

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

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**Date:** Thursday June 23, 2022 [OnlinePublicNotices](#)  
**Time:** 09:00 am – 12:00 pm  
**Location:** Video Tele-Conference & Atwood 19<sup>th</sup> Floor Conference Room  
**Teleconference:** Phone: (907) 202-7104 ID: 784 644 486#  
[Click here to join the meeting](#)  
**Committee Members:** Cammy Taylor, Nanette Thompson, Mauri Long

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**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**

- Prior Authorization Overview: Aetna
  - Next Steps
- Proposal Review: GCIT Network Benefits

**12:00 pm Adjourn**



<b>Proposal Title</b>	<b>GCIT Network Benefits - DRAFT</b>
<b>Health Plan Affected</b>	AlaskaCare Retiree Health Plan
<b>Proposed Effective Date</b>	January 1, 2023
<b>Reviewed By</b>	Retiree Health Plan Advisory Board
<b>Review Date</b>	June 23, 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.<sup>1</sup> 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 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**

The proposed change ensures these therapies are covered through network GCIT-designated providers who have been manufacturer-approved to administer the drugs and who have agreed to contractual pricing terms for the therapies. Members receiving GCIT services from a network medical provider would

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<sup>1</sup> 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>

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.

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.

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. 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 drug<sup>2</sup> 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.

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.

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

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<sup>2</sup> 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>

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.<sup>3</sup>
- 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.<sup>4</sup>
- 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.<sup>5</sup>
- 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
- Average savings: \$100,000

## **4) Impacts**

### **Member Impact | Minimal**

The Retiree Plan has experienced fewer than five claims for some of these novel therapies 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.

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<sup>3</sup> <https://www.fda.gov/news-events/press-announcements/fda-approves-innovative-gene-therapy-treat-pediatric-patients-spinal-muscular-atrophy-rare-disease>

<sup>4</sup> <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.>

<sup>5</sup> <https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-spinal-muscular-atrophy>

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.

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.<sup>6</sup> 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 Luxterna, 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.

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<sup>6</sup> 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.

## 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 benefit in facilities committed to cost and quality management. A dedicated clinical team guides the members through 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	
Reviewed by RHPAB	11/01/2021, 02/10/2022, 05/05/2022, 6/23/2022



# 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):**

<b>Provider Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
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

<b>Provider Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
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):**

<b>Provider Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
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

<b>Provider Name</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>
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.

# Precertification Process & National Precertification List Review

Retiree Health Plan Advisory Board:  
Modernization Subcommittee  
Meeting

June 2022



# Agenda

## **National Precertification List**

Lydia Bartholomew, MD

## **Precertification Process**

Breanne Fisher, MSN RN



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# National Precertification List (NPL)

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## Precertification Overview:

**Precertification** is a process used by all medical plan administrators to confirm the medical necessity of care for certain procedures. The State of Alaska's Alaskacare plans have specific requirements related to precertification and Aetna administers the Alaskacare plans according to these requirements.

Aetna maintains a National Precertification list on our public website. The National Precertification list is reviewed on a regular basis and Aetna may remove or add procedures, programs and drugs.

A separate process is in place to maintain Aetna's clinical policy bulletins. These are also reviewed by the clinical policy committee which meet semi-monthly, and updates are made as the sciences advances and evidence changes. Each Clinical Policy Bulletin is reviewed at least once annually.





# National Precertification List (NPL)

Aetna maintains a National Precertification list on our public website <https://www.aetna.com/health-care-professionals/precertification/precertification-lists.html>. The National Precertification list is reviewed on a regular basis and Aetna may remove or add procedures, programs and drugs. Behavioral Health has its own NPL.

