

Participating provider precertification list for Aetna®

Updated January 1, 2026

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

Use this document as a resource to ensure smooth and effective collaboration with us. It will be your reference for **Current Procedural Terminology (CPT®)** codes for services, programs and prescriptions that require approval for coverage.

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

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

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



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services on behalf of its affiliates. Banner|Aetna, Allina Health | Aetna, Texas Health Aetna and Sutter Health | Aetna are affiliates of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to these entities. CPT only Copyright 2025 American Medical Association. All Rights Reserved.

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This information applies to:

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

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

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

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

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

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

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

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



What happens next

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



How we make coverage determinations

If you're asking for precertification for a Medicare Advantage member, we use the Centers for Medicare & Medicaid service (CMS) benefit policies to make our coverage decisions. This includes national coverage determinations (NCDs) and local coverage determinations (LCDs), when available. If there isn't an available NCD or LCD to review, we'll use the Aetna Medicare Part B Drug Criteria, Clinical Policy Bulletins and Precertification List. You can find them by going to the website listed on the back of the member's ID card.



Questions?

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

- Commercial plans: [1-888-632-3862](tel:1-888-632-3862) (TTY: [711](tel:1-888-632-3862))
- Medicare plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: [711](tel:1-800-624-0756))

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

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You should know

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

Coverage changes and updates

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

For more information

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

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Behavioral health

- Refer to the [behavioral health precertification list](#) for a list of behavioral health services that require precertification.

Emergency services

Emergency services don't require precertification except when one of the following apply:

- Procedures requiring precertification don't occur on the same day as the emergency room visit
- Emergency visit resulting in an inpatient hospital admission requires reporting within two business days of the admission

Federal Employee Health Benefit Plans information

Precertification is not required for MHBP, the Rural Carrier Benefit Plan, and the Foreign Service Benefit Plan when original Medicare is the primary payer. Precertification is required for the Aetna Medicare Advantage Plan for MHBP Standard Option, Aetna Medicare Advantage for Rural Carrier Benefit Plan, and the Foreign Service Benefit Plan – Aetna Medicare Advantage Plan.

Innovation Health®

- Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health.

- Find more information about [notification and coverage determinations](#).
- We require precertification when Aetna or Innovation Health is the secondary payer.

Maternity information

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

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

Oral medications and injections

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

- Their number is [1-800-414-2386 \(TTY: 711\)](#).
- Call [1-866-782-2779 \(TTY: 711\)](#) for information on injectable medications not listed.

For drugs administered orally, by injection or infusion:

- Drugs newly approved by the FDA may require precertification review.
- Members of fully insured Texas and Louisiana plans have coverage for drugs we add to the precertification list according to their current plan design until their plan renews.
- Fully insured California HMO members and fully insured Connecticut PPO members covered for drugs added to the precertification list continue to have coverage.

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- Drug coverage continues for these California members as long as their doctor prescribes it appropriately. It must also be a safe and effective treatment for the medical condition.
- Drug coverage continues for these Connecticut members as long as the drug is medically necessary and more medically beneficial than other covered drugs.
- The prescribing provider must respond to requests for more information. For fully insured members with a Colorado state contract, we'll approve or deny precertification requests within time frames mandated by Colorado Regulation 4-2-49 RX Prior Authorization.

Student Health and Allina Health | Aetna plan information

For members enrolled in Aetna Student HealthSM or Allina Health | Aetna, precertification isn't required for the following outpatient services:

- Diagnostic cardiology
- Hip and knee arthroplasties
- Home health care
- Pain management
- Peripheral arterial disease (PVD)
- Polysomnography
- Radiology imaging
- Radiation oncology

Special information for members enrolled in a Dual Special Needs Plan (D-SNP) in Florida

Precertification may be required for Medicaid services to eligible recipients. You can use your current electronic solutions to submit a precertification request, or call the number listed on the member's ID card.

Texas members

- 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.

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For more information, read all general precertification guidelines.

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

	Procedure name/description	CPT codes
1.	Inpatient confinements, including hospital at home (except hospice) For example, surgical and nonsurgical stays, stays in a skilled nursing facility or rehabilitation facility, and maternity and newborn stays that exceed the standard length of stay (LOS). (See “ Maternity information ” in the General information section.) Note: Prior authorizations for skilled nursing or rehabilitation facility stays for Medicare Advantage members in New Jersey, New York, Pennsylvania and West Virginia are handled by EviCore Healthcare.	
2.	Ambulance Precertification required for transportation by fixed-wing aircraft (plane)	A0140, A0430, A0435, A0999, T2004, T2007, S9960
3.	Arthroplasty	<ul style="list-style-type: none"> Total ankle 27702
4.	Arthroscopic hip surgery to repair impingement syndrome, including labral repair*	29914, 29915, 29916, 29860, 29861, 29862, 29863
5.	Autologous chondrocyte implantation*	27412, J7330, S2112
6.	Cardiology	<ul style="list-style-type: none"> Implantable loop recorder 33285 Watchman™ 33340 Electrophysiological (EP) study 93653, 93654, 93656
7.	Chiari malformation decompression surgery	61343

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

How to submit	General info	Services	Drugs	Special programs
	Procedure name/description	CPT codes		
8.	Cochlear device and/or implantation*	69930, L8614, L8619		
9.	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			
10.	Dental implants	21245, 21246, 21248, 21249		
11.	Dialysis visits When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility	90935, 90937, 90999		
12.	Dorsal column (lumbar) neurostimulators: trial or implantation	63650, 63655, 63663, 63664, 63685, 63688		
13.	Electric or motorized wheelchairs	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		

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

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		Procedure name/description	CPT codes	
14.		Endoscopic nasal balloon dilation procedures*	31295, 31296, 31297, 31298	
15.		Functional endoscopic sinus surgery (FESS)*	31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288	
16.		Gender affirmation surgery	55970, 55980, 56805, 57335 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 17380, 19318, 21270, 30400, 30410, 30420, 30430, 30435, 30450, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720	
17.		Hyperthermic intraperitoneal chemotherapy (HIPEC)	96547, 96548	
18.		Hyperbaric oxygen therapy	G0277, 99183 — precertification required for Commercial members only	
19.		Infertility services and pre-implantation genetic testing	58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89337, 89342, 89346 S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035	
20.		Knee arthroscopy	29875, 29876, 29877, 29879 — precertification required for Medicare Advantage members only	

