

Procedures, programs and drugs you must precertify

Participating provider precertification list

Effective November 1, 2017

Applies to^{1,2,3,4}:

All Aetna plans, except Traditional Choice® plans

All Innovation Health® plans, except indemnity plans

All health benefits and health insurance plans offered and/or underwritten

by Texas Health + Aetna Health Plan Inc. and Texas Health + Aetna Health Insurance Company (Texas Health Aetna)

aetna®

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.

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)⁵

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. Dental implants

7. Dialysis visits

- 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**

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

9. Electric or motorized wheelchairs and scooters

10. Gastrointestinal (GI) tract imaging through capsule endoscopy

11. Gender reassignment surgery

12. Hip surgery to repair impingement syndrome

13. Home health care related services such as:

- Effective June 1, 2017 — precertification is required for Medicare Advantage members (only) after the 60th consecutive day of treatment for the following:
 - 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

14. Hyperbaric oxygen therapy

15. Lower limb prosthetics, such as:

- Microprocessor-controlled lower limb prosthetics

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

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

18. Osseointegrated implant

19. Osteochondral allograft/knee

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

21. Proton beam radiotherapy

22. Private duty nursing

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

- Blepharoplasty/canthoplasty
- Breast reconstruction/breast enlargement
- Breast reduction/mammoplasty
- Cervicoplasty
- Excision of excessive skin due to weight loss
- Gastropasty/gastric bypass
- Lipectomy or excess fat removal
- Surgery for varicose veins, except stab phlebectomy

24. Referral or use of nonparticipating physician or provider for nonemergent 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

25. Spinal procedures, such as:

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

26. Uvulopalatopharyngoplasty, including laser-assisted procedures

27. Ventricular assist devices

28. Video electroencephalograph (EEG) — precertification effective 7/1/2017

29. Drugs and medical injectables, such as^{7,8}:

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

| | | | |
|---|--|--|--|
| Advate (antihemophilic factor, human recombinant) | Corifact (factor XIII concentrate [human]) | Koate-DVI (antihemophilic factor [human]) | Recombinate (antihemophilic factor [recombinant]) |
| Adynovate (antihemophilic factor [recombinant], PEGylated) | Eloctate (antihemophilic factor [recombinant], Fc fusion protein) | Kogenate FS (antihemophilic factor [recombinant]) | RiaSTAP (fibrinogen concentrate [human]) |
| Afstyla (antihemophilic factor [recombinant], single chain) | Feiba NF (anti-inhibitor coagulant complex) | Kovaltry (antihemophilic factor [recombinant]) | Rixubis (coagulation factor IX [recombinant]) |
| Alphanate (antihemophilic factor/von Willebrand factor complex [human]) | Fibryna (fibrinogen, human) — precertification effective 9/26/2017 | Monoclote-P (antihemophilic factor [human]) | Tretten (coagulation factor XIII a-subunit [recombinant]) |
| AlphaNine SD (coagulation factor IX [human]) | Helixate (antihemophilic factor [recombinant]) | Mononine (coagulation factor IX [human]) | Vonvendi (von Willebrand factor [recombinant]) |
| Alprolix (coagulation factor IX [recombinant], Fc fusion protein) | Hemofil M (antihemophilic factor [human]) | NovoEight (turoctocog alfa) | Wilate (von Willebrand factor/coagulation factor VIII complex [human]) |
| Bebulin (factor IX complex) | Humate-P (antihemophilic factor/von Willebrand factor complex [human]) | NovoSeven RT (coagulation factor VIIa [recombinant]) | Xyntha (antihemophilic factor [recombinant]) |
| Bebulin VH (factor IX complex) | Idelvion (antihemophilic factor [recombinant]) | Nuwiq (simoctocog alfa) | |
| BeneFix (coagulation factor IX [recombinant]) | Ixinity (coagulation factor IX [recombinant]) | Obizur (antihemophilic factor [recombinant], porcine sequence) | |
| Coagadex (coagulation factor X [human]) | | Profilnine (factor IX complex) | |

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

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.”

You can submit your Specialty Pharmacy Precertification electronically at **NaviNet® drug precertification** or at **Cover My Meds with Aetna** (providers can register for a free account or log in).

Acthar Gel (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)

Antiemetics:

Emend IV (fosaprepitant dimeglumine)

Benlysta (belimumab)

Besponsa (inotuzumab ozogamicin) — precertification effective 11/3/2017

Botulinum toxins:

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

Cardiovascular — PCSK9 inhibitors:

Praluent (alirocumab)

Repatha (evolocumab)

Cyramza (ramucirumab)

Darzalex (daratumumab)

Dupixent* (dupilumab) — precertification effective 4/24/2017

Empliciti (elotuzumab)

Enzyme replacement drugs:

Aldurazyme (laronidase)

Brineura (cerliponase alfa)

— precertification effective 7/20/2017

Cerezyme (imiglucerase)

Elaprase (idursulfase)

Elelyso (taliglucerase alfa)

Fabrazyme (agalsidase beta)

Kanuma (sebelipase alfa)

Lumizyme (alglucosidase alfa)

Myozyme (alglucosidase alfa)

Naglazyme (galsulfase)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa)

VPRIV (velaglucerase alfa)

Erbix (cetuximab)

Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa)

Epogen (epoetin alfa)

Epogen (epoetin alfa)

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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)

Tev-Tropin* (somatropin)

Zorbitive* (somatropin)

