Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

A quick reference guide for health care professionals
Aetna at a Glance

www.aetna.com

A guide for doing business with Aetna

Communications

Sign up to receive electronic communications from Aetna, including *Aetna OfficeLink Updates*™, our provider newsletter. It is published quarterly — March 1, June 1, September 1 and December 1. This newsletter can include changes to policies that may have an impact on your practice or facility.

Log in to our secure provider website and select "Aetna Health Plan" from the workflow menu. Choose "Email Options," then "Share Email Address." Enter your email address and review the Email Acknowledgement.

Note: *Aetna OfficeLink Updates* is only available by email or through the "Health Care Professionals" section of **www.aetna.com**, unless you have a specific need (for example, your office does not have Internet access). In these instances, you will have the option to receive a printed version upon request.

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).

Secure website

You can reduce the amount of time you spend on administrative tasks by using Aetna's secure provider website. You'll have access to the information you need — when you need it.

To access our website, go to **www.aetna.com/provider** and click "Log In/Register," then under "Medical Professionals," choose "Log In" or "Register."

For successful registration, you will need:
- Tax identification number (TIN)
- Physician name, group name or hospital name
- Email address
- Primary office location

When interacting with Aetna online, you'll be using NaviNet®, a free, multipayer, web-based system for administrative transactions. You can use the available tools and resources to access information quickly without having to pick up the phone.

Secure website — security officer

Upon registration, it will be necessary to designate a NaviNet security officer for your office. The security officer will act as the primary contact with NaviNet and will also monitor and assist the NaviNet users in your office. To learn more about the security officer role, visit **www.navinet.net**.

If some of the tools in NaviNet can't be seen, please contact your security officer for access. There are some transactions that must be enabled by the security officer.

Secure website — need help?

For registration questions or log-in/password assistance, call **1-888-482-8057**, Monday – Friday, 8 a.m. – 11 p.m. ET, and Saturday, 8 a.m. – 3 p.m. ET, closed Sunday.

NaviNet offers several helpful online support tools:
- On-screen help to walk you through each step of a transaction
- Step-by-step transactional and Aetna user guides
- Online training demonstrations

Secure website — Aetna

Important Announcements

This area on the Aetna Plan Central home page is used to communicate time-sensitive information that may affect how you do business with Aetna.

Resources

For your convenience, a list of the most commonly used tools and resources is available for quick access upon logging in to our secure site.
- Precertification Code Search Tool
- Aetna's Clinical Policy Bulletins (CPBs) are detailed and technical documents that explain how we make coverage decisions for members under our health benefits plans

Aetna Support Center

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 Aetna's gynecologic and obstetric programs and policies. This includes information on our maternity program, infertility program, BRCA Genetic Testing Program, Obstetric Ultrasound Enhancement Program and Non-Stress Test Enhancement Program.

Doing Business with Aetna

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

Forms Library

- Electronic remittance advice (ERA)/electronic funds transfer (EFT) enrollment forms
- BRCA prior authorization forms
- Lab selection forms
- Member health information forms/charting aids

Pharmacy

- Formulary information
- Pharmacy Clinical Policy Bulletins
- Aetna Specialty Pharmacy® program
- e-Prescribing

Secure website — tools and transactions

Eligibility

Use the Eligibility and Benefits inquiry to obtain member-specific plan details. Transaction response fields include (field may vary according to plan details):

• Copay, deductible and coinsurance

• Exclusions and limitations

• Visits used and visits remaining

• Referral and precertification requirements

Tips when completing the Eligibility and Benefits inquiry:

• You may search using the patient's last name, first name and date of birth if you don't have the member ID number.

• 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).

Access your Managed Choice®/Elect Choice® plan member roster and your HMO capitation and member rosters under the "Eligibility" link.

Payment Estimator

The Payment Estimator enables you to request an estimate of your patient's financial responsibility on or prior to a date of service.

• Learn Aetna's estimated payment amount.

• Get reliable estimates of the patient's copayments, coinsurance and deductibles.

• Access printable information to help you initiate financial discussions with your patients prior to or at the time of care.

• Reduce, and potentially eliminate, after-the-fact financial surprises for you and your patients.

The clearinghouse Availity also offers a version of the tool known as Patient Cost Estimator℠ (**www.availity.com**).

Claims

Aetna offers a wide variety of tools to help you manage your patient accounts.

