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.
This information applies to:

- Aetna® plans
- Aetna Medicare 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, an indemnity plan, a Foreign Service Benefit Plan, a Mail Handlers Benefit Plan or a Rural Carrier Benefit Plan.

This document was last updated on August 1, 2022.
IMPORTANT: As the patient’s attending physician, you must complete all sections of a submission. If you don’t send all medical records we ask for, it may delay our review or cause a denial of coverage.

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

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

Go to Availity.com to start a request.

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

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

What happens next

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

How we make coverage determinations

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

Questions?

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

- Commercial plans: 1-888-632-3862
- Medicare plans: 1-800-624-0756

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

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

Special information for members in Texas

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

Coverage changes and updates

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

For more information

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

Innovation Health

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

Maternity information

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

Contact Aetna Pharmacy Management for precertification of oral medications not on this list.
- Their number is 1-800-414-2386.
- 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.

Foreign Service and Student Health plan information

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, chiropractic services, transthoracic echocardiogram or physical/occupational therapy.
- 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

For members enrolled in Aetna Student Health 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
For more information, read all general precertification guidelines

For Commercial members, certain elective procedures, as noted with an asterisk (*), are subject to the medical necessity review of the procedure and the site of service.

<table>
<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inpatient confinements (except hospice)</td>
<td>A0140, A0430, A0435, A0999, T2004, T2007, S9960</td>
</tr>
<tr>
<td>For example, surgical and nonsurgical stays, stays in a skilled nursing facility or rehabilitation facility, and maternity and newborn stays that exceed the standard length of stay (LOS). (See “Maternity information” in the General Information section.)</td>
<td></td>
</tr>
<tr>
<td>Precertification required for transportation by fixed-wing aircraft (plane)</td>
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<tr>
<td>3. Arthroscopic hip surgery to repair impingement syndrome including labral repair</td>
<td>29914, 29915, 29916, 29862</td>
</tr>
<tr>
<td>4. Autologous chondrocyte implantation*</td>
<td>27412, J7330, S2112</td>
</tr>
<tr>
<td>5. Chiari malformation decompression surgery*</td>
<td>61343</td>
</tr>
<tr>
<td>6. Cochlear device and/or implantation*</td>
<td>69930, L8614, L8619</td>
</tr>
<tr>
<td>7. Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent. Some plans have limited or no out-of-network benefits.</td>
<td></td>
</tr>
<tr>
<td>8. Dental implants</td>
<td>21245, 21246, 21248, 21249</td>
</tr>
<tr>
<td>9. Dialysis visits</td>
<td>90935, 90937, 90999</td>
</tr>
<tr>
<td>When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility.</td>
<td></td>
</tr>
<tr>
<td>10. Dorsal column (lumbar) neurostimulators: trial or implantation</td>
<td>63650, 63655, 63663, 63664, 63685, 63688, C1767, C1816, C1820 or C1822 when requested or used with one or more of the above CPT codes</td>
</tr>
</tbody>
</table>
### Services that require precertification (continued)

<table>
<thead>
<tr>
<th>Procedure name/description</th>
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</tr>
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<tbody>
<tr>
<td>12. Endoscopic nasal balloon dilation procedures*</td>
<td>31295, 31296, 31297, 31298</td>
</tr>
<tr>
<td>13. Functional endoscopic sinus surgery (FESS)</td>
<td>31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288</td>
</tr>
<tr>
<td>14. Gender affirmation surgery</td>
<td>55970, 55980, 56805, 57335, 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 17380, 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</td>
</tr>
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<tr>
<th>Procedure name/description</th>
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<tbody>
<tr>
<td>15. <strong>Hyperbaric oxygen therapy</strong></td>
<td><strong>G0277, 99183</strong></td>
</tr>
<tr>
<td>16. <strong>Infertility services and pre-implantation genetic testing</strong></td>
<td><strong>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</strong></td>
</tr>
<tr>
<td>17. <strong>Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics</strong></td>
<td><strong>L5781, L5782, L5856, L5857, L5858, L5859, L5968, L5969, L5980, L5987, L5999</strong></td>
</tr>
<tr>
<td>18. <strong>Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider</strong></td>
<td></td>
</tr>
<tr>
<td>19. <strong>Orthognathic surgery procedures, bone grafts, ostotomies and surgical management of the temporomandibular joint</strong></td>
<td><em><em>21120</em>, 21121</em>, 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, D7959, D7960, D7961, 21010, 21050, 21060, 21070, 21073, 21240, 21242, 21243, 21244, 21247, 21255, 21480, 21485, 21490, 21497, 29800, 29804, D6050, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7899, D7991**</td>
</tr>
<tr>
<td>20. <strong>Osseointegrated implant</strong></td>
<td><strong>69714, 69716, L8690, L8691, L8692, L8693</strong></td>
</tr>
<tr>
<td>21. <strong>Osteochondral allograft/knee</strong></td>
<td><strong>27415</strong></td>
</tr>
<tr>
<td>22. <strong>Private duty nursing</strong></td>
<td><strong>S9123, S9124, T1000, T1030, T1031</strong></td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
<th>Procedure name/description</th>
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</thead>
</table>
| 23. Proton beam radiotherapy | 77520, 77522, 77523, 77525  
Also see Special Programs; **Radiation oncology** |
| 24. Reconstructive or other procedures that maybe considered cosmetic, such as: |  
- Blepharoplasty*  
  15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908  
- Breast reconstruction/breast enlargement*  
  19355, 19340, 19342, 19350, 19357, 19364, 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 |
| 25. Shoulder arthroplasty including revision procedures* | 23470, 23472, 23473, 23474 |

