

More Answers to Q's about Health Insurance switch to Aetna/DVHT

A number of Questions were posed and Answered in a previous Employee News Blog posting dated July 18. Here are some more queries about the transition to our new health insurance provider – Delaware Valley Health Trust (DVHT) utilizing the Aetna healthcare provider network effective July 1, 2018. See below for details (to best of our knowledge/understanding at this time) about Kent County's Aetna Open Choice PPO 100/80 & Medicare PPO \$0 plans:

1) I still don't have my Aetna I.D. card. Why and what's taking so long?

If you have not received your card by now, hopefully you have contacted the Personnel Office. If not, please do. The Aetna envelope is rather non-descript and easily mistaken for junk mail. So, take a closer look – your I.D. card is inside. It takes 7 to 10 business day to process a new card.

2) Can I print my own duplicate I.D. card?

Yes you can. Visit www.Aetna.com and create an account. You will need your Aetna Card Number to sign up. If you don't have it available, call DVHT or contact the Personnel Office – we have your I.D. number. The telephone number for Tanya Pokhodenko - Kent County's member service team representative is (267) 803-5723. Want a plastic card? – call DVHT or Personnel.

3) Which procedures/prescriptions/equipment has to be pre-authorized?

Aetna's requirements for pre-authorization may differ a little bit from Highmark. You can go to www.Aetna.com or you can visit the Employee Portal on the Kent County website and check out the Announcements/Notices tab. If the service you need is listed, contact your doctor to secure the required preapproval.

4) I went to the chiropractor and they said I don't owe a \$10 or \$20 copayment. Is that true?

Yes. Apparently, the County's plan design does not charge a copayment for regular chiropractor office visits (a co-payment may be required for your initial visit). There is an annual limit of 30 visits. As you may know, DVHT developed the County's health plan design to duplicate the Highmark plan as much as possible. Incidentally, out of network expenses are allocated to the HRA for payment first. Therefore, enrollees do not pay co-insurance until the County-funded HRA maximum is reached. A copayment of \$10 for primary care physicians, \$20 for specialists, \$50 urgent care, and \$150 for emergency room visits will still be charged.

5) Is the County administering free flu shots again this year?

Yes. Free influenza vaccinations are scheduled to be administered to health plan enrollees on Friday, October 19 in conjunction with the Annual Employee Health Fair. Retirees are welcome to attend. These flu shots are fully paid by the health plan with no additional cost to the County.

6) I accidentally went to LabCorp for bloodwork instead of Quest Diagnostics. Will I be responsible for paying that cost, since our plan uses Quest?

Maybe. Quest Diagnostics is the plan's only in-network provider. LabCorp will join the

Delaware network effective January 1, 2019. Until then, Quest labs are located at Carroll's Corner at 1102 S. Dupont Hwy. in Dover; (302) 736-8656; M-F 6:00 a.m. – 3:00 p.m. & Saturday 8-12; in the Safeway Supermarket next to the pharmacy in Dover; (302) 735-4555; M-F 7:00 a.m. – 3 p.m. with ½ hour lunch at noon & Saturday 8-11; and in Milford in the Food Lion shopping center at 975 N. Dupont Hwy. in Milford; (302) 424-4504; M-F 7:00 a.m. -12 noon & 1p.m. – 4:00 p.m.

Like LabCorp, Quest may ask you for your credit card information - although Quest has been requested not to ask Kent County employees for this information. Simply decline to do so and ask them to “bill” you for any uncovered charges – there should not be any since lab services are 100% covered without a copayment.

7) I recently had my diabetic supplies refilled at a retail pharmacy and had to pay a prescription copayment. My supplies were free under Highmark. Why was I charged?

Aetna requires diabetic testing supplies to be filled by a durable medical equipment supplier. If you go to the pharmacy, the normal copayment schedule will apply. A list of the Aetna DME vendors for diabetic supplies is located at www.Aetna.com or on the Employee Portal under the Announcements/Notices tab. You may have to get a new prescription from your doctor to send to the DME vendor. Thereafter the supplies should arrive regularly via mail.

