At a glance

A how-to guide for health care professionals who work with us

Aetna.com

1999051-01-02 (12/23)

aetna®

Knowing what to do makes everything easier.

Table of contents

Helpful provider website

Doing business with us online

Use **Availity.com**, our provider website, to save time. This is a free, multipayer, web-based system for administrative transactions. You can use the tools and resources available on Availity® to quickly access the information you need.

Access your provider account

- Go to **Availity.com**, our provider website.
- Select "Log in to Essentials."

Register on our provider website

First, gather the information below. You'll need it to register successfully.

- Tax identification number (TIN)
- Physician name, group name or hospital name
- Email address
- Primary office location
- Once you have that information ready, then:
- Go to **Availity.com**.
- Select "Get Started."

Website administrator

You must designate an administrator for your office, and that person must be the first person to register on Availity. That's because the first person to register is given site privileges to administer all functions and manage access for other users.

Each user needs their own credentials. Sharing user IDs isn't allowed.

Have the designated administrator log in first on **Availity.com** by selecting the orange "Log in to Essentials" button.

Visit **Availity.com/aetnaproviders** to learn more.

If users can't access some of the tools on Availity, please contact your administrator. There are some transactions that the administrator must enable.

Need help?

For registration questions or log-in or password help, call **1-800-Availity (1-800-282-4548)** Monday through Friday, 8 AM to 7 PM ET.

Availity offers many helpful online support tools:

- On-screen help to walk you through each step of a transaction
- Step-by-step transaction and user guides
- Online training demonstrations

Important announcements

On **Availity.com**, visit the Aetna Payer Space home page to get time-sensitive information. Be sure to visit often — the information shared may affect how you do business with us.

Clinical and office support

Tools and resources

On Availity, to see a list of commonly used tools and resources, go to the “Aetna Payer Space” and select the “Resource” tab.

There, you’ll find:

- The Precertification Code Search tool, which makes the precertification process easier.
- Our Clinical Policy Bulletins, which are detailed and technical documents. They explain how we make coverage decisions for members under our health benefits plans.

Clinical resources

- **Aetna Health Connections℠ Disease Management programs**, which provide educational materials and, in some cases, individualized case management for members with chronic health conditions. The programs focus on health education and behavior modification for modifiable risks.
- **Aetna Women’s Health programs and policies** provide detailed information about our gynecologic and obstetric programs and policies. This includes information on the Aetna Maternity Program, Infertility Program and Breast Cancer Gene (BRCA) Genetic Testing Program.

Helpful guides

- **Aetna Benefits Products** — an easy-to-use guide that provides basic benefits product information, including primary care physician (PCP) selection and referral requirements.
- **Aetna Office Manual for Health Care Professionals** — your guide to working with us. This reference tool acts as our provider manual, and it includes local information that pertains to your practice. Our Member Rights and Responsibilities are also included in the manual.

Pharmacy

- Formulary information
- Pharmacy clinical policy bulletins
- E-prescribing

Tools and transactions

Eligibility

Use the Eligibility and Benefits Inquiry transaction to get member-specific plan details. Transaction response fields (which may vary according to plan details) include:

- Copay, deductible and coinsurance
- Exclusions and limitations
- Visits used and visits remaining
- Referral and precertification requirements
- Ability to view and print digital member ID cards*

Here are some tips for completing the fields on the eligibility and benefits inquiry page:

- If you don't have the member ID number, you may search using the patient's last name, first name and date of birth.
- Use the "Benefit Type" drop-down box to narrow down to a specific benefit (for example, code 30 is for general benefits, code 47 is for hospital benefits and code 98 is for professional physicians and other services).

On **Availity.com**, in the Aetna Payer Space, select the "Applications" tab to access your Managed Choice® plan, Elect Choice® plan and health maintenance organization (HMO) capitation member rosters.

Patient Cost Estimator tool

The payment estimator lets you request an estimate of your patient's financial responsibility on or before a date of service.

You can also:

- Get reliable estimates of the patient's copayments, coinsurance and deductibles
- Access printable information to help you initiate financial discussions with your patients before or at the time of care

This tool can reduce, and possibly eliminate, after-the-fact financial surprises for you and your patients.

Claims

We offer a wide variety of tools to help you manage your patient accounts:

- Professional claims submission (including Aetna® secondary claims)
- Claims status (checking the status of one single patient)
- Claims Status Report (checking the status of all your patients within a date range)
- Fee Schedule (most directly contracted physicians [MD/DO] can access their negotiated rates for Current Procedural Terminology [CPT®] and HCPCS codes)
- Claims and payment policy tools
  - Code Editing tool and Clinical & Payment Policy Lookup — to determine how procedure codes billed by themselves or in combination with other procedure codes may be processed and to determine eligibility of an assistant surgery procedure
  - Policy Information — to find policy-related links if you're searching for general information on a topic or if you don't have a specific procedure code

Claims Explanation of Benefits (EOB) on Remittance Viewer tool

This tool allows providers and office staff to access claims EOB statements online within 24 hours of claims processing. You may also use this tool for claims reconsiderations.

