

Skip to main content

- [Contact us](#)
- [Español](#)

•

## • Explore Aetna sites

- [Individuals & Families](#)
- [Affordable Care Act](#)
- [Medicare](#)
- [Medicaid](#)
- [Providers](#)
- [Employers](#)
- [Agents & Brokers](#)
- [Careers](#)
- [About Us](#)

- [Individuals & Families](#)
- [Affordable Care Act](#)
- [Medicare](#)
- [Medicaid](#)
- [Providers](#)
- [Employers](#)
- [Agents & Brokers](#)
- [Careers](#)
- [About Us](#)

- - [Join our network](#)
    - [Precertification overview](#)
    - [Precertification lists and CPT code search](#)
  - [Forms](#)
  - - [Availity provider portal](#)
    - [Update your data](#)
    - [Utilization management](#)
    - [Provider referral directory](#)
    - [Epic payer platform](#)
  - - [Overview](#)
    - [Smart Compare program](#)
    - [HEDIS measurements](#)
    - [Aetna specialty institutes](#)
    - [Aetna Aexcel designation](#)
    - [CAHPS® survey](#)
- - [Claims, payment & reimbursements](#)
  - [Electronic claims](#)
  - [Disputes and appeals](#)
  - [Cost estimator and fee schedules](#)
  - [Pharmacy claims](#)
  - [Dental claims](#)
- - [Pharmacy services](#)
  - [Update pharmacy data](#)
  - [Find prescription drug coverage](#)
- - - [Clinical policy bulletin overview](#)
    - [Medical clinical policy bulletins](#)
    - [Dental clinical policy bulletins](#)
    - [Pharmacy clinical policy bulletins](#)
  - [Forms](#)
  - [Medicare resources](#)
  - - [Depression](#)
    - [Substance use](#)
    - [Suicide prevention](#)

- - Overview
  - Educational webinars
  - Provider education bulletins
  - Provider manuals
  - Behavioral health trainings
  - Health equity trainings
  - Risk adjustment training
- - State regulations
  - Federal regulations
- - OfficeLink updates newsletter
  - Podcasts
  - Company news

Login

- 
- 
- 
- 
- 

Login

## Working with us

- Join our network
- **Precertification**
  - Precertification overview
  - Precertification lists and CPT code search
- Forms
- **Existing health care professionals**
  - Availity provider portal
  - Update your data
  - Utilization management
  - Provider referral directory
  - Epic payer platform
- **Patient care programs & quality assurance**
  - Overview
  - Smart Compare program
  - HEDIS measurements
  - Aetna specialty institutes
  - Aetna Aexcel designation
  - CAHPS® survey
- 

## Claims

- Claims, payment & reimbursements
- Electronic claims
- Disputes and appeals
- Cost estimator and fee schedules
- Pharmacy claims
- Dental claims
-

## Pharmacy

- Pharmacy services
- Update pharmacy data
- Find prescription drug coverage
- 

## Resources

### • Clinical policy bulletins

- Clinical policy bulletin overview
- Medical clinical policy bulletins
- Dental clinical policy bulletins
- Pharmacy clinical policy bulletins
- Forms
- Medicare resources

### • Patient's mental health

- Depression
- Substance use
- Suicide prevention

### • Education, trainings and manuals

- Overview
- Educational webinars
- Provider education bulletins
- Provider manuals
- Behavioral health trainings
- Health equity trainings
- Risk adjustment training

### • Regulations

- State regulations
- Federal regulations

•

## News and Insights

- OfficeLink updates newsletter
- Podcasts
- Company news
- 

## Drug infusion/Injection site of care policy

This page outlines the Site of Care for Specialty Drug Administration policy and the medications to which this policy applies. It provides the criteria used to determine the medical necessity of hospital outpatient administration as the site of service for identified specialty medications (See Site of Care for Specialty Drug Infusion/Injection applicable drug therapy below.)

## Site of care

The starting dose(s) of the medications subject to this policy may be given at the physician's facility of choice only when multiple administrations are required and provided that the medication is available and not subject to limited distribution. For identified gene and cellular therapies, all doses (including the starting dose(s)) must be administered at an Aetna Institutes® Gene Based, Cellular and Other Innovative Therapy (GCIT®) Network listed in the policy apply. (See Aetna Institutes® GCIT Designated Centers below)

This includes hospital outpatient facilities, non-hospital outpatient facilities and home care. In the event the therapy is represented by a single administration, the policy applies to the first administration.

All subsequent doses will be subject to the Aetna Site of Care for Drug Administration policy, which requires the use of non-hospital outpatient facilities or home care.

Clinical rationale and documentation must be provided for review of Medical Necessity exceptions. (See Criteria for Medical Necessity below)

For identified gene and cellular therapies, Aetna Institutes® program GCIT Designated Network applies in place of medical necessity exception criteria. (See Aetna Institutes® GCIT Designated Centers below)

## Site of care for specialty drug infusion/Injection applicable drug therapy

Actemra IV formulation – effective 1/1/2019

Adakveo – effective 2/13/2020

Adcetris – effective 8/1/2024

Aduhelm – effective 8/3/2021

Adzynma – effective 3/19/2024

Aldurazyme – effective 1/1/2020

Alpha 1 proteinase inhibitors (Glassia, Prolastin C, Aralast NP, Zemaira) – effective 1/1/2020