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

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	Procedure name/description	CPT codes		
21.	Knee meniscectomy	29880, 29881, 29882, 29883 — precertification required for Medicare Advantage members only		
22.	Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics	L5781, L5782, L5856, L5857, L5858, L5859, L5926, L5968, L5969, L5973, L5980, L5987, L5999		
23.	Neurostimulator implantation	64553, 64555, 64561, 64568, 64569, 64575, 64580, 64581, 64582, 64583, 64584, 64585, 64590, 64595		
24.	Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider			
25.	Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	21010, 21050, 21060, 21070, 21073, 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, 21240, 21242, 21243, 21244, 21247, 21255, 21480, 21485, 21490, 21497, 29800, 29804		
26.	Osseointegrated implant*	69714, 69716 L8690, L8691, L8692, L8693		
27.	Osteochondral allograft/knee*	27415		
28.	Private duty nursing	S9123, S9124, T1000, T1030, T1031		
29.	Prostate surgery	• High intensity-focused ultrasound (HIFU) 55880		
30.	Proton beam radiotherapy	77520, 77522, 77523, 77525 Also see Special programs: Radiation oncology		

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

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	Procedure name/description	CPT codes
31.	Reconstructive or other procedures that may be considered cosmetic:	<ul style="list-style-type: none"> Blepharoplasty* 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 Breast reconstruction/breast enlargement* 19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068
32.	Reconstructive or other procedures that may be considered cosmetic (continued):	<ul style="list-style-type: none"> 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, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T
33.	Shoulder arthroplasty, including revision procedures	23470,* 23472,* 23473,* 23474
34.	Site of service	For Commercial members only, see Special programs for more information.

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

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	Procedure name/description	CPT codes
35.	Spinal procedures:	<ul style="list-style-type: none"> Artificial intervertebral disc surgery (cervical spine) 22856,* 22858,* 22861 Artificial intervertebral disc surgery (lumbar spine) 22857, 22860, 22862, 22865 Cervical laminoplasty* 63050, 63051 Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures* 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267 Kyphectomy* 22818, 22819 Laminectomy with rhizotomy 63185, 63190 Removal of spinal instrumentation 22850, 22852, 22855

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

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	Procedure name/description	CPT codes
35.	Spinal procedures (continued):	<ul style="list-style-type: none"> Spinal fusion surgery C1821, 22102, 22103, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22859, 27278, 27279, 27280 Surgery for spine deformity 22800, 22802, 22804, 22808, 22810, 22812 Precertification required for Commercial plans only for the following: 22836, 22837, 22838, 0656T, 0657T, 0790T Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091 Vertebroplasty/kyphoplasty 22510, 22511, 22512, 22513, 22514, 22515
36.	Stimulators	<ul style="list-style-type: none"> Electrical stimulation device used for cancer treatment E0766
37.	Urology	<ul style="list-style-type: none"> Artificial urinary sphincter 53445
38.	Uvulopalatopharyngoplasty, including laser-assisted procedures*	42145, 42140, 42299, S2080
39.	Ventricular assist devices	33975, 33978, 33979, 33981, 33990, 33991, 33992, 33993, 92970
40.	Whole exome sequencing	81415, 81416, 81417

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

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	Procedure name/description	CPT codes
41.	Whole genome sequencing	81425, 81426, 81427 0094U, 0214U, 0215U, 0335U, 0336U, 0425U, 0426U

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

- When the member is enrolled in a Commercial plan, you can call [1-866-752-7021](tel:1-866-752-7021) (TTY: [711](tel:1-866-752-7021)) for precertification
- When the member is enrolled in a Medicare Advantage plan, you can call [1-866-503-0857](tel:1-866-503-0857) (TTY: [711](tel:1-866-503-0857)) for precertification or fax request forms to [1-844-268-7263](tel:1-844-268-7263) (TTY: [711](tel:1-844-268-7263)).
 - See our Medicare online resources for more about preferred products or to find a precertification fax form
 - Site of care doesn't apply to Medicare Part B drugs

Drug name	Description
Advate (J7192)	antihemophilic factor, human recombinant
Adynovate (J7207)	antihemophilic factor [recombinant], PEGylated
Afstyla (J7210)	antihemophilic factor [recombinant], single chain
Alphanate (J7186)	antihemophilic factor/von Willebrand factor complex [human]
AlphaNine SD (J7193)	coagulation factor IX [human]
Alprolix (J7201)	coagulation factor IX [recombinant], Fc fusion protein
Altuviiio (J7214)	antihemophilic factor [recombinant], Fc fusion protein
BeneFix (J7195)	coagulation factor IX [recombinant]
Beqvez (J1414)	(fidanacogene elaparvovec-dzkt) — precertification required for the drug and site of care Commercial plans call 1-866-752-7021 (TTY: 711) Medicare Advantage plans call 1-866-503-0857 (TTY: 711)
Coagadex (J7175)	coagulation factor X [human]
Corifact (J7180)	factor XIII concentrate [human]
Eloctate (J7205)	antihemophilic factor [recombinant], Fc fusion protein
Esperoct (J7204)	antihemophilic factor [recombinant], glycopegylated-exei
Factor XIII (J7191)	Factor viii (antihemophilic factor (porcine))

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Blood-clotting factors (continued)

Drug name	Description
FEIBA, FEIBA NF (J7198)	anti-inhibitor coagulant complex
Fibryga (J7177)	fibrinogen, human
Hemgenix (J1411)	etranacogene dezaparvovec — precertification required for the drug and site of care Commercial plans call 1-866-752-7021 (TTY: 711) Medicare Advantage plans call 1-866-503-0857 (TTY: 711)
Hemlibra (J7170)	emicizumab
Hemofil M (J7190)	antihemophilic factor [human]
Hemophilia clotting factor (J7199)	not otherwise classified
Humate-P (J7187)	antihemophilic factor/von Willebrand factor complex [human]
Idelvion (J7202)	antihemophilic factor [recombinant]
Ixinity (J7195, J7213)	coagulation factor IX [recombinant]
Jivi (J7208)	antihemophilic factor [recombinant], PEGylated-aucl
Kogenate FS (J7192)	antihemophilic factor [recombinant]
Kovaltry (J7211)	antihemophilic factor [recombinant]
NovoEight (J7182)	antihemophilic factor [recombinant]
NovoSeven RT (J7189)	coagulation factor VIIa [recombinant]
Nuwiq (J7209)	simoctocog alfa
Obizur (J7188)	antihemophilic factor [recombinant], porcine sequence
Profilnine (J7194)	factor IX complex
Rebinyn (J7203)	coagulation factor IX [recombinant], glycoPEGylated

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Blood-clotting factors (continued)

