

Participating provider precertification list for Aetna[®]

Effective October 1, 2023

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.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services on behalf of its affiliates. Banner|Aetna, Allina Health|Aetna, Texas Health Aetna and Sutter Health | Aetna are affiliates of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to these entities.

1013000-01-13 (10/23)

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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 October 1, 2023.



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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](https://www.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](https://www.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**
- Medicare plans: **1-800-624-0756**

Or visit [Aetna.com/ProviderPrecertificationList](https://www.aetna.com/ProviderPrecertificationList) to learn more.

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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

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Oral medications and injections

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

- Their number is **1-800-414-2386**.
- Call **1-866-782-2779** 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**
 - **MHBP**, call **1-800-410-7778**
 - **Rural Carrier Benefit Plan**, call **1-800-638-8432**

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

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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.

	Procedure name/description	CPT code(s)
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.)	
2.	Ambulance Precertification required for transportation by fixed-wing aircraft (plane)	A0140, A0430, A0435, A0999, T2004, T2007, S9960
3.	Arthroscopic hip surgery to repair impingement syndrome including labral repair*	29914, 29915, 29916, 29860, 29861, 29862, 29863
4.	Autologous chondrocyte implantation*	27412, J7330, S2112
5.	Chiari malformation decompression surgery	61343
6.	Cochlear device and/or implantation*	69930, L8614, L8619
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.	
8.	Dental implants	21245, 21246, 21248, 21249
9.	Dialysis visits When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility.	90935, 90937, 90999

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

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		10. Dorsal column (lumbar) neurostimulators: trial or implantation		CPT code(s) 63650, 63655, 63663, 63664, 63685, 63688, C1767, C1816, C1820 or C1822 when requested or used with one or more of the above CPT codes
		11. Electric or motorized wheelchairs and scooters		E1230, E0983, E0984, E1007, K0010, K0011, K0012, K0013, K0014, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
		12. Endoscopic nasal balloon dilation procedures*		31295, 31296, 31297, 31298
		13. Functional endoscopic sinus surgery (FESS)*		31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288

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

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	Procedure name/description	CPT code(s)
14.	Gender affirmation surgery	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, 56810, 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
15.	Hyperbaric oxygen therapy	G0277, 99183
16.	Infertility services and pre-implantation genetic testing	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, 89290, 89291
17.	Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics	L5781, L5782, L5856, L5857, L5858, L5859, L5968, L5969, L5980, L5987, L5999
18.	Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider	

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

How to submit	General info	Services	Drugs	Special programs																		
		<table border="1"> <thead> <tr> <th data-bbox="94 359 165 415"></th> <th data-bbox="172 359 854 415">Procedure name/description</th> <th data-bbox="860 359 1521 415">CPT code(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="94 424 165 856">19.</td> <td data-bbox="172 424 854 856">Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint</td> <td data-bbox="860 424 1521 856">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 data-bbox="94 865 165 915">20.</td> <td data-bbox="172 865 854 915">Osseointegrated implant*</td> <td data-bbox="860 865 1521 915">69714, 69716, L8690, L8691, L8692, L8693</td> </tr> <tr> <td data-bbox="94 924 165 974">21.</td> <td data-bbox="172 924 854 974">Osteochondral allograft/knee*</td> <td data-bbox="860 924 1521 974">27415</td> </tr> <tr> <td data-bbox="94 982 165 1033">22.</td> <td data-bbox="172 982 854 1033">Private duty nursing</td> <td data-bbox="860 982 1521 1033">S9123, S9124, T1000, T1030, T1031</td> </tr> <tr> <td data-bbox="94 1041 165 1131">23.</td> <td data-bbox="172 1041 854 1131">Proton beam radiotherapy</td> <td data-bbox="860 1041 1521 1131">77520, 77522, 77523, 77525 Also see Special Programs; Radiation oncology</td> </tr> </tbody> </table>		Procedure name/description	CPT code(s)	19.	Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	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	20.	Osseointegrated implant*	69714, 69716, L8690, L8691, L8692, L8693	21.	Osteochondral allograft/knee*	27415	22.	Private duty nursing	S9123, S9124, T1000, T1030, T1031	23.	Proton beam radiotherapy	77520, 77522, 77523, 77525 Also see Special Programs; Radiation oncology		
	Procedure name/description	CPT code(s)																				
19.	Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	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																				
20.	Osseointegrated implant*	69714, 69716, L8690, L8691, L8692, L8693																				
21.	Osteochondral allograft/knee*	27415																				
22.	Private duty nursing	S9123, S9124, T1000, T1030, T1031																				
23.	Proton beam radiotherapy	77520, 77522, 77523, 77525 Also see Special Programs; Radiation oncology																				