- National Precertification List
  - How they were developed
  - Effective date
  - Applies to in-network providers
    - State of Alaska retirees are required to pre-certify out-of-network services themselves
- Review process
- Provider communication

Attached: 2022 National Precertification List



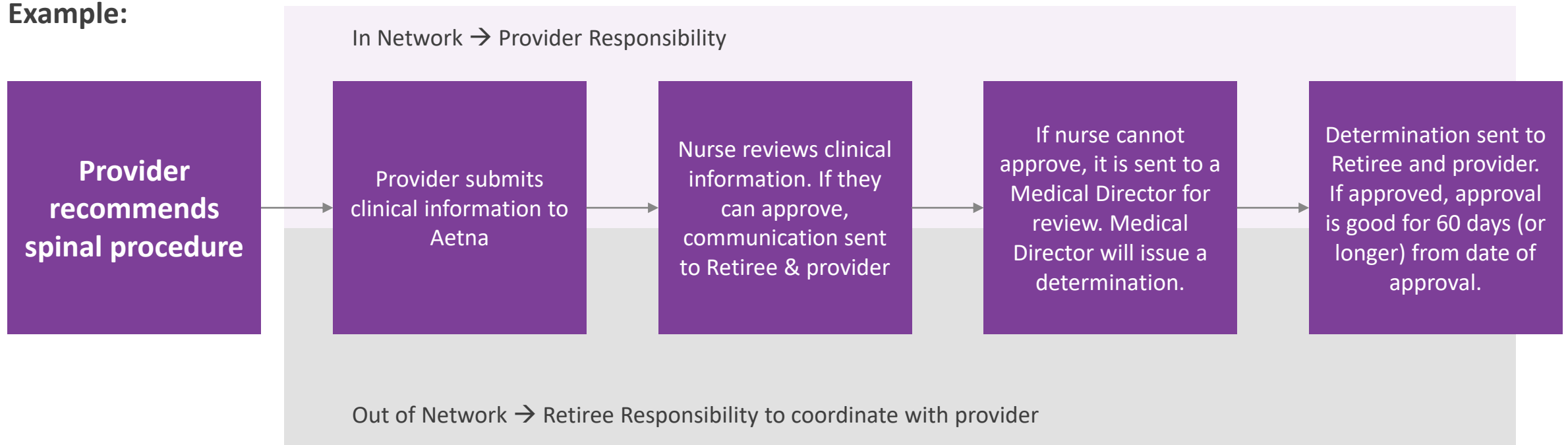
# Precertification Process



# Precertification

**Definition:** is a process used by all medical plan administrators to confirm the medical necessity of care for certain procedures *before* services are rendered. The State of Alaska's AlaskaCare plans have specific requirements related to precertification and Aetna administers the AlaskaCare plans according to these requirements.

## Example:



# Turn Around Time (TAT)



## Pre-Certification TAT Urgent Decision:

- 24 hours
- 48 hours



## Pre-Certification TAT Non-Urgent Decision:

- 5 days

NOTE: The turn around times listed above, assume all necessary clinical information is received with the request to make a determination

# Unfavorable Determinations

## What is a Peer to Peer Review?

A Peer to Peer review is a discussion between the requesting provider and an Aetna Medical Director to review the request and relevant clinical information.

## Peer to Peer Process

Each precertification denial determination communication to a provider includes information on how to request a Peer to Peer Review within 14 days of the date of denial. If requested, Aetna will offer dates and times for the provider to contact an Aetna physician.

Aetna may reverse an initial denial once a Peer to Peer review is complete, if the information shared confirms medical necessity. The Aetna Medical Director may continue to uphold the original denial following a Peer to Peer review.



**Why this matters to you**





# Precertification Penalties

## In Network

If your provider fails to precertify a service that is on the National Precertification List, the claim for that service may be denied.

## Out of Network

If you fail to ensure precertification was obtained on your behalf for services on the National Precertification List or outlined in the Insurance Information Booklet, the benefit payable will be reduced as follows:

- \$400 benefit reduction unless one of the items below:
- Inpatient treatment of a mental disorder:  
Coinsurance will be 50%
- Travel Expenses: no travel benefits will be paid.

# Where you can find information

<https://www.aetna.com/health-care-professionals/precertification/precertification-lists.html>

**precertification**

Contact us Español Search Q Explore Aetna sites

Working with us Claims Prescriptions Resources News Login

## Precertification information

Precertification applies to all benefits plans that include a precertification requirement. Participating providers are required to pursue precertification for procedures and services on the lists below.

- 2022 Participating Provider Precertification List – Effective date: May 1, 2022 (PDF)
- Behavioral health precertification list – effective date: January 1, 2019 (PDF)

For Aetna's commercial plans, there is no precertification required for buprenorphine products to treat opioid addiction.

Note: If we need to review applicable medical records, we may assign a tracking number to your precertification request. The tracking number does not indicate approval. You will be notified when a coverage decision is made.

