

Outpatient Behavioral Health (BH) Request OP Detoxification Precertification Information Request Form

About this form – Do not use for Maryland and Massachusetts

You can't use this form to initiate a precertification request. To initiate a request, you have to call our Precertification Department. Or you can submit your request electronically.

Effective, **September 1, 2017**, this form replaces all other OP Detoxification precertification information request documents and forms.

This form will help you supply the right information with your precertification request. You don't have to use the form. But it will help us adjudicate your request more quickly.

How to fill out this form

As the patient's attending physician, you must complete all sections of the form.

You can use this form with all Aetna health plans, including Aetna's Medicare Advantage plans. You can also use this form with health plans for which Aetna provides certain management services. This includes Innovation Health Plan, Inc. and Innovation Health Insurance Company. You can't use the form with Traditional Choice/Indemnity plans.

When you're done

Once you've filled out the form, submit it and all requested medical documentation to our Precertification Department. You can send it via confidential fax to Commercial Plans **1-888-463-1309** or Medicare Plans: **860-754-5768**. Or you can mail it to:

**PO Box 14079
Lexington, KY 40512-4079**

What happens next?

Once we receive the requested documentation, we will perform a clinical review. Then we'll make a coverage determination and let you know our decision. Your administrative reference number will be on the electronic precertification response.

How we make coverage determinations

If you request precertification for a Medicare Advantage member, we use CMS benefit policies, including national coverage determinations (NCD) and local coverage determinations (LCD) when available, to make our coverage determinations. If there is not an available NCD or LCD to review, then the Clinical Policy Bulletin referenced below will be used as a resource in decision making.

For all other members, we encourage you to review **The American Society of Addiction Medicine (ASAM) Criteria; Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition**, before you complete this form. You can find the criteria by visiting the website on the back of the member's ID card.

Questions?

If you have any questions about how to fill out the form or our precertification process, call us at **1-800-424-4047**.

