



At a glance

A quick reference guide for
health care professionals

aetna[®]

A how-to guide for working together

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).

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Helpful provider website

Doing business with us online

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

To access or establish your NaviNet account:

- Go to **our provider page** and click “Login”
- Under “Medical Professionals,” choose “Login to NaviNet”
- If you don’t have an account, choose “Register here”

For successful registration, you’ll need:

- Tax identification number (TIN)
- Physician name, group name or hospital name
- Email address
- Primary office location

Website security officer

Upon registration, you must designate a NaviNet security officer for your office. The security officer will act as the primary contact with NaviNet and will also monitor and help NaviNet users in your office. To learn more about the security officer role, visit **navinet.net**.

If some of the tools in NaviNet can’t be accessed, please contact your security officer. There are some transactions that the security officer must enable.

Need help?

For registration questions or log-in or password help, call **1-888-482-8057 (TTY: 711)** Monday through Friday, 8 a.m. to 11 p.m. ET, Saturday, 8 a.m. to 3 p.m. ET, closed Sunday.

NaviNet offers many helpful online support tools:

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

Important announcements

We use the Plan Central home page to communicate time-sensitive information that may affect how you do business with us.

Communications

Sign up to receive electronic communications from us, including Aetna OfficeLink Updates™, our provider newsletter. It’s 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 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 “Providers” section of **aetna.com**, unless you have a specific need (for example, your office doesn’t have Internet access). In those cases, you can ask us for a paper copy.



Clinical and office support

Tools and resources

When you log in to NaviNet, you'll find a list of commonly used tools and resources (Resource section under Plan Central). These include:

- Precertification Code Search Tool
- 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 ConnectionsSM 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 HealthSM programs and policies** provide detailed information about our gynecologic and obstetric programs and policies. This includes information on our Beginning Right[®] maternity program, infertility program, BRCA Genetic Testing Program, Obstetric Ultrasound Enhancement Program and Non-Stress Test Enhancement 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, including 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
- Aetna Specialty Pharmacy[®] program
- e-prescribing



Tools and transactions

Eligibility

Use the eligibility and benefits inquiry to get 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
- Ability to view and print digital member ID cards*

Here are some tips for 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® plan, Elect Choice® plan and HMO capitation member rosters under the "Eligibility" link.

Payment 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:

- Learn our 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 before or at the time of care
- Reduce, and possibly eliminate, after-the-fact financial surprises for you and your patients. The clearinghouse vendor Availity also offers a version of the tool known as the Patient Cost Estimator (**availity.com**).

*Your security officer must enable this feature for you.

Claims

We offer 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)
- 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 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're searching for general information on a topic or if you don't have a specific procedure code

Claim Explanation of Benefits (EOB) 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. 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 electronic funds transfer trace number or check number)
- Search by an individual provider

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

Account management tools

For other 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 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 Current Procedural Terminology (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 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 is as a result of our direct-access programs or when a service is 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 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 the member and patient names and ID numbers are correct
- Ensure 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.

For more information, go to aetna.com. Select "Providers." Under "Working with us," choose "Dispute & appeal process." 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 visit 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 HealthSM plans, use the El Paso, TX, claims mailing address.

For all Aetna Voluntary Plans and Limited Benefits Insurance Plans (formerly "Aetna Affordable HealthChoicesSM plans"), use the Lexington, KY, claims mailing address.

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

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 any of the services below.

- **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.
- **Sign up for EFT using EnrollHub® from CAQH at solutions.caqh.org.** You must register for the tool, even if you already have a user name for other CAQH® products. Or download and print an enrollment form from aetnaeft.com.
- **Virtual credit card (VCC):** We'll issue a one-time-use virtual credit card number by fax or mail. Simply input the credit card number in 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 like for any other credit card payment you process.
- **Sign up for VCC** by sending an email to S023087@aetna.com with your practice name, TIN and contact information. We'll contact you to follow up.

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 at [our vendor page](#).

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

NaviNet is a registered trademark of NantHealth, Inc.

EnrollHub and CAQH are registered trademarks of CAQH.



