Retiree Health Plan Advisory Board
Modernization Subcommittee Meeting Agenda

Date: Thursday June 23, 2022
Time: 09:00 am – 12:00 pm
Location: Video Tele-Conference & Atwood 19th Floor Conference Room
Teleconference: Phone: (907) 202-7104  ID: 784 644 486#
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
• Prior Authorization Overview: Aetna
  o Next Steps
• Proposal Review: GCIT Network Benefits

12:00 pm  Adjourn
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

---

**Packet Page 2 of 14**
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. 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

---

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
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 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

---

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.$^3$
- 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.$^4$
- 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.$^5$
- 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.

---


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. 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.

---

6 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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed by Modernization Subcommittee</td>
<td></td>
</tr>
<tr>
<td>Reviewed by RHPAB</td>
<td>11/01/2021, 02/10/2022, 05/05/2022, 6/23/2022</td>
</tr>
</tbody>
</table>
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):**

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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner University Medical Center Tucson Campus</td>
<td>Tucson</td>
<td>AZ</td>
<td>85719</td>
<td>(520) 694-0111</td>
</tr>
<tr>
<td>Banner University Medical Center Phoenix Campus</td>
<td>Phoenix</td>
<td>AZ</td>
<td>85006</td>
<td>(602) 839-2000</td>
</tr>
<tr>
<td>Diamond Children's Hospital, part of Banner University Tucson Campus</td>
<td>Tucson</td>
<td>AZ</td>
<td>85719</td>
<td>(520) 694-5437</td>
</tr>
<tr>
<td>Children's Hospital Los Angeles</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90027</td>
<td>(323) 361-2347</td>
</tr>
<tr>
<td>Lucile Packard Children's Hospital</td>
<td>Palo Alto</td>
<td>CA</td>
<td>94304</td>
<td>(650) 497-8000</td>
</tr>
<tr>
<td>Rady Children's Hospital San Diego</td>
<td>San Diego</td>
<td>CA</td>
<td>92123</td>
<td>(858) 576-1700</td>
</tr>
<tr>
<td>Stanford Medical Center</td>
<td>Stanford</td>
<td>CA</td>
<td>94305</td>
<td>(650) 723-4000</td>
</tr>
<tr>
<td>Children's Hospital Colorado</td>
<td>Aurora</td>
<td>CO</td>
<td>80045</td>
<td>(720) 777-0123</td>
</tr>
<tr>
<td>Connecticut Children's Medical Center</td>
<td>Farmington</td>
<td>CT</td>
<td>06032</td>
<td>(860) 545-9000</td>
</tr>
<tr>
<td>Children's National Medical Center</td>
<td>Washington</td>
<td>DC</td>
<td>20010</td>
<td>(888) 884-2327</td>
</tr>
<tr>
<td>MedStar Georgetown University Hospital</td>
<td>Washington</td>
<td>DC</td>
<td>20007</td>
<td>(202) 444-2000</td>
</tr>
<tr>
<td>Nemours Children's Hospital Delaware</td>
<td>Wilmington</td>
<td>DE</td>
<td>19803</td>
<td>(302) 651-4000</td>
</tr>
<tr>
<td>Joe DiMaggio Children's Hospital</td>
<td>Hollywood</td>
<td>FL</td>
<td>33021</td>
<td>(954) 265-5324</td>
</tr>
<tr>
<td>Nemours Children's Hospital</td>
<td>Orlando</td>
<td>FL</td>
<td>32827</td>
<td>(407) 567-4000</td>
</tr>
<tr>
<td>Nicklaus Children's Hospital</td>
<td>Miami</td>
<td>FL</td>
<td>33155</td>
<td>(305) 666-6511</td>
</tr>
<tr>
<td>St. Josephs Woman's Hospital (Baycare)</td>
<td>Tampa</td>
<td>FL</td>
<td>33607</td>
<td>(813) 879-4730</td>
</tr>
<tr>
<td>Memorial Regional Hospital</td>
<td>Hollywood</td>
<td>FL</td>
<td>33021</td>
<td>(954) 966-4500</td>
</tr>
<tr>
<td>Children's Healthcare Of Atlanta – Scottish Rite Hospital/Egleston Children's Hospital</td>
<td>Atlanta</td>
<td>GA</td>
<td>30342</td>
<td>(404) 785-1285</td>
</tr>
<tr>
<td>University of Iowa Hospital and Clinics</td>
<td>Iowa City</td>
<td>IA</td>
<td>52242</td>
<td>(319) 356-1616</td>
</tr>
<tr>
<td>Ann and Robert H Lurie Children's Hospital of Chicago</td>
<td>Chicago</td>
<td>IL</td>
<td>60611</td>
<td>(312) 227-4000</td>
</tr>
<tr>
<td>University of Kansas Medical Center</td>
<td>Kansas City</td>
<td>KS</td>
<td>66160</td>
<td>(913) 588-1227</td>
</tr>
<tr>