Drug name	Description
Recombinate (J7192)	antihemophilic factor [recombinant]
RiaSTAP (J7178)	fibrinogen concentrate [human]
Rixubis (J7200)	coagulation factor IX [recombinant]
Roctavian (J1412)	valoctocogene roxaparvovec-rvox — precertification required for the drug and site of care Commercial plans call 1-866-752-7021 (TTY: 711) Medicare Advantage plans call 1-866-503-0857 (TTY: 711)
Sevenfact (J7212)	coagulation factor VIIa [recombinant]-jncw
Tretten (J7181)	coagulation factor XIII a-subunit [recombinant]
Vonvendi (J7179)	von Willebrand factor [recombinant]
Wilate (J7183)	von Willebrand factor/coagulation factor VIII complex [human]
Xyntha, Xyntha Solofuse (J7185)	antihemophilic factor [recombinant]

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For the following services, when the member is enrolled in a Commercial plan, you can call [1-866-752-7021](tel:1-866-752-7021) (TTY: 711) for precertification or fax request forms to [1-888-267-3277](tel:1-888-267-3277) (TTY: 711). However, the following exceptions apply:

- For precertification of pharmacy-covered specialty drugs (noted with *) when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: 711). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: 711).
- You can use the drug-specific Specialty Medication Request Form located online under “Specialty Pharmacy Precertification.”
- You can submit Specialty Pharmacy precertification requests electronically using provider online tools and resources on [our provider portal](#) with Availity.

When the member is enrolled in a Medicare Advantage plan, you can call [1-866-503-0857](tel:1-866-503-0857) (TTY: 711) for precertification or fax request forms to [1-844-268-7263](tel:1-844-268-7263) (TTY: 711).

- See our [Medicare online resources](#) for more about preferred products or to find a precertification fax form.
- Site of care doesn’t apply to Medicare Part B drugs

Drug name/description

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

Acthar Gel/H. P. Acthar (corticotropin, J0801, J0802)

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

Adcetris (brentuximab vedotin, J9042) — precertification required for drug and site of care

Adstiladrin (nadofaragene firadenovec-vncg, J9029)

Alpha 1-proteinase inhibitor (human) (precertification required for the drug and site of care):

Aralast NP (alpha 1-proteinase inhibitor, J0256)
Glassia (alpha 1-proteinase inhibitor, J0257)

Alpha 1-proteinase inhibitor (human) (continued):

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

Alymsys (bevacizumab, Q5126) — precertification required for the drug and site of care for oncology indications only

Alzheimer’s disease

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

Kisunla (donanemab-azbt, J0175)
Leqembi IV (lecanemab-irmb, J0174)
Leqembi SQ (lecanemab-irmb, J3490 J3590 C9399) — precertification required for Medicare Advantage members only

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			Amtagvi (lifileucel, J3490, J3590, C9399, J9999) — precertification required for the drug and site of care Contact National Medical Excellence at 1-877-212-8811 (TTY: 711)	
			Amyotrophic lateral sclerosis (ALS) drugs: (precertification required for the drug and site of care): Qalsody (tofersen, J1304) Radicava (edaravone, J1301)	
			Anktiva (nogapendekin alfa inbakicept-pmln, J9028)	
			Autoimmune infused infliximab (precertification required for the drug and site of care): Avsola (infliximab-axxq, Q5121) Inflectra (infliximab-dyyb, Q5103) Remicade (infliximab, J1745) Renflexis (infliximab-abda, Q5104)	
			Avastin (bevacizumab, J9035) — precertification required for the drug and site of care for oncology indications only	
			Aveed (testosterone undecanoate, J3145)	
			Axtle (pemetrexed, avyxa J9292) — precertification required for Medicare Advantage members only	
			Avzivi (bevacizumab-tnln, J3490, J3590, C9399, J9999)	
			Beizray (docetaxel, J9174)— precertification required for Medicare Advantage members only	
			Belrapzo (bendamustine HCl, J9036)	
			Bendeka (bendamustine HCl, J9034)	
			Benlysta (belimumab, J0490) — precertification required for the drug and site of care	
			Besponsa (inotuzumab ozogamicin, J9229)	
			Bizengri (zenocutuzumab-zbco, J9382)	
			Bortezomib (J9046, J9048, J9049, J9051) Commercial plans — precertification required for multiple myeloma only Medicare plans — precertification required for all diagnoses	
			Boruzu (bortezomib, J9054) Commercial plans — precertification required for multiple myeloma only Medicare plans — precertification required for all diagnoses	
			Botulinum toxins: Botox (onabotulinumtoxinA, J0585)— precertification required for Commercial members only Daxxify (daxibotulinumtoxin A, J0589) Dysport (abobotulinumtoxinA, J0586) Letybo (letibotulinumtoxinA-wlbg, J3490, J3590, C9399) Myobloc (rimabotulinumtoxinB, J0587) Xeomin (incobotulinumtoxinA, J0588)— precertification required for Commercial members only	
			Cablivi (caplacizumab-yhdp, C9047)	

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Calcitonin gene-related peptide (CGRP) receptor inhibitors

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

Cardiovascular — PCSK9 inhibitors:

Leqvio (inclisiran, J1306)

Casgevy (exagamglogene autotemcel, J3392) — precertification required for the drug and site of care

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: [711](tel:1-877-212-8811))

Chimeric Antigen Receptor T-Cell Therapy (CAR-T) — contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: [711](tel:1-877-212-8811))

Abecma (idecabtagene vicleucel, Q2055)
Aucatzyl (obecabtagene autoleucel, obe-cel, Q2058)
Breyanzi (lisocabtagene maraleucel, Q2054)
Carvykti (ciltacabtagene autoleucel, Q2056)
Kymriah (tisagenlecleucel, Q2042)
Tecartus (brexucabtagene autoleucel, Q2053)
Yescarta (axicabtagene ciloleucel, Q2041)

Columvi (glofitamab-gxbm, J9286)

Complement inhibitor drugs:

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

Piasky (crovalimab-akkz, J1307)
Veopoz (pozelimab-bbfg, J9376)

Cortrophin Gel (repository corticotropin, J3490, J3590)

Cosela (Trilaciclib, J1448)

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

Cyramza (ramucirumab, J9308)

Danyelza (naxitamab-gqgk, J9348)

Darzalex (daratumumab, J9145)

Darzalex Faspro (daratumumab and hyaluronidase-fihj, J9144)

Datroway (datopotamab deruxtecan-dlnk, J9011) — precertification required for the drug and site of care

Docivyx (docetaxel, J9172)- precertification required for Medicare Advantage members only

Elahere (mirvetuximab soravtansine-gynx, J9063)