**More resources for you**

- Electronic transactions >
- Find a form >
- Clinical policy bulletins >
- Find a provider >

<http://doa.alaska.gov/drb/alaskaCare/retiree/publications/booklets.html>

## Document Types

### | Booklets

[AlaskaCare Defined Benefit Plan \(DB\) Retiree Insurance Information Booklet](#)

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For more information about Aetna plans, refer to [Aetna.com](https://www.aetna.com).



# Procedures, programs and drugs that require precertification

## Participating provider precertification list

Starting May 1, 2022

### **Applies to the following plans**

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

Aetna® plans, except Traditional Choice® plans

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

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



## For more information, read all general precertification guidelines

- Providers may submit most precertification requests electronically through the secure provider website or using your Electronic Medical Record (EMR) system portal.
- See #1 in the General Information section for more information on precertification.
- For Commercial members, certain elective procedures, as noted with an asterisk (\*), are subject to the medical necessity review of the procedure and the site of service

## Services that require precertification:

### 1. Inpatient confinements (except hospice)

For example, surgical and nonsurgical stays, stays in a skilled nursing facility or rehabilitation facility, and maternity and newborn stays that exceed the standard length of stay (LOS). (See #6 in the General Information section.)

### 2. Ambulance

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

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

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

(29914, 29915, 29916, 29862)

### 4. Autologous chondrocyte implantation\*

(27412, J7330, S2112)

### 5. Cataract surgery

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

See special programs for additional guidance.

### 6. Chiari malformation decompression surgery\*

(61343)

### 7. Cochlear device and/or implantation\*

(69930, L8614, L8619)

### 8. Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent.

Some plans have limited or no out-of-network benefits.

### 9. Dental implants

(21245, 21246, 21248, 21249)

### 10. Dialysis visits

(90935, 90937, 90999)

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

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

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

### 12. Electric or motorized wheelchairs and scooters

(E1230, E0983, E0984, E1007, K0010, K0011, K0012, K0013, K0014, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899)

### 13. Endoscopic nasal balloon dilation procedures\*

(31295, 31296, 31297, 31298)

### 14. Functional endoscopic sinus surgery (FESS)

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

### 15. Gender affirmation surgery

(55970, 55980, 56805, 57335, 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 17380, 19301, 19303, 21270, 30400, 30410, 30420, 30430, 30435, 30450, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720)

### 16. Hyperbaric oxygen therapy

(G0277, 99183)

**17. Infertility services and pre-implantation genetic testing**

(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)

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

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

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

**20. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint**

(21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, D7296, D7297, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, D7955, D7995, D7996, 21010, 21050, 21060, 21070, 21073, 21240, 21242, 21243, 21244, 21247, 21255, 21480, 21485, 21490, 21497, 29800, 29804, D6050, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870, D7871, D7872, D7873, D7874, D7875, D7876, D7877, D7899, D7991)

**21. Osseointegrated implant\***

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

**22. Osteochondral allograft/knee\***

(27415)

**23. Private duty nursing**

(S9123, S9124, T1000, T1030, T1031)

**24. Proton beam radiotherapy**

(77520, 77522, 77523, 77525)

Also see Special Programs; Radiation Oncology

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

- Blepharoplasty\*  
(15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908)
- Breastreconstruction/breast enlargement\*  
(19355, 19340, 19342, 19350, 19357, 19370, 19371, 19380, 19396, S2066, S2067, S2068)
- Breast reduction/mammoplasty\*  
(19316, 19318, 19325, 19328, 19330)
- Excision of excessive skin due to weight loss\*  
(15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847)
- Gastroplasty/gastric bypass  
(43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999)
- Lipectomy or excess fat removal\*  
(15876, 15877, 15878, 15879)
- Surgery for varicose veins, except stab phlebectomy\*  
(36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T)

**26. Shoulder Arthroplasty including revision procedures\***

(23470, 23472, 23473, 23474)

**27. Site of Service**

For commercial members only, see special programs for additional information

**28. Spinal procedures, such as:**

- Artificial intervertebral disc surgery (cervical spine)  
(22856, 22858, 22861)
- Arthrodesis for spine deformity  
(22800, 22802, 22804, 22808, 22810, 22812)
- Cervical laminoplasty  
(63050, 63051)
- Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures  
(63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267)
- Kyphectomy\*  
(22818, 22819)
- Laminectomy with rhizotomy  
(63185, 63190)