Amondys 45 – effective 6/1/2021

Amvuttra – effective 9/22/2022

Avsola (infliximab-axxq) – effective 9/1/2020

Bavencio – effective 7/1/2020

Benlysta IV formulation – effective 7/1/2019

Beqvez<sup>GCIT</sup> – effective 8/1/2024

BKEMV – effective 10/24/2024

Briumvi – effective 4/11/2023

Casgevy<sup>GCIT</sup> – effective 3/1/2024

Cerezyme – effective 1/1/2020

Cinqair – effective 9/1/2020

Cinryze – effective 1/1/2020

Cosentyx IV – effective 1/1/2024

Crysvita – effective 7/13/2018

Elaprase – effective 1/1/2020

Elelyso – effective 1/1/2020

Elevidys<sup>GCIT</sup> effective 09/14/2023

Elfabrio – effective 8/1/2023

Enjaymo – effective 4/29/2022

Entyvio – effective 1/1/2019

Epysqli – effective 10/24/2024

Evkeeza – effective 5/7/2021

Exondys 51 – effective 1/11/2017

Fabrazyme – effective 1/1/2020

Fasenra (provider-administered) – effective 9/1/2020

Givlaari – effective 2/13/2020

Hemgenix<sup>GCIT</sup> effective 3/17/2023  
 Herceptin – effective 8/1/2024  
 Hercessi – effective 8/1/2024  
 Herzuma – effective 08/1/2024  
 Imfinzi – effective 7/1/2020  
 Immune Globulins – effective 1/1/2017  
 Inflectra (infliximab-dyyb) – effective 7/1/2017  
 Jemperli – effective 7/1/2021  
 Kadcyła – effective 8/1/2024  
 Kanjinti – effective 8/1/2024  
 Kanuma – effective 1/1/2020  
 Keytruda – effective 7/1/2020  
 Kisunla – effective 10/1/2024  
 Lamzede – effective 7/1/2023  
 Lanreotide – effective 9/1/2024  
 Lemtrada – effective 7/1/2017  
 Lenmeldy<sup>GCIT</sup> – effective 7/1/2024  
 Legembi – effective 04/5/2023  
 Loqtorzi – effective 3/19/2024  
 Lumizyme – effective 1/1/2020  
 Lyfgenia<sup>GCIT</sup> – effective 3/1/2024  
 Mepsevii – effective 1/1/2020  
 Naglazyme – effective 1/1/2020  
 Nexvazyme – effective 10/7/2021  
 Nucala (provider-administered) – effective 9/1/2020  
 Ocrevus – effective 05/23/2017  
 Ocrevus Zunovo – effective 01/07/2025  
 Ogivri – effective 8/1/2024  
 Onpattro – effective 08/23/2018  
 Ontruzant – effective 8/1/2024  
  
 Opdivo – effective 7/1/2020  
  
 Opdualag – effective 6/1/2022  
  
 Orendia IV formulation – effective 1/1/2019  
 Oxlumo – effective 3/17/2021  
 Perjeta – effective 8/1/2024  
 Piasky – effective 9/20/2024  
 Pombiliti – effective 12/15/2023  
 Qalsody<sup>GCIT</sup> – effective 7/1/2023  
 Radicava (edaravone IV) – effective 7/20/2017  
 Remicade (infliximab) – effective 7/1/2017  
 Renflexis (infliximab-abda) – effective 9/1/2017  
 Riabni – effective 8/1/2024  
 Rituxan – effective 8/1/2024  
 Rivfloza – effective 12/19/2023  
 Roctavian<sup>GCIT</sup> effective 10/2/2023  
 Ruxience – effective 8/1/2024  
 Sandostatin LAR – effective 8/1/2024  
 Saphnelo – effective 10/7/2021  
 Simponi Aria – effective 1/1/2019  
 Skysona<sup>GCIT</sup> – effective 1/1/2023  
 Soliris – effective 1/1/2017  
 Somatuline Depot – effective 8/1/2024  
 Spinraza<sup>GCIT</sup> – effective 7/1/2021  
 Tecentriq – effective 7/1/2020  
 Tecentriq Hybreza – effective 01/10/2025  
 Tepezza – effective 7/1/2020  
 Tevimbra – effective 7/1/2024  
 Tezspire – effective 3/23/2022  
 Tofidence – effective 12/29/2023  
 Trazimera – effective 8/1/2024  
 Truxima – effective 8/1/2024

Tyenne – effective 7/1/2024  
Tyruko – effective 11/28/2023  
Tysabri – effective 7/1/2017  
Ultomiris – effective 3/15/2019  
Uplizna – effective 9/1/2020  
Veopoz – effective 11/10/2023  
Viltepso – effective 11/10/2020  
Vimizim – effective 1/1/2020  
Vpriv – effective 1/1/2020  
Vyepti – effective 7/1/2020  
Vyondys 53 – effective 3/1/2019  
Vyvgart Hyrtulo (CIDP indication only) effective 11/1/2024  
Xenpozyme – effective 12/2/2022  
Xolair – effective 9/1/2020  
Yervoy – effective 7/1/2020  
Yimmugo – effective 10/1/2024  
Zolgensma<sup>GCIT</sup> – effective 7/1/2019  
Zynteglo<sup>GCIT</sup> effective 1/1/2023  
Zynyz – effective 7/1/2023

GCIT<sup>®</sup> Product available for administration at Aetna Institutes<sup>®</sup> Gene Based, Cellular and Other Innovative Therapy (GCIT<sup>®</sup>) Designated Centers.

## Aetna Institutes<sup>®</sup> GCIT Designated Centers

Beqvez	Qalsody
Casgevvy	Roctavian
Elevidys	Skysona
Hemgenix	Spinraza
Lenmeldy	Zolgensma
Lyfgenia	Zynteglo
Luxturna	

For more information on Aetna Institutes<sup>®</sup> Gene Based, Cellular and Other Innovative Therapy (GCIT<sup>®</sup>) Designated Centers refer to our Aetna Institutes page.

For the GCIT network facility listing, refer to:

[GCIT network facility listing \(PDF\)](#)

[GCIT network facility listing - Spanish \(PDF\)](#)