Elrexio (elranatamab-bcmm, J1323)

Empliciti (elotuzumab, J9176)

Emrelis (telisotuzumab vedotin-tllv, J9326)

Enjaymo (Sutimlimab-jome, J1302) — precertification required for the drug and site of care

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Enzyme replacement drugs:

Adzynma (ADAMTS13, recombinant-krhn, J7171) — precertification required for the drug and site of care

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

Brineura (cerliponase alfa, J0567)

Cerezyme (imiglucerase, J1786) — precertification required for the drug and site of care

Elaprase (idursulfase, J1743) — precertification required for the drug and site of care

Elelyso (taliglucerase alfa, J3060) — precertification required for the drug and site of care

Elfabrio (pegunigalsidase alfa-iwxj, J2508) — precertification required for the drug and site of care

Fabrazyme (agalsidase beta, J0180) — precertification required for the drug and site of care

Kanuma (sebelipase alfa, J2840) — precertification required for the drug and site of care

Lamzede (velmanase alfa, J0217)

Lumizyme (alglucosidase alfa, J0220, J0221) — precertification required for the drug and site of care

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

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

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

Pombiliti (cipaglucosidase alfa-atga, J1203)

Enzyme replacement drugs (continued):

Strensiq (asfotase alfa, J3490, J3590)

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

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

Xenpozyme (olipudase alfa-rpcp, J0218) — precertification required for the drug and site of care

Epkinly (epcoritamab-bysp, J9321)

Erbitux (cetuximab, J9055)

Erythropoiesis-stimulating agents:

Aranesp* (darbepoetin alfa, J0881, J0882) — precertification required for Commercial members only

Epogen (epoetin alfa, J0885, Q4081)

Mircera* (methoxy polyethylene glycol-epoetin beta, J0887, J0888) — precertification required for Commercial members only

Procrit* (epoetin alfa, J0885, Q4081) — precertification required for Commercial members only

Retacrit (recombinant human erythropoietin-epbx, Q5105, Q5106)

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

Fusilev (levoleucovorin, J0641)

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

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)).
Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

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Gattex (teduglutidem, J3490)

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

Granulocyte-colony stimulating factors:

Fulphila (pegfilgrastim-jmdb, Q5108)

Fylnetra (pegfilgrastim-pbbk, Q5130)

Granix (tbo-filgrastim, J1447)

Leukine (sargramostim, J2820)

Neulasta (pegfilgrastim, J2506) — precertification required for Commercial members only

Neupogen (filgrastim, J1442)

Nivestym (filgrastim-aafi, Q5110)

Nypozi (filgrastim-txid, Q5148)

Nyvepria (pegfilgrastim-apgf, Q5122)

Releuko (filgrastim-ayow, Q5125)

Rolvedon (eflapregastim-xnst, J1449)

Ryzneuta (efbemalenograstim alfa-vuxw, J9361)

Stimufend (pegfilgrastim-fpgk, Q5127)

Udenyca (pegfilgrastim-cbvq, Q5111)

Udenyca OBI (pegfilgrastim-cbvq, Q5111)

Zarxio* (filgrastim-sndz, Q5101) — precertification required for Commercial members only

Ziextenzo (pegfilgrastim-bmez, Q5120)

Growth hormone:

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

Hereditary angioedema agents:

Berinert (C1 esterase inhibitor, J0597)

Hereditary angioedema agents (continued):

Cinryze (C1 esterase inhibitor, J0598) — precertification required for the drug and site of care required

Dawnzera (Donidalorsen Sodium, J3490 J3590 C9399)

Firazyr SC* (icatibant acetate, J1744)— precertification required for Commercial members only

Haegarda* (C1 esterase inhibitor subcutaneous [human], J0599) — precertification required for Commercial members only

Kalbitor (ecallantide, J1290)

Ruconest (C1 esterase inhibitor, J0596)

Sajazir SC* (icatibant acetate, J1744)— precertification required for Commercial members only

Takhzyro (lanadelumab-flyo, J0593)

Hereditary transthyretin-mediated amyloidosis (ATTR) drugs:

Amvuttra (vutrisiran, J0225) — precertification required for the drug and site of care

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

Tegsedi (inotersen, J3490, J3590, C9399)

Wainua (eplontersen, J3490, J3590, C9399)

HER2 receptor drugs:

Enhertu (fam-trastuzumab deruxtecan-nxki, J9358)

Herceptin (trastuzumab, J9355) — precertification required for the drug and site of care

Herceptin Hylecta (trastuzumab and hyaluronidase-oysk, J9356)

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

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Hercessi (trastuzumab-strf, Q5146) —
precertification required for the drug and site of care

Herzuma (trastuzumab-pkrb, Q5113) —
precertification required for the drug and site of care

Kadcyla (ado-trastuzumab emtansine, J9354) —
precertification required for the drug and site of care

Kanjinti (trastuzumab-anns, Q5117) —
precertification required for the drug and site of care

Margenza (margetuximab-cmkb, J9353)

Ogivri (trastuzumab-dkst, Q5114) —
precertification required for the drug and site of care

Ontruzant (trastuzumab-dttb, Q5112) —
precertification required for the drug and site of care

Perjeta (pertuzumab, J9306) — precertification
required for the drug and site of care

Phesgo (pertuzumab/trastuzumab/
hyaluronidase-zzxf, J9316)

Trazimera (trastuzumab-qyyp, Q5116) —
precertification required for the drug and site of care

Ziihera (zanidatamab-hrii, J9276)

Hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitors:

Vafseo (vadadustat, J0901) — precertification
required for Medicare Advantage members only

Ilaris (canakinumab, J0638)

Imdelltra (tarlatamab-dlle, J9026)

Imlygic (talimogene laherparepvec, J9325)

Imjudo (tremelimumab, J9347)

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

Alyglo (immune globulin intravenous, human-stwk, J1552)

Asceniv (immune globulin, J1554)

Bivigam (immune globulin, J1556)

Cutaquig (immune globulin, J1551)

Cuvitru (immune globulin SC [human], J1555)

GamaSTAN (immune globulin, J1460, J1559, J1560)

Gammagard (immune globulin, J1569)

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, J1576)

Privigen (immune globulin, J1459)

Xembify (immune globulin, J1558)

Yimmugo (immune globulin intravenous, human – dira, J3490, J3590, C9399) —
precertification required for the drug and site of care

Immunologic agents:

Actemra IV (tocilizumab, J3262) — precertification
required for the drug and site of care

Avtozma (tocilizumab-anoh, Q5156) —
precertification required for the drug and site of care

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Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

