁴

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). Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health.

11. Home health care related services

- Private duty nursing, maternity management home care and home uterine activity monitoring
- All home health care for Medicare Advantage plan members only
 - Effective June 2, 2014, precertification is not required
- Home hospice for Medicare Part B plan members only
 - Effective June 2, 2014, precertification is not required

12. Hyperbaric oxygen therapy⁴

13. Limb prosthetics

14. Drugs and medical injectables^{5, 6, 7}

- Blood-clotting factors
 - Precertification for outpatient infusion of this drug class is required

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

NaviNet[®] users, please use the drug authorizations online form located under “Services.”

- Actimmune[®]
- Acthar[®] Gel
- Adcetris[™]
- Alpha 1-proteinase inhibitor — human
- Antiemetics:
 - Aloxi IV[®], Anzemet IV[®] and Emend IV[®]
- Benlysta[®]
- Botulinum toxin types A and B (Botox[®], Dysport[®], incobotulinumtoxin a, Myobloc[®], Xeomin[®])
- Enzyme replacement drugs:
 - Precertification for outpatient infusion of this drug class is also required
- Erbitux[®]
- Erythropoiesis-stimulating agents (ESA), such as darbepoetin alpha, epoetin alpha and epoetin beta
- Gattex[®]
- Gazyva[™]
- Growth hormone
- Hereditary angioedema drugs
- HER2-targeted receptors
- Immunologic agents:
 - Actemra[®], Actemra[®] SC, Amevive[®], Cimzia[®], Enbrel[®], Humira[®], Kineret[®], Orenicia[®], Otezla[®], Remicade[®], Rituxan[®], Simponi[®], Simponi[®] Aria[™], Stelara[®], Xeljanz[®]
 - Entyvio[™] — precertification required effective July 18, 2014
- Immunoglobulins:
 - Any parenteral administration — intravenous (IV), subcutaneous (SubQ) and/or intramuscular (IM)
 - Precertification for outpatient infusion of this drug class is required
- Infertility medications (injectable)
- Jevtana[®]
- Krystexxa[®]
- Makena[™]
- Multiple sclerosis drugs:
 - Aubagio[®], Avonex[®], Betaseron[®], Copaxone[®], Extavia[®], Gilenya[®], Rebif[®], Tecfidera[®], Tysabri[®]
- Nucleotide polymerase inhibitors indicated for Hepatitis C
- Osteoporosis drugs injectable:
 - ibandronate sodium (Boniva[®]), Forteo[®], Miacalcin[®] and Prolia[®]
 - zoledronic acid (Zometa[®], Reclast[®]) and pamidronate (Aredia[®]) (for osteoporosis indications only)
- Pegylated interferon alpha when used for hepatitis C:
 - Pegasys[®], PegIntron[®], Rebetron[™], Roferon-A, Intron[®] A, Infergen[®]
- Protease inhibitors indicated for Hepatitis C
 - with the exception of Incivek[™] (telaprevir) and Victrelis[™] (boceprevir)
- Provenge[®]
- Pulmonary arterial hypertension drugs
- Soliris[®]
- Synagis[®]
- Vectibix[®]
- Viscosupplementation:
 - Euflexxa[®], Gel-One[®], Hyalgan[®], Orthovisc[®], Supartz[®], Synvisc[®], Synvisc-One[®]
 - Monovisc[®] — precertification required effective July 11, 2014
- Xgeva[®]
- Xofigo[®]
- Xolair[®]
- Yervoy[®]
- Zaltrap[®]

15. Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider

16. Oncotype DX^{®4}

17. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint

18. Osseointegrated implant⁴

19. Osteochondral allograft/knee⁴

20. Proton beam radiotherapy⁴

21. Reconstructive or other procedures that may be considered cosmetic

- Blepharoplasty/canthoplasty
- Breast reconstruction/breast enlargement
- Breast reduction/mammoplasty
- Cervicoplasty
- Chemical peels
- Excision of excessive skin due to weight loss
- Gastroplasty/gastric bypass
- Injection of filling material
- Lipectomy or excess fat removal
- Sclerotherapy or surgery for varicose veins

