

**Retiree Health Plan Advisory Board
Modernization Subcommittee Meeting Agenda**

Date: Thursday September 8, 2022 [OnlinePublicNotices](#)
Time: 09:00 am – 12:00 pm
Location: Video Tele-Conference only
Teleconference: Phone: (907) 202-7104 ID: 116 923 264 8
[Click here to join the meeting](#)
Committee Members: Cammy Taylor, Nanette Thompson, Mauri Long

09:00 am Call to Order – Cammy Taylor, Modernization Subcommittee Chair

- Roll Call and Introductions
- Approval of Agenda
- Ethics Disclosure

09:10 am Working Session

- Precertification Process
- GCIT Designated Network

11:50 pm Public Comment

12:00 pm Adjourn



Proposal Title	Precertification Penalty Removal - DRAFT
Health Plan Affected	AlaskaCare Retiree Health Plan
Proposed Effective Date	January 1, 2023
Reviewed By	Retiree Health Plan Advisory Board
Review Date	September 8, 2022

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1) Background

Precertification is a process used by medical plan administrators to confirm the medical necessity of care for certain procedures before services are delivered. Precertification helps members and their providers determine whether the services being recommended are covered expenses under the terms of the AlaskaCare Retiree Health Plan (Plan). Precertification typically considers whether the proposed procedure or service is clinically appropriate for that individual member. Precertification is a standard component of mainstream health plans.

Precertification Requirements

AlaskaCare’s precertification process is handled by the current medical Third-Party Administrator (Aetna). Aetna creates and maintains a publicly available Participating Provider Precertification List, also known as

the National Precertification List (NPL) that details the services requiring precertification.¹ Behavioral Health (BH) services requiring precertification are detailed on a separate BH precertification list.² Aetna’s NPL and BH precertification lists are applicable to providers who have agreed to participate in Aetna’s network. As part of their contract, network providers agree to precertify these services on behalf of their patients. If a network provider fails to precertify one of these services, Aetna may conduct a retrospective review after claims are received to determine if the services were appropriate and medically necessary. If the retrospective review determines the services delivered by the network provider are not eligible for payment, the claim for that service may be denied, but the member will be held harmless.

The AlaskaCare Retiree Insurance Information Booklet contains unique, specific requirements³ related to precertification. When Plan members receive services from network providers, that provider is responsible for obtaining precertification. There is no additional out-of-pocket cost to the member as a result of a network provider’s failure to precertify services. When a member receives services from an out-of-network provider, though the provider *may* obtain precertification on the member’s behalf, the member is ultimately responsible for obtaining the necessary precertification for any services listed in the Plan booklet under *Section 3.2.2, Services Requiring Precertification*. If a service is not precertified, it does not necessarily mean that it will not be covered by the Plan. If a retrospective review determines that the services met medical necessity requirements, the Plan would still provide coverage. However, if the appropriate precertification is not obtained for services delivered by an out-of-network provider, the Plan’s benefits will be reduced or limited as outlined in Table 1 below. Currently, these benefit reductions are applied even if the service is deemed medically necessary and eligible for coverage.

The Plan also contains an AlaskaCare-specific requirement that members must precertify travel expenses prior to traveling. During the precertification process for travel benefits, Aetna uses information submitted by the member (e.g., proposed travel dates and locations) to determine the maximum payable benefit for that instance of travel (the cost of coach class commercial air transportation from the site of the illness or injury to the nearest professional treatment). If a member fails to precertify their travel, no travel benefits will be paid.

Table 1. Plan Penalties for Failure to Precertify Services⁴

Circumstance	Penalty
Failure to obtain precertification for certain medical services.	\$400 benefit reduction
In-patient mental disorder treatment without precertification.	Coinsurance is reduced from 80% to 50%
Individual limit per benefit year on substance abuse treatment without precertification. <i>Subject to change every three years.</i>	\$12,715

¹ See <https://www.aetna.com/content/dam/aetna/pdfs/health-care-professionals/2022-precert-list.pdf> and Attachment 1.

² See https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/healthcare-professionals/documents-forms/bh_precert_list.pdf and Attachment 2.

³ 2022 AlaskaCare Retiree Insurance Information Booklet. Section 3.2 *Precertification*.

⁴ 2022 AlaskaCare Retiree Insurance Information Booklet. Section 1.1 *Medical Benefits*.

Individual lifetime maximum on substance abuse treatment without precertification. <i>Subject to change every three years.</i>	\$25,430
Travel benefits without precertification.	No benefits will be paid
Failure to obtain precertification for use of an out-of-network provider for preventive care services	\$400 benefit reduction does not apply, however all charges incurred for preventive care services in this circumstance will be subject to normal cost sharing provisions

Services Requiring Precertification

As noted above, Aetna maintains and actively updates the lists of services requiring precertification that apply to their contracts with network providers. The Plan booklet contains a list of services requiring precertification specific to the AlaskaCare plan. These two lists overlap considerably but are not exactly the same. Table 2 provides a comparison of services appearing on both lists, with differences between the two lists called out in **bold**.

Table 2. Services Requiring Precertification: Aetna NPL vs. AlaskaCare Comparison

Service	Aetna NPL	AlaskaCare
Medical Services		
Inpatient stays: hospital	x	x
Inpatient stays: skilled nursing facility	x	x
Inpatient stays: rehabilitation facility	x	x
Inpatient stays: maternity/newborn, exceeding the standard length of stay	x	<i>not specifically noted, but covered under "stays in a hospital"</i>
Inpatient admissions: behavioral health [BH NPL]	x	<i>not specifically noted, but covered under "stays in a hospital"</i>
Inpatient stays: hospice facility		x
Outpatient hospice care		x
Home health care		x
Air Ambulance	x	x (for non-emergent transportation only)
Ground Ambulance (non-emergent)		x
Applied behavioral analysis (ABA) [BH NPL]	x	x
Arthroscopic hip surgery	x	
Autologous chondrocyte implantation	x	x
Chiari malformation decompression surgery	x	
Cochlear device and/or implantation	x	x
Cognitive skills development		x
Customized braces (physical - i.e. non-orthodontic braces)		x
Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent	x	x (preventive care services)
Dental implants	x	x

Service	Aetna NPL	AlaskaCare
Dialysis visits	x (for network provider at out-of-network facility)	x (all dialysis visits)
Dorsal column (lumbar) neurostimulators: trial or implantation	x	x
Electric or motorized wheelchairs and scooters	x	x
Endoscopic nasal balloon dilation procedures	x	
Functional endoscopic sinus surgery	x	
Gender affirmation surgery	x	
Gastrointestinal tract imaging through capsule endoscopy		x
Hyperbaric oxygen therapy	x	x
Infertility services and pre-implantation genetic testing	x	
Limb prosthetics	x (lower limb prosthetics only)	x (all limb prosthetics)
Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider	x	
Oncotype DX (a method for testing genes that are in cancer cells)		x
Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	x	x
Osseointegrated implant	x	x
Osteochondral allograft/knee	x	x
Partial hospitalization programs (PHPs) [BH NLP]	x	
Private duty nursing	x	x
Proton beam radiotherapy	x	x
Reconstructive or other procedures that may be considered cosmetic	x	x
Residential treatment center (RTC) admissions [BH NLP]	x	<i>not specifically noted, but covered under "stays in a hospital" and/or "stays in a rehabilitation facility"</i>
Shoulder arthroplasty including revision procedures	x	
Spinal procedures (surgical)	x	x
Transcranial magnetic stimulation (TMS) [BH NPL]	x	
Uvulopalatopharyngoplasty, including laser- assisted procedures	x	x
Ventricular assist devices	x	x
Whole exome sequencing	x	
Travel		x
Medical Pharmacy/Special Programs		
Blood clotting factors (outpatient infusion for entire drug class)	x	
Certain specialty medications (covered through medical pharmacy)	x	
BRCA genetic testing	x	
Chiropractic precertification	<i>Not Applicable</i>	<i>Not Applicable</i>
Cataract surgery	<i>Not Applicable</i>	<i>Not Applicable</i>