How to submit	General info	Services	Drugs	Special programs
			Cimzia (certolizumab pegol, J0717)	
			Cosentyx IV (secukinumab, J3247)	
			Enspryng (satralizumab, J3490, J3590) — precertification required for Medicare Advantage members only	
			Entyvio (vedolizumab, J3380) — precertification required for the drug and site of care	
			Ilumya (tildrakizumab, J3245)	
			Imaavy (nipocalimab-aahu J9256) — precertification required for the drug and site of care	
			Imuldosa (ustekinumab-srlf, Q5098)	
			OmvoH (mirikizumab-mrkz, J2267)	
			Orencia SQ (abatacept, J0129) — precertification required for Medicare Advantage members only	
			Orencia IV (abatacept, J0129) — precertification required for the drug and site of care	
			Otulfu SQ/IV (ustekinumab-aaaz, Q9999)	
			Pyzchiva IV (ustekinumab-ttwe, Q9997)	
			Pyzchiva SC (ustekinumab-ttwe, Q9996) — precertification required for commercial members only	
			Riabni (rituximab-arx, Q5123) — precertification required for the drug and site of care	
			Rituxan (rituximab, J9312) — precertification required for the drug and site of care	
			Rituxan Hycela (rituximab/hyaluronidase human, J9311)	
			Ruxience (rituximab-pvvr, Q5119) — precertification required for the drug and site of care	
			Rystiggo (rozanolixizumab-noli, J3490, J3590, C9399)	
			Selarsdi (ustekinumab-aekn, Q9998)	
			Simponi Aria (golimumab, J1602) — precertification required for the drug and site of care	
			Skyrizi IV (risankizumab-rzaa, J2327)	
			Spevigo (spesolimab-sbzo, J1747)	
			Immunologic agents (continued):	
			Starjemza (ustekinumab-hmny, J3490, J3590, C9399)	
			Stelara SC*(ustekinumab, J3357) — precertification required for Commercial members only	
			Stelara IV (ustekinumab, J3358)	
			Steqeyma (ustekinumab-stba, Q5099)	
			Tofidence (tocilizumab-bavi, Q5133)	
			Tremfya IV (guselkumab, J1628)	
			Truxima (rituximab-abbs, Q5115) — precertification required for the drug and site of care	
			Tyenne (tocilizumab-aazg, Q5135) — precertification required for drug and site of care	
			ustekinumab (J3490, J3590, C9399)	
			ustekinumab-aaaz (J3490, J3590, C9399)	
			ustekinumab-aekn (J3490, J3590, C9399)	
			ustekinumab-stba (J3490, J3590, C9399)	
			ustekinumab-ttwe (J3490, J3590, C9399)	
			Vyvgart (efgartigimod alfa-fcab, J9332)	
			Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc, J9334) — precertification required for the drug and site of care. Site of care is only required for Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	
			Wezlana IV (ustekinumab-auub, Q5138)	
			Wezlana SC (ustekinumab-auub, Q5137)	
			Yesintek (ustekinumab-kfce, Q5100)	

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Injectable infertility drugs:

Chorionic gonadotropin (J0725)
Cetrotide (cetorelix acetate, J3490, J3590)
Follistim AQ (follitropin beta, S0128)
Ganirelix AC (ganirelix acetate, S0132)
Gonal-f (follitropin alfa, S0126)
Gonal-f RFF (follitropin alfa, S0126)
Menopur (menotropins, S0122)
Novarel (chorionic gonadotropin, J0725)
Ovidrel (choriogonadotropin alfa, J0725)
Pregnyl (chorionic gonadotropin, J0725)

Iron replacement agents

Feraheme (ferumoxytol, Q0138, Q0139)
Injectafer (ferric carboxymaltose injection, J1439)
Monoferric (ferric derisomaltose, J1437)

Jelmyto (mitomycin, J9281)

Jobevne (bevacizumab-nwgd, Q5160)

Kebilidi (eladocogene exuparvovec-tneq, J3490, J3590, C9399) — precertification required for the drug and site of care

Khapzory (levoleucovorin, J0642)

Kimmtrak (tebentafusp-tebn, J9274)

Korsuva* (difelikefalin, J0879) — precertification required for Commercial members only

Krystexxa (pegloticase, J2507) — precertification required for the drug and site of care

Kyprolis (carfilzomib, J9047)

Commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

Lantidra (donislecel-jujn, J3490, J3590, C9399)

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

Lenmeldy (atidarsagene autotemcel, J3391) — precertification required for the drug and site of care

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

Lunsumio (mosunetuzumab, J9350)

Luteinizing hormone-releasing hormone (LHRH) agents:

Commercial plans — precertification required for prostate cancer only

Medicare plans — precertification required for all diagnoses

Camcevi (leuprolide mesylate, J1952)

Eligard* (leuprolide acetate, J9217) — precertification required for Commercial members only

Firmagon* (degarelix, J9155) — precertification required for Commercial members only

Lupron depot (leuprolide acetate, J1950) — precertification required for Medicare Advantage members only

Lupron depot (leuprolide acetate, J9217)

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: 711). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: 711).

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Lutrate (leuprolide acetate, J1954)
Trelstar (triptorelin pamoate, J3315)
Zoladex (goserelin, J9202)

Lyfgenia (lovotibeglogene autotemcel, J3394) —
precertification required for the drug and site of
care

Contact National Medical Excellence
at [1-877-212-8811](tel:1-877-212-8811) (TTY: [711](tel:711))

Lymphir (denileukin diftitox-cxdl, J9161)

Lynozylf IV (Linvoseltamab – gcpt, C9307)

Monjuvi (tafasitamab-cxix, J9349)

Multiple sclerosis drugs:

Briumvi (ublituximab, J2329)
Lemtrada (alemtuzumab, J0202) —
precertification required for the drug and site of
care
Ocrevus (ocrelizumab, J2350) — precertification
required for the drug and site of care
Ocrevus Zunovo (ocrelizumab and hyaluronidase-
ocsq, J2351) — precertification required for the
drug and site of care
Tyruko (natalizumab-sztn, Q5134) —
precertification required for the drug and site of
care
Tysabri (natalizumab, J2323) — precertification
required for the drug and site of care

Muscular dystrophy drugs:

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

Amondys 45 (casimersen, J1426)

Muscular dystrophy drugs (continued):

Elevidys (delandistrogene moxeparvovec, J3490,
J3590, C9399)
Exondys 51 (eteplirsen, J1428)
Viltepso (viltolarsen, J1427)
Vyondys 53 (golodirsen, J1429)

Mvasi (bevacizumab-awwb, Q5107) —
precertification required for the drug and site of
care for oncology indications only

