

# Participating provider precertification list for Aetna<sup>®</sup>

Effective March 1, 2023

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

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

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



Check out the table of contents on the next page for a closer look at what you'll find in this guide.



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

1013000-01-07 (03/23)

# Table of contents

How to submit

General info

Services

Drugs

Special programs



**Click on the tabs above to go directly to each section.**

You can also use **Ctrl + F** on Windows® (**Command + F** on Mac®) to search the document for keywords.

Submission of precertification requests. . . . .	3
General information. . . . .	4
Services that require precertification . . . . .	6
Blood clotting factors. . . . .	13
Other drugs and medical injectables . . . . .	15
Special programs . . . . .	24

**This information applies to:**

- Aetna® plans
- Aetna Medicare plans
- Allina Health|Aetna plans
- Banner|Aetna plans
- Innovation Health® plans
- Sutter Health | Aetna plans
- Texas Health Aetna plans

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

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

This document was last updated on March 1, 2023.

How to submit

General info

Services

Drugs

Special programs



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

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

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

Go to [Availity.com](https://www.availity.com) to start a request.

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

Go to [Aetna.com/ProviderPrecertificationList](https://www.aetna.com/ProviderPrecertificationList) to learn more about the precertification process.



## What happens next

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



## How we make coverage determinations

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



## Questions?

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

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

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

How to  
submit

General  
info

Services

Drugs

Special  
programs

## 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

How to submit

General info

Services

Drugs

Special programs

## Oral medications and injections

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

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

For drugs administered orally, by injection or infusion:

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

## Federal Employee Health Benefit Plans information

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**

## Student Health and Allina Health|Aetna plan information

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

- Diagnostic cardiology
- Hip and knee arthroplasties
- Physical therapy and occupational therapy
- Pain management
- Polysomnography
- Radiology imaging
- Radiation oncology

How to submit

General info

Services

Drugs

Special programs

## For more information, read all general precertification guidelines

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

	Procedure name/description	CPT code(s)
1.	<b>Inpatient confinements (except hospice)</b> 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 “ <a href="#">Maternity information</a> ” in the General Information section.)	
2.	<b>Ambulance</b> Precertification required for transportation by fixed-wing aircraft (plane)	A0140, A0430, A0435, A0999, T2004, T2007, S9960
3.	<b>Arthroscopic hip surgery to repair impingement syndrome including labral repair*</b>	29914, 29915, 29916, 29860, 29861, 29862, 29863
4.	<b>Autologous chondrocyte implantation*</b>	27412, J7330, S2112
5.	<b>Chiari malformation decompression surgery</b>	61343
6.	<b>Cochlear device and/or implantation*</b>	69930, L8614, L8619
7.	<b>Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent.</b> Some plans have limited or no out-of-network benefits.	
8.	<b>Dental implants</b>	21245, 21246, 21248, 21249
9.	<b>Dialysis visits</b> When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility.	90935, 90937, 90999

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

How to submit

General info

Services

Drugs

Special programs

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

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

How to submit	General info	<b>Services</b>	Drugs	Special programs
---------------	--------------	-----------------	-------	------------------

	Procedure name/description	CPT code(s)
14.	Gender affirmation surgery	55970, 55980, 56805, 57335, 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 17380, 19318, 21270, 30400, 30410, 30420, 30430, 30435, 30450, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720
15.	Hyperbaric oxygen therapy	G0277, 99183
16.	Infertility services and pre-implantation genetic testing	0357T, 58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89337, 89342, 89346, 89352, 89353, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035, 89290, 89291
17.	Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics	L5781, L5782, L5856, L5857, L5858, L5859, L5968, L5969, L5980, L5987, L5999
18.	Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider	

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





How to submit

General info

Services

Drugs

Special programs

	Procedure name/description	CPT code(s)
24.	Reconstructive or other procedures that maybe considered cosmetic, such as:	<ul style="list-style-type: none"> <li>• Blepharoplasty* 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908</li> <hr/> <li>• Breast reconstruction/ breast enlargement* 19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068</li> <hr/> <li>• Breast reduction/mammoplasty* 19316, 19318, 19325, 19328, 19330</li> <hr/> <li>• Excision of excessive skin due to weight loss* 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847</li> <hr/> <li>• 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</li> <hr/> <li>• Lipectomy or excess fat removal* 15876, 15877, 15878, 15879</li> <hr/> <li>• Surgery for varicose veins, except stab phlebectomy* 36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T</li> </ul>
25.	Shoulder arthroplasty including revision procedures	23470*, 23472*, 23473*, 23474
26.	Site of service	For commercial members only, see <a href="#">special programs</a> for more information.