## Criteria for medical necessity

1. The member is new to therapy or reinitiating therapy after not being on therapy for at least 6 months. For Xolair only, the member is new to therapy or reinitiating therapy after not being on therapy for at least 3 months.
  2. The member is switching to a product they haven't received before.\*
  3. The member's had a gap in therapy.\*
1. The member has experienced an adverse reaction that did not respond to conventional interventions (e.g., acetaminophen, steroids, diphenhydramine, fluids or other pre-medications) or a severe adverse event (anaphylaxis, anaphylactoid reactions, myocardial infarction, thromboembolism, or seizures) during or immediately after administration.
  2. The member either has immunoglobulin A (IgA) deficiency with anti-IgA antibodies\* or has developed anti-drug antibodies\* which increases the risk for infusion related reactions.
  3. The member is medically unstable (e.g., respiratory, cardiovascular, or renal conditions).
  4. The member has severe venous access issues that require the use of a special intervention.\*
  5. The member has significant behavioral issues and/or physical or cognitive impairment that would impact the safety of the administration AND the patient does not have access to a caregiver.
  6. For members receiving Perjeta or trastuzumab (Herceptin, Hercessi, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera), the member is receiving provider-administered combination chemotherapy.
  7. For members receiving Adcetris or rituximab (Riabni, Rituxan, Ruxience, Truxima), the member is receiving provider-administered chemotherapy or other drug therapies at the same visit.
  8. For members receiving Perjeta, trastuzumab, or rituximab, the member is less than 14 years of age.
  9. For members receiving an immune checkpoint inhibitor (Bavencio, Imfinzi, Jemperli, Keytruda, Libtayo, Loqtorzi, Opdivo, Opdualag, Tecentriq, Tecentriq Hybreza, Tevimbra, Yervoy, Zynyz), ANY of the following additional criteria also apply:
    1. The member is within the initial 6 months of starting therapy;
    2. The member is continuing on a maintenance regimen that includes provider administered combination chemotherapy including but not limited to: i. Tecentriq or Tecentriq Hyberza used in combination with bevacizumab for non-small cell lung cancer (NSCLC); ii. Tecentriq or Tecentriq Hyberza used in combination with paclitaxel protein-bound for breast cancer; iii. Keytruda in combination with pemetrexed for NSCLC;
    3. The member is experiencing severe toxicity requiring continuous monitoring (e.g., Grade 2-4 bullous dermatitis, transaminitis, pneumonitis, Stevens-Johnson syndrome, acute pancreatitis, primary adrenal insufficiency aseptic meningitis, encephalitis, transverse myelitis, myocarditis, pericarditis, arrhythmias, impaired ventricular function, conduction abnormalities).

The following information is necessary to initiate the site of care prior authorization review (where applicable):

1. Medical records supporting the member has experienced an adverse reaction that did not respond to conventional interventions or a severe adverse event during or immediately after administration
2. Medical records supporting the member has IgA antibodies or has developed anti-drug antibodies
3. Medical records supporting the member is medically unstable
4. Medical records supporting the member has severe venous access issues that require specialized interventions only available in the outpatient hospital setting
5. Medical records supporting the member has behavioral issues and/or physical or cognitive impairment and no access to a caregiver
6. Medical records supporting the member is receiving provider administered combination chemotherapy

For situations where administration of the medication does not meet the criteria for outpatient hospital administration, coverage for the medication is provided when administered in alternative sites such as physician office, home infusion or ambulatory care.

Drug	Indication	Days allowed
Tocilizumab	Rheumatoid arthritis (RA) only	99 days
Tocilizumab	Polyarticular Juvenile Idiopathic Arthritis(PJIA) only	99 days
Tocilizumab	Systemic Juvenile Idiopathic Arthritis (SJIA) only	50 days
Tocilizumab	Castleman's disease	50 days
Tocilizumab	Immunotherapy-related inflammatory arthritis only	99 days
Adzynma	Prophylactic treatment of congenital thrombotic thrombocytopenic purpura (cTTP) only	99 days
Aldurazyme	Mucopolysaccharidosis I	54 days

Drug	Indication	Days allowed
Elaprase	Hunter syndrome	54 days
Elfabrio	Fabry disease	106 days
Fabrazyme	Fabry disease	106 days
Infliximab	Takayasu only	85 days
Kanuma	LAL deficiency	50 days
Lamzede	Alpha-mannosidosis	54 days
Lumizyme	Pompe disease	106 days
Mepsevii	Mucopolysaccharidosis VII	50 days
Naglazyme	Mucopolysaccharidosis VI	54 days
Nexviazyme	Pompe disease	106 days
Oxlumo	Primary hyperoxaluria type I	60 days
Pombiliti	Pompe disease	106 days
Vimizim	Mucopolysaccharidosis IVA	82 days
Vpriv	Gaucher disease type I	50 days
Vyepti	Migraine prevention	50 days
Xenpozyme	Acid sphingomyelinase deficiency (ASMD)	119 days
Xolair	Asthma, chronic idiopathic urticaria	60 days
<b>Immune Checkpoint Inhibitors</b> (Bavencio, Imfinzi, Jemperli, Keytruda, Libtayo, Loqtorzi, Opdivo, Opdualag, Tecentriq, Tecentriq Hybreza, Tevimbra, Yervoy, and Zynyz)		6-month initial authorization, then up to 45 day renewal
<b>Drug</b>	Tocilizumab	
<b>Indication</b>	Rheumatoid arthritis (RA) only	
<b>Days allowed</b>	99 days	
<b>Drug</b>	Tocilizumab	
<b>Indication</b>	Polyarticular Juvenile Idiopathic Arthritis(PJIA) only	
<b>Days allowed</b>	99 days	
<b>Drug</b>	Tocilizumab	
<b>Indication</b>	Systemic Juvenile Idiopathic Arthritis (SJIA) only	
<b>Days allowed</b>	50 days	
<b>Drug</b>	Tocilizumab	
<b>Indication</b>	Castleman's disease	
<b>Days allowed</b>	50 days	
<b>Drug</b>	Tocilizumab	
<b>Indication</b>	Immunotherapy-related inflammatory arthritis only	
<b>Days allowed</b>	99 days	
<b>Drug</b>	Adzynma	
<b>Indication</b>	Prophylactic treatment of congenital thrombotic thrombocytopenic purpura (cTTP) only	
<b>Days allowed</b>	99 days	
<b>Drug</b>	Aldurazyme	
<b>Indication</b>	Mucopolysaccharidosis I	
<b>Days allowed</b>	54 days	
<b>Drug</b>	Elaprase	
<b>Indication</b>	Hunter syndrome	
<b>Days allowed</b>	54 days	
<b>Drug</b>	Elfabrio	



