

Procedures, programs and drugs that require precertification

Participating provider precertification list

Starting February 1, 2022

Applies to the following plans

(also see General information section #1-#4, #9-#10):

Aetna® plans, except Traditional Choice® plans

All health benefits and insurance plans offered and/or underwritten by Innovation Health plans, Inc., and Innovation Health Insurance Company, except indemnity plans, Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan

All health benefits and health insurance plans offered, underwritten and/or administered by the following: Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna), Texas Health +Aetna Health Insurance Company and/or Texas Health+Aetna Health Plan Inc. (Texas Health Aetna), Allina Health and Aetna Health Insurance Company (Allina Health| Aetna), Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)



For more information, read all general precertification guidelines

- Providers may submit most precertification requests electronically through the secure provider website or using your Electronic Medical Record (EMR) system portal.
- See #1 in the General Information section for more information on precertification.
- 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

Services that require precertification:

1. Inpatient confinements (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 #6 in the General Information section.)

2. Ambulance

(A0140, A0430, A0435, A0999, T2004, T2007, S9960)

Precertification required for transportation by fixed-wing aircraft (plane)

3. Arthroscopic hip surgery to repair impingement syndrome including labral repair

(29914, 29915, 29916, 29862)

4. Autologous chondrocyte implantation*

(27412, J7330, S2112)

5. Cataract surgery

(66982, 66984, 66987, 66988, 66989, 66991)

See special programs for additional guidance.

6. Chiari malformation decompression surgery*

(61343)

7. Cochlear device and/or implantation*

(69930, L8614, L8619)

8. 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.

9. Dental implants

(21245, 21246, 21248, 21249)

10. Dialysis visits

(90935, 90937, 90999)

When a participating provider initiates a request and dialysis is to be performed at a nonparticipating facility.

11. Dorsal column (lumbar) neurostimulators: trial or implantation

(63650, 63655, 63663, 63664, 63685, 63688)

12. 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)

13. Endoscopic nasal balloon dilation procedures*

(31295, 31296, 31297, 31298)

14. Functional endoscopic sinus surgery (FESS)

(31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288)

15. 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, 19301, 19303, 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)

16. Hyperbaric oxygen therapy

(G0277, 99183)

17. Infertility services and pre-implantation genetic testing

(O357T, 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)

18. Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics

(L5781, L5782, L5856, L5857, L5858, L5859, L5968, L5969, L5980, L5987, L5999)

19. Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider

20. 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)

21. Osseointegrated implant*

(69714, 69716, L8690, L8691, L8692, L8693)

22. Osteochondral allograft/knee*

(27415)

23. Private duty nursing

(S9123, S9124, T1000, T1030, T1031)

24. Proton beam radiotherapy

(77520, 77522, 77523, 77525)

Also see Special Programs; Radiation Oncology

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

- Blepharoplasty*
(15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908)
- Breastreconstruction/breast enlargement*
(19355, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 19396, S2066, S2067, S2068)
- Breast reduction/mammoplasty*
(19316, 19318, 19325, 19328, 19330)
- Excision of excessive skin due to weight loss*
(15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847)
- 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)
- Lipectomy or excess fat removal*
(15876, 15877, 15878, 15879)
- Surgery for varicose veins, except stab phlebectomy*
(36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T)

26. Shoulder Arthroplasty including revision procedures*

(23470, 23472, 23473, 23474)

27. Site of Service

For commercial members only, see special programs for additional information

28. Spinal procedures, such as:

- Artificial intervertebral disc surgery (cervical spine)
(22856, 22858, 22861)
- Arthrodesis for spine deformity
(22800, 22802, 22804, 22808, 22810, 22812)
- Cervical laminoplasty
(63050, 63051)
- 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, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267)
- Kyphectomy*
(22818, 22819)
- Laminectomy with rhizotomy
(63185, 63190)

Spinal procedures, such as, cont.