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

How to submit	General info	<b>Services</b>	Drugs	Special programs
---------------	--------------	-----------------	-------	------------------

	Procedure name/description	CPT code(s)
27.	Spinal procedures, such as:	<ul style="list-style-type: none"> <li>• Artificial intervertebral disc surgery (cervical spine) 22856*, 22858*, 22861</li> <hr/> <li>• Artificial intervertebral disc surgery (lumbar spine) 22857, 22860, 22862, 22865</li> <hr/> <li>• Arthrodesis for spine deformity 22800, 22802, 22804, 22808, 22810, 22812</li> <hr/> <li>• Cervical laminoplasty* 63050, 63051</li> <hr/> <li>• Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures* 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267</li> <hr/> <li>• Kyphectomy* 22818, 22819</li> <hr/> <li>• Laminectomy with rhizotomy 63185, 63190</li> <hr/> <li>• Spinal fusion surgery C1821, 22210, 22214, 22220, 22222, 22224, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22859, 27279, 27280</li> </ul>

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

How to submit

General info

Services

Drugs

Special programs

	Procedure name/description	CPT code(s)
27.	Spinal procedures (continued), such as:	<ul style="list-style-type: none"> <li>• Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091</li> <li>• Vertebroplasty/Kyphoplasty 22510, 22511, 22512, 22513, 22514, 22515</li> </ul>
28.	Uvulopalatopharyngoplasty, including laser- assisted procedures*	42145, 42140, 42299, S2080
29.	Ventricular assist devices	33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997, 92970
30.	Whole exome sequencing	81415, 81416, 81417

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

How to submit

General info

Services

Drugs

Special programs

## 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, J7198, J7200, J7201, J7202, J7203, J7204, J7205, J7207, J7208, J7209, J7210, J7211, J7212, J7170

Drug name	Description
Advate	antihemophilic factor, human recombinant
Adynovate	antihemophilic factor [recombinant], PEGylated
Afstyla	antihemophilic factor [recombinant], single chain
Alphanate	antihemophilic factor/von Willebrand factor complex [human]
AlphaNine SD	coagulation factor IX [human]
Alprolix	coagulation factor IX [recombinant], Fc fusion protein
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]
Hemgenix	etranacogene dezaparvovec-drlb — precertification required effective March 17, 2023

How to submit

General info

Services

Drugs

Special programs

## Blood-clotting factors (continued)

Drug name	Description
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]
Monoclate-P	antihemophilic factor [human]
Mononine	coagulation factor IX [human]
NovoEight	antihemophilic factor [recombinant]
NovoSeven RT	coagulation factor VIIa [recombinant]
Nuwiq	simoctocog alfa
Obizur	antihemophilic factor [recombinant], porcine sequence
Profilnine	factor IX complex
Rebinyn	coagulation factor IX [recombinant], glycoPEGylated
Recombinate	antihemophilic factor [recombinant]
RiaSTAP	fibrinogen concentrate [human]
Rixubis	coagulation factor IX [recombinant]
Sevenfact	coagulation factor VIIa [recombinant]-jncw
Tretten	coagulation factor XIII a-subunit [recombinant]
Vonvendi	von Willebrand factor [recombinant]

How to submit

General info

Services

Drugs

Special programs

For the following services when the member is enrolled in a commercial plan, providers call 1-866-752-7021 for precertification. Fax request forms to 1-888-267-3277, with the following exceptions:

- For precertification of pharmacy-covered specialty drugs (noted with \*) when the member is enrolled in a commercial plan, call 1-855-240-0535. Or fax applicable request forms to 1-877-269-9916.
- Providers can use the drug-specific Specialty Medication Request Form located online under “Specialty Pharmacy Precertification.”
- Providers can submit Specialty Pharmacy precertification requests electronically using provider online tools and resources on [our provider portal](#) with Aetna.
- Providers should use the contacts below for members enrolled in a Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan:
  - For precertification of pharmacy-covered specialty drugs — Foreign Service Benefit Plan, call Express Scripts at 1-800-922-8279. For MHBP and Rural Carrier Benefit Plan, call CVS Caremark® at 1-800-237-2767.
  - For precertification of all other listed drugs — Foreign Service Benefit Plan, call 1-800-593-2354. For MHBP, call 1-800-410-7778. For Rural Carrier Benefit Plan, call 1-800-638-8432.