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

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<thead>
<tr>
<th>Procedure name/description</th>
<th>CPT code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>26. Site of service</strong></td>
<td>For commercial members only, see special programs for more information.</td>
</tr>
<tr>
<td><strong>27. Spinal procedures, such as:</strong></td>
<td></td>
</tr>
<tr>
<td>- Artificial intervertebral disc surgery (cervical spine)</td>
<td>22856, 22858, 22861</td>
</tr>
<tr>
<td>- Arthrodesis for spine deformity</td>
<td>22800, 22802, 22804, 22808, 22810, 22812</td>
</tr>
<tr>
<td>- Cervical laminoplasty</td>
<td>63050, 63051</td>
</tr>
<tr>
<td>- Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures</td>
<td>63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267</td>
</tr>
<tr>
<td>- Kyphectomy*</td>
<td>22818, 22819</td>
</tr>
<tr>
<td>- Laminectomy with rhizotomy</td>
<td>63185, 63190</td>
</tr>
<tr>
<td>- Spinal fusion surgery</td>
<td>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</td>
</tr>
<tr>
<td>- Vertebral corpectomy</td>
<td>63081, 63082, 63085, 63086, 63090, 63091</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Procedure name/description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>28. Uvulopalatopharyngoplasty, including laser-assisted procedures*</td>
<td>42145, 42140, 42299, S2080</td>
</tr>
<tr>
<td>29. Ventricular assist devices</td>
<td>33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997, 92970</td>
</tr>
<tr>
<td>30. Whole exome sequencing</td>
<td>81415, 81416, 81417</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humate-P</td>
<td>antihemophilic factor/von Willebrand factor complex [human]</td>
</tr>
<tr>
<td>Idelvion</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>Ixinity</td>
<td>coagulation factor IX [recombinant]</td>
</tr>
<tr>
<td>Jivi</td>
<td>antihemophilic factor [recombinant], PEGylated-aucl</td>
</tr>
<tr>
<td>Koate, Koate-DVI</td>
<td>antihemophilic factor [human]</td>
</tr>
<tr>
<td>Kogenate FS</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>Kovaltry</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>Monoclate-P</td>
<td>antihemophilic factor [human]</td>
</tr>
<tr>
<td>Mononine</td>
<td>coagulation factor IX [human]</td>
</tr>
<tr>
<td>NovoEight</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>NovoSeven RT</td>
<td>coagulation factor VIIa [recombinant]</td>
</tr>
<tr>
<td>Nuwiq</td>
<td>simoctocog alfa</td>
</tr>
<tr>
<td>Obizur</td>
<td>antihemophilic factor [recombinant], porcine sequence</td>
</tr>
<tr>
<td>Profilnine</td>
<td>factor IX complex</td>
</tr>
<tr>
<td>Rebinyn</td>
<td>coagulation factor IX [recombinant], glycoPEGylated</td>
</tr>
<tr>
<td>Recombinate</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
<tr>
<td>RiaSTAP</td>
<td>fibrinogen concentrate [human]</td>
</tr>
<tr>
<td>Rixubis</td>
<td>coagulation factor VIIa [recombinant]</td>
</tr>
<tr>
<td>Sevenfact</td>
<td>coagulation factor VIIa [recombinant]-jncw</td>
</tr>
<tr>
<td>Tretten</td>
<td>coagulation factor XIII a-subunit [recombinant]</td>
</tr>
<tr>
<td>Vonvendi</td>
<td>von Willebrand factor [recombinant]</td>
</tr>
<tr>
<td>Wilate</td>
<td>von Willebrand factor/coagulation factor VIII complex [human]</td>
</tr>
<tr>
<td>Xyntha, Xyntha Solofuse</td>
<td>antihemophilic factor [recombinant]</td>
</tr>
</tbody>
</table>
For the following services, 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.
- 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.