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

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	Procedure name/description	CPT code(s)
24.	Reconstructive or other procedures that maybe considered cosmetic, such as:	<ul style="list-style-type: none"> <li data-bbox="868 432 1502 531">• Blepharoplasty* 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 <hr/> <li data-bbox="868 569 1502 720">• Breast reconstruction/ breast enlargement* 19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068 <hr/> <li data-bbox="868 758 1502 825">• Breast reduction/mammoplasty* 19316, 19318, 19325, 19328, 19330 <hr/> <li data-bbox="868 863 1502 961">• Excision of excessive skin due to weight loss* 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847 <hr/> <li data-bbox="868 999 1502 1150">• Gastroplasty/gastric bypass 43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999 <hr/> <li data-bbox="868 1188 1502 1255">• Lipectomy or excess fat removal* 15876, 15877, 15878, 15879 <hr/> <li data-bbox="868 1293 1502 1444">• Surgery for varicose veins, except stab phlebectomy* 36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T
25.	Shoulder arthroplasty including revision procedures	23470*, 23472*, 23473*, 23474
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.

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	Procedure name/description	CPT code(s)
27.	Spinal procedures, such as:	<ul style="list-style-type: none"> • Artificial intervertebral disc surgery (cervical spine) 22856*, 22858*, 22861 <hr/> • Artificial intervertebral disc surgery (lumbar spine) 22857, 22860, 22862, 22865 <hr/> • Arthrodesis for spine deformity 22800, 22802, 22804, 22808, 22810, 22812 <hr/> • Cervical laminoplasty* 63050, 63051 <hr/> • Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures* 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 <hr/> • Kyphectomy* 22818, 22819 <hr/> • Laminectomy with rhizotomy 63185, 63190 <hr/> • Removal of spinal instrumentation 22850, 22852, 22855 — Precertification is required effective September 1, 2023

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

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	Procedure name/description	CPT code(s)
27.	Spinal procedures (continued), such as:	<ul style="list-style-type: none"> • Spinal fusion surgery C1821, 22210, 22214, 22220, 22222, 22224, 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 <hr style="border: 0.5px solid black;"/> • Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091 <hr style="border: 0.5px solid black;"/> • 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.

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Blood-clotting factors (precertification for outpatient infusion of this drug class is required)

For the following services, providers should call **1-855-888-9046** 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**
 - For MHBP and the Rural Carrier Benefit Plan, call CVS Caremark® at **1-800-237-2767**
- J1411, J7170, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7198, J7199, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7213, J7214

Drug name	Description
Advate	antihemophilic factor, human recombinant
Adynovate	antihemophilic factor [recombinant], PEGylated
Afstyla	antihemophilic factor [recombinant], single chain
Alphanate	antihemophilic factor/von Willebrand factor complex [human]
AlphaNine SD	coagulation factor IX [human]
Alprolix	coagulation factor IX [recombinant], Fc fusion protein
Altuviiio	antihemophilic factor [recombinant], Fc fusion protein — precertification required effective July 1, 2023
Bebulin	factor IX complex
BeneFix	coagulation factor IX [recombinant]
Coagadex	coagulation factor X [human]
Corifact	factor XIII concentrate [human]
Eloctate	antihemophilic factor [recombinant], Fc fusion protein
Esperoct	antihemophilic factor [recombinant], glycopegylated-exei
FEIBA, FEIBA NF	anti-inhibitor coagulant complex
Fibryga	fibrinogen, human
Helixate FS	antihemophilic factor [recombinant]

