This document is a quick guide for your office to use for precertification with patients enrolled in Aetna health plans. This process is also known as prior authorization or prior approval.

You can use this document as an overview of best practices working with Aetna. It will be your reference for Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage.

Make sure you review and understand how to submit a precertification request to Aetna. To learn more, refer to the How to Submit section.

Check out the table of contents on the next page for a closer look at what you’ll find in this guide.
Submission of precertification requests. .................................................. 3
General information. ........................................................................... 4
Services that require precertification .................................................. 6
Blood clotting factors. ........................................................................ 13
Other drugs and medical injectables ................................................... 16
Special programs ................................................................................. 26

This information applies to:
• Aetna® plans
• Aetna Medicare plans
• Allina Health|Aetna plans
• Banner|Aetna plans
• Innovation Health® plans
• Sutter Health | Aetna plans
• Texas Health Aetna plans

This information doesn’t apply to members in a Traditional Choice® plan or an indemnity plan.

Refer to the general information section for guidance on Federal Employee Health Benefit Plans, including Foreign Service Benefit Plan, Mail Handlers Benefit Plan (MHBP), and Rural Carrier Benefit Plan.

This document was last updated on November 1, 2023.
Submission of precertification requests

IMPORTANT: As the patient’s attending physician, you must complete all sections of a submission. If you don’t send all medical records we ask for, it may delay our review or cause a denial of coverage.

You must submit precertification requests at least two weeks in advance. You can save time by requesting precertification online. Doing so is fast, secure and simple.

You can submit most requests through our Availity® provider portal. You can also send requests for specialty drugs with Novologix® through Availity.

Go to Availity.com to start a request.

Note: Your office may also send in an electronic request. Just use your own Electronic Medical Record (EMR) system.

Go to Aetna.com/ProviderPrecertificationList to learn more about the precertification process.

What happens next

Once we have the requested information, we’ll perform a clinical review. We will let you know when we make a coverage determination.

How we make coverage determinations

If you are asking for precertification for a Medicare Advantage member, we use CMS benefit policies to make our coverage decisions. This includes national coverage determinations (NCD) and local coverage determinations (LCD), when available. If there isn’t an available NCD or LCD to review, we’ll use the Clinical Policy Bulletin and Precertifications List. You can find them by going to the website on the back of the member’s ID card.

Questions?

If you have any questions about submitting a request or about our precertification process, call us:

• Commercial plans: 1-888-632-3862 (TTY: 711)
• Medicare plans: 1-800-624-0756 (TTY: 711)

Or visit Aetna.com/ProviderPrecertificationList to learn more.
You should know

• This material is for your information only. It’s not meant to direct treatment decisions.
• The review of items on this list may vary at our discretion. If you receive approval for a service or supply, it’s for that service or supply only.
• Services that don’t need precertification are subject to the coverage terms of the member’s plan.

Special information for members in Texas

• For precertification in Texas, we use the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company’s clinical criteria for coverage. Precertification doesn’t mean payment for care or services to fully insured HMO and PPO members as defined by Texas law.

Coverage changes and updates

• If member eligibility and plan coverage for the procedure or service you asked for hasn’t changed, precertification approvals are valid for six months. This is true for all states. This is also the case unless we tell you otherwise when you receive the precertification decision.
• We update the precertification list each year. We usually do this in January and July. But we may add new drugs approved by the Federal Drug Administration (FDA) to the list at other times.

For more information

• Visit Clinical Policy Bulletins and our online provider directory.
• The precertification process doesn’t include verbal or written requests for information about benefits or services not on the precertification lists. Our staff can assess if a caller is making an inquiry or asking for a coverage decision or organization determination.
• We don’t offer all plans in all service areas. Not all plans include all services listed. For example, precertification programs don’t apply to fully insured members in Indiana.

Innovation Health

• Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health.
• Find more information about notification and coverage determinations.
• We require precertification when Aetna or Innovation Health is the secondary payer.

Maternity information

We require precertification for maternity and newborn stays that are more than the standard length of stay (LOS). Standard LOS for:
• Vaginal deliveries is three days or fewer
• Cesarean section is five days or fewer
Oral medications and injections

Contact Aetna Pharmacy Management for precertification of oral medications not on this list.

- Their number is **1-800-414-2386 (TTY: 711)**
- Call **1-866-782-2779 (TTY: 711)** for information on injectable medications not listed.

For drugs administered orally, by injection or infusion:

- Drugs newly approved by the FDA may require precertification review.
- Members of fully insured Texas and Louisiana plans have coverage for drugs we add to the precertification list according to their current plan design until their plan renews.
- Fully insured California HMO members and fully insured Connecticut PPO members covered for drugs added to the precertification list continue to have coverage:
  - Drug coverage continues for these California members as long as the doctor prescribes it appropriately. It must also be a safe and effective treatment for the medical condition.
  - Drug coverage continues for these Connecticut members as long as the drug is medically necessary and more medically beneficial than other covered drugs.
  - The prescribing provider must respond to requests for more information. For fully insured members with a Colorado state contract, we'll approve or deny precertification requests within time frames mandated by Colorado Regulation 4-2-49 RX Prior Authorization.

Federal Employee Health Benefit Plans information (only applicable to commercial federal plans)

For members enrolled in Foreign Service Benefit Plan, Mail Handlers Benefit Plan (MHBP) or Rural Carrier Benefit Plan: They do not need precertification for cardiac catheterization, cardiac imaging, or transthoracic echocardiogram.

- Visit online provider directories: [Foreign Service Benefit Plan](#); [MHBP](#); [Rural Carrier Benefit Plan](#)
- Except as noted for drugs and medical injectables and special programs, for all other services:
  - **Foreign Service Benefit Plan**, call **1-800-593-2354 (TTY: 711)**
  - **MHBP**, call **1-800-410-7778 (TTY: 711)**
  - **Rural Carrier Benefit Plan**, call **1-800-638-8432 (TTY: 711)**

Student Health and Allina Health|Aetna plan information

For members enrolled in Aetna Student Health or Allina Health|Aetna precertification is not required for the following outpatient services:

- Diagnostic cardiology
- Hip and knee arthroplasties
- Pain management
- Polysomnography
- Radiology imaging
- Radiation oncology
For more information, read all general precertification guidelines
For Commercial members, certain elective procedures, as noted with an asterisk (*), are subject to the medical necessity review of the procedure and the site of service.