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

- See our [Medicare online resources](#) for more about preferred products or to find a precertification fax form.

## Drug name/description

**Abraxane** (paclitaxel protein-bound particles, J9264) — precertification required for Medicare Advantage members only

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

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

**Adcetris** (brentuximab vedotin, J0791)

**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)

**Alymys** (bevacizumab, Q5126) — precertification required for oncology indications only

### Alzheimer’s Disease

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

### Amyotrophic Lateral Sclerosis (ALS) drugs:

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

### Autoimmune Infused Infliximab

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

- Avsola (infliximab-axxq, Q5121)
- Inflectra (infliximab-dyyb, Q5103)
- Remicade (infliximab, J1745)
- Renflexis (infliximab-abda, Q5104)

How to submit

General info

Services

Drugs

Special programs

**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** (Dr. Reddy's, J9046) — precertification required for multiple myeloma only effective March 1, 2023

**Bortezomib** (Fresenius Kabi, J9048) — precertification required for multiple myeloma only effective March 1, 2023

**Bortezomib** (Hospira, J9049) — precertification required for multiple myeloma only effective March 1, 2023

**Botulinum toxins:**

Botox (onabotulinumtoxinA, J0585)

Dysport (abobotulinumtoxinA, J0586)

Myobloc (rimabotulinumtoxinB, J0587)

Xeomin (incobotulinumtoxinA, J0588)

**Cablivi** (caplacizumab-yhdp, C9047)

**Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors**

Vyepti (eptinezumab-jjmr, J3032) — precertification for the drug and site of care required

**Cardiovascular — PCSK9 inhibitors:**

Leqvio (inclisiran, J1306)

**Chimeric Antigen Receptor T-Cell Therapy (CAR-T)** — contact National Medical Excellence at 1-877-212-8811

Abecma (idecabtagene vicleucel, Q2055)

Breyanzi (lisocabtagene maraleucel, Q2054)

Carvykti (ciltacabtagene autoleucel, Q2056)

Kymriah (tisagenlecleucel, Q2042)

Tecartus (brexucabtagene autoleucel, Q2053)

Yescarta (axicabtagene ciloleucel, Q2041)

**CAR-T Therapy** (0537T, 0538T, 0539T, 0540T)

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

**Cosela** (Trilaciclib, J1448)

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

**Cyramza** (ramucirumab, J9308)

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

**Darzalex** (daratumumab, J9145)

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

\*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.



How to submit

General info

Services

Drugs

Special programs

**Elahere** (mirvetuximab soravtansine-gynx, J3490, J3590, C9399, J9999) — precertification required effective March 1, 2023

**Empliciti** (elotuzumab, J9176)

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

**Enzyme replacement drugs:**

Aldurazyme (laronidase, J1931) — precertification for the drug and site of care required

Brineura (cerliponase alfa, J0567)

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-vjbj, J3397) — precertification for the drug and site of care required

Naglazyme (galsulfase, J1458) — precertification for the drug and site of care required

Nexviazyme (avalglucosidase alfa-ngpt, J0219) — precertification for the drug and site of care required

Strensiq (asfotase alfa, J3490, J3590)

**Enzyme replacement drugs (continued):**

Vimizim (elosulfase alfa, J1322) — precertification for the drug and site of care required

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

Xenpozyme (olipudase alfa-rpcp, J3490, J3590, C9399) — precertification for the drug and site of care required