- Spinal fusion surgery
(C1821, 22532, 22533, 22534, 22551, 22552, 22554, 22556, 22558, 22585, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22853, 22854, 22859, 27279, 27280)
- Vertebral corpectomy
(63081, 63082, 63085, 63086, 63090, 63091)

29. Uvulopalatopharyngoplasty, including laser- assisted procedures*
(42145, 42140, 42299, S2080)

30. Ventricular assist devices
(33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997, 92970)

31. Video electroencephalograph (EEG)
(95700, 95711, 95712, 95713, 95714, 95715, 95716, 95718, 95720, 95722, 95724, 95726)

32. Whole exome sequencing
(81415, 81416, 81417)

Drugs and medical injectables

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 the following exceptions:

- C9141, J7175, J7177, J7178, J7179, J7180, J7181, J7182, J7183, J7185, J7186, J7187, J7188, J7189, J7190, J7191, J7192, J7193, J7194, J7195, J7196, J7197, J7198, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7170, S9345
- 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**

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)

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])

Hemlibra (emicizumab-kxwh)

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])

Monoclote-P (antihemophilic factor [human])

Mononine (coagulation factor IX [human])

NovoEight (turoctocog alfa)

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])

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 Solof (antihemophilic factor [recombinant])

Other drugs and medical injectables

For the following services, providers call 1-866-752-7021 for precertification and fax applicable 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 at [our provider portal with Aetna](#).
- See our [Medicare online resources](#) for more about preferred products or to find a precertification fax form.
- 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**.

Abraxane (paclitaxel, J9264) – precertification required for Medicare Advantage members only

Acthar Gel/H. P. Acthar (corticotropin, J0800)

Adakveo (crizanlizumab-tmca, J0791) – precertification for the drug and site of care required

Adcetris (brentuximab vedotin, J0791)

Aduhelm (aducanumab-avwa, J0172) — precertification for drug and site of care required

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)

Amyotrophic Lateral Sclerosis (ALS) drugs:

Radicava (edaravone, J1301) — precertification for the drug and site of care required

Autoimmune Infused Infliximab

Avsola (infliximab-axxq, Q5121) — precertification for the drug and site of care required

Inflectra (infliximab-dyyb, Q5103) — precertification for the drug and site of care required

Remicade (infliximab, J1745) — precertification for the drug and site of care required

Renflexis (infliximab-abda, Q5104) — precertification for the drug and site of care required

Avastin (bevacizumab, J9035) — precertification required for oncology indications only

Aveed (testosterone undecanoate, J3145)

Belrapzo (bendamustine HCl, J9036)

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, J9044 — precertification required for multiple myeloma only

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:

Praluent* (alirocumab, J3490, J3590)

Repatha* (evolocumab, J3490, J3590)

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)

Kymriah (tisagenlecleucel, Q2042)

Tecartus (brexucabtagene autoleucel, Q2053)

Yescarta (axicabtagene ciloleucel, Q2041)

Cortrophin Gel (repository corticotropin, J3490, J3590) — precertification required effective 2/9/2022

Cosela (Trilaciclib, J1448)

Crysvita (burosumab, 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)

Dupixent* (dupilumab, J3490, J3590)

Empliciti (elotuzumab, J9176)

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

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

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

Lumizyme (alglucosidase alfa, J0220, J0221) — precertification for the drug and site of care required

Mepsevii (vestronidase alfa-vjvk, 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, C9085) — 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

Enzyme replacement drugs, cont.

VPRIV (velaglucerase alfa, J3385) — precertification for the drug and site of care required

Erbix (cetuximab, J9055)

Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa, J0881)

Epogen (epoetin alfa, J0885)

Mircera (epoetin beta, J0887)

Procrit (epoetin alfa, J0885)

Retacrit (recombinant human erythropoietin, Q5105)

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

Evrysdi (risdiplam, J8499)

Feraheme (ferumoxytol, Q0138, Q0139)

Fusilev (levoleucovorin, J0641)

Gattex (teduglutidem, J3490)

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

Granulocyte-colony stimulating factors:

Fulphila (pegfilgrastim-jmdb, Q5108)