<b>Indication</b>	Fabry disease
<b>Days allowed</b>	106 days
<b>Drug</b>	Fabrazyme
<b>Indication</b>	Fabry disease
<b>Days allowed</b>	106 days
<b>Drug</b>	Infliximab
<b>Indication</b>	Takayasu only
<b>Days allowed</b>	85 days
<b>Drug</b>	Kanuma
<b>Indication</b>	LAL deficiency
<b>Days allowed</b>	50 days
<b>Drug</b>	Lamzedo
<b>Indication</b>	Alpha-mannosidosis
<b>Days allowed</b>	54 days
<b>Drug</b>	Lumizyme
<b>Indication</b>	Pompe disease
<b>Days allowed</b>	106 days
<b>Drug</b>	Mepsevii
<b>Indication</b>	Mucopolysaccharidosis VII
<b>Days allowed</b>	50 days
<b>Drug</b>	Naglazyme
<b>Indication</b>	Mucopolysaccharidosis VI
<b>Days allowed</b>	54 days
<b>Drug</b>	Nexviazyme
<b>Indication</b>	Pompe disease
<b>Days allowed</b>	106 days
<b>Drug</b>	Oxlumo
<b>Indication</b>	Primary hyperoxaluria type I
<b>Days allowed</b>	60 days
<b>Drug</b>	Pombiliti
<b>Indication</b>	Pompe disease
<b>Days allowed</b>	106 days
<b>Drug</b>	Vimizim
<b>Indication</b>	Mucopolysaccharidosis IVA
<b>Days allowed</b>	82 days
<b>Drug</b>	Vpriv
<b>Indication</b>	Gaucher disease type I
<b>Days allowed</b>	50 days
<b>Drug</b>	Vyepti
<b>Indication</b>	Migraine prevention
<b>Days allowed</b>	50 days
<b>Drug</b>	Xenpozyme

## Applicable codes

- .....

Actemra [prescribing information]. South San Francisco, CA: Genentech, Inc.; December 2022.

Adakveo [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2024.

Adcetris [prescribing information]. Bothell, WA: Seagen Inc.; June 2023.

Aduhelm [prescribing information]. Cambridge, MA: Biogen; August 2023.

Adzynma [prescribing information]. Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc.; November 2023.

Aldurazyme [prescribing information]. Novato, CA: BioMarin Pharmaceutical Inc.; December 2023.

Alyglo [package insert]. Teaneck, NJ: GC Biopharma USA, Inc.; December 2023.

American Academy of Allergy, Asthma and Immunology. Guidelines for the Site of Care for Administration of IGIV Therapy. December 2011.

Amondys 45 [package insert]. Cambridge, MA: Sarepta Therapeutics; March 2023.

Amvuttra [package insert]. Cambridge, MA: Alnylam Pharmaceuticals, Inc.; February 2023.

Aralast NP [package insert]. Lexington, MA: Baxalta US Inc.; March 2023.

Asceniv [prescribing information.] Kankakee, IL: CSL Behring LLC; April 2019.

Avsola [prescribing information]. Thousand Oaks, CA: Amgen Inc.; September 2021.

Bavencio [prescribing information]. Rockland, MA: EMD Serono, Inc; March 2024.

Benlysta [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; February 2023.

Beqvez [prescribing information]. New York, NY: Pfizer Inc.; April 2024.

Bivigam [prescribing information]. Boca Raton, FL: Biotest Pharmaceuticals Corporation; March 2024.

BKEMV [prescribing information]. Thousand Oaks, CA: Amgen Inc.; May 2024.

Bonilla FA. Intravenous immunoglobulin: adverse reactions and management. J Allergy Clin Immunol. 2008;122(6):1238-1239.

Briumvi [prescribing information]. Morrisville, NC: TG Therapeutics, Inc.; December 2022.

Casgevy [package insert]. Boston, MA: Vertex Pharmaceuticals, Inc.; December 2023.

Cerezyme [prescribing information]. Cambridge, MA: Genzyme Corporation.; December 2022.

Cinqair [prescribing information]. Frazer, PA: Teva Respiratory, LLC; February 2020.

Cinryze [prescribing information]. Lexington, MA: Shire ViroPharma Biologics Inc.; February 2023.

Cosentyx [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; November 2023.

Crysvita [prescribing information]. Novato, CA: Ultragenyx Pharmaceutical Inc; March 2023.

Cutaquig [package insert]. Hoboken, NJ: Octapharma USA Inc; November 2021.

Cuvitru [package insert]. Lexington, MA: Baxalta USA Inc.; March 2023.

Elaprase [prescribing information]. Lexington, MA: Shire Human Genetic Therapies, Inc.; September 2021.

Elelyso [prescribing information]. NY, NY: Pfizer Inc.; May 2023.

Elevidys [package insert]. Cambridge, MA: Sarepta Therapeutics, Inc.; June 2023.

Elfabrio [prescribing information]. Cary, NC: Chiesi USA, Inc.; May 2022.

Enjaymo [package insert]. Waltham, MA: Bioverativ USA Inc Inc.; February 2024.

Entyvio [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; September 2023.

Epysqli [package insert]. Republic of Korea: Samsung Bioepis Co., Ltd.; July 2024.

Evkeeza [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; March 2023.

Exondys 51 [prescribing information]. Cambridge, MA: Sarepta Therapeutics, Inc.; January 2022.

Fabrazyme [prescribing information]. Cambridge, MA: Genzyme Corporation.; March 2023.

Fasenra [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2021.

Flebogamma 10% DIF [prescribing information]. Barcelona, Spain: Instituto Grifols, SA; September 2019.

Flebogamma 5% DIF [prescribing information]. Barcelona, Spain: Instituto Grifols, SA; September 2019.

Gammagard Liquid [prescribing information]. Lexington, MA: Baxalta US Inc; March 2021.

Gammagard S/D IgA less than 1 mcg/mL [package insert]. Lexington, MA: Baxalta US Inc; March 2021.

Gammaked [package insert]. Research Triangle Park, NC: Grifols Therapeutics Inc.; January 2020.

Gammaplex 5% [package insert]. Durham, NC: Bio Products Laboratory Inc; November 2021.

Gammaplex 10% [package insert]. Durham, NC: Bio Products Laboratory Inc; November 2021.

Gamunex-C [package insert]. Research Triangle Park, NC: Grifols Therapeutics Inc.; January 2020.

Givlaari [prescribing information]. Cambridge, MA: Alnylam Pharmaceuticals.; April 2024.

Glassia [package insert]. Lexington, MA: Baxter US Inc.; September 2023.

Hemgenix [package insert]. King of Prussia, PA: CSL Behring LLC; November 2022.

Herceptin [package insert]. South San Francisco, CA: Genentech, Inc.; June 2024.