Myalept* (metreleptin, J3490, J3590) —
precertification required for Commercial members
only

Niktimvo (axatilimab-csfr, J9038)

Nulibry (fosdenopterin, J1809)

Omisirge (omidubicel, J3490, J3590, C9399,
J9999) — precertification required for the drug and
site of care

Ophthalmic injectables:

Ahzantive (aflibercept-mrbb, Q5150)
Beovu (brolucizumab-dbl, J0179)
Byooviz (ranibizumab-nuna, Q5124)
Cimerli (ranibizumab-eqrn, Q5128)
Encelto (revakinagene taroretsel-lwey, J3403)
Enzeevu (aflibercept-abzv, Q5149)
Eylea (aflibercept, J0178)
Eylea HD (aflibercept, J0177)
Izervay (avacincaptad pegol, J2782)
Lucentis (ranibizumab, J2778)
Luxturna (voretigene neparvovec-rzyl, J3398) —
precertification required for the drug and site of
care

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Opuviz (aflibercept-yszy, Q5153)
Pavblu (aflibercept-ayyh, Q5147)
Susvimo (ranibizumab, J2779)
Syfovre (pegcetacoplan, J2781)
Tepezza (teprotumumab-trbw, J3241) —
precertification required for the drug and site of
care
Vabysmo (faricimab-svoa, J2777)
Yesafili (aflibercept-jbvf, Q5155)

Osteoporosis drugs:

Bomyntra (denosumab-bnht, Q5158)
Conexence (denosumab-bnht, Q5158)
denosumab-bnht (J3490, J3590, C9399)
denosumab-dssb (J3490, J3590, C9399)
Evenity (romosozumab-aqqg, J3111)
Forteo (teriparatide, J3110) — precertification
required for Medicare Advantage members only
Jubbonti (denosumab-bbdz, Q5136)
Miacalcin (calcitonin, J0630) — precertification
required for Medicare Advantage members only
Osenvelt (denosumab-bmwo, Q5157)
Ospomyv (denosumab-dssb, Q5159)
Prolia (denosumab, J0897)
Stoboclo (denosumab-bmwo, Q5157)
Teriparatide (J3110) — precertification required for
Medicare Advantage members only
Wyost (denosumab-bbdz, Q5136)
Xbryk (denosumab-dssb, J3490, J3590, C9399)

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

Paclitaxel protein-bound particles* (American
Regent, J9264) — precertification required for
Medicare Advantage members only

Padcev (enfortumab vedotin, J9177)

Paroxysmal nocturnal hemoglobinuria (PNH) drugs

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

Bkemv (eculizumab-aaeb, Q5152)
Epysqli (eculizumab-aagh, Q5151)
Soliris (eculizumab, J1299)
Ultomiris (Ravulizumab-cwvz, J1303)

Parsabiv (etelcalcetide, J0606) — precertification
required for Commercial members only

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

Bavencio (avelumab, J9023)
Imfinzi (durvalumab, J9173)
Jemperli (dostarlimab-gxly, J9272)
Keytruda (pembrolizumab, J9271)
Keytruda Qlex (pembrolizumab and
berahyaluronidase alfa-pmph, J3490, J3590,
C9399, J9999)
Libtayo (cemiplimab-rwlc, J9119)
Loqtorzi (toripalimab-tpzi, J3263)
Opdivo (nivolumab, J9299)
Opdivo Qvantig (nivolumab and hyaluronidase-
nvhy, J9289)
Opdualag (nivolumab and relatlimab-rmbw,
J9298)
penpulimab-kcqx (J3490, J3590, C9399) —
precertification required for the drug and site of
care
Tecentriq (atezolizumab, J9022)
Tecentriq Hybreza (atezolizumab and
hyaluronidase-tqjs, J9024)

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)).
Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

How to submit	General info	Services	Drugs	Special programs
			Sandostatin LAR (octreotide acetate, J2353) — precertification required for the drug and site of care	
			Signifor* (pasireotide, J3490, J3590) — precertification required for Commercial members only	
			Signifor LAR (pasireotide, J2502)	
			Somatuline (lanreotide, J1930) — precertification required for the drug and site of care	
			Somavert* (pegvisomant, J3490, J3590) — precertification required for Commercial members only	
			Spinraza (nusinersen, J2326) — precertification required for the drug and site of care	
			Spravato (esketamine, J0013)	
			Synagis (palivizumab, 90378)	
			Talvey (talquetamab-tgvs, J3055)	
			Tecelra (afamitresgene autoleucel, Q2057) — precertification required for the drug and site of care	
			Contact National Medical Excellence at 1-877-212-8811 (TTY: 711)	
			Tecvayli (teclistamab-cqyv, J9380)	
			Tivdak (tisotumab vedotin-tftv, J9273)	
			Treanda (bendamustine HCl, J9033)	
			Trodelvy (sacituzumab govitecan-hziy, J9317)	
			Tzielid (teplizumab-mzwv, J9381)	
			Uplizna (inebilizumab-cdon, J1823) — precertification required for the drug and site of care	
			Vectibix (panitumumab, J9303)	
			Vegzelma (bevacizumab-adcd, Q5129) — precertification required for the drug and site of care for oncology indications	
			Velcade (bortezomib, J9041)	
			Commercial plans — precertification required for multiple myeloma only	
			Medicare plans — precertification required for all diagnoses	
			Viscosupplements:	
			Durolane* (Hyaluronic acid, J7318) — precertification required for Commercial members only	
			Euflexxa* (1% sodium hyaluronate, J7323) — precertification required for Commercial members only	
			Gel-One (cross-linked hyaluronate, J7326)	
			Gelsyn-3 (sodium hyaluronate 0.84%, J7328)	
			Genvisc 850 (sodium hyaluronate, J7320)	
			Hyalgan (sodium hyaluronate, J7321)	
			Hymovis (high molecular weight viscoelastic hyaluronan, J7322)	
			Monovisc (high molecular weight hyaluronan, J7327)	
			Orthovisc (high molecular weight hyaluronan, J7324)	
			Supartz FX (sodium hyaluronate, J7321)	
			Synjoyn (1% sodium hyaluronate, J7331)	