**Spinal procedures, such as, cont.**

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

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

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

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

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

# Drugs and medical injectables

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

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

- 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, S9345

Advate (antihemophilic factor, human recombinant)

Adynovate (antihemophilic factor [recombinant], PEGylated)

Afstyla (antihemophilic factor [recombinant], single chain)

Alphanate (antihemophilic factor/von Willebrand factor complex [human])

AlphaNine SD (coagulation factor IX [human])

Alprolix (coagulation factor IX [recombinant], Fc fusion protein)

Bebulin (factor IX complex)

BeneFix (coagulation factor IX [recombinant])

Coagadex (coagulation factor X [human])

Corifact (factor XIII concentrate [human])

Eloctate (antihemophilic factor [recombinant], Fc fusion protein)

Esperoct (antihemophilic factor (recombinant), glycoPEGylated-exei]

FEIBA, FEIBA NF (anti-inhibitor coagulant complex)

Fibryga (fibrinogen, human)

Helixate FS (antihemophilic factor [recombinant])

Hemlibra (emicizumab-kxwh)

Hemofil M (antihemophilic factor [human])

Humate-P (antihemophilic factor/von Willebrand factor complex [human])

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

Jivi [antihemophilic factor (recombinant), PEGylated-aucl]

Koate, Koate-DVI (antihemophilic factor [human])

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

Monoclalte-P (antihemophilic factor [human])

Mononine (coagulation factor IX [human])

NovoEight (turoctocog alfa)

NovoSeven RT (coagulation factor VIIa [recombinant])

Nuwiq (simoctocog alfa)

Obizur (antihemophilic factor [recombinant], porcine sequence)

Profilnine (factor IX complex)

Rebinyn (coagulation factor IX [recombinant], glycoPEGylated)

Recombinante (antihemophilic factor [recombinant])

RiaSTAP (fibrinogen concentrate [human])

Rixubis (coagulation factor IX [recombinant])

Sevenfact (coagulation factor VIIa [recombinant]-jncw)

Tretten (coagulation factor XIII a-subunit [recombinant])

Vonvendi (von Willebrand factor [recombinant])

Wilate (von Willebrand factor/coagulation factor VIII complex [human])

Xyntha, Xyntha Solof (antihemophilic factor [recombinant])

## Other drugs and medical injectables

**For the following services, providers call 1-866-752-7021 for precertification and fax applicable request forms to 1-888-267-3277, with the following exceptions:**

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

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

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

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

**Adcetris** (brentuximab vedotin, J9042)

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

### **Alpha 1-proteinase inhibitor (human)**

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

Aralast NP (alpha 1-proteinase inhibitor, J0256)

Glassia (alpha 1-proteinase inhibitor, J0257)

Prolastin-C (alpha 1-proteinase inhibitor, J0256)

Zemaira (alpha 1- proteinase inhibitor, J0256)

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

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

### **Autoimmune Infused Infliximab**

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

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

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

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

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

**Aveed** (testosterone undecanoate, J3145)

**Belrapzo** (bendamustine HCl, J9036)

**Bendeka** (bendamustine HCl, J9034)

**Benlysta** (belimumab, J0490) — precertification for the drug and site of care required

**Besponsa** (inotuzumab ozogamicin, J9229)

**Blenrep** (belantamab mafodotin-blmf, J9037)

**Bortezomib**, J9044 — precertification required for multiple myeloma only

### **Botulinum toxins:**

Botox (onabotulinumtoxinA, J0585)

Dysport (abobotulinumtoxinA, J0586)

Myobloc (rimabotulinumtoxinB, J0587)

Xeomin (incobotulinumtoxinA, J0588)

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

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

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

### **Cardiovascular — PCSK9 inhibitors:**

Leqvio (inclisiran, J3490, J3590) — precertification required effective 3/23/2022

Praluent\* (alirocumab, J3490, J3590)

Repatha\* (evolocumab, J3490, J3590)

### **Chimeric Antigen Receptor T-Cell Therapy (CAR-T)**

— Contact National Medical Excellence at **1-877-212-8811**

Abecma (idecabtagene vicleucel, Q2055)