Hercessi [package insert]. Raleigh, NC: Accord BioPharma Inc.; April 2024.

Herzuma [package insert]. Incheon, Republic of Korea: Celltrion, Inc.; May 2019.

Hizentra [package insert]. Kankakee, IL: CSL Behring LLC; April 2023.

HyQvia [package insert]. Lexington, MA: Baxalta USA Inc.; January 2024.

Imfinzi [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2023.

Inflectra [prescribing information]. Lake Forest, IL: Celltrion, Inc.; April 2023.

Jemperli [prescribing information]. Philadelphia, PA: GlaxoSmithKline LLC; March 2024.

Kadcyla [package insert]. South San Francisco, CA: Genentech, Inc.; February 2022.

Kanjinti [package insert]. Thousand Oaks, CA: Amgen, Inc.; October 2022.

Kanuma [prescribing information]. Cheshire, CT: Alexion Pharmaceuticals Inc.; November 2021.

Katzberg H, Rasutis V, Bril V Home iVIG for CIDP: A Focus on Patient Centred Care Can J Neurol Sci. 2013; 40: 384-388.

Kisunla [prescribing information]. Indianapolis, IN: Eli Lilly and Company; July 2024.

Kisunla [prescribing information]. Whitehouse Station, NJ: Merck & Co., Inc.; March 2024.

Lamzede [prescribing information]. Cary, NC: Chiesi USA, Inc.; February 2023.

Lanreotide [prescribing information]. Warren, NJ: Cipla USA, Inc.; September 2023.

Lemtrada [prescribing information]. Cambridge, MA: Genzyme Corp.; May 2023.

Lenmeldy [prescribing information]. Boston, MA: Orchard Therapeutics North America; March 2024.

Leqembi [prescribing information]. Nutley, NJ: Eisai Inc.; July 2023.

Libtayo [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; March 2024.

Loqtorzi [prescribing information]. Redwood City, CA: Coherus BioSciences, Inc.; October 2023.

Lumizyme [prescribing information]. Cambridge, MA: Genzyme Corporation; March 2023.

Luxturna [prescribing information]. Philadelphia, PA: Spark Therapeutics, Inc.; May 2022.

Lyfgenia [package insert]. Somerville, MA: Bluebird bio, Inc.; December 2023.

MCG Care Guidelines, 19th Edition, 2015, Home Infusion Therapy: CMT: CMT-0009

Mepsevii [prescribing information]. Novato, CA: Ultragenyx Pharmaceutical Inc.; December 2020.

Naglazyme [prescribing information]. Novato, CA: BioMarin Pharmaceutical Inc; December 2019.

Nexviazyme [prescribing information]. Cambridge, MA: Genzyme Corporation; September 2023.

Nucala [package insert]. Research Triangle Park, NC: GlaxoSmithKline, Inc.; March 2023.

Ocrevus [prescribing information]. Genentech, Inc. South San Francisco, CA.; January 2024.

Ocrevus Zunovo [prescribing information]. Genetech, Inc. South San Francisco, CA: September 2024.

Octagam 10% [package insert]. Hoboken, NJ: Octapharma USA, Inc.; March 2022.

Octagam 5% [package insert]. Hoboken, NJ: Octapharma USA, Inc.; April 2022.

Ogivri [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; July 2023.

Onpattro (patisiran) [prescribing Information]. Alnylam Pharmaceuticals, Inc. January 2023.

Ontruzant [package insert]. Incheon, Republic of Korea: Samsung Bioepis Co.; June 2021.

Opdivo [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; March 2024.

Opdualag [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; March 2024.

Orencia [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company; May 2024.

Oxlumo [prescribing information]. Cambridge, MA: Alnylam Pharmaceuticals, Inc; September 2023.

Panzyga [package insert]. Lingolsheim, France : Octapharma SAS, Inc; February 2021.

Perjeta [package insert]. South San Francisco, CA: Genentech, Inc.; February 2021.

Piasky [package insert]. South San Francisco, CA: Genentech, Inc.; June 2024.

Pombiliti [prescribing information]. Philadelphia, PA: Amicus Therapeutics US, LLC; September 2023.

Privigen [package insert]. Bern, Switzerland: CSL Behring AG; March 2022.

Prolastin-C [package insert]. Research Triangle Park, NC: Grifols Therapeutics Inc.; May 2020.

Qalsody [package insert]. Cambridge, MA: Biogen Inc.; April 2023.

Radicava [prescribing information]. Jersey City, NJ: MT Pharma America, Inc.; November 2022.

Remicade [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; October 2021.

Renflexis [prescribing information]. Kenilworth, NJ: Merck & Co., Inc.; January 2023.

Riabni [package insert]. Thousand Oaks, CA: Amgen Inc.; June 2022.

Rigas M, Tandan R, Sterling R. Safety of Liquid Intravenous Immunoglobulin for Neuroimmunologic Disorders in the Home Setting: A Retrospective Analysis of 1085 Infusions. J Clin Neuromusc Dis 2008; 10:52-55

Rituxan [package insert]. South San Francisco, CA: Genentech, Inc.; December 2021.

Rivfloza [package insert]. Lexington, MA: Dicerna Pharmaceuticals, Inc.; October 2022.

Roctavian [package insert]. Novato, CA: BioMarin Pharmaceutical Inc.; June 2023.

Ruxience [package insert]. NY, NY: Pfizer Inc; November 2021.

Sandostatin LAR Depot [package insert]. East Hanover, NJ: Novartis Pharmaceutical Corporation; July 2024.

Saphnelo [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2023.

Scheinman SJ and Drezner MK. Hereditary hypophosphatemic rickets and tumor-induced osteomalacia. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed September 2017.

Simponi Aria [prescribing information]. Horsham, PA: Janssen Biotech, Inc.; February 2021.

Skysona [package insert]. Somerville, MA: Bluebird bio.; September 2022.

Soliris [prescribing information]. New Haven, CT: Alexion Pharmaceuticals Inc; March 2024.

Somatuline Depot [prescribing information]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc.' February 2023.

Souayah N, Hasan A, Khan H, et. al. The Safety Profile of Home Infusion of Intravenous Immunoglobulin in Patients with Neuroimmunologic Disorders. J Clin Neuromusc Dis 2011; 12:S1-S10

Spinraza [package insert]. Cambridge, MA: Biogen Inc.; February 2023.