*Your administrator must enable this feature for you.

Tools and transactions (continued)

Account management tools

For other reporting capabilities and for submitting claims reconsiderations, you can use the suite of account management tools:

- Claim History Report (which allows you to identify specific codes)
- Single or multiple claims reconsiderations

Referrals

If a plan requires a referral, the PCP should issue it for all specialist visits, including visits in a hospital clinic.

- Referrals may be issued for consultation and treatment by using the CPT code 99499.
- Referrals are valid for 1 year, and the first visit must be used within 90 days.
- A diagnosis code isn't required; however, it's very helpful for the specialist.
- Direct access: Referrals aren't required for routine eye care and ob/gyn services. Refer to the Health Care Professional Toolkit for other direct-access specialties in your area.
- A referral isn't a substitute for authorization of a service that requires precertification.
- Referrals may be issued to an individual specialist using their national provider identifier (NPI) or to a specialty using the taxonomy code.
- Our online "Provider search" can be used to find a participating provider.
- Referrals can be issued for automatic studies by specialty — services performed in a specialist office when patients are seen for visits and evaluations. This happens as a result of our direct-access programs or when a service is authorized by a referral from their PCP.

Authorization

Use our online tools to help you determine if authorization (also called "precertification") is required for a particular procedure, and submit precertification requests for those services.

Precertification Code Search tool — allows you to enter up to five CPT codes at a time to quickly determine whether a medical precertification is required for your patient.

Online precertification transaction — allows you to add a precertification request for those services that require it and see if a precertification has been authorized.

All precertification requests should be done via the online precertification transaction.

Electronic funds transfer (EFT) email notification

For those already enrolled in EFT, you may now sign up to enroll up to two email addresses. We'll then notify you when we transmit to your bank.

Electronic remittance advice (ERA)

Sign up to receive ERA through our provider website or your vendor or clearinghouse. Providers billing with multiple NPIs will get separate payments for each NPI, unless you notify us otherwise. You can get claims grouped into payments based on TIN and billing address.

Update Aetna provider demographics

Submit updates and changes to your profile, including address; hospital affiliations; the NPI for you, your practice or facility; and demographics.

Claims how-to

Electronic claims submission

Submit all claims electronically for your patients, regardless of their benefits plans.

- If you're already using a vendor, add us to your list of payers.
- To view a list of our participating claims vendors, visit **our vendor page**.
- Send professional claims free of charge from our provider website.
- You can also send voided or corrected professional claims from our provider website.

We typically don't need attachments. If we do, we'll let you know what we need and how to send it to us.

Claims submission tips

To ensure accurate and timely claims payment, be sure to:

- Review rejection reports from your vendor
- Correct and resubmit rejected claims electronically through your vendor
- Ensure that the member and patient names and ID numbers are correct
- Ensure that CPT and diagnosis codes are valid

Disagree with a claims decision?

Write to the PO box listed on the EOB statement or the denial letter related to the issue being disputed. Please include the reason(s) for the disagreement.

Go to **Aetna.com** for more information.
Select "Providers." Under the "Claims" tab, choose "Disputes and appeals." Then, select "Learn about the dispute process."

Claims addresses

If your practice management or hospital information system requires a claims address for submission of electronic claims, or if your office doesn't have electronic capabilities, please refer to the table below for the claims address for your state. Or refer to this **list of payer IDs**.

Medical provider location by state	Claims mailing address
AL, AK, AR, AZ, CA, FL, GA, HI, ID, LA, MS, NC, NM, NV, OR, SC, TN, UT and WA	Aetna PO Box 14079 Lexington, KY 40512-4079
CO, CT, DC, DE, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SD, TX, VA, VT, WI, WV and WY	Aetna PO Box 981106 El Paso, TX 79998-1106

For all Medicare and Aetna Student Health℠ plans, use the El Paso, TX, claims mailing address.

For all Aetna Voluntary plans and limited benefits insurance plans (formerly "Aetna Affordable HealthChoices℠ plans"), use the Lexington, KY, claims mailing address.

For Aetna Signature Administrators® Preferred Provider Organization (PPO) plans, Aetna Workers' Comp Access plans, Meritain Health℠ and Schaller Anderson (Medicaid), refer to the member ID card.