Granix (tbo-filgrastim, J1447)

Leukine (sargramostim, J2820)

Neulasta (pegfilgrastim, J2506)

Neupogen (filgrastim, J1442)

Nivestym (filgrastim-aafi, Q5110)

Nyvepria (pegfilgrastim-apgf, Q5122)

Udenyca (pegfilgrastim-cbvq, Q5111)

Zarxio (filgrastim-sndz, Q5101)

Ziextenzo (pegfilgrastim-bmez, Q5120)

Growth hormone:

Genotropin* (somatropin, J2941)

Humatrope* (somatropin, J2941)

Increlex* (mecasermin, J2170)

Norditropin* (somatropin, J2941)

Nutropin AQ* (somatropin, J2941)

Omnitrope* (somatropin, J2941)

Saizen* (somatropin, J2941)

Serostim* (somatropin, J2941)

Skytrofa* (lonapegsomatropin-tcgd, J3490, J3590)

Sogroya* (somapacitan-beco, J3490, J3590)

Zomacton* (somatropin [rDNA origin], J2941)

Zorbitive* (somatropin, J2941)

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)
 Ruconest (C1 esterase inhibitor, J0596)
 Takhzyro (lanadelumab, J0593)

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-
 zzzf, J9316)
 Trazimera (trastuzumab-qyyp, Q5116)

Ilaris* (canakinumab, J0638)

Imlygic (talimogene laherparepvec, J9325)

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

Asceniv (immune globulin, C9072)
 Bivigam (immune globulin, J1556)
 Carimune NF (immune globulin, J1566)
 Cutaquig (immune globulin, J7799)
 Cuvitru (immune globulin SC [human], J1555)
 Flebogamma (immune globulin, J1572)
 GamaSTAN S/D (immune globulin, J1460,
 J1559)
 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)

Immunoglobulins, cont.

Panzyga (immune globulin, J1599)
 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)
 Cimzia* (certolizumab pegol, J0717)
 Cosentyx* (secukinumab, J3490, J3590)
 Enbrel* (etanercept, J1438)
 Enspryng* (satralizumab, J3490, J3590)
 Entyvio (vedolizumab, J3380) — precertification for
 the drug and site of care required
 Humira* (adalimumab, J0135)
 Ilumya* (tildrakizumab, J3245)
 Kevzara* (sarilumab, J3490, J3590)
 Kineret* (anakinra, J3590)
 Orencia SQ* (abatacept, J0129)
 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)
 Siliq* (brodalumab, J3490, J3590)
 Simponi* (golimumab, J3590)
 Simponi Aria (golimumab, J1602) —
 precertification for the drug and site of care
 required
 Skyrizi* (risankizumab-rzaa, J3490, J3590)
 Stelara* (ustekinumab, J3357)
 Stelara IV (ustekinumab, J3358)
 Taltz* (ixekizumab, J3490, J3590)
 Tremfya* (guselkumab, J1628)
 Truxima (rituximab-abbs, Q5115)

Injectable infertility drugs:
 (J0725, J3355, S0122, S0126, S0128, S0132)
 chorionic gonadotropin
 Bravelle (urofollitropin)
 Cetrotide (cetrotorelix acetate)
 Follistim AQ (follitropin beta)
 Ganirelix AC (ganirelix acetate)
 Gonal-f (follitropin alfa)
 Gonal-f RFF (follitropin alfa)

Injectable infertility drugs, cont.

