

# Procedures, programs and drugs you must precertify

## Participating provider precertification list

Effective May 1, 2018

**Applies to<sup>1,2,3,4,9</sup>:**

Aetna<sup>®</sup> plans, except Traditional Choice<sup>®</sup> plans

All health benefits and insurance plans offered and/or underwritten by Innovation Health plans, Inc.,  
and Innovation Health Insurance Company, except indemnity plans  
Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan<sup>9</sup>

All health benefits and health insurance plans offered, underwritten and/or administered by the following: Banner  
Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna) Texas  
Health + Aetna Health Insurance Company and/or Texas Health + Aetna Health Plan Inc. (Texas Health Aetna) Allina  
Health and Aetna Health Insurance Company (Allina Health | Aetna)  
Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

The Aetna logo consists of the word "aetna" in a lowercase, bold, sans-serif font. The letter "a" is stylized with a vertical line through it. A small registered trademark symbol (®) is located to the upper right of the "a".

[aetna.com](http://aetna.com)

**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). Aetna provides certain management services on behalf of its affiliates. Banner|Aetna, Texas Health Aetna, Allina Health | Aetna and Sutter Health | Aetna are affiliates of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to these entities.**

For additional information, read all **general precertification information**.

**1. Inpatient confinements (except hospice)**

- For example, surgical and nonsurgical stays; stays in a skilled nursing facility or rehabilitation facility; and maternity and newborn stays that exceed the standard length of stay (LOS)<sup>5</sup>

**2. Observation stays more than 24 hours**

**3. Ambulance**

- Precertification required for transportation by fixed-wing aircraft (plane)

**4. Autologous chondrocyte implantation, Carticel®**

**5. Cochlear device and/or implantation**

**6. Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent. Some plans have limited or no out-of-network benefits.**

**7. Dental implants**

**8. Dialysis visits<sup>9</sup>**

- When request is initiated by a participating provider, and dialysis to be performed at a nonparticipating facility
- Call **1-866-503-0857** or fax applicable request forms to **1-888-267-3277**

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

**10. Electric or motorized wheelchairs and scooters**

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

**12. Gender reassignment surgery**

**13. Hip surgery to repair impingement syndrome**

**14. Home health care related services**

- Precertification is required for Medicare Advantage members (only) after the 60th consecutive day of treatment for services such as:
  - Home dialysis
  - Home health aide or certified nursing assistant
  - Home infusion/injectable therapy
  - Home nursing care by registered or licensed nurse
  - Home physical/occupational, respiratory and/or speech therapy

NOTE: Precertification for these services is no longer required effective 6/1/2018

**15. Hyperbaric oxygen therapy**

**16. Lower limb prosthetics, such as:**

- Microprocessor-controlled lower limb prosthetics

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

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

**19. Osseointegrated implant**

**20. Osteochondral allograft/knee**

**21. Power morcellation with uterine myomectomy, with hysterectomy or for removal of uterine fibroids**

**22. Private duty nursing**

**23. Proton beam radiotherapy**

**24. Reconstructive or other procedures that may be considered cosmetic, such as:**

- Blepharoplasty/canthoplasty
- Breast reconstruction/breast enlargement
- Breast reduction/mammoplasty
- Excision of excessive skin due to weight loss
- Gastroplasty/gastric bypass
- Lipectomy or excess fat removal

- Surgery for varicose veins, except stab phlebectomy

**25. Spinal procedures, such as:**

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

**26. Uvulopalatopharyngoplasty, including laser-assisted procedures**

**27. Ventricular assist devices**

**28. Video electroencephalograph (EEG)**

## Drugs and medical injectables<sup>7,8</sup>

### Blood-clotting factors (precertification for outpatient infusion of this drug class is required)

Call the precertification number listed on the member's card, with the following exceptions:

• For precertification of pharmacy-covered specialty drugs — For Foreign Service Benefit Plan, please call Express Scripts at **1-800-922-8279**. For MHBP and Rural Carrier Benefit Plan, please call CVS/Caremark at **1-800-237-2767**

Advate (antihemophilic factor, human recombinant)

Adynovate (antihemophilic factor [recombinant], PEGylated)

Afstyla (antihemophilic factor [recombinant], single chain)