Claims how-to (continued)

Claims processing

Sign up for electronic payments and get paid faster
When you sign up for electronic payments, you can get paid faster than having to wait for a check to come in the mail. With electronic payments, you don't have to deposit checks in your bank. You can enroll in one or both of the services below.

- **Electronic Funds Transfer (EFT):** We'll securely transmit payments directly from our bank account to yours. There's no charge for EFT, though your bank may charge you a fee. Check with them for details.
  - Go to the **Payer Enrollment Services** website to sign up for EFT. You must register for the site before you can submit an enrollment or change request.
- **Virtual credit card (VCC):** If you don't enroll for EFT, we may issue future payments as a VCC. We'll issue a one-time-use virtual credit card number by fax or mail. Simply enter the credit card number into your existing credit card terminal. You'll get the funds in the same time frame as other credit card payments. We don't charge for VCC, though you'll pay your standard merchant fees, just as you do for any other credit card payment you process.
  - **Sign up for VCC** by sending an email to **VirtualCardPaymentProvider@Aetna.com** with your practice name, TIN and contact information. We'll follow up with you.

Sign up for ERA and post your patient statements automatically
When you sign up for ERA, with compatible software, you can post details of your patients' statements automatically. You'll need an ERA vendor to get ERA files. Choose one on **our vendor page**.

Note: EFT enrollment information can be accessed by all our affiliates, including Innovation Health Holdings, LLC and Coventry Health Care, Inc. and their respective subsidiaries.

Contact us

Program	Phone number
Special programs and networks	
Aetna Voluntary plans and limited benefits insurance plans (formerly "Aetna Affordable HealthChoices")	**1-888-772-9682 (TTY: 711)**
Aetna Student Health	Refer to the member ID card
Aetna Signature Administrators®	**1-800-238-6288 (TTY: 711)**
eviCore healthcare	**1-888-622-7329 (TTY: 711)**
Meritain Health	Refer to the member ID card
Care management and genetic testing programs	
Aetna Health Connections Disease Management program	**1-866-269-4500 (TTY: 711)**
Aetna Maternity Program	**1-800-272-3531 (TTY: 711)**
BRCA Genetic Testing Program	**1-877-794-8720 (TTY: 711)**
Infertility Program	**1-800-575-5999 (TTY: 711)**
Novologix® prior authorizaion	**1-844-345-2803 (TTY: 711)**
Novologix general information Novologix is our preferred method for receiving electronic prior-authorization requests.	**1-844-345-2803 (TTY: 711)**

Program	Phone number
Credentialing	
Aetna Credentialing Customer Service	**1-800-353-1232 (TTY: 711)**
Council for Affordable Quality Healthcare (CAQH)	**1-888-599-1771 (TTY: 711)**
Pharmacy	
Precertification	**1-855-240-0535 (TTY: 711)**
CVS Specialty® (for ordering self-injectable medications)	**1-800-237-2767 (TTY: 711)**
National Medical Excellence Program® (Our transplant program)	**1-877-212-8811 (TTY: 711)**
Behavioral health and substance use disorders Provider services	Refer to the member ID card

CVS Specialty® and Aetna® are members of the CVS Health® family of companies.

Contact us (continued)

Providers

If you have questions or comments, just go to **Aetna.com**, select "Providers," then "Contact us."

Provider Service Center

There's never a need to wait for a provider service representative with these easy-to-use, self-service options:

- Check the status of a claim (including a faxed copy)
- Verify patient coverage and benefits information (including a faxed copy)
- Get medical precertification information

To do all that and more, call the numbers below.

- HMO-based plans and all Aetna Medicare Advantage plans: **1-800-624-0756 (TTY: 711)**
- All other plans: **1-888-MD-Aetna (TTY: 711)** or **1-888-632-3862 (TTY: 711)**

Please have your TIN or NPI, the Aetna® member ID number and the patient's birth date ready when you call.

Preferred, in-network laboratories

Our network offers your patients access to nationally contracted, full-service laboratories with conveniently located Patient Service Centers.

You can help your patients save money by referring them to in-network laboratories. PCPs must use their designated laboratory for their patients.

Preferred national laboratories — Quest Diagnostics® and LabCorp (effective 1/1/2019)

Visit **QuestDiagnostics.com** or **LabCorp.com** to get started.

- Get requisitions and schedule lab appointments for your patients.
- Schedule specimen pickup and set up patient results delivery.
- Order supplies.
- Find a Patient Service Center.