22. Referral or use of nonparticipating physician or provider for non-emergent services, unless the member understands and consents to the use of a nonparticipating provider under their out-of-network benefits when available in their plan

23. Spinal procedures⁴

- Artificial intervertebral disc surgery
- Cervical, lumbar and thoracic laminectomy/laminotomy procedures
- Spinal fusion surgery

24. Uvulopalatopharyngoplasty, including laser-assisted procedures⁴

25. Ventricular assist devices⁴

26. Special programs

Beginning Right[®] maternity program

- Including genetic testing, antenatal testing, perinatal consultations and counseling: **1-800-272-3531**

BRCA genetic testing — **1-877-794-8720**

Cardiac rhythm implantable devices

Precertification for all members with plans applicable to this precertification list unless services are emergent:

- Providers in all states where applicable, except metro New York and northern New Jersey, should contact MedSolutions to request preauthorization. You can reach MedSolutions:
 - Online at **www.medsolutionsonline.com**
 - By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
 - By fax at **1-888-693-3210** Monday through Friday during normal business hours or as required by federal or state regulations
- Providers in metro New York and northern New Jersey should contact CareCore National to request preauthorization. You can reach CareCore National:
 - Online at **www.carecorenational.com**
 - By phone at **1-888-622-7329** for metro New York or **1-888-647-5940** for northern New Jersey

Chiropractic precertification

- HMO-based plan members only
 - AZ through American Specialty Health (ASH) **1-800-972-4226**
- HMO-based plan and Group Medicare members only
 - CA through American Specialty Health (ASH) **1-800-972-4226**
- HMO-based, Aetna Health Network OptionSM, Aetna Health Network OnlySM and Medicare Advantage plan members only
 - Metro and upstate New York through American Chiropractic Network (OptumHealth) **1-888-329-5180**
 - NJ through Triad **1-800-409-9081**
- For all members (with commercial and Medicare Advantage plans applicable to this precertification list):
 - CT; DC; DE; GA; Chicago, IL; MA; PA; and VA through American Specialty Health (ASH) **1-800-972-4226**
- For all members (enrolled in commercial, Medicare Advantage and international plans applicable to this precertification list) when the provider is contracted with OptumHealth/Aetna:
 - NC and SC through OptumHealth **1-800-344-4584**

Infertility program — 1-800-575-5999

Mental health or substance abuse services precertification — See the member's ID card

National Medical Excellence Program[®]

- **1-877-212-8811** 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

Outpatient physical therapy (PT) and occupational therapy (OT) precertification

- Through OrthoNet **1-800-771-3205**
 - Metro New York and northern New Jersey — For HMO-based and Medicare Advantage plan members only
 - CT — For all members with plans applicable to this precertification list
- Through OptumHealth **1-800-344-4584** (ONLY OptumHealth/Aetna-contracted providers should call this number for questions and service requests)
 - DC, GA, NC, SC, VA — For all members with plans applicable to this precertification list

Pre-implantation genetic testing — 1-800-575-5999

Pediatric Congenital Heart Surgery Program — See the member's ID card to contact the precertification unit

Polysomnography (attended sleep studies)

Precertification for all members with plans applicable to this precertification list when performed in any place of service except inpatient, emergency room and observation bed status

- Providers in all states where applicable, except metro New York and northern New Jersey, should contact MedSolutions to request preauthorization. You can reach MedSolutions:
 - Online at **www.medsolutionsonline.com**
 - By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
 - By fax at **1-888-693-3210** Monday through Friday during normal business hours or as required by federal or state regulations
- Providers in metro New York and northern New Jersey should contact CareCore National to request preauthorization. You can reach CareCore National:
 - Online at **www.carecorenational.com**
 - By phone at **1-888-622-7329**

