

Participating provider precertification list for Aetna[®]

Effective October 1, 2022

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

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

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



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



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

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This information applies to:

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

This information doesn't apply to members in a Traditional Choice® plan, 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 October 1, 2022.

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

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

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

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

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

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



What happens next

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



How we make coverage determinations

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



Questions?

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

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

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

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You should know

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

Special information for members in Texas

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

Coverage changes and updates

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

For more information

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

Innovation Health

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

Maternity information

We require precertification for maternity and newborn stays that are more than the standard length of stay (LOS). Standard LOS for:

- Vaginal deliveries is three days or fewer
- Cesarean section is five days or fewer

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Oral medications and injections

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

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

For drugs administered orally, by injection or infusion:

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

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

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For more information, read all general precertification guidelines

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

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

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

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	Procedure name/description	CPT code(s)
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
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, 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

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

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		Procedure name/description	CPT code(s)	
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		
19.		Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	21120*, 21121*, 21122*, 21123*, 21125*, 21127*, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208*, 21209*, 21210*, 21215, D7296, D7297, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7955, D7995, D7996, 21010, 21050, 21060, 21070, 21073, 21240, 21242, 21243, 21244, 21247, 21255, 21480, 21485, 21490, 21497, 29800, 29804, D6050, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7899, D7991	
20.		Osseointegrated implant*	69714, 69716, L8690, L8691, L8692, L8693	
21.		Osteochondral allograft/knee*	27415	
22.		Private duty nursing	S9123, S9124, T1000, T1030, T1031	

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

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	Procedure name/description	CPT code(s)
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:	<ul style="list-style-type: none"> • Blepharoplasty* 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 <hr/> • Breast reconstruction/ breast enlargement* 19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068 <hr/> • Breast reduction/mammoplasty* 19316, 19318, 19325, 19328, 19330 <hr/> • Excision of excessive skin due to weight loss* 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847 <hr/> • Gastroplasty/gastric bypass 43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999 <hr/> • Lipectomy or excess fat removal* 15876, 15877, 15878, 15879 <hr/> • 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.

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	Procedure name/description	CPT code(s)
26.	Site of service	For commercial members only, see special programs for more information.
27.	Spinal procedures, such as:	<ul style="list-style-type: none"> • Artificial intervertebral disc surgery (cervical spine) 22856, 22858, 22861 <hr/> • Arthrodesis for spine deformity 22800, 22802, 22804, 22808, 22810, 22812 <hr/> • Cervical laminoplasty 63050, 63051 <hr/> • Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267 <hr/> • Kyphectomy* 22818, 22819 <hr/> • Laminectomy with rhizotomy 63185, 63190 <hr/> • Spinal fusion surgery C1821, 22210, 22214, 22220, 22222, 22224, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22859, 27279, 27280 <hr/> • Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091

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

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	Procedure name/description	CPT code(s)
28.	Uvulopalatopharyngoplasty, including laser- assisted procedures*	42145, 42140, 42299, S2080
29.	Ventricular assist devices	33975, 33976, 33977, 33978, 33979, 33980, 33981, 33982, 33983, 33990, 33991, 33992, 33993, 33995, 33997, 92970
30.	Whole exome sequencing	81415, 81416, 81417

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

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

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

- Precertification of pharmacy-covered specialty drugs
 - For the Foreign Service Benefit Plan, call Express Scripts at **1-800-922-8279**
 - For MHBP and the Rural Carrier Benefit Plan, call CVS Caremark® at **1-800-237-2767**
- 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

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]
Hemlibra	emicizumab-kxwh
Hemofil M	antihemophilic factor [human]

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Blood-clotting factors (continued)

Drug name	Description
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]
Wilate	von Willebrand factor/coagulation factor VIII complex [human]
Xyntha, Xyntha Solofuse	antihemophilic factor [recombinant]

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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

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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

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) — 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-gqqk, J9348)

Darzalex (daratumumab, J9145)

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

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Darzalex Faspro (daratumumab and hyaluronidase-fihj, J9144)

Empliciti (elotuzumab, J9176)

Enjaymo (Sutimlimab-jome, J1302) — 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 (alglucosidase alfa, J0220, J0221) — precertification for the drug and site of care required
- Mepsevii (vestronidase alfa-vjbjk, 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

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

Evrydsi (risdiplam, J8499)

Feraheme (ferumoxytol, Q0138, Q0139)

Fusilev (levoleucovorin, J0641)

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

Gattex (teduglutidem, J3490)

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

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

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Granulocyte-colony stimulating factors:

- Fulphila (pegfilgrastim-jmdb, Q5108)
- Fylnetra (pegfilgrastim-pbbk, J3490, J3590, C9399) – precertification required effective October 25, 2022
- 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) – precertification required effective May 25, 2022
- 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 effective September 1, 2022
- Sogroya* (somapacitan-beco, J3490, J3590) — precertification required for Medicare Advantage members only effective September 1, 2022

