

ASEA/AFSCME Local 52 Health Benefits Trust Fund

Precertification Requirements

2019

Certain health care services such as hospitalization, outpatient surgery and certain other outpatient services, require precertification.

- **If you use an Aetna network provider**, your provider is responsible for obtaining necessary precertification for you. Because precertification is the provider's responsibility, if your provider fails to pre-certify required services, the provider's reimbursement will be limited and the provider cannot pass those costs on to you.
- **If you use a non-preferred provider**, your provider may pre-certify for certain services on your behalf. If the provider fails to pre-certify those services, Aetna will review the medical necessity of those services when the claim is filed. If the service is not medically necessary and is not approved, no benefits will be paid. If the service is medically necessary, benefits will be paid according to the plan.

Precertification is required for the following types of medical expenses:

- Inpatient confinements (all) For Example:
 - Surgical and nonsurgical
 - Skilled nursing facility
 - Rehabilitation facility
 - Inpatient hospice
 - Maternity and newborn confinements that exceed the standard length of stay
- Observation stay more than 24 hours
- Ambulance transportation by fixed-wing aircraft (plane)
- Autologous chondrocyte implantation, Carticel
- Cochlear device and/or implantation
- Dental implants (to the extent covered by the medical plan)
- Dialysis visits
- Dorsal column (lumbar) neurostimulators: trial or implantation
- Electric or motorized wheelchairs and scooters
- Gastrointestinal tract imaging through capsule endoscopy
- Gender reassignment surgery
- Hip surgery to repair impingement syndrome
- The following Home Health Care related services
 - Private duty nursing
- Hyperbaric oxygen therapy
- Lower Limb prosthetics
- Drugs and medical injectables to the extent these services are provided in a doctor's office or medical facility. Please ask your provider to refer to Aetna's National Precertification List for a full listing of medications that should be precertified.

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- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Osseointegrated implant
- Osteochondral allograft/knee
- Power morcellation with uterine myomectomy, with hysterectomy or for removal of uterine fibroids
- Proton beam radiotherapy
- Reconstructive or other procedures that may be considered cosmetic, including:
 - Blepharoplasty / canthoplasty
 - Breast reconstruction / breast enlargement
 - Breast reduction / mammoplasty
 - Cervicoplasty
 - Chemical peels
 - Excision of excess skin due to weight loss
 - Gastroplasty / gastric bypass
 - Injection of filling material
 - Lipectomy or excess fat removal
 - Sclerotherapy or surgery for varicose veins
- Spinal procedures, including:
 - Artificial intervertebral disc surgery
 - Cervical, lumbar and thoracic laminectomy / laminotomy procedures
 - Spinal fusion surgery
- Uvulopalatopharyngoplasty, including laser-assisted procedures
- Ventricular assist devices
- BRCA genetic testing
- Genetic testing of any type
- Infertility services
- Organ transplants
- Pre-implantation genetic testing
- Pediatric congenital heart surgery
- Transthoracic echocardiogram

*Please be advised that Aetna's precertification list is updated frequently and provider's are directed to the National Precertification List located on www.aetna.com.

This document is not a promise of payment. Benefits are based upon medical necessity at time of service and are subject to the eligibility at time of service.