Drug name/description

**Abraxane** (paclitaxel protein-bound particles, 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)

**Alymsys** (bevacizumab, J3490, J3590) — precertification required effective July 8, 2022, for oncology indications only

**Amyotrophic Lateral Sclerosis (ALS) drugs:**

- Radicava (edaravone, J1301) — precertification for the drug and site of care required
Other drugs and medical injectables (continued)

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:
- Leqvio (inclisiran, J1306) — precertification required effective March 23, 2022
- 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)
- Carvykti (ciltaclatagene autoleucel, J3490, J3590, C9098) — precertification required effective May 27, 2022
- Kymriah (tisagenlecleucel, Q2042)
- Tecartus (brexucabtagene autoleucel, Q2053)
- Yescarta (axicabtagene ciloleucel, Q2041)

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

Cosela (Trilaciclib, J1448)

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

Cyramza (ramucirumab, J9308)

Danyelza (naxitamab-gqgk, J9348)

*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.
Darzalex (daratumumab, J9145)

Darzalex Faspro (daratumumab and hyaluronidase-fihj, J9144)

Dupixent* (dupilumab, J3490, J3590)

Empliciti (elotuzumab, J9176)

Enjaymo (Sutimlimab-jome, J3490, J3590, C9094) — precertification for the drug and site of care required effective May 1, 2022

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 (alg glucosidase alfa, J0220, J0221) — precertification for the drug and site of care required
- Mepsevii (vestronidase alfa-vjbk, J3397) — precertification for the drug and site of care required
- Naglazyme (galsulfase, J1458) — precertification for the drug and site of care required

Enzyme replacement drugs (continued):
- 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

Erbitux (cetuximab, J9055)

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

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

Evrysdi (risdiplam, J8499)

Feraheme (ferumoxytol, Q0138, Q0139)

Fusilev (levoleucovorin, J0641)

Fyarrow (sirolimus protein-bound particles for injectable suspension, J9331) — precertification required effective March 15, 2022

Gattex (teduglutidem, J3490)

*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.
Other drugs and medical injectables (continued)

**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)
- Releuko (filgrastim-ayow, J3490, J3590, C9096) – precertification required effective May 25, 2022
- 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)
- Skystrofa* (lonapegsomatropin-tcgd, J3490, J3590)
- Sogroya* (somapacitan-beco, J3490, J3590)
- Zomacton* (somatropin [rDNA origin], J2941)
- Zorttive* (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-flyo, J0593)

**HER2 receptor drugs:**
- Enhertu (fam-trastuzumab deruxtecan-nxki, J9358)
- Herceptin (trastuzumab, J9355)
- Herceptin Hylecita (trastuzumab and hyaluronidase-oysk, J9356)
- Herzuma (trastuzumab-pkrb, Q5113)
- Kadcyla (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)

*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.
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, J1551)
- 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)
- Panzyga (immune globulin, J1599)
- Privigen (immune globulin, J1459)
- Xembify (immune globulin, J1558)

Immunologic agents (continued):
- Orenzia IV (abatacept, J0129) — precertification for the drug and site of care required
- Rixubis (rituximab-arrx, Q5123)
- Rituxan (rituximab, J9312)
- Rituxan Hycela (rituximab/hyaluronidase human, J9311)
- Ruxience (rituximab-pvvr, Q5119)
- Silq* (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)
- Vyvgart (efgartigimod alfa-fcab, J9332) — precertification required effective March 15, 2022

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

*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.
Injectafer (ferric carboxymaltose injection, J1439)

Jelmyto (mitomycin, J9281)

Khapzory (levoleucovorin, J0642)

Kimmtrak (tebentafusp-tebn, J3490, J3590, C9095) — precertification required effective April 15, 2022

Kyprosil (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)

Multiple sclerosis drugs (continued):

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 required

Muscular dystrophy drugs:

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

Onpatro (patisiran, J0222) — 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.
Ophthalmic injectables:

Beovu (brolucizumab-dbll, J0179)
Byooviz (ranibizumab-nuna, Q5124)
Eylea (afibercept, J0178)
Lucentis (ranibizumab, J2778)
Luxturna (voretigene neparvovec-rzyl, J3398) — precertification for the drug and site of care required
Macugen (pegaptanib, J2503)
Susvimo (ranibizumab, J2779) — precertification required effective February 1, 2022
Tepezza (teprotumumab-trbw, J3241) — precertification for the drug and site of care required
Vabysmo (faricimab-svoa, J3490, J3590, C9097) — precertification required effective May 1, 2022

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 required

Parsabiv (etelcalcetide, J0606)

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

Bavencio (avelumab, J9023)
Imfinzi (durvalumab, J9173)
Jemperli (dostarlimab-gxly, J9272)
Keytruda (pembrolizumab, J9271)
Libtayo (cemiplimab-rwlc, J9119)
Opdivo (nivolumab, J9299)
Opdualag (relatlimab and nivolumab, J3490, J3590) — precertification required effective July 1, 2022
Tecentriq (atezolizumab, J9022)

Pepaxto (melphalan flufenamide, J9247)

Pevlu (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)
Tysse (treprostinii)
Veleti (epoprostenol sodium)
Ventavis (iloprost)

Reblozyl (luspatercept-aamt, J0896)

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

Cinqair (reslizumab, J2786)
Fasenra (benralizumab, J0517)

*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.
Respiratory injectables (continued):
- Nucala (mepolizumab, J2182)
- Tezspire (tezepelumab-ekko, J2356) — precertification for the drug and site of care required effective March 23, 2022
- Xolair (omalizumab, J2357)

Rykbrevant (amivantamab-vmwj, J9061)

Ryplazim (plasminogen, human-tvmh, J2998)

Saphnelo (anifrolumab-fnia, J0491) — precertification for the drug and site of care required

Sarcisla (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)

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:
- Durolane (Hyaluronic acid)
- Euflexxa, Hyalgan, Genvisc, Supartz FX, TriVisc, Visco 3 (sodium hyaluronate)
- Gel-One (cross-linked hyaluronate)
- Gelsyn-3, Hymovis (hyaluronic acid)
- Monovisc, Orthovisc (sodium hyaluronate)
- Synojoynt, Triluron (1% sodium hyaluronate)
- Synvisc, Synvisc-One (hylan)

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)
BRCA genetic testing — 1-877-794-8720

See “Foreign Service and Student Health plan information” 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

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

See “Foreign Service and Student Health plan information” in the General information section for more guidance.

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
Chiropractic precertification (continued)

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

Online at www.RADMD.com

97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97530, 97533, 97535, 97542, 97750, 97760, 97761, 97763, 98940, 98941, 98942, 98943, G0283, G0515, S8948

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, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T , 0614T

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

See “Foreign Service and Student Health plan information” 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, should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
  - Online at 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
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)
To learn more, see “Foreign Service and Student Health plan information” in the General information section.
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 myNEXUS for all 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 myNEXUS for precertification
• Go to 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
(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)
See “Foreign Service and Student Health plan information” in the General information section for more guidance.

Mental health or substance abuse services precertification
See the member’s ID card. See “Foreign Service and Student Health plan information” in the General information section for more 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 “Foreign Service and Student Health plan information” in the General information section for more 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)
- For DE, NJ, NY, PA, WV members with certain commercial plans, and Aetna Medicare Advantage plans, applicable to this precertification list

Through National Imaging Associates 1-866-842-1542

Online at www.RADMD.com

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

See “Foreign Service and Student Health plan information” in the General information section for more guidance.
- 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
Pain management (continued)

- 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
  - 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

See “Foreign Service and Student Health plan information” 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 should contact eviCore healthcare to request preauthorization. Exception: New York and northern New Jersey. You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-888-693-3211 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
  - 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 “Foreign Service and Student Health plan information” in the General information section for more guidance.
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 S8035, S8037, S8042, S8092

See “Foreign Service and Student Health plan information” in the General information section for more guidance.

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.

• Providers in all states where applicable, should contact eviCore healthcare to request preauthorization.
• You can reach eviCore healthcare:
  - Online at evicore.com
  - By phone at 1-800-420-3471 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

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
Radiation oncology (continued)

- Hyperthermia
- Radiopharmaceuticals

See “Foreign Service and Student Health plan information” in the General information section for more 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 eviCore healthcare to request preauthorization. You can reach 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) 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)
  - 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 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.

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