Stiehm ER. Adverse effects of human immunoglobulin therapy. Transfus Med Rev. 2013;27(3):171-178.

Tecentriq [prescribing information]. South San Francisco, CA: Genentech, Inc.; May 2023.

Tecentriq Hybreza [package insert]. South San Francisco, CA: Genentech, Inc.; September 2024.

Tepezza [package insert]. Dublin, Ireland: Horizon Therapeutics Ireland DAC; July 2023.

Tevimbra [package insert]. San Mateo, CA: BeiGene USA, Inc.; March 2024.

Tezspire [package insert]. Thousand Oaks, CA: Amgen; May 2023.

Tofidence [package insert]. Cambridge, MA: Biogen MA Inc.; October 2023.

Trazimera [package insert]. Cork, Ireland: Pfizer Ireland Pharmaceuticals; November 2020.

Truxima [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.: February 2022.

Tyenne [package insert]. Lake Zurich, IL: Fresenius Kabi USA LLC; March 2024.

Tyruko [package insert]. Princeton, NJ: Sandoz Inc.; August 2023.

Tysabri [prescribing information]. Cambridge, MA: Biogen Idec Inc.; October 2023.

U.S. Food and Drug Administration (FDA). FDA approves first therapy for rare inherited form of rickets, x-linked hypophosphatemia. Silver Spring, MD: FDA; April 21, 2018. Available at: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm604810.htm>. Accessed April 24, 2018.

Ultomiris [prescribing information]. Boston, MA: Alexion Pharmaceuticals. Inc. March 2024.

Uplizna [prescribing information]. Gaithersburg, MD: Viela Bio, Inc.; July 2021.

Veopoz [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals Inc.; March 2024.

Viltepso [prescribing information]. Paramus, NJ: NS Pharma, Inc.; March 2021.

Vimizim [prescribing information]. Novato, CA: BioMarin Pharmaceutical Inc; December 2019.

Vpriv [prescribing information]. Lexington, MA: Shire Human Genetic Therapies Inc; September 2021.

Vyondys 53 [prescribing information]. Cambridge, MA: Sarepta Therapeutics, Inc. February 2021.

Vyepti [package insert]. Bothell, WA: Lundbeck Seattle Bio Pharmaceuticals, Inc; October 2022.

Vyvgart Hyrtulo [package insert]. Boston, MA: Argenx US Inc.; June 2024.

Xembify [package insert]. Research Triangle Park, NC: Grifols Therapeutics LLC; August 2020.

Xenpozyme [prescribing information]. Cambridge, MA: Genzyme Corporation; September 2024.

Xolair [package insert]. South San Francisco, CA: Genentech, Inc.; February 2024.

- Yervoy [prescribing information]. Princeton, NJ: Bristol-Myers Squibb Company. February 2023.
- Yimmugo [package insert]. Dreieich, Germany: Biotest AG. June 2024.
- Zemaira [package insert]. Kankakee, IL: CSL Behring LLC.; September 2022.
- Zolgensma [prescribing information]. Bannockburn, IL: AveXis, Inc.; February 2023.
- Zynteglo [package insert]. Somerville, MA: Bluebird bio; August 2022.
- Zynyz [package insert]. Wilmington, DE: Incyte Corporation; March 2023.

**Legal notices**

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).

Health benefits and health insurance plans contain exclusions and limitations.

See all legal notices

**For switch to new product exclusions**

Applies only to IVIG, infliximab and alpha-1-anti-trypsin products.

**For gap in therapy exclusions**

Applies only to IVIG, natalizumab products, and infliximab products.

**For IgA deficiency with anti-IgA antibodies exclusions**

Applies only to IVIG, HyQvia, Alpha 1 proteinase inhibitors.

**For anti-drug antibodies exclusions**

Applies only to natalizumab products, Infliximab, Elaprase, Kanuma, Adzynma, Aldurazyme, Cerezyme, Elfabrio, Fabrazyme, Lamzedo, Lumizyme, Nexvazyme, Pombiliti, and Xenpozyme.

**For venous access issues that require intervention exclusions**

Does not apply to drugs administered by subcutaneous injection.

**Also of interest:**

- 
- 
- 
- 

**Helpful links**

- Contact us
- FAQs
- Glossary
- Site map

**About Aetna**

- About us

- Careers
- For investors
- News and analysis

## Guidance and support

- Accessibility services
- Aetna apps
- Grievance form
- Plan disclosures
- Program provisions

## Rights and privacy

- Fraud, waste and abuse
- Health care reform
- Legal notices
- Non-discrimination notice
- Privacy center
- Terms of use
- Vulnerability disclosure program

©[current-year] Aetna Inc.

For language services, please call the number on your member ID card and request an operator. For other language services: Español-Spanish | 中文 | Tiếng Việt | ភាសាខ្មែរ | Tagalog | Русский | العربية | Kreyòl | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | Other languages ...

## You are now being directed to the AMA site

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy or privacy practices of linked sites, or for products or services described on these sites.

Continue

## You are now being directed to the Give an Hour site

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy or privacy practices of linked sites, or for products or services described on these sites.

Continue

## You are now being directed to the CVS Pharmacy® site

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy or privacy practices of linked sites, or for products or services described on these sites.

Continue

## You are now being directed to the CDC site

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy or privacy practices of linked sites, or for products or services described on these sites.

Continue



## **Aetna® is proud to be part of the CVS Health family.**

You are now being directed to the CVS Health site.

Continue

## **You are now being directed to the Apple.com COVID-19 Screening Tool**

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Continue

## **You are now being directed to the US Department of Health and Human Services site**

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Continue

## **You are now being directed to the CVS Health COVID-19 testing site**

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Continue

## **You are now being directed to The Fight Is In Us site**

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Continue

## **You are now leaving the Aetna® website**

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Continue

## **Login**

Please log in to your secure account to get what you need.

Continue

## **You are now leaving the Aetna Medicare website.**

The information you will be accessing is provided by another organization or vendor. If you do not intend to leave our site, close this message.

Continue

## Get a link to download the app

Just enter your mobile number and we'll text you a link to download the Aetna Health<sup>SM</sup> app from the App Store or on Google Play.