Breyanzi (lisocabtagene maraleucel, Q2054)

Carvykti (ciltacabtagene autoleucel, J3490, J3590) — precertification required effective 5/27/2022

## **Chimeric Antigen Receptor T-Cell Therapy (CAR-T), cont.**

Contact National Medical Excellence at  
**1-877-212-8811**

Kymriah (tisagenlecleucel, Q2042)

Tecartus (brexucabtagene autoleucel, Q2053)

Yescarta (axicabtagene ciloleucel, Q2041)

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

**Cosela** (Trilaciclib, J1448)

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

**Cyramza** (ramucirumab, J9308)

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

**Darzalex** (daratumumab, J9145)

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

**Dupixent\*** (dupilumab, J3490, J3590)

**Empliciti** (elotuzumab, J9176)

**Enjaymo** (sutimlimab-jome, J3490, C9399) — precertification for the drug and site of care required effective 5/1/2022

## **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

## **Enzyme replacement drugs, cont.**

Mepsevii (vestronidase alfa-vjvk, J3397) — precertification for the drug and site of care required

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

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

Strensiq (asfotase alfa, J3490, J3590)

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

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

**Erbix** (cetuximab, J9055)

## **Erythropoiesis-stimulating agents:**

Aranesp (darbepoetin alfa, J0881)

Epogen (epoetin alfa, J0885)

Mircera (epoetin beta, J0887)

Procrit (epoetin alfa, J0885)

Retacrit (recombinant human erythropoietin, Q5105)

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

**Evrysdi** (risdiplam, J8499)

**Feraheme** (ferumoxytol, Q0138, Q0139)

**Fusilev** (levoleucovorin, J0641)

**Fyarro** (sirolimus protein-bound particles for injectable suspension, C9091) — precertification required effective 3/15/2022

**Gattex** (teduglutidem, J3490)

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

## **Granulocyte-colony stimulating factors:**

Fulphila (pegfilgrastim-jmdb, Q5108)

Granix (tbo-filgrastim, J1447)

Leukine (sargramostim, J2820)

Neulasta (pegfilgrastim, J2506)

Neupogen (filgrastim, J1442)

Nivestym (filgrastim-aafi, Q5110)

Nyvepria (pegfilgrastim-apgf, Q5122)

Releuko (filgrastim-ayow, J3490, J3590) — precertification required effective 5/25/2022

Udenyca (pegfilgrastim-cbvq, Q5111)

Zarxio (filgrastim-sndz, Q5101)

Ziextenzo (pegfilgrastim-bmez, Q5120)

**Growth hormone:**

Genotropin\* (somatropin, J2941)  
Humatrope\* (somatropin, J2941)  
Increlex\* (mecasermin, J2170)  
Norditropin\*(somatropin, J2941)  
Nutropin AQ\* (somatropin, J2941)  
Omnitrope\* (somatropin, J2941)  
Saizen\* (somatropin, J2941)  
Serostim\* (somatropin, J2941)  
Skytrofa\* (lonapegsomatropin-tcgd, J3490, J3590)  
Sogroya\* (somapacitan-beco, J3490, J3590)  
Zomacton\* (somatropin [rDNA origin], J2941)  
Zorbtive\* (somatropin, J2941)

**Hereditary angioedema agents:**

Berinert (C1 esterase inhibitor, J0597)  
Cinryze (C1 esterase inhibitor, J0598) —  
precertification for the drug and site of care  
required  
Firazyr (icatibant acetate, J1744)  
Haegarda (C1 esterase inhibitor subcutaneous  
[human], J0599)  
Kalbitor (ecallantide, J1290)  
Ruconest (C1 esterase inhibitor, J0596)  
Takhzyro (lanadelumab, J0593)

**HER2 receptor drugs:**

Enhertu (fam-trastuzumab deruxtecan-nxki,  
J9358)  
Herceptin (trastuzumab, J9355)  
Herceptin Hylecta (trastuzumab and  
hyaluronidase-oysk, J9356)  
Herzuma (trastuzumab-pkrb, Q5113)  
Kadcyla (ado-trastuzumab emtansine,  
J9354)  
Kanjinti (trastuzumab-anns, Q5117)  
Margetenza (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)