**Erbix** (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)

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

**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.

How to submit

General info

Services

Drugs

Special programs

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

**Granulocyte-colony stimulating factors:**

- Fulphila (pegfilgrastim-jmdb, Q5108)
- Fylnetra (pegfilgrastim-pbbk, J3490, J3590, C9399)
- Granix (tbo-filgrastim, J1447)
- Leukine (sargramostim, J2820)
- Neulasta (pegfilgrastim, J2506)
- Neupogen (filgrastim, J1442)
- Nivestym (filgrastim-aafi, Q5110)
- Nyvepria (pegfilgrastim-apgf, Q5122)
- Releuko (filgrastim-ayow, Q5125)
- Rolvedon (eflapegastim-xnst, J3490, J3590, C9399)
- Stimufend (pegfilgrastim-fpgk, J3490, J3590, C9399)
- Udenyca (pegfilgrastim-cbvq, Q5111)
- Zarxio (filgrastim-sndz, Q5101)
- Ziextenzo (pegfilgrastim-bmez, Q5120)

**Growth hormone:**

- Skytrofa\* (lonapegsomatropin-tcgd, J3490, J3590) — precertification required for Medicare Advantage members only
- Sogroya\* (somapacitan-beco, J3490, J3590) — precertification required for Medicare Advantage members only

**Hereditary angioedema agents:**

- Berinert (C1 esterase inhibitor, J0597)

**Hereditary angioedema agents (continued):**

- 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)
- Sajazir (icatibant acetate, J1744)
- Takhzyro (lanadelumab-flyo, J0593)

**Hereditary Transthyretin-mediated Amyloidosis (ATTR) drugs:**

- Amvuttra (vutrisiran, J0225)
- Onpattro (patisiran, J0222) — precertification for the drug and site of care required
- Tegsedi (inotersen, 90378, S9562)

**HER2 receptor drugs:**

- Enhertu (fam-trastuzumab deruxtecan-nxki, J9358)
- Herceptin (trastuzumab, J9355)
- Herceptin Hylecta (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)

\*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.

How to submit

General info

Services

Drugs

Special programs

**Ilaris\*** (canakinumab, J0638)

**Imlygic** (talimogene laherparepvec, J9325)

**Imjudo** (tremelimumab, J3490, J3590, C9399, J9999) — precertification required effective March 1, 2023

**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 (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:**

- Actemra (tocilizumab, J3262) — precertification for the drug and site of care required
- Actemra\* SC (tocilizumab, J3590, J3490) — precertification required for Medicare Advantage members only effective September 1, 2022
- Cimzia\* (certolizumab pegol, J0717)

**Immunologic agents (continued):**

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

\*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.

How to submit

General info

Services

Drugs

Special programs

## Injectable infertility drugs:

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

---

**Injectafer** (ferric carboxymaltose injection, J1439)

---

**Jelmyto** (mitomycin, J9281)

---

**Khapzory** (levoleucovorin, J0642)

---

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

---

**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)  
 Lutrate (leuprolide acetate, J1954) -  
 precertification required effective March 1, 2023

## Luteinizing hormone-releasing hormone (LHRH) agents (continued):

Lupron Depot (leuprolide acetate, J9217),  
 — 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)  
 — precertification required for Medicare Advantage members only  
 Kesimpta\* (ofatumumab, J3490, J3590)  
 — precertification required for Medicare Advantage members  
 Lemtrada (alemtuzumab, J0202) —  
 precertification for the drug and site of care required  
 Ocrevus (ocrelizumab, J2350) — precertification for the drug and site of care required  
 Tysabri (natalizumab, J2323) — precertification for the drug and site of care required

---

## Muscular dystrophy drugs:

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

Amondys 45 (casimersen, J1426)  
 Exondys 51 (eteplirsen, J1428)  
 Viltepso (viltolarsen, J1427)  
 Vyondys 53 (golodirsen, J1429)

---

\*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.

How to submit

General info

Services

Drugs

Special programs

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

**Myalept** (metreleptin, J3490, J3590)

**Natpara** (parathyroid hormone, J3490, J3590)

**Nulibry** (fosdenopterin, J3490, J3590)

**Ophthalmic injectables:**

Beovu (brolucizumab-dbl, J0179)

Byooviz (ranibizumab-nuna, Q5124)

Cimerli™ (ranibizumab-eqrn, J3490, J3590, C9399)

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, J2779)

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

Vabysmo (faricimab-svoa, J2777)

**Osteoporosis drugs:**

— precertification required for Medicare Advantage members only

Bonsity\* (teriparatide, J3490)