Menopur (menotropins)

Novarel (chorionic gonadotropin)

Ovidrel (choriogonadotropin alfa)

Pregnyl (chorionic gonadotropin)

Injectafer (ferric carboxymaltose injection, J1439)

Jelmyto (mitomycin, J9281)

Khapzory (levoleucovorin, J0642)

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

Lartruvo (olaratumab, J9285)

Luteinizing hormone-releasing hormone (LHRH) agents:

Camcevi (leuprolide mesylate, J1952)

Eligard (leuprolide acetate, J9217)

Firmagon (degarelix, J9155)

Lupron Depot (leuprolide acetate, J9217), 7.5 mg — precertification required for oncology indications only

Trelstar (triptorelin pamoate, J3315)

Zoladex (goserelin, J9202)

Lumoxiti (moxetumomab pasudotox-tdfk, J9313)

Makena (hydroxyprogesterone caproate, J1726)

Monjuvi (tafasitamab-cxix, J9349)

Multiple sclerosis drugs:

Avonex* (interferon beta-1a, J1826, Q3027)

Betaseron* (interferon beta-1b, J1830)

Copaxone* (glatiramer acetate, J1595)

Extavia* (interferon beta-1b, J1830)

Glatopa* (glatiramer acetate injection, J1595)

Kesimpta* (ofatumumab, J3490, J3590)

Lemtrada (alemtuzumab, J0202) —
precertification for the drug and site of care required

Ocrevus (ocrelizumab, J2350) —
precertification for the drug and site of care required

Plegridy* (peginterferon beta-1a, J3490, J3590)

Rebif* (interferon beta-1a, Q3028)

Tysabri (natalizumab, J2323) —
precertification for the drug and site of care

Muscular dystrophy drugs:

Amondys 45 (casimersen, J1426) —
precertification for the drug and site of care

Muscular dystrophy drugs, cont.

Exondys 51 (eteplirsen, J1428) — precertification for the drug and site of care required

Viltepso (viltolarsen, J1427) — precertification for the drug and site of care required

Vyondys 53 (golodirsen, J1429) — precertification for the drug and site of care required

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

Myalept (metreleptin, J3490, J3590)

Natpara (parathyroid hormone, J3490, J3590)

Nulibry (fosdenopterin, J3490, J3590)

Onpattro (patisiran, J0222) — precertification for the drug and site of care required

Ophthalmic injectables:

Beovu (brolucizumab-dblb, J0179)

Byooviz (ranibizumab-nuna, J3490, J3590)

Eylea (aflibercept, J0178)

Lucentis (ranibizumab, J2778)

Luxturna (voretigene neparvovec-rzyl, J3398) —
precertification for the drug and site of care required

Macugen (pegaptanib, J2503)

Susvimo (ranibizumab, J3490, J3590) —
precertification required effective 2/1/2022)

Tepezza (teprotumumab-trbw, J3241) —
precertification for the drug and site of care required

Osteoporosis drugs:

Bonsity* (teriparatide, J3490)

Evenity* (romosozumab-aqqg, J3111)

Forteo* (teriparatide, J3110)

Miacalcin (calcitonin, J0630)

Prolia (denosumab, J0897)

Tymlos* (abaloparatide, J3490, J3590)

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

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)

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)

Tecentriq (atezolizumab, J9022)

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)

Reblozyl (luspatercept, J0896)

Respiratory injectables (precertification required and site of care required):

Cinqair (reslizumab, J2786)

Fasenra (benralizumab, J0517)

Nucala (mepolizumab, J2182)

Xolair (omalizumab, J2357)

Rybrevant (amivantamab-vmjw, J9061)

Ryplazim (plasminogen, human-tvmh, J3490, J3590)

Saphnelo (anifrolumab-fnia, C9086) —
precertification for the drug and site of care required

Sarclisa (isatuximab-irfc, J9227)

Somatostatin agents:

Bynfezia (octreotide, J2354)

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, S9562)

Tegsedi (inotersen, 90378, S9562)

Tivdak (tisotumab vedotin-tftv, J3490, J3590)

Treanda (bendamustine HCl, J9033)

Trodelvy (sacituzumab govitecan-hziy, J9317)

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

Vectibix (panitumumab, J9303)

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

Viscosupplementation:

(J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, Q9980)

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)

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, C9084)

Special programs, continued

BRCA genetic testing — 1-877-794-8720

See #9 in the General information section for more guidance.