Additional preferred national laboratories

To see our complete national list of preferred, participating laboratories:

1. Go to our helpful **provider website**
2. Select "Aetna Payer Space"
3. Select "Referral Directory"
4. Select "Lab and Diagnostic Centers"
5. Under "Provider Type," select "National Lab Listing"
6. Then, select "National Laboratory Listing"

Think webinars can't be cool?

Maybe, but they can be super helpful.

Every month, we offer interactive webinars that'll help you make the most of our online resources.

Created especially for providers, these webinars will dig into:

1. Helpful tools and resources for new providers
2. The Availity® provider website
3. Claims management
4. Authorization and precertification

Ask your questions and get your answers on the spot.

Visit **AetnaWebinars.com** to register today.

Doing business with Aetna®

Second Tuesday and third Wednesday of every month, from 1:00 PM to 2:15 PM ET

New to Aetna? Or do you simply want to see what's new? Awesome! Join us on a tour through the Provider Onboarding Welcome page. You'll discover tools and resources that'll make your day-to-day tasks with us simple and quick. We'll show you how to:

- Locate provider manuals, clinical policy bulletins, payment polices, online forms and provider referral directories
- Access online transactions such as eligibility, benefits, precertifications and claims
- Register for live instructional webinars
- Update your provider data

Working with Aetna® on Availity®

First Tuesday of every month, from 2:00 PM to 3:30 PM ET

This webinar is great for getting started with us. You'll learn how to register, contact us and identify products. We'll talk about tools and transactions on our site, and the administrator's role, too.

Claims management on Availity®

Third Thursday of every month, from 2:00 PM to 3:15 PM ET

You'll learn about all things related to patient accounts. We'll go over claims status, online Explanation of Benefits (EOB) statements and claims reconsiderations. And you'll see how the Claim Status and Remittance Viewer tools can work for you.

Authorizations on Availity®

Second Wednesday of every month, from 2:00 PM to 3:15 PM ET

This webinar is key for anyone managing the authorization (precertification) process for their practice or facility. That's because we'll review the Precertification Code Search, Precertification Inquiry and Precertification Status Update tools. These are tools made to ease the process. Plus, you'll learn how to best handle inpatient, outpatient, behavioral health and drug requests.

Submitting drug prior authorization requests on Novologix®

Second Thursday of every month, from 1:00 PM to 2:00 PM ET

This webinar is for anyone who submits specialty drug prior authorizations for their practice or facility. We'll show you how to use the Novologix® portal (accessed through Availity) to submit a specialty prior drug authorization, initiate a National Comprehensive Cancer Network® (NCCN®) regimen, and check the status of a pending request.

Northeast region

Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont

Special programs

BRCA genetic testing

Prior authorization is required for breast cancer gene (BRCA) genetic testing.

For more information, call our BRCA Genetic Testing Program at **1-877-794-8720 (TTY: 711)**.

High-tech radiology

Precertification is required for elective high-tech outpatient radiology services: computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), nuclear cardiology and positron emission tomography (PET) scans.

Connecticut, Delaware, Maine, Massachusetts, Pennsylvania, New Jersey, New York, and Vermont
eviCore healthcare

- Phone: **888-622-7329 (TTY: 711)**
- Fax: 800-540-2406 for all Radiology, Cardiology, Peripheral Arterial Disease (PVD), Radiation Therapy requests
- Fax: 1-866-999-3510 for Sleep requests
- Fax: 855-774-1319 for Interventional Pain requests
- Website: **eviCore.com**

Note: eviCore healthcare allows 14-day-retrospective-request periods only for emergent cases and clinically urgent cases.

Sleep studies

Prior authorization is required for sleep studies performed in a freestanding sleep diagnostic facility or a hospital.

Cardiac imaging

Prior authorization is required for non-emergent stress echocardiography and diagnostic left- and right-heart catheterization.

Cardiac rhythm implant devices

Prior authorization is required for elective inpatient and outpatient cardiac rhythm implant devices.

Peripheral Arterial Disease (PVD)

Prior authorization is required for outpatient angioplasty, iliac, femoral / popliteal, tibial / peroneal, stenting, and ultrasound.

Radiation therapy

Prior authorization is required for complex and 3D conformal, stereotactic radiosurgery (SBS) and stereotactic body radiotherapy (SBRT), brachytherapy, hyperthermia, intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT), proton beam therapy, neutron beam therapy, and radiopharmaceuticals.

Pain management and hip and knee procedures

Prior authorization is required for:

- Interventional pain management
- Inpatient elective musculoskeletal (hip and knee) arthroplasty procedures (note: hip and knee arthroplasty procedures are managed by Aetna)
- Outpatient elective musculoskeletal (hip and knee) arthroplasty procedures (note: hip and knee arthroplasty procedures are managed by Aetna)

Special programs (continued)

Physical Therapy (PT) and Occupational Therapy (OT)

Connecticut
OrthoNet no longer manages the Aetna physical and occupational therapy PPO, POS and HMO networks in the Aetna Connecticut Market as of April 1, 2023.

