

# Services that require precertification\* or authorization

## The behavioral health precertification list

### These behavioral health services require precertification or authorization\*\*

This requirement applies only to services covered under the member's benefits plan, including:

- Applied behavioral analysis (ABA)
- Inpatient admissions
- Partial hospitalization programs (PHPs)
- Residential treatment center (RTC) admissions
- Transcranial magnetic stimulation (TMS)

### How to request precertification or authorization

Behavioral health services, which include treatment for substance use disorders, require either precertification or authorization, as outlined above. You can submit an electronic precertification request on **Availity.com**, our provider website.

Or you can choose any other website that allows precertification requests. Go to **Aetna.com/provider/vendor** to see our vendor list.

You can also inquire electronically about previously submitted requests.

Go to **AetnaElectronicPrecert.com** for more information about precertification.

The information in this document applies to:\*\*\* Aetna Choice® Point-of-Service (POS), Aetna Choice POS II, Aetna Health Network Only<sup>SM</sup>, Aetna Health Network Option<sup>SM</sup>, Aetna HealthFund®, Aetna Medicare<sup>SM</sup> Plan Health Maintenance Organization (HMO), Aetna Medicare<sup>SM</sup> Plan Preferred Provider Organization (PPO), Aetna Open Access® Elect Choice®, Aetna Open Access HMO, Aetna Open Access Managed Choice®, Aetna Select<sup>SM</sup>, Choose and Save<sup>SM</sup>, HMO, Managed Choice POS, Open Access Aetna Select<sup>SM</sup>, Open Choice®, Quality Point-of-Service® (QPOS®), Savings Plus, and Traditional Choice® benefits plans, as well as to all products that may include the Aexcel® networks† or the Aexcel or Aexcel Plus designations.

\*The term precertification means the utilization review process to determine whether the requested service or procedure 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 health maintenance organization (HMO) and preferred provider organization (PPO) members.

\*\*Precertification requirements apply unless state law expressly dictates otherwise. As of January 1, 2019, the following services no longer require precertification or authorization: intensive outpatient, outpatient detoxification (ambulatory withdrawal management) and psychological or neuropsychological testing.

\*\*\*Not all plans are offered in all service areas. Aetna Choice POS, Aetna Choice POS II, Aetna HealthFund Managed Choice, Aetna HealthFund PPO, Aetna Medicare, Aetna Open Access Managed Choice, Aexcel and QPOS benefits plans may include the option for members to elect to go outside the network and receive reduced benefits.

†Aexcel is not available with HMO plans. The Aexcel designation is only a guide to choosing a physician. Members should confer with their existing physicians before making a decision. Designations have the risk of error and should not be the sole basis for selecting a doctor.

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