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Our mission

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Community affairs

Meeting you where you are, in your community, to better serve you.

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Health equity

Helping people have a fair and just opportunity to live their healthiest.

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1. About us
2. Fraud, waste and abuse

Fraud, waste and abuse (FWA)

Health care fraud affects all of us — from small businesses to corporations, insurers, doctors and members. It impacts the quality of health care and results in higher costs.

1. About us
2. Fraud, waste and abuse

Zero-tolerance approach to fraud

Our Special Investigations Unit (SIU) is helping to lead the fight against fraud. How? We investigate all types of fraud. We work to protect you. Your health care costs go down when we reduce fraud, waste and abuse.

What is fraud, waste and abuse?

Fraud happens when someone submits false information to get money or a benefit.

Examples include:

- Billing for services, procedures, prescriptions and/or supplies that were never provided
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment
- Offering treatment while promising you won't have to pay the balance due after insurance pays

Waste happens when someone overuses health services.

Examples include:

- Conducting more than needed office visits or writing extra prescriptions
- Prescribing more medicine than necessary for treating a condition
- Ordering lab tests

Abuse happens when someone doesn't follow best medical practices, leading to costs and treatments that aren't needed.

Examples include:

- Billing for unnecessary medical services
- Billing for brand name drugs when generics are available
- Charging extra for services or supplies

Help us by reporting concerns of fraud, waste and abuse.

If you see something suspicious on your plan statement, call us at the number on your ID card.

You can also call our hotline at **1-800-338-6361** or email our Special Investigations Unit.

To report your concerns anonymously contact the CVS Health EthicsLine

Questions about your benefits? We speak your language.

We also have free interpreter services to answer questions you may have about our health or drug plan.

Get help from an interpreter

¿Habla español?

Visite nuestro sitio en español

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Health benefits and health insurance plans contain exclusions and limitations.

See all legal notices

Also of interest:

-
-
-
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Contact us

- Aetna
- Aetna Better Health
- Aetna CVS Health
- Aetna International
- Aetna Medicare
- Aetna Student Health

Get to know us

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- Investor info

Legal & policy info

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Helpful links

- File a grievance or appeal
- Find a doctor
- Find a drug
- Find insurance FAQs
- Get the Aetna Health app
- Search health care terms
- Site map

How we protect you

- Accessibility services
- Fraud prevention
- Health care reform
- Non-discrimination notice
- Privacy center
- Website security program

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For language services, please call the number on your member ID card and request an operator. For other language services: Español-Spanish | 中文 | Tiếng Việt | ភាសាខ្មែរ | Tagalog | Русский | العربية | Kreyòl | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | Other languages ...

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You are now being directed to The Fight Is In Us site

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Get a link to download the app

Just enter your mobile number and we'll text you a link to download the Aetna HealthSM app from the App Store or on Google Play.

Message and data rates may apply*

MOBILE NUMBER Please be sure to add a 1 before your mobile number, ex: 19876543210

This search uses the five-tier version of this plan

Each main plan type has more than one subtype. Some subtypes have five tiers of coverage. Others have four tiers, three tiers or two tiers. This search will use the five-tier subtype. It will show you whether a drug is covered or not covered, but the tier information may not be the same as it is for your specific plan. Do you want to continue?

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Applied Behavior Analysis Medical Necessity Guide

By clicking on "I Accept", I acknowledge and accept that:

The Applied Behavior Analysis (ABA) Medical Necessity Guide helps determine appropriate (medically necessary) levels and types of care for patients in need of evaluation and treatment for behavioral health conditions. The ABA Medical Necessity Guide does not constitute medical advice. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any matters related to their coverage or condition with their treating provider.

Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.

The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary.

Please note also that the ABA Medical Necessity Guide may be updated and are, therefore, subject to change.

Medical necessity determinations in connection with coverage decisions are made on a case-by-case basis. In the event that a member disagrees with a coverage determination, member may be eligible for the right to an internal appeal and/or an independent external appeal in accordance with applicable federal or state law.