Radiation oncology

Precertification for all members with plans applicable to this precertification list when performed in any place of service except inpatient, emergency room and observation bed status

- Metro New York and northern New Jersey — Radiation oncology precertification through CareCore National for HMO-based and Medicare Advantage plan members only. You can reach CareCore National:
 - By phone at **1-888-647-5940** for northern New Jersey members
 - By phone at **1-888-622-7329** for metro New York members

Radiology imaging

Precertification for all members with plans applicable to this precertification list when performed in any place of service except inpatient, emergency room and observation bed status

- Through regional specific vendor (MedSolutions or CareCore National) where applicable for computed tomographic (CT) studies, coronary CT angiography, MRI/MRA, nuclear cardiology, PET scans, diagnostic left and right heart catheterizations and echo stress tests

Transthoracic echocardiogram

Precertification for all members with plans applicable to this precertification list when performed in any place of service except inpatient, emergency room and observation bed status

- Providers in metro New York and northern New Jersey should contact CareCore National to request preauthorization. You can reach CareCore National:
 - Online at **www.carecorenational.com**
 - By phone at **1-888-622-7329** for metro New York members
 - By phone at **1-888-647-5940** for northern New Jersey members

General information

1. Precertification and notification are the processes of collecting information before elective inpatient admissions and/or selected ambulatory procedures and services take place.
 - a. Requests for precertification and notification must be received before rendering services.
 - b. Failure to contact the member's health plan (the "health plan") for precertification will relieve the health plan or employers and members from any financial liability for the applicable service(s), if those services are rendered.
 - c. This material is provided for informational purposes only. It's not intended to direct treatment decisions.
 - d. Precertification is the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
 - e. In Texas, the reference to precertification 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. Precertification does not mean a reliable representation of payment for care or services to fully insured HMO and PPO members as defined by Texas law.
 - f. Electronic submission of precertification requests and inquiries is preferred. If you require assistance with precertification, please call our Aetna Voice Advantage[®] line using the appropriate phone number indicated on the member's ID card and select the precertification option.
 - g. Visit [Clinical Policy Bulletins](#) and our [online provider directory](#).
 - h. Provided that there are no changes to member eligibility and plan coverage for the procedure/service requested, precertification approvals are valid for six months in all states unless otherwise indicated at the time of precertification.
 - i. Services not included on the precertification list are subject to the coverage terms of the member's plan.
2. Not all plans are offered in all service areas and not all plans include all services listed. For example, precertification programs don't apply to fully insured members in Indiana. Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health. Precertification is required when Aetna or Innovation Health is secondary payer.
3. Precertification is required for maternity and newborn confinements that exceed the standard LOS. Standard LOS for vaginal deliveries is a total of three days or less; standard LOS for Cesarean section is a total of five days or less.
4. 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, for more information. Select "Claims," "CPT/HCPCS Coding Tool," "Clinical Policy Code Lookup."
5. For precertification of oral medications not indicated on this list, contact Aetna Pharmacy Management at **1-800-414-2386**.
6. Call **1-866-782-2779** for information on injectable medications not listed.
7. For drugs administered orally, by injection or infusion:
 - a. For medical injectables and drugs requiring precertification, call **1-866-503-0857** or fax applicable request forms to **1-888-267-3277**.
 - b. NaviNet users, please use the drug authorizations [online form](#) located under "Services."
 - c. Newly U.S. Food and Drug Administration (FDA)-approved drugs may be subject to precertification review.
 - d. Fully insured Texas and Louisiana members continue to receive coverage for drugs added to the precertification list in accordance with their current plan benefit design until their next plan renewal date.
 - e. Fully insured California HMO members and fully insured Connecticut PPO members receiving coverage for drugs added to the precertification list continue to have coverage. Drug coverage continues for these California members as long as the drug is appropriately prescribed and considered safe and effective treatment for the medical condition. Drug coverage continues for these Connecticut members as long as the drug is medically necessary and more medically beneficial than other covered drugs.