<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inpatient confinements, including hospital at home (except hospice) For example, surgical and nonsurgical stays, stays in a skilled nursing facility or rehabilitation facility, and maternity and newborn stays that exceed the standard length of stay (LOS). (See “Maternity information” in the General Information section.)</td>
<td></td>
</tr>
<tr>
<td>3. Arthroscopic hip surgery to repair impingement syndrome including labral repair*</td>
<td>29914, 29915, 29916, 29860, 29861, 29862, 29863</td>
</tr>
<tr>
<td>4. Autologous chondrocyte implantation*</td>
<td>27412, J7330, S2112</td>
</tr>
<tr>
<td>5. Chiari malformation decompression surgery</td>
<td>61343</td>
</tr>
<tr>
<td>6. Cochlear device and/or implantation*</td>
<td>69930, L8614, L8619</td>
</tr>
<tr>
<td>7. Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent. Some plans have limited or no out-of-network benefits.</td>
<td></td>
</tr>
<tr>
<td>8. Dental implants</td>
<td>21245, 21246, 21248, 21249</td>
</tr>
<tr>
<td>9. Dialysis visits When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility.</td>
<td>90935, 90937, 90999</td>
</tr>
</tbody>
</table>

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.
<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Dorsal column (lumbar) neurostimulators: trial or implantation</td>
<td>63650, 63655, 63663, 63664, 63685, 63688, C1767, C1816, C1820 or C1822 when requested or used with one or more of the above CPT codes</td>
</tr>
<tr>
<td>12. Endoscopic nasal balloon dilation procedures*</td>
<td>31295, 31296, 31297, 31298</td>
</tr>
<tr>
<td>13. Functional endoscopic sinus surgery (FESS)*</td>
<td>31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288</td>
</tr>
</tbody>
</table>

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.
<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Gender affirmation surgery</td>
<td>55970, 55980, 56805, 57335, 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 17380, 19318, 21270, 30400, 30410, 30420, 30430, 30435, 30450, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56801, 5706, 57106, 57107, 57110, 57111, 57291, 57292, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720</td>
</tr>
<tr>
<td>15. Hyperbaric oxygen therapy</td>
<td>G0277, 99183</td>
</tr>
<tr>
<td>16. Infertility services and pre-implantation genetic testing</td>
<td>0357T, 58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89337, 89346, 89352, 89353, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035, 89290, 89291</td>
</tr>
<tr>
<td>17. Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics</td>
<td>L5781, L5782, L5856, L5857, L5858, L5859, L5968, L5969, L5980, L5987, L5999</td>
</tr>
<tr>
<td>18. Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider</td>
<td></td>
</tr>
</tbody>
</table>

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.*
<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint</td>
<td>21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, D7296, D7297, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7955, D7995, D7996, 21010, 21050, 21060, 21070, 21073, 21240, 21242, 21243, 21244, 21247, 21255, 21480, 21485, 21490, 21497, 29800, 29804, D6050, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7899, D7991</td>
</tr>
<tr>
<td>20. Osseointegrated implant*</td>
<td>69714, 69716, L8690, L8691, L8692, L8693</td>
</tr>
<tr>
<td>21. Osteochondral allograft/knee*</td>
<td>27415</td>
</tr>
<tr>
<td>22. Private duty nursing</td>
<td>S9123, S9124, T1000, T1030, T1031</td>
</tr>
<tr>
<td>23. Proton beam radiotherapy</td>
<td>77520, 77522, 77523, 77525</td>
</tr>
<tr>
<td></td>
<td>Also see Special Programs; Radiation oncology</td>
</tr>
</tbody>
</table>

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.
### Procedure name/description

**24.** Reconstructive or other procedures that maybe considered cosmetic, such as:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharoplasty*</td>
<td>15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908</td>
</tr>
<tr>
<td>Breast reconstruction/ breast enlargement*</td>
<td>19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068</td>
</tr>
<tr>
<td>Breast reduction/mammoplasty*</td>
<td>19316, 19318, 19325, 19328, 19330</td>
</tr>
<tr>
<td>Excision of excessive skin due to weight loss*</td>
<td>15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847</td>
</tr>
<tr>
<td>Gastroplasty/gastric bypass</td>
<td>43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999</td>
</tr>
<tr>
<td>Lipectomy or excess fat removal*</td>
<td>15876, 15877, 15878, 15879</td>
</tr>
<tr>
<td>Surgery for varicose veins, except stab phlebectomy*</td>
<td>36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T</td>
</tr>
</tbody>
</table>

**25.** Shoulder arthroplasty including revision procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder arthroplasty including revision procedures</td>
<td>23470*, 23472*, 23473*, 23474</td>
</tr>
</tbody>
</table>

**26.** Site of service

For commercial members only, see [special programs](#) for more information.

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.*
### Services that require precertification (continued)

<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>27. Spinal procedures, such as:</strong></td>
<td></td>
</tr>
<tr>
<td>• Artificial intervertebral disc surgery (cervical spine)</td>
<td>22856*, 22858*, 22861</td>
</tr>
<tr>
<td>• Artificial intervertebral disc surgery (lumbar spine)</td>
<td>22857, 22860, 22862, 22865</td>
</tr>
<tr>
<td>• Arthrodesis for spine deformity</td>
<td>22800, 22802, 22804, 22808, 22810, 22812</td>
</tr>
<tr>
<td>• Cervical laminoplasty*</td>
<td>63050, 63051</td>
</tr>
<tr>
<td>• Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures*</td>
<td>63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267</td>
</tr>
<tr>
<td>• Kyphectomy*</td>
<td>22818, 22819</td>
</tr>
<tr>
<td>• Laminectomy with rhizotomy</td>
<td>63185, 63190</td>
</tr>
<tr>
<td>• Removal of spinal instrumentation</td>
<td>22850, 22852, 22855 — Precertification is required effective September 1, 2023</td>
</tr>
</tbody>
</table>

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.*
<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
</table>
| 27. Spinal procedures (continued), such as:                    | • Spinal fusion surgery  
C1821, 22210, 22214, 22220, 22222, 22224, 22232, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22859, 27279, 27280  
• Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091  
• Vertebroplasty/Kyphoplasty 22510, 22511, 22512, 22513, 22514, 22515                                                                 |
| 28. Uvulopalatopharyngoplasty, including laser-assisted procedures* | 42145, 42140, 42299, S2080                                                                 |
| 29. Ventricular assist devices                                 | 33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997, 92970                                                                 |
| 30. Whole exome sequencing                                     | 81415, 81416, 81417                                                                 |

*For Commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.
**Blood-clotting factors** (precertification for outpatient infusion of this drug class is required)

For the following services, providers should call **1-855-888-9046 (TTY: 711)** for precertification, with these exceptions:

- Precertification of pharmacy-covered specialty drugs
  - For the Foreign Service Benefit Plan, call Express Scripts at **1-800-922-8279 (TTY: 711)**
  - For MHBP and the Rural Carrier Benefit Plan, call CVS Caremark® at **1-800-237-2767 (TTY: 711)**
- J1411, J7170, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advate</td>
<td>antihemophilic factor, human recombinant</td>
</tr>
<tr>
<td>Adynovate</td>
<td>antihemophilic factor [recombinant], PEGylated</td>
</tr>
<tr>
<td>Afstyla</td>
<td>antihemophilic factor [recombinant], single chain</td>
</tr>
<tr>
<td>Alphanate</td>
<td>antihemophilic factor/von Willebrand factor complex [human]</td>
</tr>
<tr>
<td>AlphaNine SD</td>
<td>coagulation factor IX [human]</td>
</tr>
<tr>
<td>Alprolix</td>
<td>coagulation factor IX [recombinant], Fc fusion protein</td>
</tr>
<tr>
<td>Altuviiio</td>
<td>antihemophilic factor [recombinant], Fc fusion protein — precertification required effective July 1, 2023</td>
</tr>
<tr>
<td>Bebulin</td>
<td>factor IX complex</td>
</tr>
<tr>
<td>BeneFix</td>
<td>coagulation factor IX [recombinant]</td>
</tr>
<tr>
<td>Coagadex</td>
<td>coagulation factor X [human]</td>
</tr>
<tr>
<td>Corifact</td>
<td>factor XIII concentrate [human]</td>
</tr>
<tr>
<td>Eloctate</td>
<td>antihemophilic factor [recombinant], Fc fusion protein</td>
</tr>
<tr>
<td>Esperoct</td>
<td>antihemophilic factor [recombinant], glycopegylated-exei</td>
</tr>
<tr>
<td>FEIBA, FEIBA NF</td>
<td>anti-inhibitor coagulant complex</td>
</tr>
<tr>
<td>Fibryga</td>
<td>fibrinogen, human</td>
</tr>
<tr>
<td>Helixate FS</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
</tbody>
</table>
### Blood-clotting factors (continued)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemlibra</td>
<td>emicizumab</td>
</tr>
<tr>
<td>Hemofil M</td>
<td>antihemophilic factor [human]</td>
</tr>
<tr>
<td>Humate-P</td>
<td>antihemophilic factor/von Willebrand factor complex [human]</td>
</tr>
<tr>
<td>Idelvion</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>Ixinity</td>
<td>coagulation factor IX [recombinant]</td>
</tr>
<tr>
<td>Jivi</td>
<td>antihemophilic factor [recombinant], PEGylated-aucl</td>
</tr>
<tr>
<td>Koate, Koate-DVI</td>
<td>antihemophilic factor [human]</td>
</tr>
<tr>
<td>Kogenate FS</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>Kovaltry</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>Monoclate-P</td>
<td>antihemophilic factor [human]</td>
</tr>
<tr>
<td>Mononine</td>
<td>coagulation factor IX [human]</td>
</tr>
<tr>
<td>NovoEight</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>NovoSeven RT</td>
<td>coagulation factor VIIa [recombinant]</td>
</tr>
<tr>
<td>Nuwiq</td>
<td>simoctocog alfa</td>
</tr>
<tr>
<td>Obizur</td>
<td>antihemophilic factor [recombinant], porcine sequence</td>
</tr>
<tr>
<td>ProfilNine</td>
<td>factor IX complex</td>
</tr>
<tr>
<td>Rebinyn</td>
<td>coagulation factor IX [recombinant], glycoPEGylated</td>
</tr>
<tr>
<td>Recombinate</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>RiaSTAP</td>
<td>fibrinogen concentrate [human]</td>
</tr>
<tr>
<td>Rixubis</td>
<td>coagulation factor IX [recombinant]</td>
</tr>
</tbody>
</table>
Blood clotting factors (continued)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sevenfact</td>
<td>coagulation factor VIIa [recombinant]-jncw</td>
</tr>
<tr>
<td>Tretten</td>
<td>coagulation factor XIII a-subunit [recombinant]</td>
</tr>
<tr>
<td>Vonvendi</td>
<td>von Willebrand factor [recombinant]</td>
</tr>
<tr>
<td>Wilate</td>
<td>von Willebrand factor/coagulation factor VIII complex [human]</td>
</tr>
<tr>
<td>Xyntha, Xyntha Solofuse</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
</tbody>
</table>
For the following services when the member is enrolled in a commercial plan, providers call 1-866-752-7021 (TTY: 711) for precertification. Fax request forms to 1-888-267-3277 (TTY: 711), with the following exceptions:

- For precertification of pharmacy-covered specialty drugs (noted with *) when the member is enrolled in a commercial plan, call 1-855-240-0535 (TTY: 711). Or fax applicable request forms to 1-877-269-9916 (TTY: 711).

- Providers can use the drug-specific Specialty Medication Request Form located online under “Specialty Pharmacy Precertification.”

- Providers can submit Specialty Pharmacy precertification requests electronically using provider online tools and resources on our provider portal with Aetna.

- Providers should use the contacts below for members enrolled in a Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan:

When the member is enrolled in a Medicare Advantage plan, providers call 1-866-503-0857 (TTY: 711) for precertification. Fax request forms to 1-844-268-7263 (TTY: 711).

- See our Medicare online resources for more about preferred products or to find a precertification fax form.

**Drug name/description**

- **Abraxane** (paclitaxel protein-bound particles, J9264) — precertification required for Medicare Advantage members only
- **Acthar Gel/H. P. Acthar** (corticotropin, J0801, J0802)
- **Adakveo** (crizanlizumab-tmca, J0791) — precertification for the drug and site of care required
- **Adcetris** (brentuximab vedotin, J9042)
- **Adstiladrin** (nadofaragene firadenovec-vncg, J9029) — precertification effective required March 28, 2023
- **Alpha 1-proteinase inhibitor (human)** (precertification for the drug and site of care required):
  - Aralast NP (alpha 1-proteinase inhibitor, J0256)
  - Glassia (alpha 1-proteinase inhibitor, J0257)
  - Prolastin-C (alpha 1-proteinase inhibitor, J0256)
  - Zemaira (alpha 1-proteinase inhibitor, J0256)
- **Alymsys** (bevacizumab, Q5126) — precertification required for oncology indications only
- **Alzheimer’s Disease**
  - **Aduhelm** (aducanumab-avwa, J0172) — precertification for drug and site of care required
  - **Leqembi** (lecanemab-irmb, J0174) — precertification required for drug and site of care effective April 5, 2023
Amyotrophic Lateral Sclerosis (ALS) drugs:
Qalsody (tofersen, C9157) — precertification for the drug and site of care required effective July 1, 2023
Radicava (edaravone, J1301) — precertification for the drug and site of care required

Autoimmune Infused Infliximab
(precertification for the drug and site of care required):
Avsola (infliximab-axxq, Q5121)
Inflectra (infliximab-dyyb, Q5103)
Remicade (infliximab, J1745)
Renflexis (infliximab-abda, Q5104)

Avastin (bevacizumab, J9035) — precertification required for oncology indications only
Aveed (testosterone undecanoate, J3145)

Belrapzo (bendamustine HCl, J9036)
Bendamustine HCl (Apotex, J9058) — precertification required effective July 1, 2023
Bendamustine HCl (Baxter, J9059) — precertification required effective July 1, 2023
Bendeka (bendamustine HCl, J9034)
Benlysta (belimumab, J0490) — precertification for the drug and site of care required
Besponsa (inotuzumab ozogamicin, J9229)
Blenrep (belantamab mafodotin-blmf, J9037)

Bortezomib (Dr. Reddy’s, J9046) — precertification required for multiple myeloma only effective March 1, 2023
Bortezomib (Fresenius Kabi, J9048) — precertification required for multiple myeloma only effective March 1, 2023
Bortezomib (Hospira, J9049) — precertification required for multiple myeloma only effective March 1, 2023
Bortezomib (maia, J9049) — precertification required for multiple myeloma only effective October 1, 2023

Botulinum toxins:
Botox (onabotulinumtoxinA, J0585)
Dysport (abobotulinumtoxinA, J0586)
Myobloc (rimabotulinumtoxinB, J0587)
Xeomin (incobotulinumtoxinA, J0588)

CABLivi (caplacizumab-yhdp, C9047)
Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors
Vyepti (eptinezumab-jjmr, J3032) — precertification for the drug and site of care required

Cardiovascular — PCSK9 inhibitors:
Leqvio (inclisiran, J1306)