New Jersey
OrthoNet no longer manages the Aetna physical and occupational therapy PPO, POS and HMO networks in the New Jersey Market as of April 1, 2023.

Fee schedules

If you're contracted with us through an independent practice association (IPA), contact them for fee schedule requests.

New Jersey appeal process

Please call our Provider Service Center. For HMO-based and Aetna Medicare Advantage plans, call **1-800-624-0756 (TTY: 711)**.
For all other plans, call **1-888-632-3862 (TTY: 711)**.

Special note for upstate New York market

HMO plans and individual Medicare Advantage plans are sold in five counties only: Broome, Cayuga, Onondaga, Oswego and Tioga.

Special programs (continued)

In-home healthcare

Connecticut and Pennsylvania Medicare Advantage members

Connecticut and Pennsylvania Dual-eligibility Special Needs Advantage Plan (D-SNP) members

Effective July 1, 2022, for Pennsylvania and effective July 1, 2023 for Connecticut. Carelon Post Acute Solutions (formerly known as myNexus) will manage the precertification program, claims payments, and the network for in-home health services for Aetna Medicare Advantage members who live in Pennsylvania and Connecticut.

Two important changes

Compared to previous procedures, there are two changes. The changes are effective July 1, 2022 for Pennsylvania and July 1, 2023 for Connecticut.

Carelon requires precertifications

All in-home health-related requests for an aide, medical social worker, occupational therapist, physical therapist, skilled nurse or speech therapist require Carelon precertification. Carelon must approve these services before they begin.

Visit **Aetna.com/health-care-professionals/precertification/precertification-lists.html** to see services that require precertification.

Carelon makes the claims payments

Carelon will pay claims, under the rates and terms of your Carelon contract, for covered in-home health services if they are filed with precertifications that were approved on or after July 1, 2022 for Aetna Medicare Advantage members who live in Pennsylvania, and on or after July 1, 2023 for Aetna Medicare Advantage members who live in Connecticut.

How to submit required precertification requests

Submit your required request for in-home health services for Aetna Medicare Advantage members in Pennsylvania and Connecticut via any of the ways below.

Go online to **Portal.myNEXUScare.com** (registration is required).

Fax the **Carelon Home Health CareAuthorization Request Form** to 1-866-996-0077.

Questions?

Call Carelon Intake at **1-833-585-6262** from 8 AM to 8 PM ET, Monday through Friday.

Go online to **myNEXUScare.com/aetna** for more details.

Mid-America region

Colorado, Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin and Wyoming

Special programs

BRCA genetic testing

Prior authorization is required for **br**east **ca**ncer gene (BRCA) genetic testing.

For more information, call our BRCA Genetic Testing Program at **1-877-794-8720 (TTY: 711)**.

High-tech radiology

Precertification is required for elective high-tech outpatient radiology services: CT, MRI/MRA, nuclear cardiology and PET scans.

Sleep studies

Prior authorization is required for sleep studies performed in a freestanding sleep diagnostic facility or hospital.

Cardiac imaging

Prior authorization is required for nonemergent stress echocardiography and diagnostic left- and right-heart catheterization.

Cardiac rhythm implant devices

Prior authorization is required for elective inpatient and outpatient cardiac rhythm implant devices.

Pain management and hip and knee procedures

Prior authorization is required for:

- Interventional pain management
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- Outpatient elective musculoskeletal (hip and knee) arthroplasty procedures (note: hip and knee arthroplasty procedures are managed by Aetna)

Peripheral Arterial Disease (PVD)

Prior authorization is required for outpatient angioplasty, iliac, femoral/popliteal, tibial/peroneal, stenting and ultrasound

Radiation therapy

Prior authorization is required for complex and 3D conformal, stereotactic radiosurgery (SBS) and stereotactic body radiotherapy (SBRT), brachytherapy, hyperthermia, intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT), proton beam therapy, neutron beam therapy, and radiopharmaceuticals.

Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Missouri, Montana, Nebraska, Ohio, Oklahoma, South Dakota, Wisconsin and Wyoming

eviCore healthcare

- Phone: **1-888-622-7329 (TTY: 711)**
- Fax: 800-540-2406 for all Radiology, Cardiology, Peripheral Arterial Disease (PVD), Radiation Therapy requests
- Fax: 1-866-999-3510 for Sleep requests
- Fax: 855-774-1319 for Interventional Pain requests
- Website: **eviCore.com**

Note: eviCore healthcare allows 14-day-retrospective-request periods only for emergent cases and clinically urgent cases.