Contact us

Program	Phone number
Special programs/ 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)
Aetna Workers' Comp Access	Refer to the member ID card
Meritain Health®	Refer to the member ID card
Care management and genetic testing programs	
Disease management program	1-866-269-4500 (TTY: 711)
Beginning Right 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)
CoverMyMeds preauthorization	1-866-503-0857 (TTY: 711)
CoverMyMeds general information	1-866-452-5017 (TTY: 711)

CoverMyMeds is our preferred method for receiving electronic prior authorization requests.

Program	Phone number
Credentialing	
Aetna Credentialing Customer Service department	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)
Aetna Specialty Pharmacy® (for ordering self-injectable medications)	1-866-782-2779 (TTY: 711)
National Medical Excellence Program®	1-877-212-8811 (TTY: 711)
(Our transplant program)	
Mental health and substance abuse	Refer to the member ID card
Provider services	



Providers >

If you have questions or comments, just go to [aetna.com](https://www.aetna.com), select “Providers” then “Contact.”

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
- HMO-based plans and all Aetna Medicare Advantage plans: **1-800-624-0756**
- All other plans (including Aetna LeapSM plans): **1-888-MDAetna (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](https://www.questdiagnostics.com) or [labcorp.com](https://www.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.

Laboratory — other

To see our national list of preferred, participating laboratories:

1. Go to our helpful [provider website](#)
2. Select “Aetna Health Plan”
3. Select “DocFind Referral Directory”
4. Select “Lab and Diagnostic Centers”
5. Under “Provider Type,” select “National Lab Listing”
6. Then, select “National Laboratory Listing”

Provider webinars

Get more information and register today at aetnawebinars.com.



Working together electronically

Every month, we offer live webinars with the opportunity for you to ask us questions. Sign up to learn how to use our self-service tools, get helpful tips and so much more.

Working with us on NaviNet

This 45-minute webinar is great for anyone who's just getting started. It's a "soup-to-nuts" lesson about working with us. We cover how to contact us, identify our products and discuss:

- Registration
- Tools and transactions
- Role of the security officer and more

This webinar is offered on 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 EOB statements, and single and multiple claims reconsiderations. We also include information on the Claim EOB Tool and ERA/EFT.

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

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, 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.

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

Radiation oncology

Oncologists treating our HMO members (including Medicare, but excluding New Jersey small group plans) will have to call CareCore to get preauthorization for their treatment plan.

Pain management and musculoskeletal (large joint hip and knee)

Preauthorization is required for interventional pain management and inpatient and outpatient elective musculoskeletal (large joint hip and knee) arthroplasty procedures.

Connecticut, Delaware, Maine, Massachusetts, Pennsylvania, southern New Jersey and Vermont

MedSolutions (doing business as eviCore healthcare)

Phone: **1-888-693-3211**
Fax: **1-844-822-3862**
evicore.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

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

Cardiac rhythm implant devices

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

Pain management and musculoskeletal (large joint hip and knee)

Preauthorization is required for interventional pain management and musculoskeletal (large joint hip and knee) arthroplasty procedures. (Arthroplasty procedures also require precertification for elective procedures.)

New York

CareCore National (dba eviCore healthcare) Precertification and Customer Service

Phone: **1-888-622-7329**
Fax: **1-800-540-2406** (radiology)
Fax: **1-888-444-1562** (cardiology)
Fax: **1-888-511-0403** (sleep studies)

Northern New Jersey

CareCore National (dba eviCore healthcare) Precertification and Customer Service

Phone: **1-888-647-5940**
Fax: **1-800-540-2406** (radiology)
Fax: **1-888-444-1562** (cardiology)
Fax: **1-888-511-0403** (sleep studies)

carecorenational.com

Special programs

Outpatient physical therapy and occupational therapy

Connecticut

OrthoNet
1-800-771-3205

Delaware, New Jersey, New York and Pennsylvania

National Imaging Associates (NIA)
1-866-842-1542

Chiropractic care

Delaware, New Jersey, New York and Pennsylvania

National Imaging Associates (NIA)
1-866-842-1542

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.