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Blood-clotting factors (continued)

Drug name	Description
Hemgenix	etranacogene dezaparvovec — Commercial plans call 1-866-752-7021 . Medicare Advantage plans call 1-866-503-0857 . Precertification required for the drug effective March 17, 2023. Precertification also required for site of care effective May 1, 2023.
Hemlibra	emicizumab
Hemofil M	antihemophilic factor [human]
Humate-P	antihemophilic factor/von Willebrand factor complex [human]
Idelvion	antihemophilic factor [recombinant]
Ixinity	coagulation factor IX [recombinant]
Jivi	antihemophilic factor [recombinant], PEGylated-aucl
Koate, Koate-DVI	antihemophilic factor [human]
Kogenate FS	antihemophilic factor [recombinant]
Kovaltry	antihemophilic factor [recombinant]
Monoclate-P	antihemophilic factor [human]
Mononine	coagulation factor IX [human]
NovoEight	antihemophilic factor [recombinant]
NovoSeven RT	coagulation factor VIIa [recombinant]
Nuwiq	simoctocog alfa
Obizur	antihemophilic factor [recombinant], porcine sequence
Profilnine	factor IX complex
Rebinyn	coagulation factor IX [recombinant], glycoPEGylated
Recombinate	antihemophilic factor [recombinant]
RiaSTAP	fibrinogen concentrate [human]
Rixubis	coagulation factor IX [recombinant]

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Blood-clotting factors (continued)

Drug name	Description
Roctavian	valoctocogene roxaparvovec-rvox — precertification required for the drug and site of care effective October 2, 2023
Sevenfact	coagulation factor VIIa [recombinant]-jncw
Tretten	coagulation factor XIII a-subunit [recombinant]
Vonvendi	von Willebrand factor [recombinant]
Wilate	von Willebrand factor/coagulation factor VIII complex [human]
Xyntha, Xyntha Solofuse	antihemophilic factor [recombinant]

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For the following services when the member is enrolled in a commercial plan, providers call 1-866-752-7021 for precertification. Fax request forms to 1-888-267-3277, 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. Or fax applicable request forms to 1-877-269-9916.
- 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:
 - For precertification of pharmacy-covered specialty drugs — Foreign Service Benefit Plan, call Express Scripts at 1-800-922-8279. For MHBP and Rural Carrier Benefit Plan, call CVS Caremark® at 1-800-237-2767.
 - For precertification of all other listed drugs — Foreign Service Benefit Plan, call 1-800-593-2354. For MHBP, call 1-800-410-7778. For Rural Carrier Benefit Plan, call 1-800-638-8432.

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

- 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

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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

- Abecma (idecabtagene vicleucel, Q2055)
- Breyanzi (lisocabtagene maraleucel, Q2054)

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



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Carvykti (ciltacabtagene 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

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

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)

Enzyme replacement drugs (continued):

Cerezyme (imiglucerase, J1786) — precertification for the drug and site of care required

Elaprase (idursulfase, J1743) — precertification for the drug and site of care required

Elelyso (taliglucerase alfa, J3060) — precertification for the drug and site of care required

Elfabrio (pegunigalsidase alfa-iwxj, J3490, J3590, C9399) — precertification required for the drug and site of care effective August 1, 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-vjbj, 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)

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

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

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Xenpozyme (olipudase alfa-rpcp, J0218)—
precertification for the drug and site of
care required

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

Erbix (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)

Fyarro (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)

**Granulocyte-colony stimulating factors
(continued):**

- Fylnetra (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:

- Skytrofa* (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)
- Haegarda (C1 esterase inhibitor subcutaneous
[human], J0599)
- Kalbitor (ecallantide, J1290)

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Or fax applicable request forms to 1-877-269-9916.