Special programs (continued)

In-home health care

Oklahoma, Ohio, Kentucky, and Missouri Aetna Medicare Advantage members

Ohio, Kentucky, and Missouri Aetna® Dual-eligibility Special Needs Advantage Plan (D-SNP) members

Effective January 1, 2022, **Carelon** will manage the precertification program, claims payments, and the network for in-home health services for Aetna Medicare Advantage members who live in Ohio, Kentucky, and Missouri.* (Carelon began managing in-home health services for Aetna Medicare Advantage Oklahoma members on August 1, 2021.)

Two important changes

Compared to previous procedures, there are two changes. The changes are effective January 1, 2022.

1. **Carelon requires precertifications**

   All in-home health-related requests for an aide, medical social worker, occupational therapist, physical therapist, skilled nurse, or speech therapist require Carelon precertification. Carelon must approve these services before they begin.

   Visit **Aetna.com/health-care-professionals/precertification/precertification-lists.html** to see services that require precertification.

2. **Carelon makes the claims payments**

   Carelon will pay claims, under the rates and terms of your Carelon contract, for covered in-home health services if they are filed with precertifications that were approved on or after January 1, 2022, for Aetna Medicare Advantage members who live in Kentucky, Missouri, or Ohio.

How to submit required precertification requests

Submit your required request for in-home health services for Aetna Medicare Advantage members in Kentucky, Missouri, Ohio, or Oklahoma via any of the ways below.

- To locate the form, go online at **Carelon Portal Login** (registration is required) and navigate to Authorization program materials
- Or find the form directly at **Carelon Home Health Care Authorization Request Form**
- Fax your request to 1-866-996-0077

Questions?

- Call Carelon Intake at **1-833-585-6262** from 8 AM to 8 PM ET, Monday through Friday
- Go online to **https://providers.carelonmedicalbenefitsmanagement.com/postacute/provider-materials/aetna-provider-resources/** for more details

*Carelon manages in-home health services for Aetna Medicare Advantage Members who live in Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, Virginia, Pennsylvania, West Viriginia or Florida and Connecticut as of 07/01/2023 and for Aetna Dual-eligibility Special Needs Program (D-SNP) members who live in Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, Pennsylvania or Florida and Connecticut as of 07/01/2023.

Ancillary services providers

Referring your patients to network providers for ancillary services helps control health care costs. The ancillary services providers below are new to our network or have an expanded contract to service members in other states. Go to **Aetna.com** and use "Provider search" to access the complete list of participating ancillary services providers.

Outpatient therapy services	Provider type	Phone number	Market
Cooperative Health Partners	Ground and wheelchair transportation services	**1-800-547-2642**	**Ohio**
CSI Network Services	Home infusion, home health care and hospice services	**1-888-873-7888**	**Indiana, Kentucky, Michigan and Ohio**
Holista, LLC	Outpatient therapy services	**1-888-560-6855**	**Outpatient physical therapy/occupational therapy** **Kansas and portions of Missouri** (HMO only) **Oklahoma** (Oklahoma City, Tulsa) **Speech therapy** **Kansas and portions of Missouri** (HMO only) **Oklahoma** (Oklahoma City, Tulsa)

Southeast region

Alabama, Arkansas, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia and West Virginia

Special programs

BRCA genetic testing

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District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Tennessee, Virginia and West Virginia

eviCore healthcare

- Phone: **1-888-622-7329 (TTY: 711)**
- Fax: 800-540-2406 for all Radiology, Cardiology, Peripheral Arterial Disease (PVD), Radiation Therapy requests
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Note: eviCore healthcare allows 14-day-retrospective-request periods only for emergent cases and clinically urgent cases.

Special programs (continued)	
Chiropractic services	**Georgia** American Specialty Health® (ASH) **1-800-972-4226** Notes about referrals: • PCPs can consult the online "Provider search" tool for • a list of participating ASH chiropractors. • PCPs should submit referrals to ASH electronically. • Indicate ASH provider ID 7648775 (don't use a taxonomy code). • Indicate one visit on the referral by using the code "9210671" (consult and treat).
Physical Therapy (PT) and Occupational Therapy (OT)	**District of Columbia, North Carolina, South Carolina and Virginia** OptumHealth Care Solutions Inc. no longer manages the Aetna physical and occupational therapy PPO, POS and HMO networks in the Aetna District of Columbia Market as of April 1, 2023.