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

Asceniv (immune globulin, C9072)  
Bivigam (immune globulin, J1556)  
Carimune NF (immune globulin, J1566)  
Cutaquig (immune globulin, J7799)  
Cuvitru (immune globulin SC [human], J1555)  
Flebogamma (immune globulin, J1572)  
GamaSTAN S/D (immune globulin, J1460, J1559)  
Gammagard, Gammagard S/D (immune globulin, J1566)  
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)  
Cimzia\* (certolizumab pegol, J0717)  
Cosentyx\* (secukinumab, J3490, J3590)  
Enbrel\* (etanercept, J1438)  
Enspryng\* (satralizumab, J3490, J3590)  
Entyvio (vedolizumab, J3380) — precertification for  
the drug and site of care required  
Humira\* (adalimumab, J0135)  
Ilumya\* (tildrakizumab, J3245)  
Kevzara\* (sarilumab, J3490, J3590)  
Kineret\* (anakinra, J3590)  
Orencia SQ\* (abatacept, J0129)  
Orencia IV (abatacept, J0129) —  
precertification for the drug and site of care  
required  
Riabni (rituximab-arrx, Q5123)  
Rituxan (rituximab, J9312)  
Rituxan Hycela (rituximab/hyaluronidase human,  
J9311)  
Ruxience (rituximab-pvvr, Q5119)  
Siliq\* (brodalumab, J3490, J3590)  
Simponi\* (golimumab, J3590)  
Simponi Aria (golimumab, J1602) —  
precertification for the drug and site of care  
required

**Immunologic agents, cont.**

Skyrizi\* (risankizumab-rzaa, J3490, J3590)  
 Stelara\* (ustekinumab, J3357)  
 Stelara IV (ustekinumab, J3358)  
 Taltz\* (ixekizumab, J3490, J3590)  
 Tremfya\* (guselkumab, J1628)  
 Truxima (rituximab-abbs, Q5115)  
 Vyvgart (efgartigimod alfa-fcab, J3490, J3590) — precertification required effective 3/15/2022

**Injectable infertility drugs:**

(J0725, J3355, S0122, S0126, S0128, S0132)  
 chorionic gonadotropin  
 Bravelle (urofollitropin)  
 Cetrotide (cetrotorelix acetate)  
 Follistim AQ (follitropin beta)  
 Ganirelix AC (ganirelix acetate)  
 Gonal-f (follitropin alfa)  
 Gonal-f RFF (follitropin alfa)  
 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) — precertification required effective 4/15/2022

**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  
 Trelstar (triptorelin pamoate, J3315)  
 Zoladex (goserelin, J9202)

**Lumoxiti** (moxetumomab pasudotox-tdfk, J9313)

**Makena** (hydroxyprogesterone caproate, J1726)

**Monjuvi** (tafasitamab-cxix, J9349)

**Multiple sclerosis drugs:**

Avonex\* (interferon beta-1a, J1826, Q3027)  
 Betaseron\* (interferon beta-1b, J1830)  
 Copaxone\* (glatiramer acetate, J1595)  
 Extavia\* (interferon beta-1b, J1830)  
 Glatopa\* (glatiramer acetate injection, J1595)  
 Kesimpta\* (ofatumumab, J3490, J3590)  
 Lemtrada (alemtuzumab, J0202) — precertification for the drug and site of care required  
 Ocrevus (ocrelizumab, J2350) — precertification for the drug and site of care required  
 Plegridy\* (peginterferon beta-1a, J3490, J3590)  
 Rebif\* (interferon beta-1a, Q3028)  
 Tysabri (natalizumab, J2323) — precertification for the drug and site of care

**Muscular dystrophy drugs:**

Amondys 45 (casimersen, J1426) — precertification for the drug and site of care  
 Exondys 51 (eteplirsen, J1428) — precertification for the drug and site of care required  
 Viltepso (viltolarsen, J1427) — precertification for the drug and site of care required  
 Vyondys 53 (golodirsen, J1429) — precertification for the drug and site of care required

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

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

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

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

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

**Ophthalmic injectables:**

Beovu (brolucizumab-dtbl, 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, C9093) — precertification required effective 2/1/2022  
 Tepezza (teprotumumab-trbw, J3241) — precertification for the drug and site of care required