Chimeric Antigen Receptor T-Cell Therapy (CAR-T) — contact National Medical Excellence at 1-877-212-8811 (TTY: 711)
Abecma (idecabtagene vicleucel, Q2055)
Breyanzi (lisocabtagene maraleucel, Q2054)
Carvykti (cilta-cabtagene autoleucel, Q2056)
Kymriah (tisagenlecleucel, Q2042)
Tecartus (brexucabtagene autoleucel, Q2053)
Yescarta (axicabtagene ciloleucel, Q2041)
**CAR-T Therapy** (0537T, 0538T, 0539T, 0540T)

**Columvi** (glofitamab-gxbm) — precertification required effective October 2, 2023

**Complement inhibitor drugs:**
Veopoz (pozelimab-bbfg, J3490, J3590, C9399)
— precertification required for the drug and site of care effective November 10, 2023

**Cortrophin Gel** (repository corticotropin, J3490, J3590)

**Cosela** (Trilaciclib, J1448)

**Crysvita** (burosumab-twza, J0584) — precertification for the drug and site of care required

**Cyramza** (ramucirumab, J9308)

**Danyelza** (naxitamab-gqgk, J9348)

**Darzalex** (daratumumab, J9145)

**Darzalex Faspro** (daratumumab and hyaluronidase-fihj, J9144)

**Elahere** (mirvetuximab soravtansine-gynx, J9063)
— precertification required effective March 1, 2023

**Elrexio** (elranatamab-bcmm, J3490, J3590, J9999, C9399)
— precertification required effective November 10, 2023

**Empliciti** (elotuzumab, J9176)

**Enjaymo** (Sutimlimab-jome, J1302)

**Enzyme replacement drugs:**
Aldurazyme (laronidase, J1931) — precertification for the drug and site of care required
Brineura (cerliponase alfa, J0567)
Cerezyme (imiglucerase, J1786) — precertification for the drug and site of care required
Elaprase (idursulfase, J1743) — precertification for the drug and site of care required
Eleyso (taliglucerase alfa, J3060) — precertification for the drug and site of care required
Elfia (pegunigalsidase alfa-iwxj, J3490, J3590, C9399) — precertification required effective November 10, 2023
Fabrazyme (agalsidase beta, J0180) — precertification for the drug and site of care required
Kanuma (sebelipase alfa, J2840) — precertification for the drug and site of care required
Lamzede (velmanase alfa, J3490, J3590, C9399)
— precertification required effective July 1, 2023
Lumizyme (alglucosidase alfa, J0220, J0221)
— precertification for the drug and site of care required
Mepsevii (vestronidase alfa-vjbk, J3397)
— precertification for the drug and site of care required
Naglazyme (galsulfase, J1458) — precertification for the drug and site of care required
Nexviazyme (avalglucosidase alfa-ngpt, J0219)
— precertification for the drug and site of care required
Strensiq (asfotase alfa, J3490, J3590)
Other drugs and medical injectables (continued)

How to submit | General info | Services | Drugs | Special programs
---|---|---|---|---

Vimizim (elosulfase alfa, J1322) — precertification for the drug and site of care required
VPRIV (velaglucerase alfa, J3385) — precertification for the drug and site of care required
Xenpozyme (olipudase alfa-rpcc, J0218)— precertification for the drug and site of care required

Epkinly (epcoritamab-bysp, C9155) — precertification required effective September 1, 2023

Erbitux (cetuximab, J9055)

Erythropoiesis-stimulating agents:
Aranesp (darbepoetin alfa, J0881, J0882)
Epogen (epoetin alfa, J0885, Q4081)
Mircera (methoxy polyethylene glycol-epoetin beta, J0887, J0888)
Procrit (epoetin alfa, J0885, Q4081)
Retacrit (recombinant human erythropoietin-epbx, Q5105, Q5106)

Evkeeza (evinacumab-dgnb, J1305) — precertification for the drug and site of care required

Evrysdi (risdiplam, J8499)

Fusilev (levoleucovorin, J0641)

Fyarrow (sirolimus protein-bound particles for injectable suspension, J9331)

Gattex (teduglutidem, J3490)

Givlaari (givosiran, J0223) — precertification for drug and site of care required

Granulocyte-colony stimulating factors:
Fulphila (pegfilgrastim-jmdb, Q5108)
Fynletra (pegfilgrastim-pbbk, Q5130)
Granix (tbo-filgrastim, J1447)
Leukine (sargramostim, J2820)
Neulasta (pegfilgrastim, J2506)
Neupogen (filgrastim, J1442)
Nivestym (filgrastim-aafi, Q5110)
Nyvepria (pegfilgrastim-apgf, Q5122)
Releuko (filgrastim-ayow, Q5125)
Rolvedon (eflapegrastim-xnst, J1449)
Stimufend (pegfilgrastim-fpgk, Q5127)
Udenyca (pegfilgrastim-cbvq, Q5111)
Zarxio (filgrastim-sndz, Q5101)
Ziextenzo (pegfilgrastim-bmez, Q5120)

Growth hormone:
Skystrofa* (lonapegsomatropin-tcgd, J3490, J3590) — precertification required for Medicare Advantage members only
Sogroya* (somapacitan-beco, J3490, J3590) — precertification required for Medicare Advantage members only

Hereditary angioedema agents:
Berinert (C1 esterase inhibitor, J0597)
Cinryze (C1 esterase inhibitor, J0598) — precertification for the drug and site of care required
Firazyr (icatibant acetate, J1744)

*For precertification when the member is enrolled in a commercial plan, call 1-855-240-0535 (TTY: 711). Or fax applicable request forms to 1-877-269-9916 (TTY: 711).
### Other drugs and medical injectables (continued)

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Special programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haegarda (C1 esterase inhibitor subcutaneous [human], J0599)</td>
<td></td>
</tr>
<tr>
<td>Kalbitor (ecallantide, J290)</td>
<td></td>
</tr>
<tr>
<td>Ruconest (C1 esterase inhibitor, J0596)</td>
<td></td>
</tr>
<tr>
<td>Sajazir (icatibant acetate, J1744)</td>
<td></td>
</tr>
<tr>
<td>Takzhyro (lanadelumab-flyo, J0593)</td>
<td></td>
</tr>
<tr>
<td><strong>Hereditary Transthyretin-mediated Amyloidosis (ATTR) drugs:</strong></td>
<td></td>
</tr>
<tr>
<td>Amvuttra (vutrisiran, J0225)</td>
<td></td>
</tr>
<tr>
<td>Onpattro (patrisiran, J0222) — precertification for the drug and site of care required</td>
<td></td>
</tr>
<tr>
<td>Tegsedi (inotersen, J3490, J3590, C9399)</td>
<td></td>
</tr>
<tr>
<td><strong>HER2 receptor drugs:</strong></td>
<td></td>
</tr>
<tr>
<td>Enhertu (fam-trastuzumab deruxtecan-nxki, J9358)</td>
<td></td>
</tr>
<tr>
<td>Herceptin (trastuzumab, J9355)</td>
<td></td>
</tr>
<tr>
<td>Herceptin Hyllecta (trastuzumab and hyaluronidase-oysk, J9356)</td>
<td></td>
</tr>
<tr>
<td>Herzuma (trastuzumab-pkrb, Q5113)</td>
<td></td>
</tr>
<tr>
<td>Kadcyla (ado-trastuzumab emtansine, J9354)</td>
<td></td>
</tr>
<tr>
<td>Kanjinti (trastuzumab-anns, Q5117)</td>
<td></td>
</tr>
<tr>
<td>Margenza (margetuximab-cmkb, J9353)</td>
<td></td>
</tr>
<tr>
<td>Ogivri (trastuzumab-dkst, Q5114)</td>
<td></td>
</tr>
<tr>
<td>Ontruzant (trastuzumab-dttb, Q5112)</td>
<td></td>
</tr>
<tr>
<td>Perjeta (pertuzumab, J9306)</td>
<td></td>
</tr>
<tr>
<td>Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf, J9316)</td>
<td></td>
</tr>
<tr>
<td>Trazimera (trastuzumab-qyyp, Q5116)</td>
<td></td>
</tr>
<tr>
<td><strong>Ilaris</strong> (canakinumab, J0638)</td>
<td></td>
</tr>
<tr>
<td><strong>Imlygic</strong> (talimogene laherparepvec, J9325)</td>
<td></td>
</tr>
<tr>
<td><strong>Imjudo</strong> (tremelimumab, J9347) — precertification required effective March 1, 2023</td>
<td></td>
</tr>
</tbody>
</table>