Service	Aetna NPL	AlaskaCare
Diagnostic cardiology (cardiac rhythm implantable devices, cardiac catheterization) (non-emergent)	<i>Not Applicable</i>	<i>Not Applicable</i>
Hip and knee arthroplasties	<i>Not Applicable</i>	<i>Not Applicable</i>
Home health care	<i>Not Applicable</i>	<i>Not Applicable</i>
Infertility program	<i>Not Applicable</i>	<i>Not Applicable</i>
Mental health or substance abuse services precertification	x <i>see BH precert list</i>	some but not all
National Medical Excellence Program	x	x
Outpatient PT and OT	<i>Not Applicable</i>	<i>Not Applicable</i>
Pain management	<i>Not Applicable</i>	<i>Not Applicable</i>
Polysomnography	<i>Not Applicable</i>	<i>Not Applicable</i>
Pre-implantation genetic testing	<i>Not Applicable</i>	<i>Not Applicable</i>
Radiology imaging	<i>Not Applicable</i>	<i>Not Applicable</i>
Radiation oncology	<i>Not Applicable</i>	<i>Not Applicable</i>
Site of service	<i>Not Applicable</i>	<i>Not Applicable</i>

2) Goals and Objectives

Removing the Plan's penalties related to precertification and aligning the plan's precertification requirements with the Third-Party Administrator's requirements is intended to:

1. Align precertification requirements to conform with changed evidence, practices and emerging technologies.
2. Ensure medical necessity is determined in advance of services being rendered for certain procedures or treatments.
3. Ease administrative tasks for members and providers.
4. Support members needing to travel to obtain services.
5. Remove barriers to behavior health treatment.

3) Summary of Proposed Changes

Precertification Penalties

This proposal contemplates removing the Plan's penalties and benefit limitations associated with failure to obtain precertification for services as detailed in Table 3 below.

Table 3. Failure to Obtain Precertification: Proposed Changes

Circumstance	Current Penalty	Proposed Change
Failure to obtain precertification for certain medical services obtained from out-of-network provider.	\$400 benefit reduction	No benefit reduction
In-patient mental disorder treatment without precertification.	Coinsurance is reduced from 80% to 50%	No coinsurance reduction
Individual limit per benefit year on substance abuse treatment without precertification. <i>Subject to change every three years.</i>	\$12,715	No benefit limitation

Individual lifetime maximum on substance abuse treatment without precertification. <i>Subject to change every three years.</i>	\$25,430	No lifetime maximum limitation
Travel benefits without precertification.	No benefits will be paid	Travel benefits will be capped at \$500 per instance of travel, not to exceed actual travel costs
Failure to obtain precertification for use of an out-of-network provider for preventive care services	\$400 benefit reduction does not apply, however all charges incurred for preventive care services in this circumstance will be subject to normal cost sharing provisions	No change

Obtaining precertification for services listed or referenced in the Plan booklet under *Section 3.2.2 Services Requiring Precertification* will still be required (for both network and out-of-network providers), as the member (and provider) run the risk of incurring significant charges for services that may not be eligible for coverage under the terms of the plan. A precertification determination mitigates this risk and ensures that the member knows what to expect after their claims have been submitted. However, under this proposal there will be no benefit reduction applied to services or treatment received by members from an out-of-network provider which were not precertified.

As noted above, precertification requests for travel expenses provide Aetna with information necessary to adjudicate the claim. Without a precertification request, it is difficult to determine the maximum payable benefit for that instance of travel. This amount can vary greatly depending on the member's location and treatment requirements. Due to this variability, this proposal contemplates maintaining the requirement that member precertify travel expenses. However, rather than paying no benefits for travel that was not precertified but would otherwise be eligible for coverage, the maximum payable benefit for non-precertified travel benefits would be capped at \$500 per instance of travel, not to exceed actual travel costs.⁵ If members do precertify their travel, their maximum payable benefit would be determined from the information specific to their circumstances and would remain the same as it is today: the cost of coach class commercial air transportation from the site of the illness or injury to the nearest professional treatment.

Services Requiring Precertification

This proposal contemplates updating the Plan Booklet's language related to services requiring precertification to align with Aetna's NPL and BH precertification list. This change would both remove items from the current precertification list and add items that do not appear in the Plan Booklet currently.

While the proposed Plan Booklet update would detail common services requiring precertification, the language would incorporate Aetna's publicly available NPL and BH precertification lists by reference to ensure that the Plan's coverage provisions keep up with changing medical technology.

⁵ In 2021, average per claim reimbursement for travel expenses was as follows: Q1 \$408, Q2 \$419, Q3 \$423, Q4 \$463, CY21 \$428. AlaskaCare Retiree Plan CY2021 Annual Reporting, Aetna Service Update.

Though it is not Aetna standard, the requirement for travel to be precertified would remain.

Member Impact | Minimal

The member impact is expected to be minimal and positive. Removing the precertification penalties makes it easier for member to access their benefits and removes some of the perceived red tape sometimes associated with submitting claims. In particular, removing the penalty for failure to precertify travel is expected to ease the administrative burden for members associated with traveling to obtain care. Due to the remote nature of the state, many AlaskaCare members find themselves in the position of needing to travel in order to seek medical attention.

Because the \$400 penalty can practically only be applied to claims that are eligible for payment, and the travel penalty impacts claims that would have otherwise been covered, it is only people receiving covered services who are truly impacted by the current penalties. Removing these penalties will positively impact members seeking covered services.

To provide a sense of the number of members who may be impacted by this change, Table 4 provides an overview of the number of members who have been impacted by precertification penalties in recent years.

Table 4. Volume of Penalties for Failure to Precertify Services

Reporting Period	Failure to Precert. OON Services	Failure to Precert. Mental Disorder	Failure to Precert. Travel	Total
2022 YTD	518	55	13	586
2021	840	93	35	968
2020	648	81	40	769

In addition, so far in 2022 the following volumes of members are impacted by the Plan's current limitations on substance abuse treatment without precertification:

- \$12,715 individual limit per benefit year on substance abuse treatment without precertification
 - 8 members have incurred claims that accrue towards this limit. All 8 members remain active members of the Plan
 - 2 of those 8 members have reached the calendar year maximum.
- \$25,430 individual lifetime maximum on substance abuse treatment without precertification
 - 4 members reached this lifetime maximum, 2 of whom have termed from the Plan.
 - 91 other members have incurred claims that accrue towards the \$25,430 lifetime maximum, but have not yet reached the lifetime maximum for these services. 22 of those members have termed from the Plan.

Financial Impact to AlaskaCare | Minimal Cost Increase

A minimal cost increase to the Plan is expected as a result of this change. This financial impact will be the result of the Plan foregoing monetary penalties for failure to precertify services that are currently collected from retirees. The annual impact to the plan is expected to be a cost increase of approximately \$1-1.25 million, or a 0.15-.020% increase in additional annual costs to the plan.⁶

⁶ Segal Consulting, Memorandum: Removal of Retiree Plan Precertification Requirements. September 2, 2022.