• Professional Claims Submission (including Aetna secondary claims)

• Claim Status Inquiry (checking the status of one single patient)

• Claim 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 CPT and HCPCS codes)

• Claims and payment policy tools

  - Code Editing Tool, 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 are searching for general information on a topic or if you do not have a specific procedure code

Claim EOB Tool

This tool allows providers and office staff to access claim Explanation of Benefits (EOB) statements online within 24 hours of claims processing. You may also use this tool for claims reconsiderations. There are multiple ways to search for an EOB using this tool:

• Access a daily list of EOBs

• Search by a claim

• Search by an individual patient

• Search by a payment (includes EFT trace number, check number or dollar amount)

• Search by an individual provider

Be sure to have your security officer enable the transaction "View EOBs — All TINs/Locations" so that you can view all of your EOBs.

Account Management Tools

For additional reporting capabilities and 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 claim reconsideration

Referrals

If a plan requires a referral, one should be issued from the PCP for all specialist visits, including visits in a hospital clinic.

• Referrals may be issued for consultation and treatment by using CPT 99499.

• Referrals are valid for one year, and the first visit must be used within 90 days.

• A diagnosis code is not required; however, it is very helpful for the specialist.

• Direct access: Referrals are not required for routine eye care and ob/gyn services. Refer to the Health Care Professional Toolkit for additional direct-access specialties in your area.

• A referral is not a substitute for a service that requires precertification.

• Referrals may be issued to an individual specialist using his or her national provider identifier (NPI) or to a specialty by using the taxonomy code.

• Our DocFind® online referral directory can be used to find a participating provider.

• Automatic Studies by specialty — services performed in a specialist office when patients are seen for visits and evaluations as a result of our direct-access programs or when authorized by a referral from their PCP.

Precertification

Use our online tools to help you determine if 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 inquire to see if a precertification has been authorized.
- All precertification requests should be done via the online precertification transaction.

EFT email notification

For those already enrolled in EFT, you may now sign up to receive an email notification when an EFT is transmitted to your bank.

ERA

Sign up to receive ERA through our secure provider website or your vendor/clearinghouse. Providers billing with multiple NPIs will receive separate payments for each NPI, unless you notify us otherwise. You can receive 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; NPI for you, your practice or facility; and demographics.

Claims information

Electronic claims submission

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

- If you are already using a vendor, add Aetna to your list of payers.
- To view a list of our participating claims vendors, visit **www.aetna.com/provider/vendor**.
- Send professional claims free of charge from our secure provider website.

We typically do not 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, please be sure to:

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

Disagree with a claim decision?

Write to the PO box listed on the EOB and/or the denial letter related to the issue being disputed. Please include the reason(s) for the disagreement. Or, call our Provider Service Center (see contact information).

For more information, go to **www.aetna.com**. Select "Health Care Professionals." Under "Working With Aetna," choose "Dispute & Appeal Process." Then click "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 does not have electronic capabilities, please refer to the table below for the claims address for your state. Payer ID is 60054.

Medical provider location (state)	Claims mailing address
AL, AK, AR, AZ, CA, FL, GA, HI, ID, LA, MS, NC, NM, NV, OR, SC, TN, UT, 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, 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 and payer ID 57604.

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

Contact information

Use the "Contact Us" icon from **www.aetna.com** or from NaviNet to send us your questions and comments.

Provider Service Center

There is 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

HMO-based plans and all Medicare Advantage plans:
1-800-624-0756

Indemnity and PPO-based plans:
1-888-MD AETNA (1-888-632-3862)

You will want to have your TIN or NPI, the Aetna member ID number and the patient's birth date ready when you call.

Additional contact information

Special programs/networks	Phone number
Aetna Voluntary Plans and Limited Benefits Insurance Plan (formerly Aetna Affordable HealthChoices)	**1-888-772-9682**
Aetna Student Health	Refer to member ID card
Aetna Signature Administrators	Refer to member ID card
Aetna Workers' Comp Access	**1-800-238-6288**
Meritain Health	Refer to member ID card

Aetna Health Connections	Phone number
Disease management program	**1-866-269-4500**
Beginning Right® maternity program	**1-800-272-3531**
BRCA genetic testing program	**1-877-794-8720**
Infertility program	**1-800-575-5999**

Pharmacy	Phone number
Precertification	**1-800-414-2386**
Aetna Specialty Pharmacy (for ordering self-injectable medications)	**1-866-782-2779**

National Medical Excellence Program®	Phone number
(Aetna's transplant program)	**1-877-212-8811**

Mental health and substance abuse	Phone number
Provider Services	Refer to member ID card

Credentialing	Phone number
Aetna Credentialing Customer Service department	**1-800-353-1232**
Council for Affordable Quality Healthcare (CAQH®)	**1-888-599-1771**

Laboratory information

Aetna's network offers your patients access to a nationally contracted, full-service laboratory with conveniently located Patient Service Centers.