Alphanate (antihemophilic factor/von Willebrand factor complex [human])

AlphaNine SD (coagulation factor IX [human])

Alprolix (coagulation factor IX [recombinant], Fc fusion protein)

Bebulin, Bebulin VH (factor IX complex)

BeneFix (coagulation factor IX [recombinant])

Coagadex (coagulation factor X [human])

Corifact (factor XIII concentrate [human])

Eloctate (antihemophilic factor [recombinant], Fc fusion protein)

FEIBA, FEIBA NF (anti-inhibitor coagulant complex)

Fibryga (fibrinogen, human)

Helixate FS (antihemophilic factor [recombinant])

Hemlibra (emicizumab-kxwh) — precertification required effective 3/9/2018

Hemofil M (antihemophilic factor [human])

Humate-P (antihemophilic factor/von Willebrand factor complex [human])

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

Koate, Koate-DVI (antihemophilic factor [human])

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

Monoclade-P (antihemophilic factor [human])

Mononine (coagulation factor IX [human])

NovoEight (turoctocog alfa)

NovoSeven RT (coagulation factor VIIa [recombinant])

Nuwiq (simoctocog alfa)

Obizur (antihemophilic factor [recombinant], porcine sequence)

Profilnine (factor IX complex)

Rebinyn (coagulation factor IX [recombinant], glycoPEGylated) — precertification required effective 3/9/2018

Recombinate (antihemophilic factor [recombinant])

RiaSTAP (fibrinogen concentrate [human])

Rixubis (coagulation factor IX [recombinant])

Tretten (coagulation factor XIII a-subunit [recombinant])

Vonvendi (von Willebrand factor [recombinant])

Wilate (von Willebrand factor/coagulation factor VIII complex [human])

Xyntha, Xyntha Solof (antihemophilic factor [recombinant])

## Other drugs and medical injectables:

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

- For precertification of pharmacy-covered specialty drugs (noted with\*) when member is enrolled in a commercial plan, call **1-855-240-0535** or fax applicable request forms to **1-877-269-9916**
- Providers can use the drug-specific **Specialty Medication Request Form** located online under “Specialty Pharmacy Precertification”
- Providers can submit Specialty Pharmacy Precertification electronically using provider online tools and resources at **NaviNet® drug precertification** or **CoverMyMeds with Aetna**
- For members enrolled in a Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan, providers use these contacts:
  - For precertification of pharmacy-covered specialty drugs — Foreign Service Benefit Plan, call Express Scripts at **1-800-922-8279**; MHBP and Rural Carrier Benefit Plan, call CVS/Caremark at **1-800-237-2767**
  - For precertification of all other listed drugs, Foreign Service Benefit Plan, call **1-800-593-2354**; MHBP, call **1-800-410-7778**; Rural Carrier Benefit Plan, call **1-800-638-8432**

**Acthar Gel/H. P. Acthar** (corticotropin)

**Actimmune** (interferon gamma-1b)

**Adcetris** (brentuximab vedotin)

**Alpha 1-proteinase inhibitor (human):**

Aralast NP (alpha 1-proteinase inhibitor)

Glassia (alpha 1-proteinase inhibitor)

Prolastin-C (alpha 1-proteinase inhibitor)

Zemaira (alpha 1-proteinase inhibitor)

**Amyotrophic Lateral Sclerosis (ALS) drugs:**

Radicava (edaravone) — review of drug and site of care required

**Antiemetics:**

Emend IV (fosaprepitant dimeglumine)

**Benlysta** (belimumab)

**Besponsa** (inotuzumab ozogamicin)

**Botulinum toxins:**

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

**Cardiovascular — PCSK9 inhibitors:**

Praluent (alirocumab)

Repatha (evolocumab)

**Chimeric Antigen Receptor T-Cell Therapy (CAR-T)** — Contact National Medical Excellence at **1-877-212-8811**

Kymriah (tisagenlecleucel)

Yescarta (axicabtagene ciloleucel)

**Cyramza** (ramucirumab)

**Darzalex** (daratumumab)

**Dupixent\*** (dupilumab)

**Empliciti** (elotuzumab)

**Enzyme replacement drugs:**

Aldurazyme (laronidase)