Special programs (continued)	
In-home health care	**Florida, Georgia, Virginia and West Virginia Aetna Medicare Advantage members** **Georgia Aetna® Dual-eligibility Special Needs Advantage Plan (D-SNP) members** **Carelon*** • Phone: **1-833-585-6262** (8 AM to 8 PM ET, Monday through Friday) • Website: **myNEXUScare.com/aetna** **Notes:** 1. **Carelon requires precertifications** All in-home health-related requests for an aide, medical social worker, occupational therapist, physical therapist, skilled nurse or speech therapist require Carelon precertification. Carelon must approve these services before they begin. Visit **Aetna.com/health-care-professionals/precertification/precertification-lists.html** to see services that require precertification. 2. **Carelon makes the claims payments** Carelon will pay claims, under the rates and terms of your Carelon contract, for covered in-home health services. **How to submit required precertification requests** Submit your required request for in-home health services for Aetna Medicare Advantage Florida, Georgia, Virginia and West Virginia members and Aetna D-SNP Georgia members via any of the ways below. • Go online to **Carelon Portal Login** (registration is required). • Fax the **Carelon Home Health Care Authorization Request Form** to 1-866-996-0077.

*Carelon manages in-home health care services for Aetna® Medicare Advantage members who live in Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, Virginia, Pennsylvania, West Viriginia or Florida and Connecticut as of 07/01/2023 and for Aetna Dual-eligibility Special Needs Program (D-SNP) members who live in Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, Pennsylvania or Florida and Connecticut as of 07/01/2023.

West region

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Texas, Utah and Washington

Ancillary services providers

Referring your patients to network providers for ancillary services helps control health care costs. The ancillary services providers below are new to our network or have an expanded contract to service members in other states. Go to **Aetna.com** and use "Provider search" to access the complete list of participating ancillary services providers.

Special programs

BRCA genetic testing

Prior authorization is required for **br**east **ca**ncer gene (BRCA) genetic testing.

For more information, call our BRCA Genetic Testing Program at **1-877-794-8720 (TTY: 711)**.

High-tech radiology

Precertification is required for elective high-tech outpatient radiology services: CT, MRI/MRA, nuclear cardiology and PET scans.

Sleep studies

Prior authorization is required for sleep studies performed in a freestanding sleep diagnostic facility or a hospital.

Cardiac imaging

Prior authorization is required for non-emergent stress echocardiography and diagnostic left and right heart catheterization.

Cardiac rhythm implant devices

Prior authorization is required for elective inpatient and outpatient cardiac rhythm implant devices.

Pain management and hip and knee procedures

Prior authorization is required for:

- Interventional pain management
- Inpatient elective musculoskeletal (hip and knee) arthroplasty procedures (note: hip and knee arthroplasty procedures are managed by Aetna)
- Outpatient elective musculoskeletal (hip and knee) arthroplasty procedures (note: hip and knee arthroplasty procedures are managed by Aetna)

Peripheral Arterial Disease (PVD)

Prior authorization is required for outpatient angioplasty, iliac, femoral/popliteal, tibial/peroneal, stenting and ultrasound.

Radiation therapy

Prior authorization is required for complex and 3D conformal, stereotactic radiosurgery (SBS) and stereotactic body radiotherapy (SBRT), brachytherapy, hyperthermia, intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT), proton beam therapy, neutron beam therapy, and radiopharmaceuticals.

Alaska, Arizona, California (PPO only), Colorado, Idaho, Nevada, Texas, Utah and Washington

eviCore healthcare

- Phone: **1-888-622-7329 (TTY: 711)**
- Fax: 1-800-540-2406 for all Radiology, Cardiology, Peripheral Arterial Disease (PVD), Radiation Therapy requests
- Fax: 1-866-999-3510 for Sleep requests
- Fax: 1-855-774-1319 for Interventional Pain requests
- Website: **eviCore.com**

Note:

1. eviCore healthcare allows 14-day-retrospective-request periods only for emergent cases and clinically urgent cases.
2. eviCore healthcare does not provide services in New Mexico.

Special programs (continued)

Outpatient physical therapy
Outpatient occupational therapy
Outpatient speech therapy

The process and providers for physical, occupational and speech therapy and laboratory services for providers participating with us through their affiliation with an IPA or physician medical group (PMG) may differ. Please refer to your IPA or PMG guidelines.