We are confident that our current network of participating laboratories can serve your patients' laboratory needs without sending patients out of network to nonparticipating labs.

PCPs must use their designated laboratory for their patients.

National laboratory — Quest Diagnostics

Visit **www.questdiagnostics.com** to get started.

- Obtain requisitions/schedule lab appointments for your patients.
- Schedule specimen pick-up/set up patient results delivery.
- Order supplies.
- Locate a Patient Service Center.

Laboratory — other

To see our national list of preferred Aetna participating laboratories:

1. Go to Aetna's secure provider website.
2. Select "Aetna Health Plan."
3. Select "DocFind Referral Directory."
4. Select "Labs-Including Quest Diagnostics" under "Provider Category."
5. Select "National Lab Listing" under "Provider Type."
6. Select "National Laboratory Listing."

Provider webinars

Learn how easy it is to work with us electronically

Every month, our Provider eSolutions team offers live webinars with the opportunity for you to ask questions. Sign up for one of our webinars to learn how to use our self-service tools and to work efficiently and effectively with us.

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Working with Aetna on NaviNet®

This 45-minute webinar is a "soup-to-nuts" lesson about working with us. We cover how to contact us and identify our products, and we discuss most of the tools and transactions available on our secure provider website. This webinar is great for anyone who is just getting started. We cover registration, the role of the security officer and some of the tools and transactions.

This webinar is offered the fourth Tuesday of every month at 2 p.m. ET.

Claims management tools

This 45-minute webinar covers everything related to patient accounts, including claims status, claims reports, online Explanation of Benefits (EOB) statements, and single and multiple claims reconsiderations. We'll also include information on the Claim EOB Tool and ERA/EFT.

This webinar is offered the third Thursday of every month at 2 p.m. ET.

Precertification

This 45-minute webinar is key for anyone managing the precertification process for their practice or facility. We review the Precertification Code Search Tool and show you how to handle inpatient, outpatient and behavioral health precertification. We also highlight the precertification inquiry and precertification status update tools.

This webinar is offered the second Tuesday of every month at 2 p.m. ET.

Register today

Send an email to **eSolutionsTraining@aetna.com**. In the subject line, insert the name of the webinar you would like to attend. In the body of your email, include:

- Webinar name and date
- Tax identification number (TIN)
- Practice name
- Attendee name
- Attendee email address

You'll get a confirmation email from us that will include a WebEx presentation invitation.

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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 BRCA genetic testing.

For more information, contact the Aetna BRCA Genetic Testing Program at **1–877–794–8720**.

High-tech radiology
Precertification is required for elective high-tech outpatient radiology services: CT, MRI/MRA, nuclear cardiology and PET scans (CT scans do not require precert in DE/PA/southern NJ).

Sleep studies
Preauthorization is required for sleep studies performed in a freestanding sleep diagnostic facility or a hospital.

Cardiac imaging
Preauthorization is required for non-emergent stress echocardiography and diagnostic left and right heart catheterization.

Cardiac rhythm implant devices
Preauthorization of elective inpatient and outpatient cardiac rhythm implant devices.

For Connecticut, Delaware, Maine, Massachusetts, Pennsylvania and southern New Jersey
MedSolutions
Phone: **1–888–693–3211**
Fax: **1–888–693–3210**
www.medsolutionsonline.com

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

Sleep studies
Preauthorization is required for sleep studies performed in the home, a freestanding sleep diagnostic facility or a hospital.

Cardiac imaging
Radiation/oncology preauthorization is required for non-emergent stress echocardiography and diagnostic left and right heart catheterization. Oncologists treating Aetna HMO members (including Medicare, but excluding New Jersey small group plans) will have to call CareCore to get preauthorization for their treatment plan.

Cardiac rhythm implant devices
Preauthorization of elective inpatient and outpatient cardiac rhythm implant devices.

For metro New York and northern New Jersey
CareCore National Precert and Customer Service
Phone: **1–888–622–7329** (metro NY)
Phone: **1–888–647–5940** (northern NJ)
Fax: **845–298–1490**
www.carecorenational.com

Outpatient physical therapy and occupational therapy

For Connecticut, metro New York and northern New Jersey
OrthoNet
Phone: **1–800–771–3205**

Northeast Region (continued)

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

Special programs

Chiropractic care

For metro New York and upstate NY HMO and Medicare Advantage members

American Chiropractic Network/OptumHealth℠
Phone: **1-800-873-4575**

For New Jersey

Triad Healthcare NJ IPA Inc.

