

# Procedures, programs and drugs you must precertify

Participating provider precertification list

Starting January 1, 2019

## **Applies to the following plans**

**(also see General information section #1-#4 and #9):**

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

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 its center. A registered trademark symbol (®) is located at the top right of the letter "a".

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

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

Providers may submit most precertification requests electronically through the secure provider website or using your Electronic Medical Record (EMR) system portal (See #1 in the General Information section).

### **Services that require precertification:**

**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) (See #5 in the General Information section).

**2. Ambulance**

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

**3. Autologous chondrocyte implantation**

**4. Chiari malformation decompression surgery**

**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**

When a participating provider initiates request, and dialysis is 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. Endoscopic nasal balloon dilation procedures**

**12. Gender reassignment surgery**

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

**14. Hyperbaric oxygen therapy**

**15. Infertility services and pre-implantation genetic testing**

**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. Private duty nursing**

**22. Proton beam radiotherapy**

**23. 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

**24. Shoulder Arthroplasty**

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

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

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

**27. Ventricular assist devices**

**28. Video electroencephalograph (EEG)**

# Drugs and medical injectables

## 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.

- Precertification of pharmacy-covered specialty drugs
  - For the Foreign Service Benefit Plan, please call Express Scripts at **1-800-922-8279**
  - For MHBP and the 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 (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)

Hemofil M (antihemophilic factor [human])

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

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

Jivi [antihemophilic factor (recombinant), PEGylated-aucl]

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

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

Monoclote-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)

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 requests electronically using provider online tools and resources at **NaviNet<sup>®</sup> drug precertification** or **CoverMyMeds with Aetna**.
- Providers should use the contacts below for members enrolled in a Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan:
  - **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)

**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) — precertification for the drug and site of care required

**Benlysta** (belimumab)

**Besponsa** (inotuzumab ozogamicin)

**Botulinum toxins:**

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

**Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors**

**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)

**Crysvita (burolumab)** — precertification for the drug and site of care required

**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-vjvk)

Naglazyme (galsulfase)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa)

**Enzyme replacement drugs, cont.**

VPRIV (velaglucerase alfa)

**Erbitux** (cetuximab)

**Erythropoiesis-stimulating agents:**

Aranesp (darbepoetin alfa)

Epogen (epoetin alfa)

Mircera (epoetin beta)

Procrit (epoetin alfa)

Retacrit (recombinant human erythropoietin)

**Fusilev** (levoleucovorin)

**Gattex** (teduglutide)

**Gazyva** (obinutuzumab)

**Granulocyte-colony stimulating factors:**

Fulphila (pegfilgrastim-jmdb)

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF)

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

Nivestym (filgrastim-aafi)

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)

Zomacton\* (somatropin [rDNA origin])

Zorbtive\* (somatropin)

**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)  
Takhzyro (lanadelumab)

**HER2 receptor drugs:**

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

**Ilaris\*** (canakinumab)**Imlygic** (talimogene laherparepvec)**Immunoglobulins** (precertification for the 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)  
Gammaplex (immune globulin)  
Gamunex-C (immune globulin)  
Hizentra (immune globulin)  
HyQvia (immune globulin)  
Octagam (immune globulin)  
Panzyga (immune globulin)  
Privigen (immune globulin)

**Immunologic agents:**

Actemra (tocilizumab) — precertification for the drug and site of care required  
Actemra\* SC (tocilizumab)  
Cimzia\* (certolizumab pegol)  
Cimzia IV (certolizumab pegol)  
Cosentyx\* (secukinumab)  
Enbrel\* (etanercept)  
Entyvio (vedolizumab) — precertification for the drug and site of care required  
Humira\* (adalimumab)  
Ilumya\* (tildrakizumab)  
Inflixtra (infliximab-dy yb) — precertification for the drug and site of care required  
Kevzara\* (sarilumab)  
Kineret\* (anakinra)  
Olumiant\* (baricitinib)  
Orencia SQ\* (abatacept)  
Orencia IV (abatacept) — precertification for the drug and site of care required  
Otezla\* (apremilast)  
Remicade (infliximab) — precertification for the drug and site of care required  
Renflexis (infliximab-abda) — precertification for the drug and site of care required  
Rituxan (rituximab)  
Siliq\* (brodalumab)  
Simponi\* (golimumab)

**Immunologic agents, cont.**

Simponi Aria (golimumab) — precertification for the drug and site of care required  
Stelara\* (ustekinumab)  
Stelara IV (ustekinumab)  
Taltz\* (ixekizumab)  
Tremfya\* (guselkumab)  
Xeljanz,\* Xeljanz XR\* (tofacitinib)

**Injectable infertility drugs:**

chorionic gonadotropin  
Bravelle (urofollitropin)  
Cetrotide (cetrotorelix 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)