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

How to submit	General info	Services	Drugs	Special programs
			site of care	
	Synvisc, Synvisc-One* (hylan G-F 20, J7325) — precertification required for Commercial members only		Zulresso (brexanolone, J1632)	
	Triluron (sodium hyaluronate, J7332)		Zusduri (mitomycin J9282)	
	TriVisc (sodium hyaluronate, J7329)		Zynlonta (loncastuximab tesirine-lpyl, J9359)	
	Visco 3 (sodium hyaluronate, J7321)		Zynteglo (betibeglogene autotemcel, J3393) — precertification required for the drug and site of care	
Vivimusta (bendamustine hydrochloride, J9056)			Contact National Medical Excellence at 1-877-212-8811 (TTY: 711).	
Vyjuvek (beremagene geperpavec, J3490, J3590, C9399)				
Vyloy (zolbetuximab-clzb, J1326)				
Xgeva (denosumab, J0897)				
Yervoy (ipilimumab, J9228) — precertification required for the drug and site of care				
Yondelis (trabectedin, J9352)				
Zepzelca (lurbinectedin, J9223)				
Zevaskyn (prademagene zamikeracel, J3389) — precertification required for the drug and site of care				
Zilretta (triamcinolone acetonide extended release injectable suspension, J3304) — precertification required for Medicare Advantage members only				
Zirabev (bevacizumab-bvzr, Q5118) — precertification required for the drug and site of care for oncology indications only				
Zolgensma (onasemnogene abeparvovec-xioi, J3399) — precertification required for the drug and				

*For precertification when the member is enrolled in a Commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)).
Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).

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Breast and ovarian cancer susceptibility screening (BRCA)

81163, 81165, 81212, 81215, 81216, 81217, 81432

81162 (precertification required for Medicare Advantage members only)

Through our expanded national provider network:

- Quest Diagnostics, Inc — [1-866-436-3463 \(TTY: 711\)](#)
- Ambry Genetics — [1-866-262-7943 \(TTY: 711\)](#)
- Baylor Miraca Genetics Laboratories, LLC — [1-800-411-4363 \(TTY: 711\)](#)
- Genpath and BioReference — [1-800-633-4522 \(TTY: 711\)](#)
- LabCorp — [1-888-522-2677 \(TTY: 711\)](#)
- Medical Diagnostic Lab, LLC — [1-877-269-0090 \(TTY: 711\)](#)
- Myriad Genetics Laboratories, Inc. — [1-800-469-7423 \(TTY: 711\)](#)

You can use the online [BRCA form under the “Medical precertification” section](#) to send precertification requests.

Find genetic counselors online

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

Cataract surgery

Florida Medicare

Contact iCare Health Solutions to ask for preauthorization for cataract surgery-related requests. You can reach iCare at [1-855-373-7627 \(TTY: 711\)](#).

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Chiropractic precertification

Chiropractic precertification is required only in the states listed below.

- Arizona (AZ) - HMO-based plan members only
Through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: 711)
- California (CA) -HMO-based plan and group Medicare members only
Through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: 711)
- Georgia (GA)- All members (with commercial and Aetna Medicare Advantage plans included)
Through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: 711)

Diagnostic cardiology (cardiac rhythm implantable devices, cardiac catheterization)

33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 33882, 0515T, 0516T, 0517T, 0519T, 0520T, 0614T

75580, 78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 93350, 93351, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597, C9762, C9763, 0742T

Precertification is not required for **Student Health** and **Allina Health | Aetna plans**.

Precertification is required for cardiac rhythm implants for the Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan. It isn't required for cardiac catheterization. To authorize services, please use the contact information on the back of the member's ID card. These plans don't use EviCore.

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

- Providers in all states where applicable, should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:
 - Online at [Evicore.com](https://www.evicore.com)
 - By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: 711) between 7 AM and 8 PM ET
 - By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: 711), Monday through Friday during normal business hours, or as required by federal or state regulations

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Hip and knee arthroplasties

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

- Go to [Availity.com](https://www.availity.com) to start a request.
- Commercial plans: [1-888-632-3862](tel:1-888-632-3862) (TTY: [711](tel:711))
- Medicare plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: [711](tel:711))

Precertification is not required for **Student Health** and **Allina Health | Aetna plans**.

For the Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan, please use the contact information on the back of the member's ID card.

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

Home health care

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

Precertification through Carelon Post Acute Solutions (formerly myNEXUS) is required for all Medicare home health–related requests in Florida, Georgia, Kentucky, Ohio, Oklahoma, Texas and Virginia. This includes in-home skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide services and medical social work.

Exception: Oklahoma and Virginia Dual Special Needs Plans.

Providers in these states should contact Carelon for precertification

- Carelon Post Acute Solutions dedicated (Aetna,) provider line: [1-833-585-6262](tel:1-833-585-6262) (TTY: [711](tel:711))
- Claims submission or claim status: [1-833-241-0428](tel:1-833-241-0428) (TTY: [711](tel:711))
- Submit request through Carelon Post Acute Solutions provider portal:
 - [Portal.mynexuscare.com](https://portal.mynexuscare.com) (this link will redirect you to the Carelon portal website)
 - [Carelon portal link](#) (this link goes directly to the Carelon portal without redirection)
- Carelon Post Acute Solutions provider directory: [Carelon Post Acute Solutions care.com/providerdirectory](https://www.carelonpostacute.com/providerdirectory)
- Fax Home Health Care Authorization Request Form to: [1-866-996-0077](tel:1-866-996-0077) (TTY: [711](tel:711))

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Precertification is not required for **Student Health** and **Allina Health | Aetna plans**.

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

- The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

Precertification is required for all Medicare Advantage members in New Jersey, New York, Pennsylvania and West Virginia. This applies to home health–related services, including in-home skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide services and medical social work.

Providers in these states should contact EviCore healthcare for precertification.

- EviCore healthcare provider line: [1-888-622-7329](tel:1-888-622-7329) (TTY: 711)
- Submit request through EviCore healthcare provider portal: [EviCore](#)
- Fax Home Health Care Authorization Request form to: [1-866-705-3574](tel:1-866-705-3574) (TTY: 711)

Infertility program — [1-800-575-5999](tel:1-800-575-5999) (TTY: 711)

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

Medical and radiation oncology

Oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatments services administered in a physician's office, outpatient hospital or ambulatory setting, will be submitted to Evolent for prior authorization for members 18 years of age and older with a diagnosis within the following ranges:

Cancer diagnosis: C00-D09.0; D37.01-D49.9; D59.5; D61.810; D61.82; D63.0; D64.0-64.81; D70.1; D72.822; D75.81; E34.0; D3A.8; D3A.00; D3A.010-D3A.098

Medical and radiation oncology services related:

- Regimen review of cancer treatments; including supportive drugs (including new-to-market medications and new indications) paid under the medical benefit, including review of combination regimens containing both medical and pharmacy benefit drug, that fall within Delegated Entity's range of in-scope GPIO4 range.