Message and data rates may apply\*

MOBILE NUMBER Please be sure to add a 1 before your mobile number, ex: 19876543210

## This search uses the five-tier version of this plan

Each main plan type has more than one subtype. Some subtypes have five tiers of coverage. Others have four tiers, three tiers or two tiers. This search will use the five-tier subtype. It will show you whether a drug is covered or not covered, but the tier information may not be the same as it is for your specific plan. Do you want to continue?

back

Continue

## Applied Behavior Analysis Medical Necessity Guide

By clicking on "I Accept", I acknowledge and accept that:

The Applied Behavior Analysis (ABA) Medical Necessity Guide helps determine appropriate (medically necessary) levels and types of care for patients in need of evaluation and treatment for behavioral health conditions. The ABA Medical Necessity Guide does not constitute medical advice. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any matters related to their coverage or condition with their treating provider.

Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.

The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary.

Please note also that the ABA Medical Necessity Guide may be updated and are, therefore, subject to change.

Medical necessity determinations in connection with coverage decisions are made on a case-by-case basis. In the event that a member disagrees with a coverage determination, member may be eligible for the right to an internal appeal and/or an independent external appeal in accordance with applicable federal or state law.

I Accept

## Aetna® is proud to be part of the CVS® family.

You are now being directed to CVS Caremark® site.

Continue

## ASAM Terms and conditions

By clicking on "I accept", I acknowledge and accept that:

Licensee's use and interpretation of the American Society of Addiction Medicine's ASAM Criteria for Addictive, Substance-Related, and Co-Occurring Conditions does not imply that the American Society of Addiction Medicine has either participated in or concurs with the disposition of a claim for benefits.

This excerpt is provided for use in connection with the review of a claim for benefits and may not be reproduced or used for any other purpose.

Copyright 2015 by the American Society of Addiction Medicine. Reprinted with permission. No third party may copy this document in whole or in part in any format or medium without the prior written consent of ASAM.  
I accept

## Precertification lists

By clicking on "I accept", I acknowledge and accept that:

Should the following terms and conditions be acceptable to you, please indicate your agreement and acceptance by selecting the button below labeled "I Accept".

- The term precertification here means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device 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 HMO and PPO members.
- Applies to: Aetna Choice<sup>®</sup> POS, Aetna Choice POS II, Aetna Medicare<sup>SM</sup> Plan (PPO), Aetna Medicare Plan (HMO), all Aetna HealthFund<sup>®</sup> products, Aetna Health Network Only<sup>SM</sup>, Aetna Health Network Option<sup>SM</sup>, Aetna Open Access<sup>®</sup> Elect Choice<sup>®</sup>, Aetna Open Access HMO, Aetna Open Access Managed Choice<sup>®</sup>, Open Access Aetna Select<sup>SM</sup>, Elect Choice, HMO, Managed Choice POS, Open Choice<sup>®</sup>, Quality Point-of-Service<sup>®</sup> (QPOS<sup>®</sup>), and Aetna Select<sup>SM</sup> benefits plans and all products that may include the Aexcel<sup>®</sup>, Choose and Save<sup>SM</sup>, Aetna Performance Network or Savings Plus networks. Not all plans are offered in all service areas.
- All services deemed "never effective" are excluded from coverage. Aetna defines a service as "never effective" when it is not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Visit the secure website, available through [www.aetna.com](http://www.aetna.com), for more information. Click on "Claims," "CPT/HCPCS Coding Tool," "Clinical Policy Code Search."
- The five character codes included in the Aetna Precertification Code Search Tool are obtained from Current Procedural Terminology (CPT<sup>®</sup>), copyright 2023 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- The responsibility for the content of Aetna Precertification Code Search Tool is with Aetna and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Aetna Precertification Code Search Tool. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of CPT. Any use of CPT outside of Aetna Precertification Code Search Tool should refer to the most Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

## LICENSE FOR USE OF CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION ("CPT<sup>®</sup>")

- CPT only Copyright 2023 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. You, your employees and agents are authorized to use CPT only as contained in Aetna Precertification Code Search Tool solely for your own personal use in directly participating in health care programs administered by Aetna, Inc. You acknowledge that AMA holds all copyright, trademark and other rights in CPT. Any use not authorized herein is prohibited, including by way of illustration and not by way of limitation, making copies of CPT for resale

and/or license, transferring copies of CPT to any party not bound by this agreement, creating any modified or derivative work of CPT, or making any commercial use of CPT. License to sue CPT for any use not authorized herein must be obtained through the American Medical Association, CPT Intellectual Property Services, 515 N. State Street, Chicago, Illinois 60610. Applications are available at the American Medical Association Web site, [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt).

## U.S. Government Rights

- This product includes CPT which is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable which were developed exclusively at private expense by the American Medical Association, 515 North State Street, Chicago, Illinois, 60610. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015(b)(2) (June 1995) and/or subject to the restrictions of DFARS 227.7202-1(a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

## Disclaimer of Warranties and Liabilities.

- CPT is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. No fee schedules, basic unit, relative values or related listings are included in CPT. The American Medical Association (AMA) does not directly or indirectly practice medicine or dispense medical services. The responsibility for the content of this product is with Aetna, Inc. and no endorsement by the AMA is intended or implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this product.
- This Agreement will terminate upon notice if you violate its terms. The AMA is a third party beneficiary to this Agreement.
- Should the foregoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by selecting the button labeled "I Accept".
- The information contained on this website and the products outlined here may not reflect product design or product availability in Arizona. Therefore, Arizona residents, members, employers and brokers must contact Aetna directly or their employers for information regarding Aetna products and services.
- This information is neither an offer of coverage nor medical advice. It is only a partial, general description of plan or program benefits and does not constitute a contract. In case of a conflict between your plan documents and this information, the plan documents will govern.

I accept

## Dental clinical policy bulletins

By clicking on "I accept", I acknowledge and accept that:

- Aetna Dental Clinical Policy Bulletins (DCPBs) are developed to assist in administering plan benefits and do not constitute dental advice. Treating providers are solely responsible for dental advice and treatment of members. Members should discuss any Dental Clinical Policy Bulletin (DCPB) related to their coverage or condition with their treating provider.
- While the Dental Clinical Policy Bulletins (DCPBs) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Dental Clinical Policy Bulletins (DCPBs) describe Aetna's current determinations of whether certain services or supplies are medically necessary, based upon a review of available clinical information. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. Aetna's conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna). Your benefits plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits,

the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State or the Federal government.