Brineura (cerliponase alfa)

Cerezyme (imiglucerase)

Elaprase (idursulfase)

Elelyso (taliglucerase alfa)

Fabrazyme (agalsidase beta)

Kanuma (sebelipase alfa)

Lumizyme (alglucosidase alfa)

Mepsevii (vestronidase alfa-vjbc) — precertification required effective 2/9/2018

Myozyme (alglucosidase alfa)

Naglazyme (galsulfase)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa)

VPRIV (velaglucerase alfa)

**Erbitux** (cetuximab)

**Erythropoiesis-stimulating agents:**

Aranesp (darbepoetin alfa)

Epogen (epoetin alfa)

Mircera (epoetin beta)

Procrit (epoetin alfa)

**Fusilev** (levoleucovorin)

**Gattex** (teduglutide)

**Gazyva** (obinutuzumab)

**Granulocyte-colony stimulating factors:**

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF)

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

Zarxio (injection filgrastim, G-CSF, biosimilar)

**Growth hormone:**

Genotropin\* (somatropin)

Humatrope\* (somatropin)

Increlex\* (mecasermin)

Norditropin\* (somatropin)

Nutropin AQ\* (somatropin)

Omnitrope\* (somatropin)

Saizen\* (somatropin)

Serostim\* (somatropin)

Zorbtive\* (somatropin)

Zomacton\* (somatropin [rDNA origin])

**Hepatitis C drugs:**

Daklinza (daclatasvir)

Epclusa (sofosbuvir and velpatasvir)

Harvoni (sofosbuvir/ledipasvir)

Mavyret (glecaprevir/pibrentasvir)

Olysio (simeprevir)

Sovaldi (sofosbuvir)

Technivie (ombitasvir/paritaprevir/ritonavir)

Viekira Pak (paritaprevir/ritonavir/ombitasvir/dasabuvir)

Viekira XR (ombitasvir/paritaprevir/ritonavir and dasabuvir)

Vosevi (sofosbuvir/velpatasvir/voxilaprevir)

Zepatier (elbasvir/grazoprevir)

**Hereditary angioedema agents:**

Berinert (C1 esterase inhibitor)

Cinryze (C1 esterase inhibitor)

Firazyr (icatibant acetate)

Haegarda (C1 esterase inhibitor subcutaneous [human])

Kalbitor (ecallantide)

Ruconest (C1 esterase inhibitor)

## Other drugs and medical injectables, continued:

### HER2 receptor drugs:

Herceptin (trastuzumab)  
Kadcyla (ado-trastuzumab emtansine)  
Perjeta (pertuzumab)

### Ilaris\* (canakinumab)

### Imlygic (talimogene laherparepvec)

### Immunoglobulins (review of drug and site of care required):

Bivigam (immune globulin) Carimune  
NF (immune globulin) Cuvitru (immune globulin sc [human]) Flebogamma (immune globulin) GamaSTAN S/D (immune globulin) Gammagard, Gammagard S/D (immune globulin)  
Gammaked (immune globulin)  
Gammplex (immune globulin)  
Gamunex-C (immune globulin)  
Hizentra (immune globulin)  
HyQvia (immune globulin)  
Octagam (immune globulin)  
Privigen (immune globulin)

### Immunologic agents:

Actemra\* (tocilizumab)  
Actemra SC\* (tocilizumab)  
Cimzia\* (certolizumab pegol)  
Cosentyx\* (secukinumab)  
Enbrel\* (etanercept)  
Entyvio (vedolizumab)  
Humira\* (adalimumab)  
Illumya (tildrakizumab) — precertification required effective 5/1/2018  
Inflectra (infliximab-dyyb) — review of drug and site of care required  
Kevzara\* (sarilumab)  
Kineret\* (anakinra)  
Orencia\* (abatacept)  
Otezla\* (apremilast)  
Remicade (infliximab) — review of drug and site of care required

Renflexis (infliximab-abda) — review of drug and site of care required

Rituxan (rituximab)  
Simponi\* (golimumab)  
Simponi Aria (golimumab)  
Stelara\* (ustekinumab)  
Stelara IV (ustekinumab)  
Siliq\* (brodalumab)  
Taltz\* (ixekizumab)  
Tremfya\* (guselkumab)  
Xeljanz\*,\*  
Xeljanz XR\* (tofacitinib)