Evenity\* (romosozumab-aqqg, J3111)

Forteo\* (teriparatide, J3110)

Miacalcin (calcitonin, J0630)

Prolia (denosumab, J0897)

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

**Padcev** (enfortumab vedotin, J9177)

**Paroxysmal Nocturnal Hemoglobinuria (PNH)**

Soliris (eculizumab, J1300) — precertification for the drug and site of care required

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

**Parsabiv** (etelcalcetide, J0606)

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

Bavencio (avelumab, J9023)

Imfinzi (durvalumab, J9173)

Jemperli (dostarlimab-gxly, J9272)

Keytruda (pembrolizumab, J9271)

Libtayo (cemiplimab-rwlc, J9119)

Opdivo (nivolumab, J9299)

Opdualag (nivolumab and relatlimab-rmbw, J9298)

Tecentriq (atezolizumab, J9022)

**Pedmark** (sodium thiosulfate, J3490, J3590, C9399, J9999)

**Pepaxto** (melphalan flufenamide, J9247)

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

**Provenge** (sipuleucel-T, Q2043)

\*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.

How to submit

General info

Services

Drugs

Special programs

**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-aamt, J0896)

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

- Cinqair (reslizumab, J2786)
- Fasenra (benralizumab, J0517)
- Nucala (mepolizumab, J2182)
- Tezspire (tezepelumab-ekko, J2356)
- Xolair (omalizumab, J2357)

**Rybrevant** (amivantamab-vmjw, J9061)

**Ryplazim** (plasminogen, human-tvmh, J2998)

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

**Sarclisa** (isatuximab-irfc, J9227)

**Skysona/Lenti-D** (elivaldogene autotemcel or eli-cel, J3490, J3590, C9399)

**Somatostatin agents:**

- Bynfezia (octreotide, J2354)
- Lanreotide (ciplā, J1932) — precertification required effective March 1, 2023
- Sandostatin (octreotide, J2354)
- Sandostatin LAR (octreotide acetate, J2353)
- Signifor (pasireotide, J3490, J3590)
- Signifor LAR (pasireotide, J2502)

**Somatostatin agents (continued):**

- Somatuline (lanreotide, J1930)
- Somavert (pegvisomant, J3490, J3590)

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

**Spravato** (esketamine, S0013)

**Synagis** (palivizumab, 90378)

**Tecvayli** (teclistamab-cqyv, J3490, J3590, C9399, J9999)

**Tivdak** (tisotumab vedotin-tftv, J3490, J3590)

**Treanda** (bendamustine HCl, J9033)

**Trodelyv** (sacituzumab govitecan-hziy, J9317)

**Tzield** (teplizumab-mzwv, J3490, C9399) — precertification required effective March 17, 2023

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

**Vectibix** (panitumumab, J9303)

**Vegzelma** (bevacizumab-adcd, J3490, J3590, C9399, J9999) — precertification required for oncology indications only

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

How to submit

General info

Services

Drugs

Special programs

**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)

**Vivimusta** (bendamustine hydrochloride, J3490, J3590, C9999, J9999) — precertification required effective March 17, 2023

**Xgeva** (denosumab, J0897)

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

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

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

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

**Zulresso** (brexanolone, J1632)

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

**Zynteglo** (betibeglogene autotemcel, J3490, J3590, C9399)

[How to submit](#)[General info](#)[Services](#)[Drugs](#)[Special programs](#)

## Breast and Ovarian Cancer Susceptibility Screening (BRCA) — 1-877-794-8720

See “[Federal Employee Health Benefit Plans 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), 81432, 81433

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 “[Federal Employee Health Benefit Plans 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**

---



How to submit

General info

Services

Drugs

Special programs

## Cataract surgery

### Georgia Medicare

Contact iCare Health Solutions to ask for preauthorization for cataract surgery related requests. You can reach iCare at **1-844-210-7444**.

### Florida Medicare

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

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

33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0614T, 0742T

78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 93350, 93351, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597, 0501T, 0502T, 0503T, 0504T, C9762, C9763

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

How to  
submitGeneral  
info

Services

Drugs

Special  
programs

## Hip and knee arthroplasties

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

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

See “[Federal Employee Health Benefit Plans and Student Health plan information](#)” in the General information section for more guidance.