Actuarial Impact to AlaskaCare | Neutral

The proposed change is an administrative change that does not change coverage or limit access to necessary care, and as such would not have an actuarial impact on the Plan.⁷

Operational Impact (DRB) | Minimal

The Division anticipates the initial operational impacts associated with implementation and member communication to be moderate, given the following considerations:

- Staff will need to create, review, and distribute communications to educate and increase awareness of the impacts to members associated with the removal of the precertification penalties and updates to the travel coverage.
- Staff will need to initiate the process for amending the Plan Booklet.
- Staff will need to coordinate and oversee implementation of the changes with Aetna.

After implementation, the ongoing operational impacts are anticipated to be minimal, and will include reporting, fiscal impact monitoring, and updates to communication materials as appropriate.

Operational Impact (TPA) | Minimal

The operational impact to Aetna is anticipated to be minimal, given the following considerations:

- Aetna will need to update and test their internal precertification and travel claim processing workflows and systems to ensure that the changes are appropriately applied and implemented.

After implementation, the ongoing operational impacts are anticipated to be minimal, and will include preparing reporting, fiscal impact monitoring, and updates to communication materials as appropriate.

4) Proposal Recommendations

DRB Recommendation

The Division of Retirement and Benefits recommends implementation of this proposal, effective January 1, 2023.

RHPAB Board Recommendation

Insert the RHPAB recommendation here when final along with any appropriate comments.

Description	Date
Reviewed by Modernization Subcommittee	09/08/2022
Reviewed by RHPAB	

Attachments

Attachment 1	Participating Provider Precertification List for Aetna (National Precertification List)
Attachment 2	Behavioral Health Precertification List for Aetna
Attachment 3	Segal Consulting, Memorandum: Removal of Retiree Plan Precertification Requirements. September 2, 2022.

⁷ Segal Consulting, Memorandum: Removal of Retiree Plan Precertification Requirements. September 2, 2022.

Participating provider precertification list for Aetna[®]

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

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This information applies to:

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

This information doesn't apply to members in a Traditional Choice® plan, an indemnity plan, a Foreign Service Benefit Plan, a Mail Handlers Benefit Plan or a Rural Carrier Benefit Plan.

This document was last updated on September 1, 2022.



How to submit

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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.



Services that require precertification (continued)

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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.



Services that require precertification (continued)

How to submit	General info	Services	Drugs	Special programs
		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.



How to submit	General info	Services	Drugs	Special programs
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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 may be 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.



How to submit	General info	Services	Drugs	Special programs
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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"> <li data-bbox="868 527 1523 632">• Artificial intervertebral disc surgery (cervical spine) 22856, 22858, 22861 <hr/> <li data-bbox="868 659 1523 722">• Arthrodesis for spine deformity 22800, 22802, 22804, 22808, 22810, 22812 <hr/> <li data-bbox="868 749 1523 812">• Cervical laminoplasty 63050, 63051 <hr/> <li data-bbox="868 840 1523 1113">• 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/> <li data-bbox="868 1140 1523 1203">• Kyphectomy* 22818, 22819 <hr/> <li data-bbox="868 1230 1523 1293">• Laminectomy with rhizotomy 63185, 63190 <hr/> <li data-bbox="868 1320 1523 1593">• 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/> <li data-bbox="868 1621 1523 1684">• 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.



How to submit

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Special programs

	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.



How to submit

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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, 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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Special programs

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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Special programs

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, J3490, J3590, C9098) — precertification required effective May 27, 2022
 Kymriah (tisagenlecleucel, Q2042)
 Tecartus (brexucabtagene autoleucel, Q2053)
 Yescarta (axicabtagene ciloleucel, Q2041)

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

Cosela (Trilaciclib, J1448)

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

Cyramza (ramucirumab, J9308)

Danyelza (naxitamab-gqqgk, 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, J3490, J3590, C9094) — precertification for the drug and site of care required effective May 1, 2022

Enzyme replacement drugs:

- Aldurazyme (laronidase, J1931) — precertification for the drug and site of care required
- Brineura (cerliponase alfa, J0567)
- Cerezyme (imiglucerase, J1786) — precertification for the drug and site of care required
- Elaprase (idursulfase, J1743) — precertification for the drug and site of care required
- Elelyso (taliglucerase alfa, J3060) — precertification for the drug and site of care required
- Fabrazyme (agalsidase beta, J0180) — precertification for the drug and site of care required
- Kanuma (sebelipase alfa, J2840) — precertification for the drug and site of care required
- Lumizyme (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
-

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) — 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)
- Granix (tbo-filgrastim, J1447)
- Leukine (sargramostim, J2820)
- Neulasta (pegfilgrastim, J2506)
- Neupogen (filgrastim, J1442)
- Nivestym (filgrastim-aafi, Q5110)
- Nyvepria (pegfilgrastim-apgf, Q5122)
- Releuko (filgrastim-ayow, J3490, J3590, C9096) — precertification required effective May 25, 2022
- Udenyca (pegfilgrastim-cbvq, Q5111)
- Zarxio (filgrastim-sndz, Q5101)
- Ziextenzo (pegfilgrastim-bmez, Q5120)

Growth hormone:

- 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)
- Haegarda (C1 esterase inhibitor subcutaneous [human], J0599)
- Kalbitor (ecallantide, J1290)
- Ruconest (C1 esterase inhibitor, J0596)

Hereditary angioedema agents (continued):

- 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)

Imlygic (talimogene laherparepvec, J9325)

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



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

- Asceniv (immune globulin, C9072)
- Bivigam (immune globulin, J1556)
- Carimune NF (immune globulin, J1566)
- Cutaquig (immune globulin, J1551)
- Cuvitru (immune globulin SC [human], J1555)
- Flebogamma (immune globulin, J1572)
- GamaSTAN S/D (immune globulin, J1460, J1559)
- Gammagard, Gammagard S/D (immune globulin, J1569)
- Gammaked (immune globulin, J1561)
- Gammaplex (immune globulin, J1557)
- Gamunex-C (immune globulin, J1561)
- Hizentra (immune globulin, J1559)
- HyQvia (immune globulin, J1575)
- Octagam (immune globulin, J1568)
- Panzyga (immune globulin, J1599)
- Privigen (immune globulin, J1459)
- Xembify (immune globulin, J1558)

Immunologic agents:

- 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
- Enspryng* (satralizumab, J3490, J3590) — precertification required for Medicare Advantage members only effective September 1, 2022

Immunologic agents (continued):

- 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)
- Vyvgart (efgartigimod alfa-fcab, J9332) — precertification required effective March 15, 2022

*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

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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, J3490, J3590, C9095)
— 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)
- Firmagon (degarelix, J9155)
- Lupron Depot (leuprolide acetate, J9217), 7.5 mg — precertification required for oncology indications only

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

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

*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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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-dbl, 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, J3490, J3590, C9097) — 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)

Osteoporosis drugs (continued):

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 (relatlimab and nivolumab, J3490, J3590) — precertification required effective July 1, 2022

Tecentriq (atezolizumab, J9022)

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.



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

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

Vectibix (panitumumab, J9303)

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

Viscosupplementation:

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

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

Xgeva (denosumab, J0897)**Xofigo** (radium Ra 223 dichloride, A9606)

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



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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, GA, NC, SC, VA — For all members with plans applicable to this precertification list
- Program also applies to members in Chicago, northern IL and northwest IN (Lake and Porter counties)
- For DE, NJ, NY, PA, WV members with certain commercial plans, and Aetna Medicare Advantage plans, applicable to this precertification list

Through National Imaging Associates **1-866-842-1542**

Online at www.RADMD.com

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
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey
-

Polysomnography (attended sleep studies)

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

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

Precertification for all members with plans applicable to this precertification list when performed in any facility except inpatient, emergency room and observation bed status

- Providers in all states where applicable should contact eviCore healthcare to request preauthorization. Exception: New York and northern New Jersey. You can reach eviCore healthcare:
 - Online at evicore.com
 - By phone at **1-888-693-3211** between 7 AM and 8 PM ET
 - By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations
 - Providers in New York and northern New Jersey should contact eviCore healthcare to request preauthorization. You can reach eviCore healthcare:
 - Online at evicore.com
 - By phone at **1-888-622-7329** for New York or **1-888-647-5940** for northern New Jersey
-

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

(89290, 89291)

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

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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
 - 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.