### Injectable infertility drugs:

All chorionic gonadotropin  
Bravelle (urofollitropin)  
Cetrotide (cetorelix acetate)  
Follistim AQ (follitropin beta)  
Ganirelix AC (ganirelix acetate)  
Gonal-f (follitropin alfa)  
Gonal-f RFF (follitropin alfa)  
Menopur (menotropins)  
Novarel (chorionic gonadotropin)  
Ovidrel (choriogonadotropin alfa)  
Pregnyl (chorionic gonadotropin)  
Repronex (menotropins)

### Krystexxa (pegloticase)

### Lartruvo (olaratumab)

### Makena (hydroxyprogesterone caproate)

### Multiple sclerosis drugs:

Aubagio\* (teriflunomide) Avonex\* (interferon beta-1a) Betaseron\* (interferon beta-1b) Copaxone\* (glatiramer acetate) Extavia\* (interferon beta-1b) Gilenya\* (fingolimod hydrochloride)  
Glatopa\* (glatiramer acetate injection)  
Lemtrada (alemtuzumab) — review of drug and site of care required

Ocrevus (ocrelizumab) — review of drug and site of care required  
Plegridy\* (peginterferon beta-1a)  
Rebif\* (interferon beta-1a)  
Tecfidera\* (dimethyl fumarate)  
Tysabri (natalizumab) — review of drug and site of care required  
Zinbryta\* (daclizumab)

### Muscular dystrophy drugs:

Exondys 51 (eteplirsen) — review of drug and site of care required  
Emflaza\* (deflazacort)

### Myalept (metreleptin)

### Natpara (parathyroid hormone)

### Ophthalmic injectables:

Eylea (aflibercept)  
Lucentis (ranibizumab)  
Luxtorna (voretigene neparvovec-rzyl) — precertification of drug and site of care required effective 3/9/2018  
Macugen (pegaptanib)

### Osteoporosis drugs:

Forteo\* (teriparatide)  
Miacalcin (calcitonin)  
Prolia (denosumab)  
Tymlos\* (abaloparatide)

### PD1/PDL1 drugs:

Bavencio (avelumab)  
Imfinzi (durvalumab)  
Keytruda (pembrolizumab)  
Opdivo (nivolumab)  
Tecentriq (atezolizumab)

### Provenge (sipuleucel-T)

### Pulmonary arterial hypertension drugs:

All epoprostenol sodium and sildenafil citrate\*  
Adcirca\* (tadalafil)  
Adempas\* (riociguat)  
Flolan (epoprostenol sodium)  
Letairis\* (ambrisentan)  
Opsumit\* (macitentan)

Orenitram\* (treprostnil diolamine)  
Remodulin (treprostnil sodium)  
Revatio\* (sildenafil citrate)  
Tracleer\* (bosentan)  
Tyvaso (treprostnil)  
Uptravi\* (selexipag)  
Veletri (epoprostenol sodium)  
Ventavis (iloprost)

### Respiratory injectables:

Cinqair (reslizumab)  
Fasenra (benralizumab) — precertification required effective 2/9/2018  
Nucala (mepolizumab)  
Xolair (omalizumab)

**Soliris** (eculizumab) — review of drug and site of care required

### Spinraza (nusinersen)

### Synagis (palivizumab)

### Temodar oral formulation (temozolomide)

### Vectibix (panitumumab)

### Viscosupplementation:

Durolane (Hyaluronic acid) -- precertification required effective 2/2/2018  
Euflexxa, Hyalgan, Genvisc, Supartz, Visco 3 (sodium hyaluronate)  
Gel-One (cross-linked hyaluronate)  
Gelsyn-3, Hymovis (hyaluronic acid)  
Monovisc, Orthovisc (sodium hyaluronate)  
Synvisc, Synvisc-One (hylan)

### Xeloda (capecitabine)

### Xgeva (denosumab)

### Xofigo (radium Ra 223 dichloride)

### Yervoy (ipilimumab)

### Zaltrap (ziv-aflibercept)

## Special programs

### **BRCA genetic testing<sup>9</sup> — 1-877-794-8720**

Through our expanded national provider network:

Quest **1-866-436-3463**

Ambry **1-866-262-7943**

Baylor Miraca Genetics Laboratories, LLC —

**1-800-411-GENE** or **713-798-6555**

BioReference, GeneDX, Genpath **1-888-729-1206**

Counsyl **1-888-268-6795**

Dynacare Northwest, Inc. **1-800-533-0567** (only for members who live in Washington or West Virginia)

Invitae **1-800-436-3037**

LabCorp (for members living in the states of VA, KS, MO, NE, UT and NC only) — **1-855-488-8750**

Medical Diagnostic Laboratories **1-877-269-0090**

Myriad Genetics **1-800-469-7423**

Providers can use the **BRCA form located online under the “Medical Precertification” section** to submit precertification requests.

Find genetic counselors online — for a list of our contracted providers, including our telephonic provider (InformedDNA), visit our **provider directory**.

### **Chiropractic precertification<sup>9</sup>**

• 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 Option<sup>SM</sup>, Aetna Health Network Only<sup>SM</sup> and Aetna Medicare Advantage plan members only

- Metro and upstate New York through American Chiropractic Network (OptumHealth)  
**1-888-329-5180**

- NJ through Triad Healthcare New Jersey IPA, Inc. DBA eviCore healthcare New Jersey IPA  
**1-800-409-9081**

• For all members (with commercial and Aetna Medicare Advantage plans applicable to this precertification list):

- GA through American Specialty Health (ASH)  
**1-800-972-4226**

• For all members (enrolled in commercial, Aetna 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**

### **Diagnostic Cardiology (cardiac rhythm implantable devices, cardiac catheterization)<sup>9</sup>**

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

• Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:

- Online at **evicore.com**  
- By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET

- By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations

• Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:

- Online at **evicore.com**  
- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

### **Hip and knee arthroplasties<sup>9</sup>**

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

• Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:

- Online at **evicore.com**

- By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET

- By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations

• Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:

- Online at **evicore.com**

- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

### **Infertility program<sup>9</sup> — 1-800-575-5999**

**Mental health or substance abuse services precertification<sup>9</sup>** — See the member's ID card

### **National Medical Excellence Program<sup>®</sup>**

By phone at **1-877-212-8811** for the following:

• Kymriah (tisagenlecleucel) and Yescarta (axicabtagene ciloleucel)

• 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

### **Oncology pathway solutions (chemotherapy for cancer diagnosis)<sup>9</sup>**

The program applies to all Aetna Medicare members, and the following members, who have a cancer diagnosis and receive chemotherapy services in a physician's office, outpatient hospital or ambulatory facility:

- Members 18 or older in a commercial fully insured HMO/POS/PPO plan
- Members 18 or older in a commercial self-insured HMO/POS/PPO plan when the plan sponsor has elected to participate in the program

Providers in all states where program is applicable should contact New Century Health:

- By phone at **1-877-624-8601** (option 5), Monday – Friday, 8 a.m. – 8 p.m. ET
- By fax at **1-877-624-8602**

### **Outpatient physical therapy (PT) and occupational therapy (OT) precertification<sup>9</sup>**

- Through OrthoNet **1-800-771-3205**
  - 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
  - Program also applies to members in Chicago, northern IL and northwest IN (Lake and Porter counties)

### **Pain management<sup>9</sup>**

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

- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:

- Online at **evicore.com**
- By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
- By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations

- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:

- Online at **evicore.com**
- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

### **Pediatric Congenital Heart Surgery Program —**

See the member's ID card to contact the precertification unit

### **Polysomnography (attended sleep studies)<sup>9</sup>**

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

- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
  - Online at **evicore.com**
  - By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
  - By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations

- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
  - Online at **evicore.com**

- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

### **Pre-implantation genetic testing<sup>9</sup> — 1-800-575-5999**

### **Radiation oncology<sup>9</sup>**

Precertification for all members with HMO-based and Aetna Medicare Advantage plans only when performed in any facility except inpatient, emergency room and observation bed status

- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:

- Online at **evicore.com**
- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