Phone: **1-800-409-9081** for HMO-based benefit plans (including Medicare). Submit care plans and claims for services provided to our HMO-based members directly to Triad.

Fee schedules:

If you are contracted with Aetna through an independent practice association (IPA), please direct fee schedule requests back to your IPA.

New Jersey appeal process:

Please contact our Provider Service Center. For HMO-based and Medicare Advantage plans, call **1-800-624-0756**; for all other plans, call **1-888-632-3862**.

Special note for upstate NY market:

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

Mid-America Region

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 BRCA genetic testing.

For more information, contact the Aetna BRCA Genetic Testing Program at **1-877-794-8720**.

Outpatient Precertification Program (excludes inpatient and emergency room)

Precertification is required for the following:

- MRI/MRA
- Nuclear cardiology
- PET scan
- CT/CTA scan
- BRCA genetic testing
- Polysomnography (attended sleep studies)
- Elective outpatient stress echocardiography
- Diagnostic left heart catheterization and diagnostic right heart catheterization
- Insertion, removal and upgrade of elective: implantable pacemaker,* implantable cardiac defibrillator (ICD)* or cardiac resynchronization therapy-defibrillator (CRT-D)*

Procedures denoted with an * also require precertification for elective inpatient procedures.

MedSolutions (MSI)
Phone: **1-888-693-3211**
Fax: **1-888-693-3210**
www.medsolutionsonline.com

Ancillary service providers

Referring your patients to network providers for ancillary services helps control health care costs. The ancillary services providers below are new to the Aetna network or have an expanded contract to service members in additional states. To access the complete list of participating ancillary services providers, refer to our DocFind directory, available through **www.aetna.com**.

Provider name	Provider type	Phone number	Market
American Therapy Administrators, 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) **South Texas** (Austin, Dallas, Houston, San Antonio) **Oklahoma** (Oklahoma City, Tulsa)
Cooperative Health Partners	Ground and wheelchair transportation services	**1-800-547-2642**	**Ohio**

Mid-America Region (continued)

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

Provider name	Provider type	Phone number	Market
CSI Network Services	Home infusion, home health care and hospice services	1-888-873-7888	Indiana, Kentucky, Michigan and Ohio
Management Network Services	Skilled nursing facility network	1-800-949-2159	All
Rehab Provider Network	Outpatient therapy services	1-888-256-2248	Ohio

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
Prior authorization is required for BRCA genetic testing.

For more information, contact the Aetna BRCA Genetic Testing Program at **1–877–794–8720**.

Outpatient Precertification Program (excludes inpatient and emergency room)

Precertification is required for the following:
- MRI/MRA
- Nuclear cardiology
- PET scan
- CT/CTA scan
- BRCA genetic testing
- Polysomnography (attended sleep studies)
- Elective outpatient stress echocardiography
- Diagnostic left heart catheterization and diagnostic right heart catheterization
- Insertion, removal and upgrade of elective: implantable pacemaker,* ICD* or CRT-D*

Procedures denoted with an * also require precertification for elective inpatient procedures.

District of Columbia

Florida

Georgia: Atlanta only

Maryland

North Carolina: Charlotte, Raleigh/Durham, Winston-Salem and Rock Hill only

Tennessee

Virginia: northern Virginia, Richmond, Roanoke and Hampton Roads only

MedSolutions
www.medsolutionsonline.com
Phone: **1–888–693–3211**
Fax: **1–888–693–3210**

Chiropractic services

Georgia

American Specialty Health (ASH)

Phone: **1–800–972–4226**

Notes: PCPs should submit referrals to ASH electronically. PCPs can consult DocFind for a list of participating ASH chiropractors. Indicate ASH provider ID 7648775 on referral; do not use taxonomy code. Indicate one visit on the referral using code 99499 (consult and treat).

North Carolina and South Carolina

OptumHealth
Phone: **1–800–344–4584**
www.myoptumhealthphysicalhealth.com

Notes: Providers contracted with OptumHealth in conjunction with Aetna will need to send all claims to OptumHealth. Benefits and eligibility can be confirmed via NaviNet or calling customer service at **1–800–624–0756** for calls related to HMO-based benefits plans and **1–888–MD Aetna (1–888–632–3862)** for all other plans. Refer to plan guidelines received from Aetna for utilization management questions.