[I Accept](#)

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ASAM Terms and conditions

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Precertification lists

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- 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.
- Applies to: Aetna Choice[®] POS, Aetna Choice POS II, Aetna MedicareSM Plan (PPO), Aetna Medicare Plan (HMO), all Aetna HealthFund[®] products, Aetna Health Network OnlySM, Aetna Health Network OptionSM, Aetna Open Access[®] Elect Choice[®], Aetna Open Access HMO, Aetna Open Access Managed Choice[®], Open Access Aetna SelectSM, Elect Choice, HMO, Managed Choice POS, Open Choice[®], Quality Point-of-Service[®] (QPOS[®]), and Aetna SelectSM benefits plans and all products that may include the Aexcel[®], Choose and SaveSM, Aetna Performance Network or Savings Plus networks. Not all plans are offered in all service areas.
- 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. Visit the secure website, available through www.aetna.com, for more information. Click on "Claims," "CPT/HCPCS Coding Tool," "Clinical Policy Code Search."
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I accept

Dental clinical policy bulletins

By clicking on "I accept", I acknowledge and accept that:

- Aetna Dental Clinical Policy Bulletins (DCPBs) are developed to assist in administering plan benefits and do not constitute dental advice. Treating providers are solely responsible for dental advice and treatment of members. Members should discuss any Dental Clinical Policy Bulletin (DCPB) related to their coverage or condition with their treating provider.
- While the Dental Clinical Policy Bulletins (DCPBs) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Dental Clinical Policy Bulletins (DCPBs) describe Aetna's current determinations of whether certain services or supplies are medically necessary, based upon a review of available clinical information. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. Aetna's conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna). Your benefits plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State or the Federal government.
- Please note also that Dental Clinical Policy Bulletins (DCPBs) are regularly updated and are therefore subject to change.
- Since Dental Clinical Policy Bulletins (DCPBs) can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, members should review these Bulletins with their providers so they may fully understand our policies.
- Under certain plans, if more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that certain terms are met.

I accept

Medical clinical policy bulletins

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- While the Clinical Policy Bulletins (CPBs) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Policy Bulletins (CPBs) express Aetna's determination of whether certain services or supplies are medically necessary, experimental, investigational, unproven, or cosmetic. Aetna has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors).
- Aetna makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Policy Bulletins (CPBs). The discussion, analysis, conclusions and positions reflected in the Clinical Policy Bulletins (CPBs), including any reference to a specific provider, product, process or service by name, trademark, manufacturer, constitute Aetna's opinion and are made without any intent to defame. Aetna expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information including correction of any factual error.
- CPBs include references to standard HIPAA compliant code sets to assist with search functions and to facilitate billing and payment for covered services. New and revised codes are added to the CPBs as they are updated. When billing, you must use the most appropriate code as of the effective date of the submission. Unlisted, unspecified and nonspecific codes should be avoided.
- Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between a Clinical Policy Bulletin (CPB) and a member's plan of benefits, the benefits plan will govern.
- In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members.

See CMS's Medicare Coverage Center

- Please note also that Clinical Policy Bulletins (CPBs) are regularly updated and are therefore subject to change.
- Since Clinical Policy Bulletins (CPBs) can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, members should review these Bulletins with their providers so they may fully understand our policies. Under certain circumstances, your physician may request a peer to peer review if they have a question or wish to discuss a medical necessity precertification determination made by our medical director in accordance with Aetna's Clinical Policy Bulletin.
- While Clinical Policy Bulletins (CPBs) define Aetna's clinical policy, medical necessity determinations in connection with coverage decisions are made on a case by case basis. In the event that a member disagrees with a coverage determination, Aetna provides its members with the right to appeal the decision. In addition, a member may have an opportunity for an independent external review of coverage denials based on medical necessity or regarding the experimental and investigational status when the service or supply in question for which the member is financially responsible is \$500 or greater. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans.

See Aetna's External Review Program

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Using our glossary

By choosing "I accept," I understand that:

Our glossary lists general terms we use on our site. To get specific info about your plan's definition of a term, or for coverage details, check your plan documents.

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