Aetna Precertification List*

Applies to: Aetna Choice® POS, Aetna Choice® POS II, Aetna Golden Choice™ Plan, Aetna Golden Medicare Plan®, Aetna HealthFund®, Aetna Open Access® Elect Choice, Aetna Open Access® HMO, Aetna Open Access® Managed Choice, Elect Choice®, HMO, Managed Choice®, Open Choice®, Quality Point-of-Service® and USAccess® benefit plans and all products associated with the Aexcel℠ network**

Effective January 1, 2005

1. Inpatient confinements:

- Surgical and non-surgical confinements excluding vaginal or Caesarean deliveries
- Skilled nursing facility
- Rehabilitation facility
- Inpatient hospice (except Medicare)
- Observation stays greater than 23 hours

2. Reconstructive procedures that may be considered cosmetic:

- Blepharoplasty/canthopexy/canthoplasty
- Excision of excessive skin due to weight loss
- Rhinoplasty/rhytidectomy
- Gastroplasty/gastric bypass
- Pectus excavatum repair
- Breast reconstruction/breast enlargement
- Breast reduction/mammoplasty
- Surgical treatment of gynecomastia
- Lipectomy or excess fat removal
- Sclerotherapy or surgery for varicose veins
- Any other potentially cosmetic procedure

3. Selected durable medical equipment:

- Electric or motorized wheelchairs and scooters
- Clinitron and electric beds
- Limb and torso prosthetics
- Customized braces

4. Injectables:

- Intravenous immunoglobulin (IVIG)
- Growth hormone
- Rebif®
- Blood clotting factors
- Synagis
- Interferons when used for Hepatitis C:
  - > Pegasys® (effective 1/1/05)
  - > Peg Intron® (effective 1/1/05)
  - > Rebetron® (effective 2/15/05)
  - > Roferon A® (effective 2/15/05)
  - > Intron A® (effective 2/15/05)
  - > Infergen® (effective 2/15/05)

5. Uvulopalatopharyngoplasty, including laser-assisted procedures

6. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint

7. Elective (non-emergent) transportation by ambulance or medical van, and all transfers via air ambulance

8. All home health care services, including home uterine monitoring

9. Requests for in-network level of benefits for nonparticipating physicians and providers for non-emergent services*** (this category does not apply to Open Choice members)

10. Dental implants and oral appliances

11. Services that may be considered investigational or experimental except those categorized as never effective† by Aetna.

Special Programs

- To precertify mental health, substance abuse or behavioral health services: see member's ID card.
- Moms-to-Babies Maternity Management Program™: 1-800-272-3531, including genetic testing, antenatal testing, perinatal consultations and counseling.
- Infertility Program: 1-800-575-5999.
- National Medical Excellence Program®: 1-877-212-8811 for 1) all major organ transplant evaluations and transplants including but not limited to kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy, and 2) planned evaluations and operations for pediatric (age < 18 y/o) congenital heart surgery.
- (Where applicable) HMO plan members only: Outpatient imaging precertification for CTs, MRI/MRA, nuclear cardiology, PET scans.

Additional Assistance and Information

- Call Aetna's Provider Service Centers for precertification requests, confirmation of member benefits and eligibility. For HMO benefit plans, call 1-800-624-0756. For indemnity and PPO-based benefit plans, call 1-888-632-3862.
- Visit **www.aetna.com** for Clinical Policy Bulletins.
- Visit **www.aetna.com** for our DocFind® online provider directory, a searchable index of participating physicians/health care providers.
- Contact Aetna Pharmacy Management at 1-800-414-2386 for precertification of oral medications only.
- Precertification approvals are valid for six (6) months in all states except Texas and Washington State, where precertifications are valid for 30 days from the date of issue.

*The term precertification here means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

**Not all plans are offered in all service areas.

***Aetna HealthFund PPO, Aetna HealthFund Managed Choice, Aexcel, Choice POS, Choice POS II, Golden Medicare Plan, Open Access Managed Choice, QPOS and USAccess benefit plans may include the option for members to elect to go outside the network and receive reduced benefits.

†All services deemed never effective are excluded from coverage. Aetna defines a service as never effective when it is not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. A detailed listing can be found at aetna.com's Physician Self Service Website/CPT/HCPCS Coding Tool/Clinical Policy Code look up.

We want you to know℠

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