1013000-01-02 (9/22)

Services that require precertification* or authorization

The behavioral health precertification list

These behavioral health services require precertification or authorization**

This requirement applies only to services covered under the member's benefits plan, including:

- Applied behavioral analysis (ABA)
- Inpatient admissions
- Partial hospitalization programs (PHPs)
- Residential treatment center (RTC) admissions
- Transcranial magnetic stimulation (TMS)

How to request precertification or authorization

Behavioral health services, which include treatment for substance use disorders, require either precertification or authorization, as outlined above. You can submit an electronic precertification request on **Availity.com**, our provider website.

Or you can choose any other website that allows precertification requests. Go to **Aetna.com/provider/vendor** to see our vendor list.

You can also inquire electronically about previously submitted requests.

Go to **AetnaElectronicPrecert.com** for more information about precertification.

The information in this document applies to:*** Aetna Choice® Point-of-Service (POS), Aetna Choice POS II, Aetna Health Network OnlySM, Aetna Health Network OptionSM, Aetna HealthFund®, Aetna MedicareSM Plan Health Maintenance Organization (HMO), Aetna MedicareSM Plan Preferred Provider Organization (PPO), Aetna Open Access® Elect Choice®, Aetna Open Access HMO, Aetna Open Access Managed Choice®, Aetna SelectSM, Choose and SaveSM, HMO, Managed Choice POS, Open Access Aetna SelectSM, Open Choice®, Quality Point-of-Service® (QPOS®), Savings Plus, and Traditional Choice® benefits plans, as well as to all products that may include the Aexcel® networks[†] or the Aexcel or Aexcel Plus designations.

*The term precertification means the utilization review process to determine whether the requested service or procedure meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law as a reliable representation of payment of care or services to fully insured health maintenance organization (HMO) and preferred provider organization (PPO) members.

**Precertification requirements apply unless state law expressly dictates otherwise. As of January 1, 2019, the following services no longer require precertification or authorization: intensive outpatient, outpatient detoxification (ambulatory withdrawal management) and psychological or neuropsychological testing.

***Not all plans are offered in all service areas. Aetna Choice POS, Aetna Choice POS II, Aetna HealthFund Managed Choice, Aetna HealthFund PPO, Aetna Medicare, Aetna Open Access Managed Choice, Aexcel and QPOS benefits plans may include the option for members to elect to go outside the network and receive reduced benefits.

[†]Aexcel is not available with HMO plans. The Aexcel designation is only a guide to choosing a physician. Members should confer with their existing physicians before making a decision. Designations have the risk of error and should not be the sole basis for selecting a doctor.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna). Aetna Behavioral Health refers to an internal business unit of Aetna.



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Memorandum

To: Ajay Desai, Director, Division of Retirement and Benefits
From: Richard Ward, FSA, FCA, MAAA
Date: September 2, 2022
Re: Removal of Retiree Plan Precertification Requirements

The State currently requires retirees to obtain precertification for certain benefits or they are assessed a monetary penalty. The State is considering the impact of removing the monetary penalties associated with failure to pre-certify services. Below is a summary of circumstances and the associated penalty that the State is assessing the impact of removing or adjusting.

Circumstance	Current Penalty	Proposed Change
Failure to obtain precertification for certain medical services obtained from out-of-network provider	\$400 benefit reduction	No benefit reduction
In-patient mental disorder treatment without precertification	Coinsurance is reduced from 80% to 50%	No coinsurance reduction
Individual limit per benefit year on substance abuse treatment without precertification <i>Subject to change every three years</i>	\$12,715	No benefit limitation
Individual lifetime maximum on substance abuse treatment without precertification <i>Subject to change every three years</i>	\$25,430	No lifetime maximum limitation
Travel benefits without precertification	No benefits will be paid	Travel benefits will be capped at \$500, not to exceed actual travel costs

The Plan applies the general benefit provisions, such as deductible, coinsurance and out-of-pocket limits, to determine any portion of the costs that are the member's responsibility. If the member has additional coverage, such as Medicare or other employer provided coverage, any portion of the costs covered by that plan is also considered.

Below is a table outlining the current benefits offered under the Plan:

Deductibles		
Annual individual / family unit deductible	\$150 / up to 3x per family	
Coinsurance		
Most medical expenses	80%	
Most medical expenses after out-of-pocket limit is satisfied	100%	
Second surgical opinions, Preoperative testing, Outpatient testing/surgery • No deductible applies	100%	
Out-of-Pocket Limit		
Annual individual out-of-pocket limit • Applies after the deductible is satisfied • Expenses paid at a coinsurance rate other than 80% do not apply against the out-of-pocket limit	\$800	
Benefit Maximums		
Individual lifetime maximum • Prescription drug expenses do not apply against the lifetime maximum	\$2,000,000	
Annual reinstatement once lifetime maximum is reached	\$5,000	
Individual limit per benefit year on substance abuse treatment without precertification. Subject to change every three years	\$12,715	
Individual lifetime maximum on substance abuse treatment without precertification. Subject to change every three years	\$25,430	
Prescription Drugs	Up to 90 Day or 100 Unit Supply	
	Generic	Brand Name
Network pharmacy copayment	\$4	\$8
Mail order copayment	\$0	\$0

Actuarial Value

We reviewed precertification penalties that have been applied since calendar year 2020. The current assessment is that there is no impact to plan actuarial value due to precertifications being a care management measure that does not limit access to necessary care.

Financial Impact

The financial impact of the proposed changes would be due to the loss of monetary penalties that the State currently collects from retirees. The impact to the Plan is estimated to be approximately \$1,000,000 to \$1,250,000. Based on the most recent retiree medical and pharmacy claims projection of \$646,000,000 for 2023 (dated September 2, 2022), this equates to approximately a 0.15-0.20% increase in additional annual costs to the Plan.

Additional Notes

The data used for this analysis was reviewed, but not audited, and found to be sufficient and credible.

The above projection is an estimate of future cost and is based on information available to Segal at the time the projection was made. Segal has not audited the information provided. A projection is not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, change in demographics, overall inflation rates and claims volatility. Projection of retiree costs takes into account only the dollar value of providing benefits for current retirees during the period referred to in the projection. It does not reflect the present value of any future retiree benefits for active, disabled, or terminated employees during a period other than that which is referred to in the projection, nor does it reflect any anticipated increase in the number of those eligible for retiree benefits, or any changes that may occur in the nature of benefits over time.

The Coronavirus (COVID-19) pandemic continues to evolve and will likely continue to impact the US economy and health plan claims projections for most Health Plan Sponsors in 2022 and beyond. As a result, projections could continue to be altered by emerging events. Segal continues to develop and review plan cost adjustment factors and reports to apply to both short-term and long-term financial projections. Additionally, the potential for additional federal or state fiscal relief is also not contemplated in these budget projections. Additional projections may be out of scope.