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)

Hereditary angioedema agents (continued):

- 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, J3490, J3590, C9399) — precertification required effective September 22, 2022
- 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)

Ilaris* (canakinumab, J0638)

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

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Imlygic (talimogene laherparepvec, J9325)

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

- Asceniv (immune globulin, C9072)
- Bivigam (immune globulin, J1556)
- Carimune NF (immune globulin, J1566)
- Cutaquig (immune globulin, 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)
- Cosentyx* (secukinumab, J3490, J3590) — precertification required for Medicare Advantage members only effective September 1, 2022

Immunologic agents (continued):

- Enspryng* (satralizumab, J3490, J3590) — precertification required for Medicare Advantage members only effective September 1, 2022
- 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 effective September 1, 2022
- 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, J3490, J3590) — precertification required for Medicare Advantage members only effective September 1, 2022
- Skyrizi IV (Risankizumab-rzaa, J3490, J3590, C9399) — precertification required effective September 12, 2002
- Stelara* (ustekinumab, J3357) — precertification required for Medicare Advantage members only effective September 1, 2022
- Stelara IV (ustekinumab, J3358)
- Tremfya* (guselkumab, J1628) — precertification required for Medicare Advantage members only effective September 1, 2022
- Truxima (rituximab-abbs, Q5115)

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

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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 (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) — precertification required effective April 15, 2022

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)

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

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) — precertification required for Medicare Advantage members only effective September 1, 2022
Kesimpta* (ofatumumab, J3490, J3590) — precertification required for Medicare Advantage members only effective September 1, 2022
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:

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

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

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Exondys 51 (eteplirsen, J1428) — precertification for the drug and site of care required
 Viltepsa (viltolarsen, J1427) — precertification for the drug and site of care required

Muscular dystrophy drugs (continued):

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)

Ophthalmic injectables:

Beovu (brolucizumab-dblb, J0179)
 Byooviz (ranibizumab-nuna, Q5124)
 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) — precertification required effective February 1, 2022
 Tepezza (teprotumumab-trbw, J3241) — precertification for the drug and site of care required
 Vabysmo (faricimab-svoa, J2777) — precertification required effective May 1, 2022

Osteoporosis drugs:

— precertification required for Medicare Advantage members only effective September 1, 2022
 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) — precertification required effective July 1, 2022
 Tecentriq (atezolizumab, J9022)

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



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Pepaxto (melphalan flufenamide, J9247)

Polivy (polatuzumab vedotin-piiq, J9309)

Provenge (sipuleucel-T, Q2043)

Pulmonary arterial hypertension drugs:

- (J1325, J3285, J7686, J7699, Q4074)
- All epoprostenol sodium and sildenafil citrate*
- Flolan (epoprostenol sodium)
- Remodulin (treprostinil sodium)
- Tyvaso (treprostinil)
- Veletri (epoprostenol sodium)
- Ventavis (iloprost)

Reblozyl (luspatercept-aamt, J0896)

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

- Cinqair (reslizumab, J2786)
- Fasenra (benralizumab, J0517)
- Nucala (mepolizumab, J2182)
- Tezspire (tezepelumab-ekko, J2356) — precertification for the drug and site of care required effective March 23, 2022
- 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)

Somatostatin agents:

- Bynfezia (octreotide, J2354)
- Sandostatin (octreotide, J2354)
- Sandostatin LAR (octreotide acetate, J2353)

Signifor (pasireotide, J3490, J3590)

Somatostatin agents (continued):

- 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)

Tivdak (tisotumab vedotin-tftv, J3490, J3590)

Treanda (bendamustine HCl, J9033)

Trodelyv (sacituzumab govitecan-hziy, J9317)

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

Vectibix (panitumumab, J9303)

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

Viscosupplementation:

- (J7320, J7321, J7322, J7323, J7324, J7325, J7326, J7327, J7328, J7329, J7331, J7332, Q9980)
- Durolane (Hyaluronic acid)
- Euflexxa, Hyalgan, Genvisc, Supartz FX, TriVisc, Visco 3 (sodium hyaluronate)
- Gel-One (cross-linked hyaluronate)
- Gelsyn-3, Hymovis (hyaluronic acid)
- Monovisc, Orthovisc (sodium hyaluronate)
- Synojynt, Triluron (1% sodium hyaluronate)
- Synvisc, Synvisc-One (hylan)

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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**

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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, 33229, 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

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Hip and knee arthroplasties

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

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](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

(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.

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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, NC, SC, VA — For all members with plans applicable to this precertification list
- Program also applies to members in 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

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

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

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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 “[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](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 “[Foreign Service and Student Health plan information](#)” in the General information section for more guidance.

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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

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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](https://www.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)

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Whole Exome Sequencing (WES)

(81415, 81416, 81417)

Through our expanded national provider network:

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

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



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

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