Radiation oncology services related:

- Brachytherapy, Conformal, IMRT, IGRT, Stereotactic Radiation, Radiopharmaceuticals, Proton & Neutron Beam Therapy

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Treating provider's office must submit prior authorization requests to Evolent.

Evolent provider portal at [Evolent.com/provider-portal](https://evolent.com/provider-portal)

For medical oncology & radiation oncology services:

- Medical oncology: [1.888.999.7713 \(option 2\)](tel:18889997713)
- Radiation oncology: [1.888.999.7713 \(option 3\)](tel:18889997713)

Hours of operation : Monday through Friday, 8AM to 8PM ET

Evolent provider portal self-registration available at: [My.newcenturyhealth.com/](https://my.newcenturyhealth.com/)

For questions regarding Evolent's program scope or portal training needs, please contact Evolent Provider Solutions at providertraining@evolent.com

Precertification isn't required for Student Health and Allina Health | Aetna plans.

The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

Precertification is required for all Medicare members residing in Florida (FL).

National Medical Excellence Program®

By phone at [1-877-212-8811 \(TTY: 711\)](tel:18772128811) for the following:

- Chimeric Antigen Receptor T-Cell Therapy (CAR-T) drugs

All major organ transplants (and evaluations), including but not limited to:

- Kidney
- Liver
- Heart
- Lung
- Pancreas
- Bone marrow replacement
- Stem cell transfer after high-dose chemotherapy

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Pain management

27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64633, 64634, 64635, 64636 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0627T, 0628T, 0629T, 0630T G0259, G0260

Precertification isn't required for **Student Health** and **Allina Health | Aetna plans**.

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

- The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.
- To request preauthorization, providers in all states where applicable should contact EviCore healthcare:

- Online at [Evicore.com](https://www.evicore.com)
- By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) between 7 AM and 8 PM ET

By fax at [1-855-774-1319](tel:1-855-774-1319) (TTY: [711](tel:1-855-774-1319)), Monday through Friday, during normal business hours, or as required by federal or state regulations

Peripheral arterial disease (PVD)

37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37279, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295

Precertification isn't required for **Student Health** and **Allina Health | Aetna plans**.

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

- Precertification isn't required for the Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan
- To request preauthorization, providers in all states where applicable should contact EviCore healthcare:

- Online at [Evicore.com](https://www.evicore.com)
- By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) between 7 AM and 8 PM ET

By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: [711](tel:1-800-540-2406)), Monday through Friday, during normal business hours, or as required by federal or state regulations

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Polysomnography (attended sleep studies)

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

Precertification isn't required for **Student Health** and **Allina Health | Aetna plans**.

The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

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

- Providers in all states where applicable should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:

- Online at [Evicore.com](https://www.evicore.com)

- By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) between 7 AM and 8 PM ET

By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: [711](tel:1-800-540-2406)), Monday through Friday during normal business hours, or as required by federal or state regulations

Pre-implantation genetic testing — [1-800-575-5999](tel:1-800-575-5999) (TTY: [711](tel:1-800-575-5999))

89290, 89291

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Radiology imaging

70336, 70450, 70460, 70470, 70471, 70472, 70473, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8035, S8037, S8042, S8092

Precertification isn't required for **Student Health** and **Allina Health | Aetna plans**.

The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

All members with plans that use this list need precertification. Exception: When members receive care in any inpatient facility or emergency room, or in an observation bed status.

In addition to precertification, some members will have site-of-care requirements for MRI and CT scans when services are requested in a hospital outpatient setting.

- Providers in all states where applicable should contact EviCore healthcare to request preauthorization.
- You can reach EviCore healthcare:
 - Online at [Evicore.com](https://www.evicore.com)
 - By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) between 7 AM and 8 PM ET
 - By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: [711](tel:1-800-540-2406)), Monday through Friday during normal business hours or as required by federal or state regulations

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Radiation oncology

77371, 77372, 77373, 77387, 77402, 77407, 77412, 77423, 77424, 77425, 77437, 77438, 77439, 77600, 77605, 77610, 77615, 77620, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79101, A9590, G0339, G0340, 0395T, 0747T

Proton beam radiotherapy: 77520, 77522, 77523, 77525

- Complex
- 3D conformal
- Stereotactic radiosurgery (SRS)
- Stereotactic body radiation therapy (SBRT)
- Image guided radiation therapy (IGRT)
- Intensity-modulated radiation therapy (IMRT)
- Proton beam therapy
- Neutron beam therapy
- Brachytherapy
- Hyperthermia
- Radiopharmaceuticals

Precertification isn't required for **Student Health** and **Allina Health | Aetna plans**.

The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

Precertification is required for all members with HMO-based plans, Aetna Medicare Advantage plans and fully insured Aetna® Commercial plans. This applies to services performed in any facility except inpatient settings, emergency rooms or observation bed status.

For fully insured Commercial and Medicare plans (excluding Florida Medicare plan members), you must contact EviCore Healthcare to request preauthorization.

- Online at [Evicore.com](https://www.evicore.com)
- By phone at **1-888-622-7329 (TTY: 711)**
- By fax at **1-800-540-2406 (TTY: 711)**, Monday through Friday during normal business hours or as required by federal or state regulations

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Site of service

Also see Special programs: [Radiology imaging](#)

Precertification is required when all of the following apply:

- The member is enrolled in an Aetna[®] fully insured Commercial plan or a self-insured plan that has opted in to the program; and
- Service(s) is in an outpatient hospital setting (NOT an ambulatory surgical facility or office setting); and
- The procedure is one of the following:
 - Breast tissue excision (19120)
 - Complex wound repair (13101, 13132)
 - Cystourethroscopy (52000)
 - Septoplasty (30520)
 - Skin tissue transfer or rearrangement (14040, 14060, 14301)
 - Tenodesis of long tendon of biceps (23430)
 - Turbinate resection (30140)

Whole exome sequencing (WES) and whole genome sequencing (WGS)

81415, 81416, 81417, 81425, 81426, 81427

0094U, 0214U, 0215U, 0335U, 0336U, 0425U, 0426U

Through our expanded national provider network:

- Ambry Genetics — [1-866-262-7943 \(TTY: 711\)](#)
- BaylorGenetics — [1-800-411-4363 \(TTY: 711\)](#)
- GeneDx — [1-888-729-1206 \(TTY: 711\)](#)
- Invitae — [1-800-436-3037 \(TTY: 711\)](#)
- LabCorp — [1-866-248-1265 \(TTY: 711\)](#)
- Quest Diagnostics, Inc — [1-866-436-3463 \(TTY: 711\)](#)



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

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