



# “At a Glance” Reference Guide

## Member Identification:

		[CUSTOMER LOGO] <b>Aetna Plan Name (e.g. HMO)</b>																					
<b>Group Number</b> VALID: 01/01/04		<b>RX</b>																					
Member ID	Member Name	PCP Phone &	Office ID #																				
Member ID	Member Name	PCP Phone &	Office ID #																				
Member ID	Member Name	PCP Phone &	Office ID #																				
<b>MEMBER SERVICES</b>		<b>800-123-4567</b>																					
<b>PRECERTIFICATION</b>		<b>800-123-4567</b>																					
<b>BEHAVIORAL HLTH VENDOR</b>		<b>800-123-4567</b>																					
<b>Payor ID # 60054</b>		<table border="1"> <tr> <td>Copays:</td> <td>DR</td> <td>[ ]</td> <td>HO</td> <td>[ ]</td> </tr> <tr> <td></td> <td>SP</td> <td>[ ]</td> <td>ER</td> <td>[ ]</td> </tr> <tr> <td></td> <td>AS</td> <td>[ ]</td> <td>UC</td> <td>[ ]</td> </tr> <tr> <td></td> <td>MH</td> <td>[ ]</td> <td>RX</td> <td>[ ]</td> </tr> </table>		Copays:	DR	[ ]	HO	[ ]		SP	[ ]	ER	[ ]		AS	[ ]	UC	[ ]		MH	[ ]	RX	[ ]
Copays:	DR	[ ]	HO	[ ]																			
	SP	[ ]	ER	[ ]																			
	AS	[ ]	UC	[ ]																			
	MH	[ ]	RX	[ ]																			

**Traditional (Non-HMO) Plans:**  
 Open Choice PPO; Managed Choice POS\*\*;  
 Elect Choice EPO\*; Traditional Choice; NAP  
 > Member ID= 9 digit numeric ID preceded by W, e.g., W123456789  
 > Please note subscriber suffix = 01; all others = dependents

**Consumer Directed Plans:**  
 Aetna Health Fund AHF (No referrals/No Copays – For routine preventive care – please bill with the appropriate preventive care code(s) to ensure accurate payment to you.)

**HMO Plans:**  
 HMO\*; HMO 90; Golden Medicare; QPOS\*\*;  
 USAccess\*\*  
 > Member ID= 8 character alpha or alpha numeric ID, e.g., ABCDE010  
 \* **Referral Required**  
 \*\* **Referral Required to obtain the highest level of benefit coverage**

Family ID cards with up to 5 family member names introduced 11/2003

**“Access” Plan Features**  
**Open Access:** Referrals are not required to access in-network covered services. Plans include: Open Access HMO; Open Access Managed Choice; Open Access Elect Choice; Choice POS; Choice POS II, Golden Choice.

## Claim Addresses: Please submit claims electronically

<u>Traditional (Non-HMO) Plans</u>	<u>HMO Plans</u>	<u>Chickering - Student Plans</u>
Aetna Health Inc. P.O. Box 981109 El Paso, TX 79998-1109 Payor ID=60054	Aetna Health Inc. P.O. Box 981109 El Paso, TX 79998-1109 Payor ID=60054	Chickering Claims Admin. P.O. Box 15708 Boston, MA 02215 Payor ID=60054

## Electronic Transactions:

**Aetna EDI Transactions Capabilities:**  
 > Eligibility; Referral Add/Inquiry; Precertification Add/Inquiry; Claim Submission; Claim Status Inquiry; ERA/EFT

**EDI Vendors:** ENS; HealthFusion; MedUnite; MDOOn-line; NaviMedix; NDC-Health; ProxyMed; WebMD

**Electronic Claim Success Tips:** **Aetna EDI Hotline: 1-888-247-1023**

- > To manage Accounts Receivable successfully, review the Payor Rejection Reports.
- > **Rejected claims** should be **corrected** and **resubmitted electronically**.
- > Please contact your electronic vendor first to troubleshoot rejections.
- > Confirm Member/Patient ID and Name are correct; Ensure CPT and ICD-9 codes are valid.
- > Confirm proper date format, i.e., DOB mm/dd/yyyy; DOS mm/dd/yy.
- > Confirm claim includes Provider TIN and in Box 33 the Aetna PVN ID#.