81163, 81165, 81212, 81215, 81216, 81217

81162 (precertification for 81162 for Medicare only)

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 — **1-855-488-8750**
- Medical Diagnostic Laboratories — **1-877-269-0090**
- Myriad Genetics — **1-800-469-7423**
- Progenity — **1-855-293-2639**

Providers can use the [BRCA form located online under the “Medical Precertification” section](#) to submit precertification requests.

Find genetic counselors online

For a list of our contracted providers, including our telephonic provider (Informed DNA), visit our [provider directory](#).

Chiropractic precertification

See #9 in the General information section for additional guidance.

Chiropractic precertification required 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**

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

DE, NJ, NY, PA, WV: through
National Imaging Associates

1-866-842-1542

Cataract surgery

For all Georgia Medicare only (HMO and PPO) cataract surgery related requests, providers should contact iCare Health Solutions to request preauthorization. You can reach iCare at **1-844-210-7444**.

For all Florida Medicare only (HMO and POS) cataract surgery related requests, providers should contact iCare Health Solutions to request preauthorization. You can reach iCare at **1-855-373-7627**.

Diagnostic Cardiology (cardiac rhythm implantable devices, cardiac catheterization)

See #9 and #10 in the General information section for more guidance.

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

- Providers in all states where applicable, except New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
 - Online at [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 CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at [evicore.com](#)
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey

Special programs, continued

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)

See #9 and #10 in the General information section for more guidance.

Precertification for all members with plans applicable to this precertification 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)

All Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas, and Virginia Medicare Advantage (excluding Oklahoma and Virginia Dual Special Needs Plans) home health-related requests for in-home skilled nursing, physical therapy, occupational therapy, speech therapy, a home health aide and medical social work will require precertification through myNEXUS. Providers in these states should contact myNEXUS to request precertification

- Go to [Portal.myNEXUScare.com/Account/Login](https://portal.myNEXUScare.com/Account/Login) (registration is required).
- Fax the form to **1-866-996-0077**
- Questions? Call myNEXUS Intake at **1-833-585-6262** from 8 AM to 8 PM ET, Monday through Friday or
- Go to <http://www.mynexuscare.com/aetna> for more details

Infertility program — 1-800-575-5999

(O357T, 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)

See #9 in the General information section for additional guidance.

Mental health or substance abuse services

precertification—See the member's ID card See #9 in the General information section for additional guidance.

National Medical Excellence Program

By phone at **1-877-212-8811** for the following:

- Abecma (idecabtagene vicleucel), Breyanzi (lisocabtagene maraleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel)
- 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

Outpatient physical therapy (PT) and occupational therapy (OT) precertification

See #9 and #10 in the General information section for additional guidance.

Through OrthoNet **1-800-771-3205**

- CT— for all members with plans applicable to this precertification list

Through Optum Health **1-800-344-4584** (Only Optum Health/Aetna-contracted providers should call this number for questions and service requests.)

- DC, GA, NC, SC, VA — For all members with plans applicable to this precertification list
- Program also applies to members in Chicago, northern IL and northwest IN (Lake and Porter counties)
- Through National Imaging Associates **1-866-842-1542**
- DE, NJ, NY, PA, WV for members with certain commercial plans, and Aetna Medicare Advantage plans, applicable to this precertification list

Special programs, continued

Pain management

See #9 and #10 in the General information section for additional guidance.

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

- Providers in all states where applicable, except New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization on. You can reach MedSolutions DBA eviCore healthcare:
 - Online at 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 CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at 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)

See #9 and #10 in the General information section for more guidance.

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, except New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
 - Online at 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

Polysomnography (attended sleep studies), cont.

- Providers in New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore **National DBA eviCore healthcare**:
 - Online at evicore.com
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey

Pre-implantation genetic testing—

1-800-575-5999

(89290, 89291)

See #9 in the General information section for more guidance.

Radiology imaging

See #9 and #10 in the General information section for more guidance. 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, except New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
 - Online at 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 CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at evicore.com
 - By phone at **1-888-622-7329** New York or **1-888-647-5940** for northern New Jersey

Special programs, continued

Radiation oncology

- 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

See #9 and #10 in the General information section for additional guidance.