**Immunoglobulins** (precertification for the drug and site of care required):

- Asceniv (immune globulin, C9072)
- Bivigam (immune globulin, J1556)
- Cutaquig (immune globulin, J1551)
- Cuvitru (immune globulin SC [human], J1555)
- Flebogamma (immune globulin, J1572)
- GamaSTAN (immune globulin, J1460, J1559, J1560)
- Gammagard, Gammagard S/D (immune globulin, J1569)
- Gammaked (immune globulin, J1561)
- Gammadex (immune globulin, J1557)
- Gamunex-C (immune globulin, J1561)
- Hizentra (immune globulin, J1559)
- HyQvia (immune globulin, J1575)
- Octagam (immune globulin, J1568)
- Panzyga (immune globulin, J1576)
- Privigen (immune globulin, J1459)
- Xembify (immune globulin, J1558)

**Immunologic agents:**

- Actemra (tocilizumab, J3262) — precertification for the drug and site of care required
- Actemra* SC (tocilizumab, J3590, J3490) — precertification required for Medicare Advantage members only
- Cimzia* (certolizumab pegol, J0717)
- Cosentyx* (secukinumab, J3490, J3590) — precertification required for Medicare Advantage members only
- Enspryn* (satralizumab, J3490, J3590) — precertification required for Medicare Advantage members only

*For precertification when the member is enrolled in a commercial plan, call 1-855-240-0535 (TTY: 711). Or fax applicable request forms to 1-877-269-9916 (TTY: 711).
Other drugs and medical injectables (continued)

**How to submit**

**General info**

**Services**

**Drugs**

**Special programs**

Entyvio (vedolizumab, J3380) — precertification for the drug and site of care required
Ilumya* (tidarakizumab, J3245)
Orencia SQ* (abatacept, J0129) — precertification required for Medicare Advantage members only
Orencia IV (abatacept, J0129) — precertification for the drug and site of care required
Riabni (rituximab-arrx, Q5123)
Rituxan (rituximab, J9312)
Rituxan Hycela (rituximab/hyaluronidase human, J9311)
Ruxience (rituximab-pvvr, Q5119)
Rystiggo (rozanolixizumab-noli, J3490, J3590, C9399)— precertification required effective September 14, 2023
Simponi Aria (golimumab, J1602) — precertification for the drug and site of care required
Skyrizi (risankizumab-rzaa, J2327) — precertification required for Medicare Advantage members only
Skyrizi IV (risankizumab-rzaa, J2327)
Spevigo (spesolimab-sbzo, J1747)
Stelara (ustekinumab, J3357)
Stelara IV (ustekinumab, J3358)
Tremfya* (guselkumab, J1628) — precertification required for Medicare Advantage members only
Truxima (rituximab-abbs, Q5115)
Vyvgart (efgartigimod alfa-fcab, J9332)
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc, J3490, J3590, C9399) — precertification required effective September 12, 2023

**Injectable infertility drugs:**

(J0725, J3355, S0122, S0126, S0128, S0132)
chorionic gonadotropin
Bravelle (urofollitropin)
Cetrotide (cetrorelix acetate)
Follistim AQ (follitropin beta)
Ganirelix AC (ganirelix acetate)
Gonal-f (follitropin alfa)
Gonal-f RFF (follitropin alfa)
Menopur (menotropins)
Novarel (chorionic gonadotropin)
Ovidrel (choriogonadotropin alfa)
Pregnyl (chorionic gonadotropin)

**Iron Replacement Agents**

Feraheme (ferumoxytol, Q0138, Q0139)
Injectafer (ferric carboxymaltose injection, J1439)
Monoferric (ferric derisomaltose, J1437) — precertification required effective July 1, 2023

**Jelmyto** (mitomycin, J9281)

**Jesduvroq** (daprodustat, J0889) — precertification required for Medicare Advantage members only effective October 1, 2023