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Proposal Title	GCIT Network Benefits - DRAFT
Health Plan Affected	AlaskaCare Retiree Health Plan
Proposed Effective Date	January 1, 2023
Reviewed By	Retiree Health Plan Advisory Board
Review Date	July 20 September 2, 2022

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1) Background

Gene-Based, Cellular, and Other Innovative Therapies

Gene-based, Cellular, and other Innovative Therapies (GCIT) are a relatively new and rapidly advancing area of medical treatment that work by replacing or repairing defective genetic material within a cell. GCIT products are distinct in that they are highly specific, engineered using genetic material, and may require harvesting the patient’s cells (or a donor cell population) to be modified in a laboratory setting before being used to treat the patient.

GCIT services include:

- Cellular immunotherapy
- Genetically modified viral therapy
- Cell and tissue therapy, and more

GCIT products are U.S. Food and Drug Administration (FDA) approved therapies that are intended to treat or cure previously untreatable or difficult to treat conditions such as hemophilia, spinal muscular atrophy, and retinal disease. However, GCIT therapies are typically extremely expensive ranging in cost from \$600,000 to \$2.5 million. Because many of these therapies are new to market, many traditional cost controls and network agreements do not apply, leaving the plan and members with little financial protection and oversight.

Current AlaskaCare Coverage

Currently, the Plan covers GCIT services from both network and non-network providers and facilities. However, because these therapies are so new, charges for these services are not contemplated by many standard network agreements, meaning Aetna and most network providers have not previously established an agreed-upon price.

In limited circumstances, some plans may cover portions of GCIT therapies under both medical and pharmacy plans. However, these treatments are typically complex to administer, requiring specialized equipment, clinical expertise, and specific facility capabilities. Because of these requirements, GCIT therapies are most commonly and appropriately billed through medical plans.

The AlaskaCare Plan currently includes an individual lifetime medical benefit maximum of \$2 million.¹ As a result, GCIT services that are paid through the medical benefit may move retiree plan members closer to meeting their lifetime maximum. While the AlaskaCare Plan has not experienced prices of this magnitude, Aetna has reported other plans have seen charges nearing \$12 million for one course of treatment.

AlaskaCare Gene Therapy Experience

Though conditions treated by GCIT services are usually very rare, the AlaskaCare Employee Plan and the AlaskaCare Retiree Plan have already experienced claims for some of these novel therapies. AlaskaCare has experienced claims for Zolgensma (approximately \$2.1 million per dose) and for Spinraza (approximately \$128,000 per dose, 3-6 doses per year). Both are gene therapy treatments indicated for spinal muscular atrophy, a hereditary condition that most often affects babies and children and causes muscles to become weak and waste away.

2) Goals and Objectives

Implementing the Aetna GCIT Designated Network and associated patient support program is intended to:

1. Ensure members maintain access to necessary treatments
2. Provide members with appropriate logistical and clinical support
3. Reduce member and plan risk and add cost controls for emerging high-cost treatments.

3) Summary of Proposed Changes

Aetna's GCIT Designated Network

The proposed change ensures eligible therapies are covered through providers participating in Aetna's

¹ 2022 AlaskaCare Retiree Insurance Information Booklet, *Section 1.1 Medical Benefits*, and *Section 3.1.5 Lifetime Maximum*. <https://doa.alaska.gov/drb/pdf/ghlb/retiree/AlaskaCareDBRetireeBooklet2022.pdf>

GCIT Designated Network. These providers have been manufacturer-approved to administer the drugs and have agreed to contractual pricing terms for the therapies. Members receiving GCIT services from a designated network medical provider would have access to care coordination and support from a dedicated clinical team with specific GCIT experience. The care coordination team will help AlaskaCare members with the pre-certification process, ensure the member seeking treatment finds the most appropriate facility and provider, work directly with hospitals on claims, and provide answers to any questions that arise.

Aetna's GCIT Governance Committee, consisting of representatives from pharmacy, clinical, operational, finance, actuary, legal, network, and product areas, reviews FDA pipeline therapies to determine appropriate classification for inclusion in the GCIT Designated Network program. All drugs in the FDA pipeline are reviewed and identified as GCIT (or not) in advance of FDA approval. The first three GCIT services to be included in the GCIT Designated Network benefit were selected due to cost and administration criteria. Aetna is in the process of identifying criteria for including other GCIT products into the network benefit. Before any additional GCIT products are included in the benefit, appropriate notification will be provided.

Once a therapy has been identified for inclusion in the GCIT Designated Network benefit, Aetna begins contracting conversations with providers that are identified through information provided by the drug manufacturers or through prior authorization requests. Aetna's criteria for provider participation in the GCIT Designated Network is that they are approved by the manufacturer, they become Aetna credentialed, and that they are willing to execute an Aetna GCIT-specific agreement.

Steering utilization to manufacturer-approved providers helps to ensure that member receive GCIT services from providers that have the right skills and capabilities to safely administer these therapies. Given that GCIT services are highly specialized, most manufacturers will certify centers where their product can be administered safely. Some GCIT products require personalization and specialist care available at a select few sites around the country. GCIT product manufacturers provide on-site training and technical assistance with machine use and calibration where applicable. They also confirm that the facility can handle and store the specific GCIT product in accordance with their guidelines (*e.g.*, proper sterilization techniques or cold storage levels).

Because this area of medicine is relatively new, there are not currently any independent GCIT accrediting organizations. As the industry grows, a more formalized accrediting organization may develop.

Plan Coverage for GCIT Services

Under the proposed program, the Plan would only provide medical plan coverage for GCIT services received from a GCIT-designated provider or facility. No medical plan benefit would be provided for GCIT services received from an out-of-network provider. In addition to plan coverage for the GCIT therapy and associated medical charges, covered services would also include travel and lodging expenses (lodging: \$50 per night per person) up to \$10,000 per course of treatment for the member and a companion if the care must be administered away from the patient's home. Under the current plan benefits only limited travel costs would be reimbursable.

This proposal would clarify that these products are covered under the medical plan, rather than the pharmacy plan. This would align with the current plan language, emerging industry standards, and ensure members are accessing these benefits through a coordinated approach.

This proposal also contemplates excluding the cost of GCIT drugs or products included in the GCIT Designated Network program from accumulating toward a member's lifetime maximum benefit. This exclusion would only apply to the cost of the drug or product and would not apply to the cost of any associated travel expenses or other medical expenses. These other associated expenses (provider, facility, and travel charges) are currently billed through the medical plan and would remain so. GCIT products obtained through the medical benefit that are not part of the GCIT Designated Network program would continue to accrue towards a member's lifetime maximum benefit, as they do today.

To clarify coverage of GCIT services between the medical and pharmacy plans, this proposal contemplates implementing the Pharmacy Benefit Manager's (OptumRx) Medical Benefit Specialty Vigilant Drug Program Exclusion List. This list includes approximately 20 specialty products that meet the following criteria:

1. Designated as an orphan drug² and/or exhibits Gene Therapy technology;
2. Annual drug cost is over \$500,000;
3. Is **not** self-administered; and
4. The first dose may be administered in an inpatient setting.

Some of the drugs on the Medical Benefit Specialty Drug list are Medicare Part D-covered drugs.³ Medicare Part D-covered drugs cannot be excluded from coverage for group Medicare Part D plans, such as the AlaskaCare enhanced Employer Group Waiver Plan (EGWP). As a result, the Medicare Part D-covered drugs on the OptumRx Medical Benefit Specialty Drug list will continue to be covered under both the pharmacy and medical plans for members who participate in the AlaskaCare enhanced EGWP prescription drug plan.