**Aetna e.Health Implementation Consultant** (*New & Established e-Connectivity Users*):  
 Cathleen Ledwith 1-215-775-7224; [LedwithC@Aetna.com](mailto:LedwithC@Aetna.com)

**Aetna ERA/EFT Consultant:** Mark Warren 1-207-791-7929; [WarrenM1@Aetna.com](mailto:WarrenM1@Aetna.com)

## Aetna Website: [www.aetna.com](http://www.aetna.com)

Submit a Referral & Check Referral Status Check Claim Status & Payment Policies Check Patient Eligibility Information Submit Precertification & View Precertification Status IntelliHealth -- Aetna’s Online Health Info Site (Harvard Medical School is the content provider) Member and Consumer Access	View Clinical Policy Bulletins Review Claims Payment Policies & Code Editing Logic Search DocFind®, Aetna’s Online Physician Referral Directory View Physician Office Link Newsletters & Recent Mailings Provider Manual (“Health Care Professional Toolkit”) Aetna Navigator Member Benefit Tool View Aetna’s Medication Formulary Guide
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**Referrals:** All referrals must be submitted electronically (Contact e.Implementation Specialist for assistance)

**HMO; HMO 90; Golden Medicare; QPOS\*\*; USAccess\*\*; Elect Choice EPO; Managed Choice POS\*\* plans include a referral requirement.**

- All Specialist visits, including visits in a hospital clinic, require a Referral (PX code 99499/Consult and Treat).
- Non-routine eye services require a referral.
- When capitated arrangements apply, Members must be directed by the servicing provider to the PCP’s capitated vendor/provider. (e.g., Capitated Lab; Capitated Physical Therapy; Capitated Podiatry).
- Direct Access: Referrals are not required to access Routine Eye and OB/GYN services.

\*\* Referral required to obtain the highest level of benefit coverage

**Precertification:** Please precertify electronically (Contact e.Implementation Specialist for assistance)

Open Choice PPO & Traditional Choice	Managed Choice POS & Elect Choice EPO	QPOS	HMO
1-888-MD-Aetna 1-888-632-3862 (8 a.m. – 5 p.m.)	1-800-223-6857 (8 a.m. – 5 p.m.)	1-800-541-3149 (7 a.m. – 7 p.m.)	1-800-245-1206 (7 a.m. – 7 p.m.)

**Precertification List\*\*:** (Precertification approvals are valid for six (6) months from date of issue)

**All Inpatient Confinements:**

- Surgical & non-surgical confinements
- Skilled nursing facility
- Rehabilitation facility
- Inpatient hospice (except Medicare)
- Maternity confinements (All High Risk &/or Extended Length of Stay)
- Observation stays greater than 23 hours

**All Home Health Care Services,** including home uterine monitoring

**Selected Durable Medical Equipment:**

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

**Medical Injectables:**

- Blood Clotting Factors
- Growth hormone
- Intravenous immunoglobulin (IVIG)
- Refib

**Reconstructive and cosmetic procedures:** Blepharoplasty/canthopexy/canthoplasty; Excision of excessive skin due to weight loss; Tattoo removal, revision or application; 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.

**Other Procedures & Services:**

- Dental implants and oral appliances
- Elective (non-emergent) transportation by ambulance or medical van, and all transfers via air ambulance
- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Requests for in-network level of benefits for non-participating physicians and providers for non-emergent services (This category does not apply to Open Choice members) (1-800-245-1206, option 2)
- Services considered investigational or experimental
- Uvulopalatopharyngoplasty including laser-assisted procedures
- All home health care services, including home uterine monitoring

Effective 04/01/04

\*\* Precertification means utilization review to determine whether the requested service, procedure, prescription drug or medical device meets the company’s clinical criteria for coverage.



