Aetna Participating Provider Precertification List

Effective July 1, 2013

Applies to: Aetna Choice® POS, Aetna Choice POS II, Aetna MedicareSM Plan (PPO), Aetna Medicare Plan (HMO), all Aetna HealthFund® products, Aetna Health Network OnlySM, Aetna Health Network OptionSM, Aetna Open Access® Elect Choice®, Aetna Open Access HMO, Aetna Open Access Managed Choice®, Open Access Aetna SelectSM, Elect Choice, HMO, Managed Choice POS, Open Choice®, Quality Point-of-Service® (QPOS®) and Aetna SelectSM benefits plans, and all products that may include the Aexcel®, Choose and SaveSM, Aetna Performance Network OptionSM or Savings Plus networks.*

Precertification** and notification are the processes 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.

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)***

2. Ambulance
   • Transportation by fixed wing aircraft (plane)
   • Elective (non-emergent) transportation by ground ambulance or medical van for Medicare Advantage plan members only

3. Autologous chondrocyte implantation, Carticel®†

4. Cochlear device and/or implantation†

5. Cognitive skills development†

6. Customized braces

7. Dental implants and oral appliances

*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 three days or less for vaginal deliveries. A total length of stay of five days or less for a cesarean section.

†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.”
8. Dialysis visits

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

9. Dorsal column (lumbar) neurostimulators: trial or implantation*

10. Drugs and medical injectables

• 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

• Actimmune®
• Acthar® Gel
• Adcetris™
• Alpha 1-proteinase inhibitor — human
• Antiemetics:
  - Palonosetron (Aloxi IV®), dolasetron (Anzemet IV®) and fosaprepitant (Emend IV®)
• Benlysta
• Botulinum toxin type 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, epoetin beta and peginesatide
• Gattex®
• Growth hormone
• Hereditary angioedema drugs
• Immunologic agents:
  - Actemra®, Amevive®, Cimzia®, Enbrel®, Humira®, Kineret®, Orensa®, Remicade®, Rituxan®, Simponi®, Stelara®
  - Xeljanz®
• 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®
• Osteoporosis drugs injectable
  - Boniva®, Forteo®, Miacalcin® and Prolia®
  - Zometa®, Reclast® and pamidronate (Aredia®) (for osteoporosis indications only)
• Pegylated interferon alpha when used for hepatitis C:
  - Pegasys®, Peg Intron®, Rebetron®, Roferon A®, Intron A®, Infergen®
• Provenge®
• Pulmonary arterial hypertension drugs
• Soliris®
• Synagis®
• Vectibix®
• Viscosupplementation
  - Euflexxa®, Gel-One®, Hyalgan®, Orthovisc®, Supartz®, Synvisc®, Synvisc-One®
• Xgeva®
• Xolair®
• Yervoy™
• Zaltrap®

11. Electric or motorized wheelchairs and scooters

12. Gastrointestinal (GI) tract imaging through capsule endoscopy*

13. 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
• Home hospice for Medicare Part B plan members only

*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.”
14. Hyperbaric oxygen therapy*

15. Limb prosthetics

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

17. Oncotype DX®

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

19. Osseointegrated implant®

20. Osteochondral allograft/knee®

21. Proton beam radiotherapy®

22. Reconstructive or other procedures that may be considered cosmetic
   • Blepharoplasty/canthopexy/canthoplasty
   • Breast reconstruction/breast enlargement
   • Breast reduction/mammaplasty
   • 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

23. 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**

24. Spinal procedures
   • Artificial intervertebral disc surgery
   • Cervical, lumbar and thoracic laminectomy/laminotomy procedures
   • Lumbar spinal fusion surgery

25. Uvulopalatopharyngoplasty, including laser-assisted procedures

26. Ventricular assist devices®

*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.”

**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.
27. 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, Health Network Option, Health Network Only and Medicare Advantage plan members only
  - Metro NY and the following upstate NY counties: Broome, Cayuga, Onondaga, Oswego, Tioga through American Chiropractic Network 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; OH; PA; and VA through American Specialty Health (ASH) 1-800-972-4226

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 NY/NNJ — 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, 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
• 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. 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
• Metro NY/NNJ — 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 NY 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

Additional assistance and information
• 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 below and select the precertification option:
  - For HMO-based and Medicare benefits plans, call 1-800-624-0756
  - For all other plans, call 1-888-632-3862
• For precertification of oral medications not indicated on this list, contact Aetna Pharmacy Management at 1-800-414-2386
• Call 1-866-782-2779 for information on injectable medications not listed
• Visit Clinical Policy Bulletins and our DocFind® online provider directory
• Precertification approvals are valid for six months in all states unless otherwise indicated at the time of precertification

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).

www.aetna.com

©2013 Aetna Inc.
23.03.858.1 U (7/13)