<td>Boston Children's Hospital</td>
<td>Boston</td>
<td>MA</td>
<td>02115</td>
<td>(617) 355-6000</td>
</tr>
<tr>
<td>Children's Hospital of Michigan</td>
<td>Detroit</td>
<td>MI</td>
<td>48201</td>
<td>(313) 745-KIDS</td>
</tr>
<tr>
<td>Children's Hospital of Michigan</td>
<td>Grand Blanc</td>
<td>MI</td>
<td>48439</td>
<td>(313) 745-KIDS</td>
</tr>
<tr>
<td>University Of Michigan Medical Center</td>
<td>Ann Arbor</td>
<td>MI</td>
<td>48109</td>
<td>(734) 936-6641</td>
</tr>
<tr>
<td>C S Mott Children's Hospital</td>
<td>Ann Arbor</td>
<td>MI</td>
<td>48109</td>
<td>(877) 475-6688</td>
</tr>
<tr>
<td>Gillette Children's Specialty Healthcare</td>
<td>Saint Paul</td>
<td>MN</td>
<td>55101</td>
<td>(651) 291-2848</td>
</tr>
<tr>
<td>Provider Name</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-------</td>
<td>--------</td>
<td>-------------------</td>
</tr>
<tr>
<td>The Children’s Mercy Hospital</td>
<td>Kansas City</td>
<td>MO</td>
<td>64108</td>
<td>(816) 234-3000</td>
</tr>
<tr>
<td>Children’s Hospital and Medical Center</td>
<td>Omaha</td>
<td>NE</td>
<td>68114</td>
<td>(402) 955-5400</td>
</tr>
<tr>
<td>Goryeb Children’s Hospital at Morristown Medical Center</td>
<td>Morristown</td>
<td>NJ</td>
<td>07960</td>
<td>(973) 971-5200</td>
</tr>
<tr>
<td>Cincinnati Children’s Hospital and Medical Center</td>
<td>Cincinnati</td>
<td>OH</td>
<td>45229</td>
<td>(513) 636-4200</td>
</tr>
<tr>
<td>Nationwide Children’s Hospital</td>
<td>Columbus</td>
<td>OH</td>
<td>43205</td>
<td>(614) 722-2000</td>
</tr>
<tr>
<td>Ohio State University – Arthur James Cancer Center</td>
<td>Columbus</td>
<td>OH</td>
<td>43210</td>
<td>(614) 293-3300</td>
</tr>
<tr>
<td>The Children’s Hospital at Oklahoma University Medical Center</td>
<td>Oklahoma City</td>
<td>OK</td>
<td>73104</td>
<td>(405) 271-5437</td>
</tr>
<tr>
<td>Oregon Health &amp; Sciences University Hospital – Doernbecher Children’s</td>
<td>Portland</td>
<td>OR</td>
<td>97239</td>
<td>(503) 494-8311</td>
</tr>
<tr>
<td>Children’s Hospital of Philadelphia</td>
<td>Philadelphia</td>
<td>PA</td>
<td>19104</td>
<td>(800) 879-2467</td>
</tr>
<tr>
<td>Milton Hershey Medical Center Pennsylvania State University</td>
<td>Hershey</td>
<td>PA</td>
<td>17033</td>
<td>(800) 243-1455</td>
</tr>
<tr>
<td>Hospital of The University of Pennsylvania Health System</td>
<td>Philadelphia</td>
<td>PA</td>
<td>19104</td>
<td>(800) 789-7366</td>
</tr>
<tr>
<td>Cook Children’s Medical Center</td>
<td>Fort Worth</td>
<td>TX</td>
<td>76104</td>
<td>(682) 885-4000</td>
</tr>
<tr>
<td>Children’s Medical Center of Dallas</td>
<td>Dallas</td>
<td>TX</td>
<td>75235</td>
<td>(214) 456-7000</td>
</tr>
<tr>
<td>Children’s Hospital of The King’s Daughters</td>
<td>Norfolk</td>
<td>VA</td>
<td>23507</td>
<td>(757) 668-7000</td>
</tr>
<tr>
<td>Seattle Children’s Hospital</td>
<td>Seattle</td>
<td>WA</td>
<td>98105</td>
<td>(206) 987-2000</td>
</tr>
<tr>
<td>University of Wisconsin Hospital and Clinics</td>
<td>Madison</td>
<td>WI</td>
<td>53792</td>
<td>(608) 263-6400</td>
</tr>
</tbody>
</table>
# Zolgensma (Onasemnogene abeparvovec-xioi):

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

- **In Network → Provider Responsibility**
  - Provider recommends spinal procedure
  - Provider submits clinical information to Aetna
  - Nurse reviews clinical information. If they can approve, communication sent to Retiree & provider
  - If nurse cannot approve, it is sent to a Medical Director for review. Medical Director will issue a determination.
  - Determination sent to Retiree and provider. If approved, approval is good for 60 days (or longer) from date of approval.

- **Out of Network → Retiree Responsibility to coordinate with provider**
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


http://doa.alaska.gov/drb/alaskaCare/retiree/publications/booklets.html
Questions
Legal disclaimer

Aetna, CVS Pharmacy® and MinuteClinic®, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. The CareEngine® system is a proprietary technology platform developed by ActiveHealth Management, an Aetna® company. In conjunction with clinicians, the CareEngine continuously analyzes claims and other data against evidence-based best practices and alerts the members and their physicians about possible care gaps and other inconsistencies.