Drugs appearing on the Medical Benefit Specialty Drug list would be covered through the medical benefit (as they are today), rather than the pharmacy benefit. As new products enter the market, this list may evolve and be updated over time.⁴

4) Impacts

Member Impact | Minimal

The Retiree Plan has experienced fewer than five claims for the therapies included in the GCIT Designated Network program across all plans. Out of all drugs currently listed on OptumRx's Medical Benefit Specialty Vigilant Drug Program Exclusion List, only one member is utilizing one drug. Current utilizers of any impacted GCIT services on both the medical and pharmacy plan would be able to continue their current course of treatment, and would not be adversely impacted by the addition of the GCIT network program.

² Orphan Drug: A drug or a biological product that prevents, diagnoses, or treats a rare disease or condition. *Designating an Orphan Product: Drugs and Biological Products*. U.S. Food & Drug Administration. <https://www.fda.gov/industry/developing-products-rare-diseases-conditions/designating-orphan-product-drugs-and-biological-products>

³ As of September 2022, these drugs are Exondys 51, Givlaari, Krystexxa, Provence, Spinraza, Viltepso, and Vyondys 53.

⁴ See the attached "OptumRx Medical Benefit Specialty Vigilant Drug Program List" for a current list of products.

Any new utilizers would be connected with the care coordination and member support aspects of the program (described above) when the precertification request for their medication is submitted to Aetna. This includes the additional benefit of travel support beyond what is provided for in the current plan should a member require travel outside of their community to receive treatment.

Future utilizing members would have dedicated support from the GCIT Network program team at Aetna to help with identifying the most appropriate provider and facility, coordinating claims, and obtaining approval for payment of associated travel and lodging claims.

The FDA has approved administration of these therapies in very limited circumstances. Many patients who qualify to receive GCIT therapies have underlying genetic defects and therefore may be experiencing many medical needs. Even so, most patients are able to travel to a facility where it is safe and cost-effective to administer the therapy. If patient travel is not possible, Aetna's GCIT Network program team will work with the member and the facility where the patient is admitted to secure an exception so that the appropriate care may be delivered at network rates.

Currently there are no facilities or providers in Alaska participating in Aetna's GCIT network, meaning it is likely members residing in Alaska will travel to receive care.⁵ While the manufacturer-approved list of facilities that can administer GCIT services does not perfectly align with Aetna's provider network, there is a great deal of overlap. As of May 2022:

- of the 14 facilities approved by the manufacturer to administer Luxturna, 10 are Aetna GCIT-designated;
- of the 127 facilities approved by the manufacturer to administer Zolgensma, 48 are Aetna GCIT-designated; and
- the manufacturer does not provide a full listing of facilities approved to administer Spinraza, however 43 of the approved facilities are Aetna GCIT-designated.

Aetna works closely with their network facilities approved to administer GCIT services to negotiated specific discounts. To further support members who need to travel to receive care, the GCIT Network program covers travel costs beyond those typically available, providing important financial support for members.

Some members may wish to seek care in state if possible. Aetna has already demonstrated success in negotiating single case agreements for GCIT services to be administered by an Alaska provider at an Alaska facility on an individual basis. Single case rate negotiations are initiated when a pre-authorization request is submitted to Aetna for a GCIT product to be administered at a facility that is not part of the GCIT Network. When this occurs, Aetna reaches out to the facility to discuss capabilities and options. Whenever possible and appropriate, Aetna will continue to pursue negotiation of single case agreements in Alaska.

While members will not experience a change to their out-of-pocket costs for GCIT services obtained through the medical plan, the reduction in the total cost of the services will result in the member using less of their lifetime medical benefit maximum.

⁵ See attached "Aetna Institutes™ Gene Based, Cellular and Other Innovative Therapy (GCIT™) Designated Centers" for current list of providers.

Financial Impact to AlaskaCare | Cost Savings

There is no additional administrative cost to the plan associated with implementation of the GCIT network program or the Medical Benefit Specialty Vigilant Drug Program Exclusion List.

Due to the rare nature of the conditions treated by GCIT therapies, it is difficult to estimate how much future utilization (if any) should be expected. However, should any claims be incurred for impacted medications, the plan would be protected from artificially inflated prices and would realize cost savings through the discounted rates available through the program.

Use of Aetna's GCIT-designated network is expected to save the plan an average of 17% below the listed Average Wholesale Price (AWP) for applicable drugs and may include drug rebates in eligible circumstances. The plan will have additional cost protection due to Aetna and the GCIT providers having an agreed upon contractual price for services. The GCIT network program would initially apply to three products, though more products will likely be added to the program as it matures, and as new drugs come onto the market. Initial products include:

Zolgensma

- Approved by the FDA to treat children less than two years of age with spinal muscular atrophy.⁶
- One time infusion.
- Infusions administered sooner (closer to birth) have better outcomes.
- AWP: \$2.5 million
- Average savings: \$425,000

Luxturna

- Approved by the FDA to treat children and adult patients with an inherited form of vision loss that may result in blindness.⁷
- Only available at a few sites across the country.
- A pre-treatment visit is required, including a treatment and examination. After the product is administered (one dose per eye), the patient must return within a specified time frame for a post-dose visit.
- AWP: \$510,000 per dose; \$1.02 million total
- Average savings: \$170,000

Spinraza

- Approved by the FDA for children and adults with spinal muscular atrophy.⁸
- Administered via four initial loading doses over a 60-day period, and then one dose every four months for life or as long as a benefit from the product is demonstrated. Six doses are administered in the first 12 months of treatment, followed by three doses in each 12-month period thereafter.
- AWP: \$153,000 per dose

⁶ <https://www.fda.gov/news-events/press-announcements/fda-approves-innovative-gene-therapy-treat-pediatric-patients-spinal-muscular-atrophy-rare-disease>

⁷ <https://www.fda.gov/news-events/press-announcements/fda-approves-novel-gene-therapy-treat-patients-rare-form-inherited-vision-loss#:~:text=The%20U.S.%20Food%20and%20Drug,that%20may%20result%20in%20blindness.>

⁸ <https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-spinal-muscular-atrophy>

- Average savings: \$100,000

Operational Impact (DRB) | Minimal

The Division anticipates minimal operational impacts associated with implementation and member communication as follows:

- Staff will need to review and distribute communications to educate and increase awareness of the GCIT Network program.
- Staff will need to update the Plan Booklet to ensure the benefit is appropriately described.
- Staff will need to coordinate and oversee implementation of the changes with Aetna.

After implementation, the ongoing operational impacts are anticipated to be minimal, and will include reporting, program monitoring, and updates to the booklet language and communication materials as appropriate.

Operational Impact (TPA) | Minimal

The initial impact to the Third-Party Administrator (TPA), Aetna, is anticipated to be minimal, primarily because Aetna already offers this program for their fully-insured book of business and for other self-insured customers who elect to participate:

- Aetna will update, code, and test their system to ensure that the changes associated with the program have been properly loaded.
- Aetna will ensure that their concierge staff are aware of the change and can properly communicate about and articulate specifics of the programs to members.
- Aetna will ensure internal channels are in place to connect any utilizing members with the appropriate care team as needed.
- Aetna will produce reporting on the utilization, impacts, and any savings associated with the program.

After implementation, the ongoing operational impacts are anticipated to be minimal and will include maintenance of the network and regular updates to the list of drugs included in the program.

The initial impact to the Pharmacy Benefit Manager (PBM), OptumRx, is anticipated to be minimal, primarily because OptumRx already administers the Medical Benefit Specialty Vigilant Drug Program Exclusion List for their fully-insured book of business and for other self-insured customers who elect to participate:

- OptumRx will update, code, and test their system to ensure that the changes associated with the program have been properly loaded.
- OptumRx will ensure that their customer service staff are aware of the change and can properly communicate about and articulate specifics of the change to members.
- OptumRx will ensure continuity of care for any currently utilizing members.