8) Are covered Retirees and dependents eligible for the DVHT wellness benefits?

Yes. Submit a copy of your receipt and/or explanation of benefits along with the wellness benefit form available on the www.dvtrusts.com website and a wellness check will be mailed to you shortly. Active employees and enrolled adult dependents would follow the same procedure.

9) I got a check in the mail from Delaware Valley Insurance Trusts. What do I do with it?

Deposit the check – it is yours to keep. The payment is your reward for using a low-cost provider. It is automatic, you do not have to sign up or do anything. If you want to increase your chances of getting a check, visit <https://www.healthcarebluebook.com/cc/dvht> and sign in with your last name, DOB, and email. You have to have a DVHT account set up to access the website. If you have not done so, create an account at www.dvtrusts.com for access to all the benefits offered by Delaware Valley Health Trust.

DVIT (Delaware Valley Insurance Trusts – parent organization for DVHT) is a self-insured non-profit cooperative controlled by member governments that utilizes the Aetna provider network. A major feature of the DVHT program is an exceptional wellness benefits program, which includes cash rewards for annual biometric screenings, colonoscopy, mammograms, well women exams, certain health education classes, and healthcare consumerism. In addition, reimbursements are offered for gym membership fees, race registration fees, weight watchers program, bike helmets, etc.

For more information, contact the Personnel Office at 744-2310.

(Posted 08/07/18)

NOTICE - Kent County Levy Court plan designs may not cover all items listed below. Call Aetna to inquire.

Procedures, programs and drugs you must precertify

Participating provider precertification list

Effective July 1, 2018

Applies to^{1,2,3,4,9}:

Aetna® plans, except Traditional Choice® 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 Plan⁹

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

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.

Most precertification requests can be submitted electronically through the secured provider website or using your Electronic Medical Record (EMR) system portal.

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 –
precertification isn't required effective 7/1/2018

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 visits⁹

- 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 – precertification isn't required effective 7/1/2018

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^{7,8}

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])

Monoclate-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) - precertification for this drug and drug class isn't required effective 7/1/2018

Benlysta (belimumab)

Besponsa (inotuzumab ozogamicin)

Botulinum toxins:

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors –

precertification for this drug class is required effective 7/1/2018

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 (burosomab-twza) – precertification for the drug and site of care required effective 7/13/2018

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 (levoleuovorin)

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)

Eplclusa (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:

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)
Gammaplex (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)
Ilumya* (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 (cetrotorelix acetate)
Follistim AQ (follitropin beta)
Ganirelix AC (ganirelix acetate)
Gonal-f (follitropin alfa)
Gonal-fRFF (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 neparovec-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* (treprostiniol diolamine)
Remodulin (treprostiniol sodium)
Revatio* (sildenafil citrate)
Tracleer* (bosentan)
Tyvaso (treprostiniol)
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^o — 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^o

• 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

Diagnostic Cardiology (cardiac rhythm implantable devices, cardiac catheterization)^o

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^o

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^o — 1-800-575-5999

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

National Medical Excellence Program^o

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)⁹

NOTE: *Effective 7/1/2018, this program no longer applies.*

The program applied to all Aetna Medicare members, and the following members, who had a cancer diagnosis and received chemotherapy services in a physician's office, outpatient hospital or ambulatory facility *through 6/30/2018*:

- 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 had elected to participate in the program

Providers in all states where applicable should have contacted 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) precertification⁹

- 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 management⁹

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)⁹

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 testing⁹ — 1-800-575-5999

Radiation oncology⁹

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 imaging⁹

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 echocardiogram⁹

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.
 - We encourage providers to submit precertification requests electronically, this is the quickest way to receive an authorization for services requiring precert.
 - 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**.⁹
- 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."
7. Contact Aetna Pharmacy Management for precertification of oral medications not on this list.⁹ 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.

General information (continued)

- 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**