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Ruconest (C1 esterase inhibitor, J0596)
 Sajazir (icatibant acetate, J1744)
 Takhzyro (lanadelumab-flyo, J0593)

Hereditary Transthyretin-mediated Amyloidosis (ATTR) drugs:

Amvuttra (vutrisiran, J0225)
 Onpattro (patisiran, J0222) — precertification for the drug and site of care required
 Tegsedi (inotersen, J3490, J3590, C9399)

HER2 receptor drugs:

Enhertu (fam-trastuzumab deruxtecan-nxki, J9358)
 Herceptin (trastuzumab, J9355)
 Herceptin Hylecta (trastuzumab and hyaluronidase-oysk, J9356)
 Herzuma (trastuzumab-pkrb, Q5113)
 Kadcylla (ado-trastuzumab emtansine, J9354)
 Kanjinti (trastuzumab-anns, Q5117)
 Margenza (margetuximab-cmkb, J9353)
 Ogivri (trastuzumab-dkst, Q5114)
 Ontruzant (trastuzumab-dttb, Q5112)
 Perjeta (pertuzumab, J9306)
 Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf, J9316)
 Trazimera (trastuzumab-qyyp, Q5116)

Ilaris* (canakinumab, J0638)

Imlygic (talimogene laherparepvec, J9325)

Imjudo (tremelimumab, J9347) — precertification required effective March 1, 2023

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)
 Gammaplex (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
 Enspryng* (satralizumab, J3490, J3590) — precertification required for Medicare Advantage members only
 Entyvio (vedolizumab, J3380) — precertification for the drug and site of care required

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

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Ilumya* (tildrakizumab, 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)

Injectable infertility drugs (continued):

Cetrotide (cetorelix 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)

Kimtrak (tebentafusp-tebn, J9274)

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

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

Lartruvo (olaratumab, J9285)

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



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Lunsumio (mosunetuzumab, J9350) -
 precertification required effective March 28, 2023

Luteinizing hormone-releasing hormone (LHRH) agents:

- Camcevi (leuprolide mesylate, J1952)
- Eligard (leuprolide acetate, J9217)
- Firmagon (degarelix, J9155)
- Lutrate (leuprolide acetate, J1954) -
 precertification required effective March 1, 2023
- Lupron Depot (leuprolide acetate, J9217),
 — precertification required for oncology
 indications only
- Trelstar (triptorelin pamoate, J3315)
- Zoladex (goserelin, J9202)

Makena (hydroxyprogesterone caproate, J1726)

Monjuvi (tafasitamab-cxix, J9349)

Multiple sclerosis drugs:

- Avonex* (interferon beta-1a, J1826, Q3027)
 — precertification required for Medicare
 Advantage members only
- Briumvi (ublituximab, J2329) —precertification
 required effective April 11, 2023
- Kesimpta* (ofatumumab, J3490, J3590)
 — precertification required for Medicare
 Advantage members
- Lemtrada (alemtuzumab, J0202) —
 precertification for the drug and site of
 care required
- Ocrevus (ocrelizumab, J2350) — precertification
 for the drug and site of care required
- Tysabri (natalizumab, J2323) — precertification
 for the drug and site of care required

Muscular dystrophy drugs:

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

- Amondys 45 (casimersen, J1426)
- Elevidys (delandistrogene moxeparvovec,
 J3490, J3590, C9399) —
 precertification for the drug and site of
 care required effective September 14, 2023
- Exondys 51 (eteplirsen, J1428)
- Viltepso (viltolarsen, J1427)
- Vyondys 53 (golodirsen, J1429)

Mvasi (bevacizumab-awwb, Q5107) —
 precertification required for oncology
 indications only

Myalept (metreleptin, J3490, J3590)

Natpara (parathyroid hormone, J3490, J3590)

Nulibry (fosdenopterin, J3490, J3590)

Omisirge (omidubicel, J3490, J3590, C9399,
 J9999) — precertification for drug and site of care
 required effective July 13, 2023

Ophthalmic injectables:

- Beovu (brolucizumab-dblb, J0179)
- Byooviz (ranibizumab-nuna, Q5124)
- Cimerli (ranibizumab-eqrn, Q5128)
- Eylea (aflibercept, J0178)
- Eylea HD (aflibercept, J3490, J3590, C9399)—
 precertification required effective October 1,
 2023
- Lucentis (ranibizumab, J2778)
- Luxtorna (voretigene neparvovec-rzyl, J3398) —
 precertification for the drug and site of
 care required