**Khapzory** (levoleucovorin, J0642)

**Kimmtrak** (tebentafusp-tebn, J9274)

**Korsuva** (difelikefalin, J0879) — precertification required effective July 1, 2023

**Kyprolis** (carfilzomib, J9047) — precertification for multiple myeloma only

*For precertification when the member is enrolled in a commercial plan, call 1-855-240-0535 (TTY: 711). Or fax applicable request forms to 1-877-269-9916 (TTY: 711).
### Other drugs and medical injectables (continued)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lantidra (donislecel-jujn, J3490, J3590, C9399)</td>
<td>precertification required effective November 1, 2023. Contact National Medical Excellence at 1-877-212-8811 (TTY: 711)</td>
</tr>
<tr>
<td>Lartruvo (olaratumab, J9285)</td>
<td></td>
</tr>
<tr>
<td>Lunsumio (mosunetuzumab, J9350)</td>
<td>precertification required effective March 28, 2023</td>
</tr>
<tr>
<td>Luteinizing hormone-releasing hormone (LHRH) agents:</td>
<td></td>
</tr>
<tr>
<td>Camcevi (leuprolide mesylate, J1952)</td>
<td></td>
</tr>
<tr>
<td>Eligard (leuprolide acetate, J9217)</td>
<td></td>
</tr>
<tr>
<td>Firmagon (degarelix, J9155)</td>
<td></td>
</tr>
<tr>
<td>Lutrate (leuprolide acetate, J1954)</td>
<td>precertification required effective March 1, 2023</td>
</tr>
<tr>
<td>Lupron Depot (leuprolide acetate, J9217),</td>
<td>precertification required for oncology indications only</td>
</tr>
<tr>
<td>Trelstar (triptorelin pamoate, J3315)</td>
<td></td>
</tr>
<tr>
<td>Zoladex (goserelin, J9202)</td>
<td></td>
</tr>
<tr>
<td>Makena (hydroxyprogesterone caproate, J1726)</td>
<td></td>
</tr>
<tr>
<td>Monjuvi (tafasitamab-cxix, J9349)</td>
<td></td>
</tr>
<tr>
<td>Multiple sclerosis drugs:</td>
<td></td>
</tr>
<tr>
<td>Avonex* (interferon beta-1a, J1826, Q3027)</td>
<td>precertification required for Medicare Advantage members only</td>
</tr>
<tr>
<td>Briumvi (ublituximab, J2329)</td>
<td>precertification required effective April 11, 2023</td>
</tr>
<tr>
<td>Kesimpta* (ofatumumab, J3490, J3590)</td>
<td>precertification required for Medicare Advantage members</td>
</tr>
<tr>
<td>care required</td>
<td></td>
</tr>
<tr>
<td>Multiple sclerosis drugs (continued):</td>
<td></td>
</tr>
<tr>
<td>Lemtrada (alemtuzumab, J0202)</td>
<td>precertification for the drug and site of care required</td>
</tr>
<tr>
<td>Ocrevus (ocrelizumab, J2350)</td>
<td>precertification for the drug and site of care required</td>
</tr>
<tr>
<td>Tyruko (natalizumab-sztn)</td>
<td>precertification for the drug and site of care required effective November 28, 2023</td>
</tr>
<tr>
<td>Tysabri (natalizumab, J2323)</td>
<td>precertification for the drug and site of care required</td>
</tr>
<tr>
<td>Muscular dystrophy drugs:</td>
<td></td>
</tr>
<tr>
<td>(precertification for the drug and site of care required):</td>
<td></td>
</tr>
<tr>
<td>Amondys 45 (casimersen, J1426)</td>
<td></td>
</tr>
<tr>
<td>Elevidy (delandistrogene moxeparvovec, J3490, J3590, C9399)</td>
<td>precertification for the drug and site of care required effective September 14, 2023</td>
</tr>
<tr>
<td>Exondys 51 (eteplirsen, J1428)</td>
<td></td>
</tr>
<tr>
<td>Viltrops (viltolarsen, J1427)</td>
<td></td>
</tr>
<tr>
<td>Vyondys 53 (golodirsen, J1429)</td>
<td></td>
</tr>
<tr>
<td>Mvasi (bevacizumab-awwb, Q5107)</td>
<td>precertification required for oncology indications only</td>
</tr>
<tr>
<td>Myalept (metreleptin, J3490, J3590)</td>
<td></td>
</tr>
<tr>
<td>Natpara (parathyroid hormone, J3490, J3590)</td>
<td></td>
</tr>
<tr>
<td>Nulibry (fosdenopterin, J3490, J3590)</td>
<td></td>
</tr>
<tr>
<td>Omisirge (omidubicel, J3490, J3590, C9399, J9999)</td>
<td>precertification for drug and site of care required effective July 13, 2023</td>
</tr>
</tbody>
</table>

*For precertification when the member is enrolled in a commercial plan, call 1-855-240-0535 (TTY: 711). Or fax applicable request forms to 1-877-269-9916 (TTY: 711).
**Ophthalmic injectables:**

- Beovu (brolucizumab-dbll, J0179)
- Byooviz (ranibizumab-nuna, Q5124)
- Cimerli (ranibizumab-eqrn, Q5128)
- Eylea (afibercept, J0178)
- Eylea HD (afibercept, J3490, J3590, C9399)— precertification required effective October 1, 2023
- Lucentis (ranibizumab, J2778)
- Luxturna (voretigene neparvec-ryzl, J3398)— precertification for the drug and site of care required
- Macugen (pegaptanib, J2503)
- Susvimo (ranibizumab, J2779)
- Syfovre (pegcetacoplan, J2781)— precertification required effective July 1, 2023
- Tepezza (teprotumumab-trbw, J3241) — precertification for the drug and site of care required
- Vabysmo (faricimab-svoa, J2777)

**Osteoporosis drugs:**

- Bonsity* (teriparatide, J3110) — precertification required for Medicare Advantage members only
- Evenity* (romosozumab-aqqg, J3111) — precertification required for Medicare Advantage members only
- Forteo* (teriparatide, J3110) — precertification required for Medicare Advantage members only
- Miocalcin* (calcitonin, J0630) — precertification required for Medicare Advantage members only
- Proliva (denosumab, J0897)

**Paclitaxel** protein-bound particles (American Regent, J9259) — precertification required for Medicare Advantage members only effective July 1, 2023

**Padcev** (enfortumab vedotin, J9177)

**Paroxysmal Nocturnal Hemoglobinuria (PNH) drugs:**

- Soliris (eculizumab, J1300) — precertification for the drug and site of care required
- Ultomiris (Ravulizumab-cwvz, J1303) — precertification for the drug and site of care required

**Parsabiv** (etelcalcetide, J0606)

**PD1/PDL1 drugs** (precertification for the drug and site of care required):

- Bavencio (avelumab, J9023)
- Imfinzi (durvalumab, J9173)
- Jemperli (dostarlimab-gxly, J9272)
- Keytruda (pembrolizumab, J9271)
- Libtayo (cemiplimab-rwlc, J9119)
- Opdivo (nivolumab, J9299)
- Opdualag (nivolumab and relatlimab-rmbw, J9298)
- Tecentriq (atezolizumab, J9022)
- Zynteglo (retifanlimab-dlwr, J9345) — precertification for drug and site of care required effective July 1, 2023

**Pedmark** (sodium thiosulfate, J0208)

**Pepaxto** (melphalan flufenamide, J9247)

**Pevlev** (polatuzumab vedotin-piiq, J9309)

*For precertification when the member is enrolled in a commercial plan, call **1-855-240-0535** (TTY: **711**). Or fax applicable request forms to **1-877-269-9916** (TTY: **711**).
Other drugs and medical injectables (continued)

Provenge (sipuleucel-T, Q2043)

Pulmonary arterial hypertension drugs:
(J1325, J3285, J7686, J7699, Q4074)
All epoprostenol sodium and sildenafil citrate*
Flolan (epoprostenol sodium)
Remodulin (treprostinil sodium)
Tyvaso (treprostinil)
Veletri (epoprostenol sodium)
Ventavis (iloprost)

Radiopharmaceutical drugs:
Metastron (Strontium-89 Chloride injection, A9600) — precertification required effective July 1, 2023
Pluvicto (lutetium Lu 177 violetotide tetraxetan, A9607) — precertification required effective July 1, 2023

Reblozyl (luspatercept-aamt, J0896)

Respiratory injectables (precertification required and site of care required):
Cinqair (reslizumab, J2786)
Fasenra (benralizumab, J0517)
Nucala (mepolizumab, J2182)
Tezspire (tezepelumab-ekko, J2356)
Xolair (omalizumab, J2357)

Ryrevant (amivantamab-vmjw, J9061)
Ryplazim (plasminogen, human-tvmh, J2998)
Saphnelo (anifrolumab-fnia, J0491) — precertification for the drug and site of care required
Sarclisa (isatuximab-irfc, J9227)

Skysona/Lenti-D (elivaldogen autotemcel or eli-cell, J3490, J3590, C9399) — contact National Medical Excellence at 1-877-212-8811 (TTY: 711). Precertification also required for site of care effective May 1, 2023.