After implementation, the ongoing operational impacts are anticipated to be minimal and will include regular updates to the list of drugs impacted.

5) Considerations

Clinical and Provider Considerations

Ensures patients receive GCIT benefits in facilities committed to cost and quality management. A dedicated clinical team guides the members through the process, from precertification to aftercare.

6) Proposal Recommendations

DRB Recommendation

The Division of Retirement and Benefits recommends implementation of this proposal, effective January 1, 2023.

RHPAB Board Recommendation

Insert the RHPAB recommendation here when final along with any appropriate comments.

Description	Date
Reviewed by Modernization Subcommittee	6/23/2022, 7/20/2022, <u>9/02/2022</u>
Reviewed by RHPAB	11/01/2021, 02/10/2022, 05/05/2022

OptumRx Medical Benefit Specialty Vigilant Drug Program List

September 2022

Drug	Indication*	Medicare ⁺	Aetna
ABECMA	Treatment of adult patients with relapsed or refractory multiple myeloma		Y
AMONDYS	Treatment of Duchenne muscular dystrophy (DMD)		Y
BREYANZI	Treatment of adult patients with large B-cell lymphoma		Y
BRINEURA	Treatment for a specific form of Batten disease; approved to slow loss of walking ability in symptomatic pediatric patients three years of age and older		Y
CARVYKTI	Treatment of adult patients with relapsed or refractory multiple myeloma		Y
ELZONRIS	Treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN) in adults and in pediatric patients, two years of age and older		Y
EXONDYS 51	Treatment of Duchenne muscular dystrophy (DMD)	Part D	Y
GIVLAARI	Treatment of adult patients with acute hepatic porphyria, a genetic disorder resulting in the buildup of toxic porphyrin molecules which are formed during the production of heme (which helps bind oxygen in the blood)	Part D	Y
IMLYGIC	Local treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with melanoma recurrent after initial surgery		Y
KRYSTEXXA	Treatment of chronic gout in adult patients refractory to conventional therapy	Part D	Y
KYMRIAH	Treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of therapy	Part B	Y
LUXTURNA	Treatment of patients with confirmed biallelic RPE65 mutation-associated retinal dystrophy	Part B	Y
PROVENGE	Treatment of asymptomatic or minimally symptomatic metastatic castrate resistant (hormone refractory) prostate cancer	Part B Part D	Y
RETHYMIC	Immune reconstitution in pediatric patients with congenital athymia		Y
SPINRAZA	Treatment of children and adults with spinal muscular atrophy (SMA)	Part B Part D	Y
TECARTUS	Treatment of adult patients with relapsed or refractory mantle cell lymphoma (MCL); adult patients with relapsed or refractory (r/r) B-cell precursor acute lymphoblastic leukemia (ALL)		Y
VILTEPSO	Treatment of Duchenne muscular dystrophy (DMD)	Part D	Y
VYONDYS 53	Treatment of Duchenne muscular dystrophy (DMD)	Part D	Y
YESCARTA	Treatment of adult patients with large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy.	Part B	Y
ZOLGENSMA	Treatment of Spinal Muscular Atrophy (Type I)		Y

*Indications summarized from www.FDA.gov

Medicare Part D coverage summarized by OptumRx, Part B as described in the Medicare Coverage Database:
<https://www.cms.gov/medicare-coverage-database/search.aspx>

--Actual Medicare coverage may differ--Call 1-800-MEDICARE for coverage information

Aetna Institutes™ Gene Based, Cellular and Other Innovative Therapy (GCIT™) Designated Centers

Gene Based, Cellular and Other Innovative Therapy (GCIT) services are gene-based, cellular and/or innovative therapies that have a basis in genetic/molecular medicine. GCIT products and services, as determined by Aetna, are FDA approved therapies that have the potential to cure previously untreatable, often fatal, conditions.

All GCIT services will be authorized in accordance with Aetna’s [Drug Infusion Site of Care Policy and with the Aetna Member’s specific benefit plan](#). Preauthorization is required for coverage to be effective for all GCIT services.

Providers that offer GCIT services and have met our criteria are designated to participate in the Aetna Institutes™ GCIT designated network (“Designated GCIT Providers”). Designated GCIT Providers have demonstrated a commitment to providing value for our members.

For the following GCIT therapies, Designated GCIT Providers are listed below:

Luxturna (Voretigene Neparvovec-rzyl):

Provider Name	City	State	Zip	Phone
Children’s Hospital Los Angeles	Los Angeles	CA	90027	(323) 361-2347
University of Iowa Hospital and Clinics	Iowa City	IA	52242	(319) 356-1616
Massachusetts Eye and Ear Infirmary	Boston	MA	02114	(617) 523-7900
University of Michigan - Kellogg Eye Center	Ann Arbor	MI	48109	(877) 475-6688
Cincinnati Children’s Hospital & Medical Center	Cincinnati	OH	45229	(513) 636-4200
Oregon Health & Sciences University Hospital - Casey Eye Institute	Portland	OR	97239	(503) 494-8311
Children’s Hospital of Philadelphia	Philadelphia	PA	19104	(800) 879-2467
Penn Presbyterian Medical Center (Scheie Eye Institute)	Philadelphia	PA	19104	(215) 662-8000
St. Luke’s Health Baylor College of Medicine Medical Center	Houston	TX	77030	(713) 785-8537

Spinraza (Nusinersen):

Provider Name	City	State	Zip	Phone
Banner University Medical Center Tucson Campus	Tucson	AZ	85719	(520) 694-0111
Banner University Medical Center Phoenix Campus	Phoenix	AZ	85006	(602) 839-2000
Diamond Children’s Hospital, part of Banner University Tucson Campus	Tucson	AZ	85719	(520) 694-5437
Children’s Hospital Los Angeles	Los Angeles	CA	90027	(323) 361-2347
Lucile Packard Children’s Hospital	Palo Alto	CA	94304	(650) 497-8000
Rady Children’s Hospital San Diego	San Diego	CA	92123	(858) 576-1700
Stanford Medical Center	Stanford	CA	94305	(650) 723-4000
Children’s Hospital Colorado	Aurora	CO	80045	(720) 777-0123
Connecticut Children’s Medical Center	Farmington	CT	06032	(860) 545-9000
Children’s National Medical Center	Washington	DC	20010	(888) 884-2327
MedStar Georgetown University Hospital	Washington	DC	20007	(202) 444-2000
Nemours Children’s Hospital Delaware	Wilmington	DE	19803	(302) 651-4000
Joe DiMaggio Children’s Hospital	Hollywood	FL	33021	(954) 265-5324
Nemours Children’s Hospital	Orlando	FL	32827	(407) 567-4000
Nicklaus Children’s Hospital	Miami	FL	33155	(305) 666-6511
St. Josephs Woman’s Hospital (Baycare)	Tampa	FL	33607	(813) 879-4730
Memorial Regional Hospital	Hollywood	FL	33021	(954) 966-4500
Children’s Healthcare Of Atlanta – Scottish Rite Hospital/Egleston Children’s Hospital	Atlanta	GA	30342	(404) 785-1285
University of Iowa Hospital and Clinics	Iowa City	IA	52242	(319) 356-1616
Ann and Robert H Lurie Children’s Hospital of Chicago	Chicago	IL	60611	(312) 227-4000
University of Kansas Medical Center	Kansas City	KS	66160	(913) 588-1227
Boston Children’s Hospital	Boston	MA	02115	(617) 355-6000
Children’s Hospital of Michigan	Detroit	MI	48201	(313) 745-KIDS
Children’s Hospital of Michigan	Grand Blanc	MI	48439	(313) 745-KIDS
University Of Michigan Medical Center	Ann Arbor	MI	48109	(734) 936-6641
C S Mott Children’s Hospital	Ann Arbor	MI	48109	(877) 475-6688
Gillette Children’s Specialty Healthcare	Saint Paul	MN	55101	(651) 291-2848