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

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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
 Miacalcin* (calcitonin, J0630) — precertification required for Medicare Advantage members only
 Prolia (denosumab, J0897)

Oxlumo (lumasiran, J0224) — precertification for the drug and site of care required

Padcev (enfortumab vedotin, J9177)

Paroxysmal Nocturnal Hemoglobinuria (PNH)

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)

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

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)
 Zynyz (retifanlimab-dlwr, J9345) — precertification for drug and site of care required effective July 1, 2023

Pedmark (sodium thiosulfate, J0208)

Pepaxto (melphalan flufenamide, J9247)

Polivy (polatuzumab vedotin-piiq, J9309)

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)

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



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Radiopharmaceutical Drugs

Metastron (Strontium-89 Chloride injection, A9600) — precertification required effective July 1, 2023

Pluvicto (lutetium Lu 177 vipivotide 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)

Rybrevant (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 (elivaldogene autotemcel or eli-cel, J3490, J3590, C9399) — contact National Medical Excellence at **1-877-212-8811**. Precertification also required for site of care effective May 1, 2023.

Somatostatin agents:

Bynfezia (octreotide, J2354)

Lanreotide (ciplā, 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)

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

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

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Vectibix (panitumumab, J9303)

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

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

Viscosupplementation:

(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)

Synjoynt, 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

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

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**

HMO-based plan and group Medicare members only

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

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**

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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**.

Florida Medicare

Contact iCare Health Solutions to ask for preauthorization for cataract surgery related requests. You can reach iCare at **1-855-373-7627**.

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](https://www.evicore.com)
 - By phone at **1-800-420-3471** between 7 AM and 8 PM ET
 - By fax at **1-800-540-2406**, Monday through Friday during normal business hours, or as required by federal or state regulations

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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](https://www.availity.com) to start a request.
- Commercial plans: **1-888-632-3862**
- Medicare plans: **1-800-624-0756**

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**
- Claims Submission or Claim Status: **1-833-241-0428**
- Submit request through Carelon Post Acute Solutions Provider Portal:
 - <https://portal.mynexuscare.com> (this link will redirect the user to the Carelon portal website)
 - [Carelon Portal Link](#) (this link is direct to the Carelon portal without redirection)
- Carelon Post Acute Solutions Provider Directory: <https://www.Carelon Post Acute Solutions care.com/providerdirectory/>
- Fax Home Health Care Authorization Request Form to: **1-866-996-0077**

Infertility program — 1-800-575-5999

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

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Mental health or substance abuse services precertification

See the member's ID card.

National Medical Excellence Program

By phone at **1-877-212-8811** 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](https://www.evicore.com)
 - By phone at **1-888-693-3211** between 7 AM and 8 PM ET
 - By fax at **1-844-822-3862**, 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](https://www.evicore.com)
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey
-

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Peripheral Arterial Disease (PVD)

37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37236, 37237, 37246, 37247, 0238T

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. To reach eviCore healthcare:
 - Online at [evicore.com](https://www.evicore.com)
 - By phone at **1-888-693-3211** between 7 AM and 8 PM ET
 - By fax at **1-844-822-3862**, 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](https://www.evicore.com)
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey

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 precertification 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](https://www.evicore.com)
 - By phone at **1-888-693-3211** between 7 AM and 8 PM ET
 - By fax at **1-844-822-3862**, 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](https://www.evicore.com)
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey

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Pre-implantation genetic testing — 1-800-575-5999

89290, 89291

Radiology imaging

70336, 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

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](https://www.evicore.com)
 - By phone at **1-800-420-3471** between 7 AM and 8 PM ET
 - By fax at **1-800-540-2406**, Monday through Friday during normal business hours or as required by federal or state regulations

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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](https://www.evicore.com)
 - By phone at 1-888-622-7329

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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)

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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)
-

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Whole Exome Sequencing (WES)

(81415, 81416, 81417)

Through our expanded national provider network:

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

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.

1013000-01-13 (10/23)