Southeast Region (continued)

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

Special programs

Physical therapy and occupational therapy

District of Columbia, Virginia, North Carolina and South Carolina

OptumHealth

Phone: **1-800-344-4584**

www.myoptumhealthphysicalhealth.com

Notes: Providers contracted with OptumHealth in conjunction with Aetna will need to send all claims to OptumHealth. Benefits and eligibility can be confirmed via NaviNet or calling customer service at **1-800-624-0756** for calls related to HMO-based benefits plans and **1-888-MD Aetna** (**1-888-632-3862**) for all other plans. Refer to plan guidelines received from Aetna for utilization management questions. For speech therapy claims, those would be filed directly to Aetna without any PT/OT codes. Normal Aetna processing guidelines apply.

West Region

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

Ancillary service providers

Referring your patients to network providers for ancillary services helps control health care costs. The ancillary services providers below are new to the Aetna network or have an expanded contract to service members in additional states. To access the complete list of participating ancillary services providers, refer to our DocFind directory, available through **www.aetna.com**.

Special programs

BRCA genetic testing Prior authorization is required for BRCA genetic testing.	For more information, contact the Aetna BRCA Genetic Testing Program at **1-877-794-8720**.

Outpatient Precertification Program (excludes inpatient and emergency room)

Precertification is required for the following:

- MRI/MRA
- Nuclear cardiology
- PET scan
- CT/CTA scan
- BRCA genetic testing
- Polysomnography (attended sleep studies)
- Elective outpatient stress echocardiography
- Diagnostic left heart catheterization and diagnostic right heart catheterization
- Insertion, removal and upgrade of elective: implantable pacemaker,* ICD* or CRT-D*
- Radiation therapy (only in Arizona)

Procedures denoted with an * also require precertification for elective inpatient procedures.

Alaska, Arizona, California (PPO only), Colorado, Idaho (Kootenai County only)

Nevada (Clark, Nye and Washoe counties only), Texas and Washington (applicable in all counties except for Clark, Skamania and Klickitat)

MedSolutions (MSI)
Phone: **1-888-693-3211**
Fax: **1-888-693-3210**
www.medsolutionsonline.com
(Not applicable for: New Mexico and Utah)

West Region (continued)

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

Special programs

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 in Aetna 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
American Therapy Administrators
1–888–560–6855

Idaho
Western Rehabilitation Health Network
1–877–512–5053, ext. 140

Oregon
Preferred Therapy Providers
1–800–664–5240

North Texas (DFW)
South Texas (Austin, Dallas, Houston, San Antonio)
American Therapy Administrators
1–888–560–6855

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

Chiropractic/acupuncture

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

Idaho
NMG Chiropractic Network
801–747–3228

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

Skilled Nursing Facility Network

Colorado, Texas, Utah
Management Network Services
1–800–949–2159

West Region (continued)

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

Special programs	
California/Nevada claims submission	**California/Nevada** — IPA or medical group guidelines Prior to submitting HMO-related claims to Aetna, please refer to your IPA or medical group guidelines.
Washington — plans/products	The Washington Aexcel® network and Aexcel Plus network are available in western Washington only.
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 providers' offices to reach an interpreter is **1-800-525-3148**.

Eligibility statements per Texas Regulation (28 TAC 19.1724)

For all commercial plans:

- Log in to the secure provider website through **www.aetna.com**.
- The Aetna Voice Advantage® phone number is listed on the back of the member ID card; remember to have the patient's member ID number available when calling.
- Call Member Services at **1-800-624-0756** for HMO-based plans or **1-888-632-3862** for PPO-based plans.

For Aetna Student Health, Aetna Voluntary Plans and Limited Benefits Insurance Plans (formerly Aetna Affordable HealthChoices):

- **1-800-966-7772** for Aetna Student Health
- **1-888-772-9682** for Aetna Voluntary Plans and Limited Benefits Insurance Plans

You will need to provide the following information:

- Patient's full name
- Patient's relationship to primary enrollee
- Patient's date of birth

California fee schedule access

In accordance with the regulations issued pursuant to the Claims Settlement Practices and Dispute Mechanism Act of 2000 (CA AB1455 for HMO) and pursuant to the expansion of the Health Care Providers Bill of Rights (under CA SB 634 for indemnity and PPO products), we are providing you with information about how to access your fee schedule.

- If you are a provider affiliated with an IPA, contact your IPA for a copy of your fee schedule.

- If you are a provider directly contracted with Aetna, please fax your request along with the desired CPT codes to **859-455-8650**. If you have additional questions, please contact our Provider Service Center.

- If your hospital is reimbursed through Medicare Groupers, visit the Medicare website at **www.cms.hhs.gov** for your fee schedule information.

For more information

Visit **www.dmhc.ca.gov** and select "Health Care Providers," then "General Information," "Laws" and "Existing Regulations."

aetna®