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](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 “[Federal Employee Health Benefit Plans and Student Health plan information](#)” in the General information section for more guidance.

---

[How to submit](#)[General info](#)[Services](#)[Drugs](#)[Special programs](#)

## Mental health or substance abuse services precertification

See the member's ID card. See "[Federal Employee Health Benefit Plans 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:

- Chimeric Antigen Receptor T-Cell Therapy (CAR-T) drugs
- All major organ transplant evaluations and transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy

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

See "[Federal Employee Health Benefit Plans 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  
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

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

- DC, NC, SC, VA — For all members with plans applicable to this precertification list

## 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 "[Federal Employee Health Benefit Plans 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](https://www.evicore.com)

How to  
submit

General  
info

Services

Drugs

Special  
programs

## 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](https://www.evicore.com)
    - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey
- 

## Polysomnography (attended sleep studies)

95782, 95783, 95805, 95807, 95808, 95810, 95811

See “[Federal Employee Health Benefit Plans 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](https://www.evicore.com)
    - By phone at **1-888-693-3211** between 7 AM and 8 PM ET
    - By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations
  - Providers in New York and northern New Jersey should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
    - Online at [evicore.com](https://www.evicore.com)
    - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey
- 

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

(89290, 89291)

See “[Federal Employee Health Benefit Plans and Student Health plan information](#)” in the General information section for more guidance.

---

How to submit

General info

Services

Drugs

Special programs

## 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 “[Federal Employee Health Benefit Plans 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.

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

### [eviCore healthcare Site of Care](#)

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

How to submit

General info

Services

Drugs

Special programs

## Radiation oncology

77014, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79101, 79403, A9513, A9543, A9606, C9408, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, 0394T, 0395T, 0747T

Proton Beam Radiotherapy: 77520, 77522, 77523, 77525

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

See “[Federal Employee Health Benefit Plans 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](https://www.evicore.com)
  - By phone at 1-888-622-7329

How to submit

General info

Services

Drugs

Special programs

## 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:
  - Anal fistula surgery (46270, 46280)
  - Ankle ligament repair (27698)
  - Arthrocentesis (20605)
  - Breast tissue excision (19120)
  - Carpal tunnel surgery (29848, 64721)
  - Circumcision - older than 28 days of age (54161)
  - Colonoscopy (45378, 45380, 45381, 45384, 45385, 45390)
  - Colposcopy (57454)
  - Complex wound repair (13101, 13132)
  - Conization of cervix (57522)
  - Cystourethroscopy (52000, 52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 57288)
  - Dilation and curettage (D&C) (58120)
  - Esophagogastroduodenoscopy (EGD) (43235, 43239, 43248, 43249, 43251, 43259)
  - Excision of lesion of tendon sheath or joint capsule (26160)
  - Ganglion excision (25111)
  - Hemorrhoidectomy (46250, 46255, 46257, 46258, 46260, 46261, 46262, 46320)
  - Hernia repair (49505, 49560, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49623, 49650, 49651)
  - Hydrocele excision (55040)
  - Hysteroscopy (58558, 58561, 58563, 58565)
  - Implant removal (i.e., screw) (20680)
  - Intranasal dermatoplasty (30620)
  - Intravitreal injection (67028)
  - Iridotomy/iridectomy, laser surgery (66761)
  - Knee joint manipulation under general anesthesia (27570)
  - Laparoscopic cholecystectomy (47562, 47563)

[How to submit](#)[General info](#)[Services](#)[Drugs](#)[Special programs](#)

## Site of Service (continued)

- Subcutaneous soft tissue excision (21552, 21931)
  - Tendon sheath incision (26055)
  - Tenodesis of long tendon of biceps (23430)
  - Tonsillectomy, age 12 and older (42821, 42826)
  - Transurethral electrosurgical resection of prostate (TURP) (52601)
  - Trigger point injections (20553)
  - Turbinate resection (30140)
  - Tympanostomy (69436)
- 

## Whole Exome Sequencing (WES)

(81415, 81416, 81417)

Through our expanded national provider network:

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

Providers can use the [Whole Exome Sequencing \(WES\)](#) form for precertification requests. It's online under the "Medical Precertification" section.

---





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

1013000-01-07 (03/23)