Somatostatin agents:
Bynfezia (octreotide, J2354)
Lanreotide (cipla, J1932) — precertification required effective March 1, 2023
Sandostatin (octreotide, J2354)
Sandostatin LAR (octreotide acetate, J2353)
Signifor (pasireotide, J3490, J3590)
Signifor LAR (pasireotide, J2502)
Somatuline (lanreotide, J1930)
Somavert (pegvisomant, J3490, J3590)

Spinraza (nusinersen, J2326) — precertification for the drug and site of care required

Spravato (esketamine, S0013)
Synagis (palivizumab, 90378)

Talve (talt制定t-gvs, J3490, J3590, C9399) — precertification required effective November 10, 2023
Tecvayli (teclistamab-cqyv, J9380)
Tivdak (tisotumab vedotin-tftv, J9273)
Treanda (bendamustine HCl, J9033)
Trodelvy (sacituzumab govitecan-hziy, J9317)
Tzield (teplizumab-mzwv, J9381) — precertification required effective March 17, 2023
Other drugs and medical injectables (continued)

**Uplizna** (inebilizumab-cdon, J1823) — precertification for the drug and site of care required

**Vectibix** (panitumumab, J9303)

**Vegzelma** (bevacizumab-adcd, Q5129) — precertification required for oncology indications only

**Velcade** (bortezomib, J9041) — precertification for multiple myeloma only

**Viscosupplements:**
(J7318, J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332)
Durolane (Hyaluronic acid)
Euflexxa, Hyalgan, Genvisc, Supartz FX, TriVisc, Visco 3 (sodium hyaluronate)
Gel-One (cross-linked hyaluronate)
Gelsyn-3, Hymovis (hyaluronic acid)
Monovisc, Orthovisc (sodium hyaluronate)
Synojoynt, Triluron (1% sodium hyaluronate)
Synvisc, Synvisc-One (hylan)

**Vivimusta** (bendamustine hydrochloride, J9056) — precertification required effective March 17, 2023

**Vyjuvek** (beremagene geperpavec, J3490, J3590, C9399) — precertification required effective August 11, 2023

**Xgeva** (denosumab, J0897)

**Xofigo** (radium Ra 223 dichloride, A9606)

**Yervoy** (ipilimumab, J9228) — precertification for the drug and site of care required

**Zirabev** (bevacizumab-bvzr, Q5118) — precertification required for oncology indications only

**Zolgensma** (onasemnogene abeparvovec-xioi, J3399) — precertification for the drug and site of care required

**Zulresso** (brexanolone, J1632)

**Zynlonta** (loncastuximab tesirine-lpyl, J9359)

**Zynteglo** (betibeglogene autotemcel, J3490, J3590, C9399) — contact National Medical Excellence at **1-877-212-8811**. Precertification also required for site of care effective May 1, 2023
Breast and Ovarian Cancer Susceptibility Screening (BRCA)

81163, 81165, 81212, 81215, 81216, 81217, 81162 (precertification for 81162 for Medicare only), 81432, 81433

Through our expanded national provider network:

- Quest Diagnostics, Inc — **1-866-436-3463 (TTY: 711)**
- Ambry Genetics — **1-866-262-7943 (TTY: 711)**
- Baylor Miraca Genetics Laboratories, LLC — **1-800-411-4363 (TTY: 711)**
- Genpath and BioReference — **1-888-729-1206 (TTY: 711)**
- Invitae — **1-800-436-3037 (TTY: 711)**
- LabCorp — **1-855-488-8750 (TTY: 711)**
- Medical Diagnostic Lab, LLC — **1-877-269-0090 (TTY: 711)**
- Myriad Genetics Laboratories, Inc. — **1-800-469-7423 (TTY: 711)**

Providers can use the online BRCA form under the “Medical Precertification” section to send precertification requests.

Find genetic counselors online

For a list of our contracted providers, including our telephonic provider (Informed DNA), go to our provider directory.

Chiropractic precertification

Chiropractic precertification needed only in the states listed HMO-based plan members only.

- AZ through American Specialty Health (ASH) **1-800-972-4226 (TTY: 711)**

HMO-based plan and group Medicare members only

- CA through American Specialty Health (ASH) **1-800-972-4226 (TTY: 711)**

For all members (with commercial and Aetna Medicare Advantage plans applicable to this precertification list):

- GA through American Specialty Health (ASH) **1-800-972-4226 (TTY: 711)**
**Cataract surgery**

**Georgia Medicare**
Contact iCare Health Solutions to ask for preauthorization for cataract surgery related requests. You can reach iCare at **1-844-210-7444 (TTY: 711)**.

**Florida Medicare**
Contact iCare Health Solutions to ask for preauthorization for cataract surgery related requests. You can reach iCare at **1-855-373-7627 (TTY: 711)**.

**Diagnostic cardiology (cardiac rhythm implantable devices, cardiac catheterization)**

33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0614T, 0742T
78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 93350, 93351, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597, 0501T, 0502T, 0503T, 0504T, C9762, C9763

Precertification is not required for **Federal Employee Health Benefit Plans, Student Health and Allina Health|Aetna plans**.

Precertification for all members with plans applicable to this precertification list unless services are emergent:

- Providers in all states where applicable, should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at **evicore.com**
  - By phone at **1-800-420-3471 (TTY: 711)** between 7 AM and 8 PM ET
  - By fax at **1-800-540-2406 (TTY: 711)**, Monday through Friday during normal business hours, or as required by federal or state regulations
Special programs (continued)

How to submit

Generic

Special

Services

Drugs

Special programs

**Hip and knee arthroplasties**

27090, 27091, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, S2118

- Go to [Availity.com](http://Availity.com) to start a request.
- Commercial plans: **1-888-632-3862** (TTY: **711**)
- Medicare plans: **1-800-624-0756** (TTY: **711**)

Precertification is not required for Student Health and Allina Health|Aetna plans.

Precertification for all members with plans applicable to this list unless services are emergent.

**Home health care**

G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496

You will need to get precertification through Carelon Post Acute Solutions (formerly myNEXUS) for all Connecticut, Florida, Georgia, Kentucky, Missouri, Ohio, Oklahoma, Pennsylvania, Texas, Virginia and West Virginia Medicare home health-related requests for in-home skilled nursing, physical therapy, occupational therapy, speech therapy, a home health aide and medical social work. (Exception: Oklahoma and Virginia Dual Special Needs Plans).

Providers in these states should contact Carelon for precertification

- Carelon Post Acute Solutions Dedicated (Aetna) Provider line: **1-833-585-6262** (TTY: **711**)
- Claims Submission or Claim Status: **1-833-241-0428** (TTY: **711**)
- Submit request through Carelon Post Acute Solutions Provider Portal:
  - [https://portal.mynexuscare.com](https://portal.mynexuscare.com) (this link will redirect the user to the Carelon portal website)
  - [Carelon Portal Link](http://Carelon Portal Link) (this link is direct to the Carelon portal without redirection)
- Fax Home Health Care Authorization Request Form to: **1-866-996-0077** (TTY: **711**)

**Infertility program — 1-800-575-5999** (TTY: **711**)

0357T, 58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89337, 89342, 89346, 89352, 89353, S4011, S4013, S4014,S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035
Mental health or substance abuse services precertification
See the member’s ID card.