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, 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

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

Pain management and musculoskeletal (large joint hip and knee)

Preauthorization is required for interventional pain management and inpatient and outpatient elective musculoskeletal (large joint hip and knee) arthroplasty procedures.

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

MedSolutions (dba eviCore healthcare)

Phone: **1-888-693-3211**

Fax: **1-844-822-3862**

evicore.com

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. To access the complete list of participating ancillary services providers, refer to our DocFind Referral Directory function, available on [aetna.com](https://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) Oklahoma (Oklahoma City, Tulsa)
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
Rehab Provider Network	Outpatient therapy services	1-888-256-2248	Ohio
OptumHealth	Physical therapy and occupational therapy services	1-800-344-4584	Northern Illinois (Chicago and surrounding area) Northwest Indiana (Lake and Porter counties)

Southeast region

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

Special programs

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

Pain management and musculoskeletal (large joint hip and knee)

Preauthorization is required for interventional pain management and inpatient and outpatient elective musculoskeletal (large joint hip and knee) arthroplasty procedures.

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

MedSolutions (dba eviCore healthcare)

Phone: **1-888-693-3211**

Fax: **1-844-822-3862**

evicore.com

Special programs

Chiropractic services

Georgia

American Specialty Health (ASH) 1-800-972-4226

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

North Carolina and South Carolina

OptumHealth 1-800-344-4584 myoptumhealthphysicalhealth.com

Notes: Providers contracted with OptumHealth and us will need to send all claims to OptumHealth. Benefits and eligibility can be confirmed via NaviNet or by calling **1-800-624-0756 (TTY: 711)** for calls related to HMO-based benefits plans and **1-888-MDAetna (TTY: 711) or 1-888-632-3862 (TTY: 711)** for all other plans. Refer to our plan guidelines for utilization management questions.

West Virginia

National Imaging Associates (NIA) 1-866-842-1542

Physical therapy and occupational therapy

District of Columbia, North Carolina, South Carolina and Virginia

OptumHealth 1-800-344-4584 myoptumhealthphysicalhealth.com

Notes: Providers contracted with OptumHealth and us will need to send all claims to OptumHealth. Benefits and eligibility can be confirmed via NaviNet or by calling **1-800-624-0756 (TTY: 711)** for calls related to HMO-based benefits plans and **1-888-MDAetna (TTY: 711) or 1-888-632-3862 (TTY: 711)** for all other plans. Refer to our plan guidelines for utilization management questions. For speech therapy claims, send directly to us without any PT/OT codes. Our normal processing guidelines apply.

West Virginia

National Imaging Associates (NIA) 1-866-842-1542

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. To access the complete list of participating ancillary services providers, refer to our provider search on [aetna.com](https://www.aetna.com).

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Alaska, Arizona, California (PPO only), Colorado, Idaho (Kootenai County only), Nevada (Clark, Nye and Washoe counties only), Texas, Utah and Washington (applicable in all counties except for Clark, Skamania and Klickitat)

MedSolutions (dba eviCore healthcare)

Phone: **1-888-693-3211**

Fax: **1-844-822-3862**

evicore.com

(Not applicable for New Mexico)

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 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

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, Houston, San Antonio)

American Therapy Administrators
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

West region

Special programs

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/Nevada — IPA or medical group guidelines

Before submitting HMO-related claims to us, please refer to your IPA or medical group guidelines.

Washington plans and products

The Washington Aexcel® network and Aexcel Plus network are available in western Washington only.

Eligibility statements per Texas Regulation (28 TAC 19.1724)

For all commercial plans, please follow the procedures below.

- Log in to the secure provider website through **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 the Provider Service Center at **1-800-624-0756 (TTY: 711)** for HMO-based plans or **1-888-632-3862 (TTY: 711)** for all other plans.

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

- **1-800-966-7772 (TTY: 711)** for Aetna Student Health
- **1-888-772-9682 (TTY: 711)** for Aetna Voluntary Plans and Limited Benefits Insurance Plans

Please provide the following information:

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

California fee schedule access

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, fax your request with the desired CPT codes to **859-455-8650** or 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."

Need more information?

We're always here to help.

Visit us at [aetna.com](https://www.aetna.com).

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