Zomacton* (somatropin [rDNA origin])

Hepatitis C drugs:

Daklinza (daclatasvir)

Epclusa (sofosbuvir and velpatasvir)

Harvoni (sofosbuvir/ledipasvir)

Mavyret (glecaprevir/pibrentasvir) — precertification effective 9/1/2017

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) — precertification effective 9/1/2017

Zepatier (elbasvir/grazoprevir)

Hereditary angioedema agents:

Cinryze (C1 esterase inhibitor)

Berinert (C1 esterase inhibitor)

Firazyr (icatibant acetate)

Haegarda (C1 esterase inhibitor subcutaneous [human]) — precertification effective 9/1/2017

Kalbitor (ecallantide)

Ruconest (C1 esterase inhibitor)

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 (immune globulin)

Gammagard (immune globulin)

Gammaked (immune globulin)

Gammalex (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)

Inflectra (infliximab-dyyb) — adding precertification for site of care effective 7/1/2017

Kevzara* (sarilumab) — precertification effective 7/1/2017

Kineret* (anakinra)

Orencia* (abatacept)

Otezla* (apremilast)

Remicade (infliximab) — adding precertification for site of care effective 7/1/2017

Renflexis (infliximab-abda) — precertification for the drug and site of care effective 9/1/2017

Rituxan (rituximab)

Simponi* (golimumab)

Simponi Aria (golimumab)

Stelara* (ustekinumab)

Stelara IV (ustekinumab)

Siliq* (brodalumab) — precertification effective 7/1/2017

Taltz* (ixekizumab)

Tremfya* (guselkumab) — precertification effective 9/1/2017

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)

Kymriah (tisagenlecleucel) — precertification effective 11/10/2017. Contact National Medical Excellence at **1-877-212-8811**.

Lartrovo (olaratumab) — precertification effective 1/20/2017

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)

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Lemtrada (alemtuzumab) — adding precertification for site of care effective 7/1/2017

Ocrevus (ocrelizumab) — precertification for drug and site of care effective 5/26/2017

Plegridy* (peginterferon beta-1a)

Rebif* (interferon beta-1a)

Tecfidera* (dimethyl fumarate)

Tysabri (natalizumab) — adding precertification for site of care effective 7/1/2017

Zinbryta* (daclizumab)

Muscular dystrophy drugs — adding precertification for the drug class effective 7/1/2017:

Exondys 51 (eteplirsen) — review of drug and site of care required

Emflaza* (deflazacort) — precertification effective 3/10/2017

Myalept (metreleptin)

Natpara (parathyroid hormone)

Ophthalmic injectables:

Eylea (aflibercept)

Lucentis (ranibizumab)

Macugen (pegaptanib)

Osteoporosis drugs:

Forteo* (teriparatide)

Miacalcin (calcitonin)

Prolia (denosumab)

Tymlos* (abaloparatide) — precertification effective 7/1/2017

PD1/PDL1 drugs — adding precertification for the drug class effective 7/1/2017:

Bavencio (avelumab) — precertification effective 5/23/2017

Imfinzi (durvalumab) — precertification effective 7/7/2017

Keytruda (pembrolizumab)

Opdivo (nivolumab)

Tecentriq (atezolizumab)

Pegylated interferons:

Infergen (interferon alfacon-1)

Intron A (interferon alfa-2b)

Pegasys (peginterferon alfa-2a)

PegIntron (peginterferon alfa-2b)

Rebetron (ribavirin and

peginterferon alfa-2b)

Roferon-A (interferon alfa-2a)

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* (treprostinil diolamine)

Remodulin (treprostinil sodium)

Revatio* (sildenafil citrate)

Tracleer* (bosentan)

Tyvaso (treprostinil)

Uptravi* (selexipag)

Veletri (epoprostenol sodium)

Ventavis (iloprost)

Radicava (edaravone) — precertification for drug and site of care effective 7/20/2017

Respiratory injectables:

Cinqair (reslizumab)

Nucala (mepolizumab)

Xolair (omalizumab)

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

Spinraza (nusinersen) — precertification effective 3/10/2017

Synagis (palivizumab)

Temodar oral formulation (temozolomide)

Vectibix (panitumumab)

Viscosupplementation:

Euflexxa, Hyalgan, Genvisc, Supartz (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)

30. Special programs

BRCA genetic testing — 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 **1-713-798-6555**

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**.

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 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

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 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**

Hip and knee arthroplasties

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

Infertility program — 1-800-575-5999

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

National Medical Excellence Program®

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

- Kymriah (tisagenlecleucel) – precertification effective 11/10/2017
- 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)

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

- Through OrthoNet **1-800-771-3205**
 - CT — for all members with plans applicable to this precertification list
 - Metro New York and northern New Jersey — HMO-based and Aetna Medicare Advantage plan members — effective 8/1/2017 precertification is no longer required

- 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

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:
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Pain management

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

Radiation oncology

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

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

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 - 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 (Aetna NPL)

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.
 - Visit **Clinical Policy Bulletins** and our **online provider directory**.
 - 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**.
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** for more information. Select "Claims," "CPT/HCPCS Coding Tool" and "Clinical Policy Code Lookup."

General information (Aetna NPL) (continued)

7. Contact Aetna Pharmacy Management for precertification of oral medications not on this list. Their number is **1-800-414-2386**. Call **1-866-782-2779** for information on injectable medications not listed.
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.