Teladoc® is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit Teladoc.com/Aetna for a complete description of the limitations of Teladoc services. Teladoc, Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc.

Information is believed to be accurate as of the production date; however, it is subject to change.

For more information about Aetna plans, refer to 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)

Aetna.com
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**

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, 5735, 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, 54414, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56810, 5706, 57107, 57110, 57111, 57291, 57292, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58555, 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, 21980, 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, suchas:
- 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, 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])
Monoclate-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)
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 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
  - Avmola (infliximab-axxq, Q5120) — 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
  - Vygepi (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 vilocil, Q2055)
  - Breyanzi (lisocabtagene maraleucel, Q2054)
  - Carvykti (cilta&agrave;tagene 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) — precertification for the drug and site of care required effective 5/1/2022

Enjamyo (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
Mepsevii (vestronidase alfa-vjbk, J3397) — precertification for the drug and site of care required
Naglazyme (galsulfase, J1458) — precertification for the drug and site of care required
Nexviazyme (avalglucosidase alfa-ngpt, J0219) — precertification for the drug and site of care required
Strensiq (asfotase alfa, J3490, J3590)
Vimizim (elosulfase alfa, J1322) — precertification for the drug and site of care required
VPRIV (velaglucerase alfa, J3385) — precertification for the drug and site of care required

Erbitux (cetuximab, J9055)

Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa, J0881)
Epogen (epoetin alfa, J0885)
Mircera (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)

Granulocyte-colony stimulating factors:

Fulphila (pegfilgrastim-jmndb, 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)

Evrysdi (risdiplam, J8499)
Feraheme (ferumoxytol, Q0138, Q0139)
Fusilev (levoleucovorin, J0641)
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)
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)
Siliq* (brodalumab, 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, J1561)
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)
Ilumyya* (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 (cetrorelix 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 (tiptorelin 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
Viltepsio (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-dbll, 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)
Prolixa (denosumab, J0897)
Tymlos* (abaloparatide, J3490, J3590)

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

Osteoporosis drugs:
Bonsity* (teriparatide, J3490)
Evenity* (romosozumab-aqqg, J3111)
Forteo* (teriparatide, J3110)
Miacalcin (calcitonin, J0630)
Prolixa (denosumab, J0897)
Tymlos* (abaloparatide, J3490, J3590)

Oxluumo (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)
Velvet (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-vmww, J9061)

Rylazim (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)
Syndojoynt, Triluron (1% sodium hyaluronate)

Synvisc, Synvisc-One (hylan)
Xgeva (denosumab, J0897)
Xofigo (radium Ra 223 dichloride, A9606)
Yervoy (ipilimumab, J9228) — precertification for the drug and site of care required
Zirabev (bevacizumab-bvzr, Q5118) — precertification required for oncology indications only
Zolgensma (onasemnogene abeparvovec-xioi, J3399) – precertification for the drug and site of care required
Zulresso (brexanolone, J1632)
Zynlonta (loncastuximab tesirine-lpyl, J9359)
BRCA genetic testing — 1-877-794-8720
See #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, 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](http://Portal.myNEXUScare.com/Account/Login) (registration is required).
- Fax the form to [1-866-996-0077](tel:+18669960077)
- Questions? Call myNEXUS Intake at [1-833-585-6262](tel:+18335856262) from 8 AM to 8 PM ET, Monday through Friday or
- Go to [http://www.mynexuscare.com/aetna](http://www.mynexuscare.com/aetna) for more details

**Infertility program — [1-800-575-5999](tel:+18005755999)**
(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 #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](tel:+18772128811) for the following:
- Abecma (idecabtagene vicleucel), Breyanzi (lisocabtagene maraleucel), Carvykti (ciltaclabtagene 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](tel:+18007713205)
- CT — for all members with plans applicable to this precertification list
Through Optum Health [1-800-344-4584](tel:+18003444584) (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](tel:+18668421542)
- DE, NJ, NY, PA, WV for members with certain commercial plans, and Aetna Medicare Advantage plans, applicable to this precertification list
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
  - 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

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
  - 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
  - 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 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.

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.

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)

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
  - By phone at 1-888-622-7329
**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 ID card.
     - 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.

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.

   • 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.
6. We require precertification for maternity and newbornstays 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.

© 2022 Aetna Inc.
830860-01-07 (5/22)
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 Only℠, Aetna Health Network Option℠, Aetna HealthFund®, Aetna Medicare℠ Plan Health Maintenance Organization (HMO), Aetna Medicare℠ Plan Preferred Provider Organization (PPO), Aetna Open Access® Elect Choice®, Aetna Open Access HMO, Aetna Open Access Managed Choice®, Aetna Select℠, Aetna Medicare, Aetna Open Choice®, Aetna Select℠, Choose and Save℠, HMO, Managed Choice POS, Open Access Aetna Select℠, 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.