**Ophthalmic injectables, cont.**

Vabysmo (faricimab-svoa, J3490, J3590) —  
precertification required effective 5/1/2022

**Osteoporosis drugs:**

Bonsity\* (teriparatide, J3490)

Evenity\* (romosozumab-aqqg, J3111)

Forteo\* (teriparatide, J3110)

Miacalcin (calcitonin, J0630)

Prolia (denosumab, J0897)

Tymlos\* (abaloparatide, J3490, J3590)

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

**Padcev** (enfortumab vedotin, J9177)

**Paroxysmal Nocturnal Hemoglobinuria (PNH)**

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

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

**Parsabiv** (etelcalcetide, J0606)

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

Bavencio (avelumab, J9023)

Imfinzi (durvalumab, J9173)

Jemperli (dostarlimab-gxly, J9272)

Keytruda (pembrolizumab, J9271)

Libtayo (cemiplimab-rwlc, J9119)

Opdivo (nivolumab, J9299)

Tecentriq (atezolizumab, J9022)

**Pepaxto** (melphalan flufenamide, J9247)

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

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

**Pulmonary arterial hypertension drugs:**

(J1325, J3285, J7686, J7699, Q4074)

All epoprostenol sodium and sildenafil citrate\*

Flolan (epoprostenol sodium)

Remodulin (treprostinil sodium)

Tyvaso (treprostinil)

Veletri (epoprostenol sodium)

Ventavis (iloprost)

**Reblozyl** (luspatercept, J0896)

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

Cinqair (reslizumab, J2786)

Fasenra (benralizumab, J0517)

**Respiratory injectables, cont.**

Nucala (mepolizumab, J2182)

Tezspire (tezepelumab-ekko, J3490,  
J3590) — precertification for the drug  
and site of care required effective  
3/23/2022

Xolair (omalizumab, J2357)

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

**Ryplazim** (plasminogen, human-tvmh, C9090)

**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, S9562)

**Tegsedi** (inotersen, 90378, S9562)

**Tivdak** (tisotumab vedotin-tftv, J9273)

**Treanda** (bendamustine HCl, J9033)

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

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

**Vectibix** (panitumumab, J9303)

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

**Viscosupplementation:**

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

Durolane (Hyaluronic acid)

Euflexxa, Hyalgan, Genvisc, Supartz FX,  
TriVisc, Visco 3 (sodium hyaluronate)

Gel-One (cross-linked hyaluronate)

Gelsyn-3, Hymovis (hyaluronic acid)

Monovisc, Orthovisc (sodium hyaluronate)

Synjoynt, Triluron (1% sodium hyaluronate)

Synvisc, Synvisc-One (hylan)

**Xgeva** (denosumab, J0897)

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

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

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

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

**Zulresso** (brexanolone, J1632)

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



## Special programs, continued

### **BRCA genetic testing — 1-877-794-8720**

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

81163, 81165, 81212, 81215, 81216, 81217

81162 (precertification for 81162 for Medicare only)

Through our expanded national provider network:

- Quest — **1-866-436-3463**
- Ambry — **1-866-262-7943**
- Baylor Miraca Genetics Laboratories, LLC — **1-800-411- GENE (1-800-411-4363)**
- BioReference, GeneDX, Genpath — **1-888-729-1206**
- Invitae — **1-800-436-3037**
- LabCorp — **1-855-488-8750**
- Medical Diagnostic Laboratories — **1-877-269-0090**
- Myriad Genetics — **1-800-469-7423**
- Progenity — **1-855-293-2639**

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

### **Find genetic counselors online**

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

### **Chiropractic precertification**

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

Chiropractic precertification required only in the states listed HMO-based plan members only

AZ through American Specialty Health  
(ASH) **1-800-972-4226**

HMO-based plan and group Medicare members only

CA through American Specialty Health  
(ASH) **1-800-972-4226**

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

GA through American Specialty Health  
(ASH) **1-800-972-4226**

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

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

**1-866-842-1542**

### **Cataract surgery**

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

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

### **Diagnostic Cardiology (cardiac rhythm implantable devices, cardiac catheterization)**

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

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

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

## Special programs, continued

### Hip and knee arthroplasties

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

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

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

### Home health care

(G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496)