Provider Name	City	State	Zip	Phone
The Children's Mercy Hospital	Kansas City	MO	64108	(816) 234-3000
Children's Hospital and Medical Center	Omaha	NE	68114	(402) 955-5400
Goryeb Children's Hospital at Morristown Medical Center	Morristown	NJ	07960	(973) 971-5200
Cincinnati Children's Hospital and Medical Center	Cincinnati	OH	45229	(513) 636-4200
Nationwide Children's Hospital	Columbus	OH	43205	(614) 722-2000
Ohio State University – Arthur James Cancer Center	Columbus	OH	43210	(614) 293-3300
The Children's Hospital at Oklahoma University Medical Center	Oklahoma City	OK	73104	(405) 271-5437
Oregon Health & Sciences University Hospital – Doernbecher Children's	Portland	OR	97239	(503) 494-8311
Children's Hospital of Philadelphia	Philadelphia	PA	19104	(800) 879-2467
Milton Hershey Medical Center Pennsylvania State University	Hershey	PA	17033	(800) 243-1455
Hospital of The University of Pennsylvania Health System	Philadelphia	PA	19104	(800) 789-7366
Cook Children's Medical Center	Fort Worth	TX	76104	(682) 885-4000
Children's Medical Center of Dallas	Dallas	TX	75235	(214) 456-7000
Children's Hospital of The King's Daughters	Norfolk	VA	23507	(757) 668-7000
Seattle Children's Hospital	Seattle	WA	98105	(206) 987-2000
University of Wisconsin Hospital and Clinics	Madison	WI	53792	(608) 263-6400

Zolgensma (Onasemnogene abeparvovec-xioi):

Provider Name	City	State	Zip	Phone
Children's Hospital Los Angeles	Los Angeles	CA	90027	(323) 361-2347
Lucile Packard Children's Hospital	Palo Alto	CA	94304	(650) 497-8000
Rady Children's Hospital San Diego	San Diego	CA	92123	(858) 576-1700
Ronald Reagan UCLA Medical Center	Los Angeles	CA	90095	(310) 267-8000
Stanford Medical Center	Stanford	CA	94305	(650) 723-4000
Children's Hospital Colorado	Aurora	CO	80045	(720) 777-0123
Connecticut Children's Medical Center	Farmington	CT	06032	(860) 545-9000
Children's National Medical Center	Washington	DC	20010	(888) 884-2327
Nemours Children's Hospital Delaware	Wilmington	DE	19803	(302) 651-4000
Jackson Memorial Hospital	Miami	FL	33136	(305) 585-1111
Joe DiMaggio Children's Hospital	Hollywood	FL	33021	(954) 265-5324
Nemours Children's Hospital	Orlando	FL	32827	(407) 567-4000
Nicklaus Children's Hospital	Miami	FL	33155	(305) 666-6511
St. Josephs Woman's Hospital (Baycare)	Tampa	FL	33607	(813) 879-4730
Memorial Regional Hospital	Hollywood	FL	33021	(954) 966-4500
Children's Healthcare of Atlanta – Scottish Rite Hospital/Egleston Children's Hospital	Atlanta	GA	30342	(404) 785-1285
University of Iowa Hospital and Clinics	Iowa City	IA	52242	(319) 356-1616
Ann and Robert H Lurie Children's Hospital of Chicago	Chicago	IL	60611	(312) 227-4000
University of Kansas Medical Center	Kansas City	KS	66160	(913) 588-1227
University of Kentucky Hospital	Lexington	KY	40536	(859) 257-1000
Children's Hospital New Orleans	New Orleans	LA	70118	(504) 899-9511
Massachusetts General Brigham	Boston	MA	02114	(617) 726-2000
Boston Children's Hospital	Boston	MA	02115	(617) 355-6000
Children's Hospital of Michigan	Detroit	MI	48201	(313) 745-KIDS
Children's Hospital of Michigan	Grand Blanc	MI	48439	(313) 745-KIDS
University of Michigan Medical Center	Ann Arbor	MI	48109	(734) 936-6641
C S Mott Children's Hospital	Ann Arbor	MI	48109	(877) 475-6688
Gillette Children's Specialty Healthcare	Saint Paul	MN	55101	(651) 291-2848
The Children's Mercy Hospital	Kansas City	MO	64108	(816) 234-3000
Children's Hospital and Medical Center	Omaha	NE	68114	(402) 955-5400
Goryeb Children's Hospital at Morristown Medical Center	Morristown	NJ	07960	(973) 971-5200
Columbia University Medical Center	New York	NY	10032	(212) 305-2862

Provider Name	City	State	Zip	Phone
University of Rochester Medical Center Health System – Strong Memorial Hospital	Rochester	NY	14642	(585) 275-2182
Cincinnati Children’s Hospital and Medical Center	Cincinnati	OH	45229	(513) 636-4200
Nationwide Children’s Hospital	Columbus	OH	43205	(614) 722-2000
Akron Children’s Hospital	Akron	OH	44308	(330) 543-1000
Integrus Southwest Medical Center	Oklahoma City	OK	73109	(405) 636-7000
The Children's Hospital at Oklahoma University Medical Center	Oklahoma City	OK	73104	(405) 271-5437
Oregon Health & Sciences University Hospital - Doernbecher Children's	Portland	OR	97239	(503) 494-8311
Children's Hospital of Philadelphia	Philadelphia	PA	19104	(800) 879-2467
Milton Hershey Medical Center Pennsylvania State University	Hershey	PA	17033	(800) 243-1455
Cook Children's Medical Center	Fort Worth	TX	76104	(682) 885-4000
Texas Children's Hospital	Houston	TX	77030	(832) 824-1000
Children's Medical Center of Dallas	Dallas	TX	75235	(214) 456-7000
Children's Hospital of The King's Daughters	Norfolk	VA	23507	(757) 668-7000
Seattle Children's Hospital	Seattle	WA	98105	(206) 987-2000
University of Wisconsin Hospital and Clinics	Madison	WI	53792	(608) 263-6400

Your plan may include additional Designated GCIT Providers that are not listed above. Your health care provider can call Aetna to obtain information regarding Aetna’s GCIT program and the requirements for becoming a Designated GCIT Provider.

Note: Some GCIT Designated Providers may not be part of your plan’s network. Please confirm the provider is participating in your plan before obtaining services.

The following services are administered primarily in a home health setting and may be directed to a designated home health care provider, in accordance with Aetna's [Drug Infusion Site of Care Policy and your specific benefit plan](#).

Amondys 45 (Casimersen)
Exondys 51 (Eteplirsen)
Viltepso (Viltolarsen)
Vyondys 53 (Golodirsen)

For the following other GCIT services, refer to Aetna.com and utilize the online provider search to find an Aetna provider in your area that participates in your plan. Not all providers offer GCIT services. Your health care provider can call Aetna to obtain information regarding Aetna's GCIT program and the requirements for becoming a Designated GCIT Provider.

Givlaari (Givosiran)
Imlygic (Talimogene Laherparepvec)
Onpattro (Patisiran)
Oxlumo (Lumasiran)

The lists of GCIT services above are subject to change.

Note: Some GCIT Designated Providers may not be part of your plan's network. Please confirm the provider is participating in your plan before obtaining services.