# “At a Glance” Reference Guide

<b>Important Phone Numbers</b>	
<b>Provider Service Center:</b>	
<b>For all provider relations needs, including:</b> <ul style="list-style-type: none"> <li>➤ Provider Data Services, e.g., changes/additions to service or billing addresses, phone numbers, Tax ID numbers, etc.</li> <li>➤ Participating Provider Directory</li> <li>➤ Provider IDs</li> <li>➤ Billing/Claim Questions</li> <li>➤ All Policy &amp; Procedure Questions</li> <li>➤ Cap Check, Cap List Questions</li> </ul>	<p style="text-align: center;"><b><u>HMO Plans</u> --1-800-624-0756</b></p> <p style="text-align: center;"><b><u>Traditional/Non-HMO Plans</u> –</b>            1-888-MD-Aetna            1-888-632-3862  <a href="http://www.aetna.com">www.aetna.com</a>            (click on “Doctors and Hospitals”)</p>
<b>Credentialing/Recredentialing:</b>	
<b>Healthcare Provider Credentialing and Application Management (HPCAM) (Aetna’s credentialing unit)</b> <ul style="list-style-type: none"> <li>➤ To request an application</li> <li>➤ To check on the status of an initial or recredentialing application</li> </ul>	<p style="text-align: center;"><b>1-800-353-1232</b> or <a href="http://www.aetna.com">www.aetna.com</a> (click on “Doctors and Hospitals”)</p>
<b>Non-Participating Provider Service Requests:</b>	
<ul style="list-style-type: none"> <li>➤ To request authorization to refer a Member to a provider outside Aetna’s network</li> </ul>	<p style="text-align: center;"><b>1-800-245-1206, option 2</b></p>
<b>Claim Special Projects:</b>	
<ul style="list-style-type: none"> <li>➤ <b>Complete a Claim Project Cover Sheet outlining the nature of the claim issue(s) and submit with the applicable HCFA-1500s/UB-92s/EOBs, as available.</b></li> </ul>	<p style="text-align: center;"><b>Aetna Provider Solutions Team (PST)</b>  <b>1425 Union Meeting Rd.</b>  <b>Blue Bell, PA 19422</b>  <b>Mail Stop U28B</b></p>
<b>Clinical Appeals: (for claims that have received a clinical denial)</b>	
<b>Send clinical appeal and/or request for appeal status to fax number:</b> <p style="text-align: center;"><b>1-860-754-0068.</b></p>	<p style="text-align: center;"><b><u>For Lucent Technologies only:</u></b>  <i>Aetna Health Inc.</i>  <i>Clinical Appeal Department</i>  <i>P.O. Box 1530</i>  <i>930 Harvest Drive</i>  <i>Blue Bell, PA 19422</i></p> <p style="text-align: center;"><b>Aetna Health Inc.</b>  <b>Northeast Clinical Appeal Unit</b>  <b>Mail Code MC1B</b>  <b>1000 Middle Street</b>  <b>Middletown, Connecticut 06457</b></p>
<b>Special Programs:</b>	
<b>Moms to-Babies (Maternity Management Program)</b> Including: genetic testing, antenatal testing, perinatal consultations & counseling	<p style="text-align: center;"><b>1-800-CRADLE-1</b></p>
<b>Infertility Program</b> (requests received after 4 p.m. ET will be evaluated the next business day)	<p style="text-align: center;"><b>1-800-575-5999</b></p>
<b>Pharmacy Precertification</b>	<p style="text-align: center;"><b>1-800-414-2386</b></p>
<b>National Medical Excellence</b> (Transplant Evaluations and Transplants, including but not limited to kidney, liver, heart, lung and pancreas, bone marrow replacement or stem cell transfer after high-dose chemo; and planned evaluations and operations for pediatric --age < 18 y/o -- congenital heart surgery )	<p style="text-align: center;"><b>1-877-212-8811</b></p>
<b>Mental health, substance abuse, behavioral health services</b> <i>HMO Claim Address: Magellan Behavioral Health, Attn. Claims,</i> <i>P.O. Box 1167, Maryland Heights, Missouri 63043</i> <i>Traditional (Non-HMO) Claim Address: Submit claims electronically to Aetna</i>	<p style="text-align: center;"><b>Magellan Behavioral Health:</b>  <b>1-800-424-4506</b>            (applications and data changes)</p>
<b>High End Radiology Precertification for Elective Outpatient Services:</b> CAT/PET Scans, MRI/MRA, Nuclear Medicine <i>(Applicable to all HMO based plans, eg, HMO, HMO 90, Golden Medicare, QPOS, USAccess Plan Members)</i>	<p style="text-align: center;"><b>Carecore:</b>  <b>1-845-298-8155 (Phone)</b>  <b>1-845-918-8924 (Fax)</b>  <a href="http://www.carecorenational.com">www.carecorenational.com</a></p>
<b>Sleep Studies</b>	<p style="text-align: center;"><b>Participating Providers include:</b>            Sleep Care Centers: <b>1-800-753-3779</b></p>