



Effective January 1, 2024

Cigna: Precertification list for participating providers

[Use this guide for precertification](#) (also known as prior authorization or prior approval) with patients enrolled in Gravie health plans.

How to submit a medical precertification request

Medical precertification requests must be submitted at least seven (7) business days in advance. Please call Gravie Care® at [877.684.3984](tel:877.684.3984), weekdays, 7 a.m. to 7 p.m. CT to:

1. Determine whether precertification is required for any given procedure or service
2. Verify the specific Current Procedural Terminology (CPT®) codes for services, programs and prescriptions that require approval for coverage, and
3. Submit a precertification request

How to request precertification, continued



Precertification requests are required for the following services and programs:

- Inpatient admissions
- Outpatient and physician surgery
- Potentially cosmetic procedures
- Outpatient and physician diagnostic services
- Other labs and screenings
- Outpatient and physician - continuing care services
- **Please note:** precertification is required for any and all services and programs which are considered experimental or investigative.

All sections of a precertification submission are required. Failure to provide all of the medical records requested may cause delays in our review or result in a denial of coverage. You will be notified within five (5) calendar days that we've received your precertification request.

How to submit a medical precertification request for prescription drugs

Precertification requests for prescription drugs must be submitted to CVS Caremark® at least seven (7) business days in advance. There are two ways to submit a request:

1. Submit the request online [here](#) (quickest option).
2. Call CVS Caremark directly at [833.847.8881](tel:833.847.8881)

All sections of a precertification submission are required. Failure to provide all of the medical records requested may cause delays in our review or result in denial of coverage. You will be notified within five (5) calendar days that we've received your precertification request.

What happens next

Once your request is submitted, we'll perform a clinical review. An initial coverage determination will be made within fifteen (15) calendar days.

If we determine your request is incomplete, you will receive a written notification explaining why.

Questions? We've got you covered.

If you have any questions about submitting a request, our precertification process, or eligibility, call our Provider Customer Service at [877.438.0009](tel:877.438.0009), weekdays, 7 a.m. to 7 p.m. CT. You can also visit us online at gravie.com/providers.

Drugs covered by pharmacy benefit

The following medications are covered on the Pharmacy Benefit ONLY and **will be excluded from coverage under the medical benefit effective 1/1/2024**. Please consult the [Formulary](#) and [The CVS Specialty List](#) for coverage. You can contact CVS for details at [833.847.8881](tel:833.847.8881).

Category	Drug Name	J Code
Botulinum Toxin	Botox	J0585
Botulinum Toxin	Dysport	J0586
Botulinum Toxin	Myobloc	J0587
Botulinum Toxin	Xeomin	J0588
Enzyme Replacement	Cerezyme	J1786
Enzyme Replacement	Elelyso	J3060
Enzyme Replacement	Vpriv	J3385
Hemophilia A	Advate	J7192
Hemophilia A	Adynovate	J7207
Hemophilia A	Afstyla	J7210
Hemophilia A	Eloctate	J7205
Hemophilia A	Esperoct	J7204
Hemophilia A	Hemlibra	J7170
Hemophilia A	Hemofil M	J7190
Hemophilia A	Humate-P	J7187
Hemophilia A	Jivi	J7208
Hemophilia A	Koate	J7190
Hemophilia A	Kogenate	J7192
Hemophilia A	Kovaltry	J7211
Hemophilia A	Novoeight	J7182
Hemophilia A	Nuwiq	J7209
Hemophilia A	Obizur	J7188
Hemophilia A	Rebinyon	J7203
Hemophilia A	Recombinate	J7192
Hemophilia A	Wilate	J7183
Hemophilia A	Xyntha	J7185

Category	Drug Name	J Code
Hemophilia B	Alphanate	J7186
Hemophilia B	Alprolix	J7201
Hemophilia B	Benefix	J7195
Hemophilia B	Hemgenix	J1411
Hemophilia B	Idelvion	J7202
Hemophilia B	Ixinity	J7213
Hereditary Angioedema	BERINERT	J0597
Hereditary Angioedema	CINRYZE	J0598
Hereditary Angioedema	HAEGARDA	J0599
Hereditary Angioedema	icatibant acetate	J1744
Hereditary Angioedema	RUCONEST	J0596
Pulmonary Arterial Hypertension	epoprostenol	J1325
Pulmonary Arterial Hypertension	treprostinil sodium	J3285
Hyaluronic Acid Derivatives (HAD)	Durolane	J7318
Hyaluronic Acid Derivatives (HAD)	Euflexxa	J7323
Hyaluronic Acid Derivatives (HAD)	Gel-One	J7326
Hyaluronic Acid Derivatives (HAD)	Gelsyn-3	J7328
Hyaluronic Acid Derivatives (HAD)	GenVisc 850	J7320
Hyaluronic Acid Derivatives (HAD)	Hyalgan	J7321
Hyaluronic Acid Derivatives (HAD)	Hymovis	J7322
Hyaluronic Acid Derivatives (HAD)	Monovisc	J7327
Hyaluronic Acid Derivatives (HAD)	OrthoVisc	J7324
Hyaluronic Acid Derivatives (HAD)	Supartz FX	J7321
Hyaluronic Acid Derivatives (HAD)	SynJoynnt	J7331
Hyaluronic Acid Derivatives (HAD)	Synvisc	J7325
Hyaluronic Acid Derivatives (HAD)	Synvisc One	J7325
Hyaluronic Acid Derivatives (HAD)	TriVisc	J7329
Hyaluronic Acid Derivatives (HAD)	Triluron	J7332
Hyaluronic Acid Derivatives (HAD)	Visco-3	J7321
Specialty Asthma	Cinqair	J2786
Specialty Asthma	Fasenra	J0517
Specialty Asthma	Nucala	J2182
Specialty Asthma	Tezspire	J2356
Specialty Asthma	Xolair	J2357
Inflammatory	Stelara (SC dosing only)	J3557

Category	Drug Name	J Code
Growth Hormone	Humatrope Genotropin Norditropin Nordiflex Norditropin Flexpro Omnitrope Serostim Saizen Saizenprep Zorbtive Nutropin Zomacton Sogroya Skytrofa	J2941