- Please note also that Dental Clinical Policy Bulletins (DCPBs) are regularly updated and are therefore subject to change.
- Since Dental Clinical Policy Bulletins (DCPBs) can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, members should review these Bulletins with their providers so they may fully understand our policies.
- Under certain plans, if more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that certain terms are met.

I accept

## Medical clinical policy bulletins

By clicking on "I accept", I acknowledge and accept that:

Should the following terms and conditions be acceptable to you, please indicate your agreement and acceptance by selecting the button below labeled "I Accept".

- Aetna Clinical Policy Bulletins (CPBs) are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any Clinical Policy Bulletin (CPB) related to their coverage or condition with their treating provider.
- While the Clinical Policy Bulletins (CPBs) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Policy Bulletins (CPBs) express Aetna's determination of whether certain services or supplies are medically necessary, experimental, investigational, unproven, or cosmetic. Aetna has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors).
- Aetna makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Policy Bulletins (CPBs). The discussion, analysis, conclusions and positions reflected in the Clinical Policy Bulletins (CPBs), including any reference to a specific provider, product, process or service by name, trademark, manufacturer, constitute Aetna's opinion and are made without any intent to defame. Aetna expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information including correction of any factual error.
- CPBs include references to standard HIPAA compliant code sets to assist with search functions and to facilitate billing and payment for covered services. New and revised codes are added to the CPBs as they are updated. When billing, you must use the most appropriate code as of the effective date of the submission. Unlisted, unspecified and nonspecific codes should be avoided.
- Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between a Clinical Policy Bulletin (CPB) and a member's plan of benefits, the benefits plan will govern.
- In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members.

See CMS's Medicare Coverage Center

- Please note also that Clinical Policy Bulletins (CPBs) are regularly updated and are therefore subject to change.
- Since Clinical Policy Bulletins (CPBs) can be highly technical and are designed to be used by our professional staff in making clinical determinations in connection with coverage decisions, members should review these Bulletins with their providers so they may fully understand our policies. Under certain circumstances, your physician may request a peer to peer review if they have a question or wish to discuss a medical necessity precertification determination made by our medical director in accordance with Aetna's Clinical Policy Bulletin.
- While Clinical Policy Bulletins (CPBs) define Aetna's clinical policy, medical necessity determinations in connection with coverage decisions are made on a case by case basis. In the event that a member disagrees with a coverage determination, Aetna provides its members with the right to appeal the decision. In addition, a member may have an opportunity for an independent external review of coverage denials based on medical necessity or regarding the

experimental and investigational status when the service or supply in question for which the member is financially responsible is \$500 or greater. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans.

See Aetna's External Review Program

- The five character codes included in the Aetna Clinical Policy Bulletins (CPBs) are obtained from Current Procedural Terminology (CPT®), copyright 2015 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- The responsibility for the content of Aetna Clinical Policy Bulletins (CPBs) is with Aetna and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Aetna Clinical Policy Bulletins (CPBs). No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of CPT. Any use of CPT outside of Aetna Clinical Policy Bulletins (CPBs) should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

## **LICENSE FOR USE OF CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION ("CPT®")**

CPT only copyright 2015 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

You, your employees and agents are authorized to use CPT only as contained in Aetna Clinical Policy Bulletins (CPBs) solely for your own personal use in directly participating in healthcare programs administered by Aetna, Inc. You acknowledge that AMA holds all copyright, trademark and other rights in CPT.

Any use not authorized herein is prohibited, including by way of illustration and not by way of limitation, making copies of CPT for resale and/or license, transferring copies of CPT to any party not bound by this agreement, creating any modified or derivative work of CPT, or making any commercial use of CPT. License to use CPT for any use not authorized herein must be obtained through the American Medical Association, CPT Intellectual Property Services, 515 N. State Street, Chicago, Illinois 60610. Applications are available at the American Medical Association Web site, [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt).

Go to the American Medical Association Web site

## **U.S. Government Rights**

This product includes CPT which is commercial technical data and/or computer data bases and/or commercial computer software and/or commercial computer software documentation, as applicable which were developed exclusively at private expense by the American Medical Association, 515 North State Street, Chicago, Illinois, 60610. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015(b)(2) (June 1995) and/or subject to the restrictions of DFARS 227.7202-1(a) (June 1995) and DFARS 227.7202-3(a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

## **Disclaimer of Warranties and Liabilities.**

CPT is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to the implied warranties of merchantability and fitness for a particular purpose. No fee schedules, basic unit, relative values or related listings are included in CPT. The American Medical Association (AMA) does not directly or indirectly practice medicine or dispense medical services. The responsibility for the content of this product is with Aetna, Inc. and no endorsement by the AMA is intended or implied. The AMA disclaims responsibility for any consequences or liability attributable to or related to any use, non-use, or interpretation of information contained or not contained in this product.

This Agreement will terminate upon notice if you violate its terms. The AMA is a third party beneficiary to this Agreement.

Should the foregoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by selecting the button labeled "I Accept".

The information contained on this website and the products outlined here may not reflect product design or product availability in Arizona. Therefore, Arizona residents, members, employers and brokers must contact Aetna directly or their employers for information regarding Aetna products and services.

This information is neither an offer of coverage nor medical advice. It is only a partial, general description of plan or program benefits and does not constitute a contract. In case of a conflict between your plan documents and this information, the plan documents will govern.

I accept

## **You are now leaving the Aetna® website.**

We're working with 3Won to process your request for participation. Please select "Continue to ProVault to begin the contracting and credentialing process.

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliates are not responsible or liable for the content, accuracy or privacy practices of linked sites, or for products or services described on these sites.

Continue to ProVault

## **You are now leaving the Aetna® website**

Links to various non-Aetna sites are provided for your convenience only. Aetna Inc. and its affiliated companies are not responsible or liable for the content, accuracy, or privacy practices of linked sites, or for products or services described on these sites.

Proceed to Healthcare.gov site

Continue