### **Radiology imaging<sup>9</sup>**

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

- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
  - Online at **evicore.com**
  - By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
  - By fax at **1-844-822-3862**, Monday through Friday during normal business hours or as required by federal or state regulations

- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:

- Online at **evicore.com**
- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

### **Transthoracic echocardiogram\***

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

- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
  - Online at **evicore.com**
  - By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey



## General information

1. We collect information before a member receives elective inpatient admissions and/or selected ambulatory procedures and services at the time of precertification.
  - We'll enter decisions using one of the following processes as long as services are covered under the member's plan:
    - a. Notification is a data-entry process. It doesn't require judgment or interpretation for benefits coverage.
    - b. Medical review; coverage determinations made for items on the precert list are utilization review decisions. We review plan documents and (when applicable) clinical information. This is how we determine whether the requested service, procedure, prescription drug or medical device meets the clinical guidelines/criteria for coverage.
  - We need to receive requests for precertification before you provide services. We encourage providers to submit precertification requests at least two weeks before the scheduled services.
  - If you don't precertify the services on this list, the member's health plan (the "health plan"), employer groups or members won't be financially responsible for the applicable service(s) if you still provide those services.
  - This material is for your information only. It's not meant to direct treatment decisions.
  - The review of items on this list may vary at our discretion. If you receive approval for a particular service or supply, it's for that service or supply only.
  - To save you time, it's best to submit precertification requests and inquiries online. If you need help, just call us. Look for the "precertification" number on the member's ID card.
  - Services that don't require precertification are subject to the coverage terms of the member's plan.
  - For precertification in Texas, we use 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 doesn't mean payment for care or services to fully insured HMO and PPO members as defined by Texas law.
  - If member eligibility and plan coverage for the procedure/service you asked for hasn't changed, precertification approvals are valid for six months in all states. This is the case unless we tell you otherwise when you precertify.
  - Every year, in January and July, we typically update the precertification list. But we may add new U.S. Food and Drug Administration (FDA)-approved drugs to the list at different times.
2. We don't offer all plans 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.
3. 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.
4. We require precertification when Aetna or Innovation Health is the secondary payer.
5. We require precertification for maternity and newborn stays that are more than the standard length of stay (LOS). Standard LOS for:
  - Vaginal deliveries is three days or fewer
  - Cesarean section is five days or fewer
6. All services described as "never effective" are excluded from coverage. Aetna defines a service as "never effective" when it's not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Visit [aetna.com](https://www.aetna.com) for more information. Select "Claims," "CPT/HCPCS Coding Tool" and "Clinical Policy Code Lookup."
7. Contact Aetna Pharmacy Management for precertification of oral medications not on this list.<sup>9</sup> Their number is **1-800-414-2386**. Call **1-866-782-2779** for information on injectable medications not listed.
  - Visit **Clinical Policy Bulletins** and our **online provider directory**.<sup>9</sup>
  - The precertification process doesn't include verbal or written requests for information about benefits or services not on the precertification lists. Aetna staff members are trained to determine whether a caller is making an inquiry or requesting a coverage decision/organization determination as part of the intake process.
  - Find more information about **notification and coverage determinations**.

## General information (continued)

8. For drugs administered orally, by injection or infusion:

- Drugs newly approved by the FDA may require precertification review.
- Fully insured Texas and Louisiana members continue to be covered for drugs added to the precertification list according to their current plan design until their plan renewal date.
- Fully insured California HMO members and fully insured Connecticut PPO members covered 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.
- The prescribing provider must respond to requests for more information. For fully insured members with a Colorado state contract, we'll approve or deny precertification requests within time frames mandated by Colorado Regulation 4-2-49 RX Prior Authorization.

9. For members enrolled in Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan:

- Precertification is not required for cardiac catheterization, cardiac imaging, chiropractic services, transthoracic echocardiogram or physical/occupational therapy
- Visit online provider directories: **Foreign Service Benefit Plan; MHBP; Rural Carrier Benefit Plan**
- Except as noted for drugs and medical injectables and special programs, for all other services, **Foreign Service Benefit Plan**, call **1-800-593-2354**; **MHBP**, call **1-800-410-7778**; **Rural Carrier Benefit Plan**, call **1-800-638-8432**



[aetna.com](https://www.aetna.com)