



October 1, 2018

Dear Physician or Health Care Professional:

New pre-approval requirements for western New York members effective January 1, 2019

Our Enhanced Clinical Review Program will require authorization for certain procedures. The program will begin January 1, 2019. This affects western New York members in our commercial and Medicare Advantage HMO/PPO Aetna products.

Services that require pre-approval through CareCore National dba eviCore healthcare

- High-tech outpatient diagnostic imaging procedures such as MRI/MRA, nuclear cardiology, PET scan and CT scan, including CTA
- Non-emergent outpatient stress echocardiography
- Non-emergent outpatient diagnostic left and right heart catheterization
- Insertion, removal and upgrade of elective implantable cardioverter defibrillator, cardiac resynchronization therapy defibrillator and implantable pacemaker
- Polysomnography (attended sleep studies)
- Interventional pain management
- Musculoskeletal large joint (hip and knee) arthroplasty procedures

For a complete list of procedures requiring an authorization, visit CareCore National dba eviCore healthcare's website www.carecorenational.com

No pre-approval is required for the following services:

- Inpatient radiology
- Emergency room radiology
- Outpatient radiology other than those services listed above

How to request prior authorizations

- Visit www.carecorenational.com
- Call **1-888-622-7329** during normal business hours.
- Fax a request form (available online) to:
 - **1-800-540-2406** (radiology)
 - **1-888-444-1562** (cardiology)
 - **1-888-511-0403** or **866-999-3510** (sleep studies)



How we'll handle urgent requests

If members need services in less than 48 hours due to medically urgent conditions, please call CareCore National dba eviCore healthcare for fast review. Please tell the representative the request is for medically urgent care.

What you should know about the authorization process

- We recommend that ordering physicians get authorizations and share the approval numbers with the rendering facilities when they schedule the procedure.
- CareCore National dba eviCore healthcare will fax their approval decision to the ordering physicians and requested facilities.
- Approvals have authorization numbers, and one or more CPT codes specific to the approved services.
- If the service you ask for is different than what CareCore National dba eviCore healthcare approves, the facility must contact CareCore National dba eviCore healthcare for review and approval before it submits claims.
- If you perform services without approval, we may deny payment. Please don't ask members for payment, as outlined in your agreement with us.
- We have ultimate responsibility and control for all coverage policies and procedures. We'll continue to pay claims for these procedures based on the terms of your agreement with us.

How to request prior authorization online with National Imaging Associates (NIA)

In the coming weeks, you'll get more information from NIA, including training opportunities. You'll also get more details about the process you need to follow to obtain authorizations for physical, occupational and chiropractic services.

You can start authorizing these services beginning December 27, 2018 for dates of service January 1, 2019 and after by logging on to www.RadMD.com

Services performed by any provider that require pre-approval through NIA

- Physical therapy
- Occupational therapy
- Chiropractic (*see page three of this letter for more details about currently contracted chiropractic providers*)

For a complete list of procedures requiring an authorization, visit NIA's website at www.RadMD.com

The NIA program doesn't apply to services performed in certain places including:

- Therapy provided in an inpatient setting
- Therapy provided in a home setting
- Any therapy provided in an urgent or emergent care setting



What you should know about the authorization process

- Authorizations will include the approved date span and one or more CPT codes.
- If more services outside of an existing authorization or different codes are needed, you must contact NIA for review and approval before submitting claims.
- If you perform services without approval, we may deny payment. Please don't ask members for payment, as outlined in your agreement with us.
- We have ultimate responsibility and control for all coverage policies and procedures. We'll continue to pay claims for these procedures based on the terms of your agreement with us.

More details for currently contracted chiropractic providers

- Chiropractors currently contracted with American Chiropractic Network/Optum (ACN) will begin billing Aetna directly for dates of service January 1, 2019 and after.
- Chiropractors who previously contacted ACN for authorizations will begin contacting NIA through www.RadMD.com for services beginning January 1, 2019.
- Your contract with ACN will remain in place as it exists today.

Look for more communications about these changes as we get closer to the effective date.

Have questions or need information?

- See CareCore National dba eviCore healthcare's criteria and get request forms at www.carecorenational.com
- See NIA's criteria and get information about the authorization process at www.RadMD.com

For other general information, you may call Aetna's provider services center at:

- **1-800-624-0756 (TTY:711)** for HMO and Medicare Advantage plans
- **1-888-632-3862 (TTY:711)** for PPO plans

Sincerely,

A handwritten signature in black ink that reads "David DeLorenzo".

David DeLorenzo
Director, Network Management

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