Arizona
Physical Therapy Provider Network
1-800-766-7876

Preferred Therapy Providers
1-800-664-5240

California
Physical Therapy Provider Network
1-800-766-7876

Preferred Therapy Providers
1-800-664-5240

American Physical Therapy Network
310-643-1640, ext. 103

Colorado
Holista, LLC
1-888-560-6855

Idaho
Western Rehabilitation Health Network
1-877-512-5053, ext. 123

Oregon and Washington
Preferred Therapy Providers
1-800-664-5240

North Texas (DFW)
South Texas (Austin, Houston, San Antonio)
Holista, LLC
1-888-560-6855

Utah
Western Rehabilitation Health Network
1-877-512-5053, ext. 140

Chiropractic care
Acupuncture treatment

Arizona, California and Oregon
American Specialty Health Network
1-800-972-4226

Colorado
Columbine Health Plan
303-893-1900

Idaho
NMG Chiropractic Network
801-747-3228

Utah and Washington
Healthways WholeHealth Network
1-800-274-7526

Special programs (continued)	
California Language Assistance program	We have a language assistance program to support members with limited English proficiency as they access health care services. The toll-free telephone number for you to reach an interpreter is **1-800-525-3148 (TTY: 711)**.
California and Nevada claims submissions	**California and Nevada — IPA or medical group guidelines** Before submitting HMO-related claims to us, please refer to your IPA or medical group guidelines.
In-home health care	**Texas Aetna® Medicare Advantage members** **Texas Aetna® Dual-eligibility Special Needs Advantage Plan (D-SNP) members** **Carelon Post Acute Solutions* (formerly myNEXUS)** • Phone: **1-833-585-6262** (8 AM to 8 PM ET, Monday through Friday) • Website: **myNEXUScare.com/aetna** **Notes:** 1. **Carelon Post Acute Solutions (formerly myNEXUS) requires precertifications** All in-home health-related requests for an aide, medical social worker, occupational therapist, physical therapist, skilled nurse, or speech therapist require Carelon Post Acute Solutions (formerly myNEXUS) precertification. Carelon Post Acute Solutions (formerly myNEXUS) must approve these services before they begin. Visit **Aetna.com/health-care-professionals/precertification/precertification-lists.html** to see services that require precertification. 2. **Carelon Post Acute Solutions (formerly myNEXUS) makes the claims payments** Carelon Post Acute Solutions (formerly myNEXUS) will pay claims, under the rates and terms of your Carelon Post Acute Solutions (formerly myNEXUS) contract, for covered in-home health services if they are filed with precertifications.

*Carelon Post Acute Solutions (formerly myNEXUS) manages in-home health care services for Aetna Medicare Advantage members who live in Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, Virginia, Pennsylvania, West Viriginia or Florida and Connecticut as of 07/01/2023 and for Aetna Dual-eligibility Special Needs Program (D-SNP) members who live in Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, Pennsylvania or Florida and Connecticut as of 07/01/2023.

Special programs (continued)

In-home health care (continued)

How to submit required precertification requests

Submit your required request for in-home health services for Texas D-SNP members via any of the ways below.

- Go online to **Portal.myNEXUScare.com** (registration is required).
- Fax the **Carelon Home Health Care Authorization Request Form** to 1-866-996-0077.

California and Texas requirements

You can access fee schedules per California laws CA AB1455 and CA SB 634

According to the regulations issued based on the Claims Settlement Practices and Dispute Mechanism Act of 2000 (CA AB1455 for HMO) and based on the expansion of the Health Care Providers Bill of Rights (under CA SB 634 for indemnity and PPO products), we're giving you information about how to access your fee schedule.

- If you're a provider affiliated with an IPA, contact your IPA for a copy of your fee schedule.
- If you're a provider directly contracted with us, send us your request with desired CPT codes via either of the methods below.
  - Fax: 859-455-8650
  - Email: **FeeSchedule@Aetna.com**

If you have questions, contact our Provider Service Center.

- If your hospital is reimbursed through Medicare Groupers, visit the Medicare website at **CMS.gov** for information.

For more information, visit **DMHC.CA.gov** and select "About the DMHC," then "Laws & Regulations."

Provide us with eligibility statements per Texas law 28 TAC 19.1724

Gather the following information:

- The patient's full name
- The patient's member ID number
- The patient's relationship to the primary enrollee
- The patient's date of birth

Then, according to the plan, contact us.

For commercial plans

- Go to our provider website, **Aetna.com**, and sign in.
- Call one of these phone numbers:
  - Aetna Voice Advantage: use the number on the member ID card
  - HMO-based plans: **1-800-624-0756 (TTY: 711)**
  - Plans that are not HMO-based: **1-888-632-3862 (TTY: 711)**

For noncommercial plans

Call one of these phone numbers:

- Aetna Student Health: **1-800-966-7772 (TTY: 711)**
- Aetna Voluntary plans and limited benefits insurance plans (formerly "Aetna Affordable HealthChoices"): **1-888-772-9682 (TTY: 711)**

Aetna.com

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