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 CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at evicore.com
 - By phone at **1-888-622-7329**

Site of Service

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) will be performed in an outpatient hospital setting (NOT an ambulatory surgical facility or office setting); and,
- The procedure is one of the following
 - Carpal tunnel surgery (29848, 64721)
 - Complex wound repair (13101, 13132)
 - Cystourethroscopy (52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 57288)

Site of Service, cont.

- Hemorrhoidectomy (46250, 46255, 46257, 46258, 46261, 46262, 46320)
- Hernia repair (49505, 49585, 49587, 49650, 49651, 49652, 49653, 49654, 49655)
- Hysteroscopy (58558, 58563, 58565)
- Intranasal dermatoplasty (30620)
- Lithotripsy (50590)
- Prostate biopsy (55700)
- Septoplasty (30520)
- Skin tissue transfer or rearrangement (14040, 14060, 14301)
- Subcutaneous soft tissue excision (21552, 21931)
- Tonsillectomy, age 12 and older (42821, 42826)

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 located online under the “Medical Precertification” section](#) to submit precertification requests.

General information

1. We collect information before elective inpatient admissions and/or selected ambulatory procedures and services at the time of precertification.
 - We'll review precertification requests using one of the following processes if the member's plan covers the services:
 - Notification is a data-entry process. It doesn't require judgment or interpretation for benefits coverage.
 - Medical review – Coverage determinations made for items on the precertification list are utilization review decisions. We review plan documents and (when applicable) clinical information. This is how we determine whether the requested service, procedure, prescription drug or medical device meets the clinical guidelines/criteria for coverage.
 - We need to receive requests for precertification before you provide services.
 - We encourage providers to submit precertification requests at least two weeks before the scheduled services.
 - To save you time, it's best to submit precertification requests and inquiries electronically. This is the quickest way to receive an authorization for services requiring precertification. If you need help, just call us. Look for the "precertification" number on the member's ID card.
 - If you don't precertify the services on this list, the member's health plan (the "health plan"), employer group or member won't be financially responsible for the applicable service(s) if you provide those services.
 - 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 particular service or supply, it's for that service or supply only.
 - Services that don't require precertification are subject to the coverage terms of the member's plan.
- 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.
- If member eligibility and plan coverage for the procedure/ service you asked for hasn't changed, precertification approvals are valid for six months in all states. This is the case unless we tell you otherwise when you receive the precertification decision.
- Every year, in January and July, we typically update the precertification list. But we may add new FDA-approved drugs to the list at different times.
- 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 members are educated to determine whether a caller is making an inquiry or requesting a coverage decision/organization determination as part of the intake process.
- Find more about [notification and coverage determinations](#).

 2. We don't offer all plans in all service areas, and not all plans include all services listed. For example, precertification programs don't apply to fully insured members in Indiana.
 3. 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.
 4. Find more information about [notification and coverage determinations](#).
 5. We require precertification when Aetna or Innovation Health is the secondary payer.

General information, continued

6. 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
7. Contact Aetna Pharmacy Management for precertification of oral medications not on this list.
 - See #9 in General information section for additional guidance.
 - Their number is **1-800-414-2386**.
 - Call **1-866-782-2779** for information on injectable medications not listed.
8. For drugs administered orally, by injection or infusion:
 - Drugs newly approved by the FDA may require precertification review.
 - Fully insured Texas and Louisiana members continue to be covered for drugs added to the precertification list according to their current plan design until their plan renewal date.
 - 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 drug is appropriately prescribed and considered safe and effective treatment for the medical condition.
9. For members enrolled in Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan: Precertification is not required for cardiac catheterization, cardiac imaging, chiropractic services, transthoracic echocardiogram or physical/occupational therapy
 - 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 4-2-49RX Prior Authorization.
 - 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**
10. 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
 - Physical therapy and occupational therapy
 - Pain management
 - Polysomnography
 - Radiology imaging
 - Radiation oncology

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