National Medical Excellence Program
By phone at 1-877-212-8811 (TTY: 711) for the following:
• Chimeric Antigen Receptor T-Cell Therapy (CAR-T) drugs
• All major organ transplant evaluations and transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy

Pain management
27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64633, 64634, 64635, 64636 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0627T, 0628T, 0629T, 0630T G0259, G0260
Precertification for all members with plans applicable to this precertification list unless services are emergent.
• To request preauthorization, providers in all states where applicable, except New York and northern New Jersey, should contact eviCore healthcare. Exception: New York and northern New Jersey. To reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-693-3211 (TTY: 711) between 7 AM and 8 PM ET
  - By fax at 1-844-822-3862 (TTY: 711), Monday through Friday, during normal business hours, or as required by federal or state regulations
• Providers in New York and northern New Jersey should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-622-7329 (TTY: 711) for New York or 1-888-647-5940 (TTY: 711) for northern New Jersey
Peripheral Arterial Disease (PVD)
37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37236, 37237, 0238T
Precertification for all members with plans applicable to this list unless services are emergent.
• To request preauthorization, providers in all states where applicable, except New York and northern New Jersey, should contact eviCore healthcare. To reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-693-3211 (TTY: 711) between 7 AM and 8 PM ET
  - By fax at 1-844-822-3862 (TTY: 711), Monday through Friday, during normal business hours, or as required by federal or state regulations
• Providers in New York and northern New Jersey should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-622-7329 (TTY: 711) for NY or 1-888-647-5940 (TTY: 711) for northern NJ

Polysomnography (attended sleep studies)
95782, 95783, 95805, 95807, 95808, 95810, 95811
Precertification is not required for Student Health and Allina Health|Aetna plans.
Precertification for all members with plans applicable to this list when performed in any facility except inpatient, emergency room and observation bed status.
• Providers in all states where applicable should contact eviCore healthcare to request preauthorization. Exception: New York and northern New Jersey. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-693-3211 (TTY: 711) between 7 AM and 8 PM ET
  - By fax at 1-844-822-3862 (TTY: 711), Monday through Friday during normal business hours, or as required by federal or state regulations
• Providers in New York and northern New Jersey should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-622-7329 (TTY: 711) for NY or 1-888-647-5940 (TTY: 711) for northern NJ
### Pre-implantation genetic testing — 1-800-575-5999 (TTY: 711)

89290, 89291

### Radiology imaging

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70336</td>
<td>70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 0042T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8035, S8037, S8042, S8092</td>
</tr>
</tbody>
</table>

Precertification is not required for Student Health and Allina Health|Aetna plans.

All members with plans that use this list need precertification. Exception: When members receive care in any inpatient facility or emergency room, or in an observation bed status.

In addition to precertification, some members will have Site of Care requirements for MR and CT scans when services requested in a hospital outpatient setting. Please refer to the Site of Care communication:

**eviCore healthcare Site of Care**

- Providers in all states where applicable, should contact eviCore healthcare to request preauthorization.
- You can reach eviCore healthcare:
  - Online at [evicore.com](http://evicore.com)
  - By phone at **1-800-420-3471 (TTY: 711)** between 7 AM and 8 PM ET
  - By fax at **1-800-540-2406 (TTY: 711)**, Monday through Friday during normal business hours or as required by federal or state regulations
Radiation oncology

77014, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79101, 79403, A9513, A9543, A9590, A9606, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, 0394T, 0395T, 0747T

Proton Beam Radiotherapy: 77520, 77522, 77523, 77525

- Complex
- 3D Conformal
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Image Guided Radiation Therapy (IGRT)
- Intensity-Modulated Radiation Therapy (IMRT)
- Proton Beam Therapy
- Neutron Beam Therapy
- Brachytherapy
- Hyperthermia
- Radiopharmaceuticals

Precertification is not required for Student Health and Allina Health|Aetna plans.

Precertification for all members with HMO-based, Aetna Medicare Advantage plans, and insured Aetna commercial when performed in any facility except inpatient, emergency room and observation bed status.

- Providers should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-622-7329 (TTY: 711)
Site of Service

Also see Special Programs; [Radiology imaging](#)

Precertification is required for the following when all of the following apply:

- The member is enrolled in an Aetna fully insured commercial plan; and,
- Service(s) in an outpatient hospital setting (NOT an ambulatory surgical facility or office setting); and,
- The procedure is one of the following:
  - Anal fistula surgery (46270, 46280)
  - Ankle ligament repair (27698)
  - Arthrocentesis (20605)
  - Breast tissue excision (19120)
  - Carpal tunnel surgery (29848, 64721)
  - Circumcision - older than 28 days of age (54161)
  - Colposcopy (57454)
  - Complex wound repair (13101, 13132)
  - Conization of cervix (57522)
  - Cystourethroscopy (52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 57288)
  - Dilation and curettage (D&C) (58120)
  - Esophagogastroduodenoscopy (EGD) (43235, 43239, 43248, 43249, 43251, 43259)
  - Excision of lesion of tendon sheath or joint capsule (26160)
  - Ganglion excision (25111)
  - Hemorrhoidectomy (46250, 46255, 46257, 46258, 46260, 46261, 46262, 46320)
  - Hernia repair (49505, 49560, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49623, 49650, 49651)
  - Hydrocele excision (55040)
  - Hysteroscopy (58558, 58561, 58563, 58565)
  - Implant removal (i.e., screw) (20680)
  - Intranasal dermatoplasty (30620)
  - Intravitreal injection (67028)
  - Iridotomy/iridectomy, laser surgery (66761)
  - Knee joint manipulation under general anesthesia (27570)
Site of Service (continued)

- Laparoscopic cholecystectomy (47562, 47563)
- Laparoscopy, diagnostic (49320)
- Laryngoscopy (31541)
- Lithotripsy (50590)
- Mohs surgery (17311)
- Nasal bone fracture, closed treatment (21320)
- Neuroplasty, ulnar (64718)
- Orchiopexy (54640)
- Penile angulation correction (54360)
- Prostate biopsy (55700)
- Prostate laser vaporization (52648)
- Radial fracture, open treatment (25609)
- Ruptured achilles tendon repair (27650)
- Ruptured biceps or triceps tendon, reinsertion (24342)
- Septoplasty (30520)
- Skin tissue transfer or rearrangement (14040, 14060, 14301)
- Subcutaneous soft tissue excision (21552, 21931)
- Strabismus surgery (67311)
- Tendon sheath incision (26055)
- Tenodesis of long tendon of biceps (23430)
- Tonsillectomy, age 12 and older (42821, 42826)
- Transurethral electrosurgical resection of prostate (TURP) (52601)
- Trigger point injections (20553)
- Turbinate resection (30140)
- Tympanostomy (69436)
Whole Exome Sequencing (WES)

(81415, 81416, 81417)

Through our expanded national provider network:

• Quest — 1-866-436-3463 (TTY: 711)
• Ambry — 1-866-262-7943 (TTY: 711)
• Baylor Miraca Genetics Laboratories, LLC — 1-800-411-4363 (TTY: 711)
• BioReference, GeneDX, Genpath — 1-888-729-1206 (TTY: 711)
• Invitae — 1-800-436-3037 (TTY: 711)
• LabCorp — 1-866-248-1265 (TTY: 711)

Providers can use the Whole Exome Sequencing (WES) form for precertification requests. It’s online under the “Medical Precertification” section.
See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

1013000-01-14 (11/23)