**Krystexxa** (pegloticase)**Lartruvo** (olaratumab)**Lumoxiti** (moxetumomab pasudotox-t-dfk)**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) — precertification for the drug and site of care required  
Ocrevus (ocrelizumab) — precertification for the drug and site of care required  
Plegridy\* (peginterferon beta-1a)  
Rebif\* (interferon beta-1a)  
Tecfidera\* (dimethyl fumarate)  
Tysabri (natalizumab) — precertification for the drug and site of care required  
Zinbryta\* (daclizumab)

**Muscular dystrophy drugs:**

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

**Myalept** (metreleptin)**Natpara** (parathyroid hormone)**Onpattro (patisiran)** — precertification for the drug and site of care required**Ophthalmic injectables:**

Eylea (aflibercept)  
Lucentis (ranibizumab)  
Luxtorna (voretigene neparovec-rzyl) — precertification for the drug and site of care required  
Macugen (pegaptanib)

**Osteoporosis drugs:**

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

**Parsabiv** (etelcalcetide)**PD1/PDL1 drugs:**

Bavencio (avelumab)  
Imfinzi (durvalumab)  
Keytruda (pembrolizumab)  
Libtayo (cemiplimab-rwlc)  
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\* (treprostinil diolamine)  
Remodulin (treprostinil sodium)  
Revatio\* (sildenafil citrate)  
Tracleer\* (bosentan)  
Tyvaso (treprostinil)  
Uptravi\* (selexipag)  
Veletri (epoprostenol sodium)  
Ventavis (iloprost)

**Respiratory injectables:**

Cinqair (reslizumab)  
Fasenra (benralizumab)  
Nucala (mepolizumab)  
Xolair (omalizumab)

**Soliris (eculizumab)** — precertification for the drug and site of care required

**Spinraza** (nusinersen)

**Synagis** (palivizumab)

**Tegsedi** (inotersen)

**Vectibix** (panitumumab)

**Viscosupplementation:**

Durolane (Hyaluronic acid)  
Euflexxa, Hyalgan, Genvisc, Supartz, TriVisc, Visco 3 (sodium hyaluronate)  
Gel-One (cross-linked hyaluronate)  
Gelsyn-3, Hymovis (hyaluronic acid)  
Monovisc, Orthovisc (sodium hyaluronate)  
Synvisc, Synvisc-One (hylan)

**Xgeva** (denosumab)

**Xofigo** (radium Ra 223 dichloride)

**Yervoy** (ipilimumab)

## Special programs

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

See #9 in the General information section for additional guidance.

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**.

### **Chiropractic precertification**

See #9 in the General information section for additional guidance.

Chiropractic precertification required only in the states listed 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**

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 (with certain commercial plans, and Aetna Medicare Advantage plans, applicable to this precertification list)–

- DE, NJ, NY, PA, WV: through National Imaging Associates **1-866-842-1542**

### **Diagnostic Cardiology (cardiac rhythm implantable devices, cardiac catheterization)**

See #9 in the General information section for additional guidance.

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

- Providers in all states where applicable, except 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 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 New York or **1-888-647-5940** for northern New Jersey

### **Hip and knee arthroplasties**

See #9 in the General information section for additional guidance.

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

- Providers in all states where applicable, except 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 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 New York or **1-888-647-5940** for northern New Jersey

### **Infertility program — 1-800-575-5999**

See #9 in the General information section for additional guidance.

### **Mental health or substance abuse services precertification— See the member’s ID card**

See #9 in the General information section for additional guidance.

## Special programs, continued

### National Medical Excellence Program

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

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

See #9 in the General information section for additional guidance.

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)

Through National Imaging Associates **1-866-842-1542**

- DE, NJ, NY, PA, WV for members with certain commercial plans, and Aetna Medicare Advantage plans, applicable to this precertification list

### Pain management

See #9 in the General information section for additional guidance.

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

- Providers in all states where applicable, except - 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 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 New York or **1-888-647-5940** for northern New Jersey

### Polysomnography (attended sleep studies)

See #9 in the General information section for additional guidance.

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 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 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 New York or **1-888-647-5940** for northern New Jersey

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

See #9 in the General information section for additional guidance.

### Radiology imaging

See #9 in the General information section for additional guidance.

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



## Special programs, continued

### Radiation oncology

See #9 in the General information section for additional guidance.

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 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 elective inpatient admissions and/or selected ambulatory procedures and services at the time of precertification.
  - We'll review precertification requests using one of the following processes as long as the member's plan covers the services:
    - 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.
    - c. We encourage providers to submit precertification requests at least two weeks before the scheduled services.
    - d. To save you time, it's best to submit precertification requests and inquiries electronically. This is the quickest way to receive an authorization for services requiring precertification. If you need help, just call us. Look for the "precertification" number on the member's ID card.
    - e. If you don't precertify the services on this list, the member's health plan (the "health plan"), employer group or member 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.
  - 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 receive the precertification decision.
  - 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. Our staff members are educated 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, continued

7. Contact Aetna Pharmacy Management for precertification of oral medications not on this list.
  - See #9 in General information section for additional guidance.
  - 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
    - a. 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
    - b. 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**

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