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

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

### Infertility program — 1-800-575-5999

(O357T, 58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89337, 89342, 89346, 89352, 89353 S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035)

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

### Mental health or substance abuse services

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

### National Medical Excellence Program

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

- Abecma (idecabtagene vicleucel), Breyanzi (lisocabtagene maraleucel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel)
- All major organ transplant evaluations and transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy

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

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

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

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

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

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

## Special programs, continued

### Pain management

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

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

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

### Polysomnography (attended sleep studies)

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

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

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

### Polysomnography (attended sleep studies), cont.

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

### Pre-implantation genetic testing—

**1-800-575-5999**

(89290, 89291)

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

### Radiology imaging

See #9 and #10 in the General information section for more guidance. Precertification for all members with plans applicable to this precertification list when performed in any facility except inpatient, emergency room and observation bed status.

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

## Special programs, continued

### Radiation oncology

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

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

Precertification for all members with HMO-based, Aetna Medicare Advantage plans, and insured Aetna commercial when performed in any facility except inpatient, emergency room and observation bed status.

- Providers should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
  - Online at [evicore.com](http://evicore.com)
  - By phone at **1-888-622-7329**

### Site of Service

Precertification is required for the following when all of the following apply:

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

### Site of Service, cont.

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

### Whole Exome Sequencing (WES)

(81415, 81416, 81417)

Through our expanded national provider network:

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

Providers can use the [Whole Exome Sequencing \(WES\) form located online under the “Medical Precertification” section](#) to submit precertification requests.

## General information

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

  2. We don't offer all plans in all service areas, and not all plans include all services listed. For example, precertification programs don't apply to fully insured members in Indiana.
  3. Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for InnovationHealth.
  4. Find more information about [notification and coverage determinations](#).
  5. We require precertification when Aetna or Innovation Health is the secondary payer.

## General information, continued

6. We require precertification for maternity and newborn stays that are more than the standard length of stay (LOS). Standard LOS for:
  - Vaginal deliveries is three days or fewer
  - Cesarean section is five days or fewer
7. Contact Aetna Pharmacy Management for precertification of oral medications not on this list.
  - See #9 in General information section for additional guidance.
  - Their number is **1-800-414-2386**.
  - Call **1-866-782-2779** for information on injectable medications not listed.
8. For drugs administered orally, by injection or infusion:
  - Drugs newly approved by the FDA may require precertification review.
  - Fully insured Texas and Louisiana members continue to be covered for drugs added to the precertification list according to their current plan design until their plan renewal date.
  - Fully insured California HMO members and fully insured Connecticut PPO members covered for drugs added to the precertification list continue to have coverage.
    - Drug coverage continues for these California members as long as the drug is appropriately prescribed and considered safe and effective treatment for the medical condition.
- 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 4-2-49RX Prior Authorization.
9. For members enrolled in Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan: Precertification is not required for cardiac catheterization, cardiac imaging, chiropractic services, transthoracic echocardiogram or physical/occupational therapy
  - Visit online provider directories: [Foreign Service Benefit Plan](#); [MHBP](#); [Rural Carrier Benefit Plan](#)
  - Except as noted for drugs and medical injectables and special programs, for all other services:
    - **Foreign Service Benefit Plan**, call **1-800-593-2354**
    - **MHBP**, call **1-800-410-7778**
    - **Rural Carrier Benefit Plan**, call **1-800-638-8432**
10. For members enrolled in Aetna Student Health or Allina Health|Aetna precertification is not required for the following outpatient services:
  - Diagnostic cardiology
  - Hip and knee arthroplasties
  - Physical therapy and occupational therapy
  - Pain management
  - Polysomnography
  - Radiology imaging
  - Radiation oncology

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary 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, Allina 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.**



# 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 Only<sup>SM</sup>, Aetna Health Network Option<sup>SM</sup>, Aetna HealthFund®, Aetna Medicare<sup>SM</sup> Plan Health Maintenance Organization (HMO), Aetna Medicare<sup>SM</sup> Plan Preferred Provider Organization (PPO), Aetna Open Access® Elect Choice®, Aetna Open Access HMO, Aetna Open Access Managed Choice®, Aetna Select<sup>SM</sup>, Choose and Save<sup>SM</sup>, HMO, Managed Choice POS, Open Access Aetna Select<sup>SM</sup>, 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.

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