aetna

April 2024

This month's 90-day notices and related reminders

We regularly review and adjust our clinical, payment and coding policies. Review our policies and claim edits on our provider portal on Availity®.* Just go to **Payer Space > Resources > Expanded Claim Edits**. Or you may visit **Aetna.com** to see them.

Changes to our National Precertification List (NPL)

This update applies to both our commercial and Medicare members, unless otherwise noted.

Effective March 2024, we'll require precertification for the following drugs:

- Lyfgenia™ (lovotibeglogene autotemcel) — precertification is required for the drug and site of care effective March 1, 2024.
- Casgevy™ (exagamglogene autotemcel) — precertification is required for the drug and site of care effective March 1, 2024.
- Udenyca OBI® (pegfilgrastim-cbqv) — precertification is required effective March 1, 2024. This drug is part of the granulocyte-colony stimulating factors category.
- Ryzneuta™ (efbemalenograstim alfa-vuxw) — precertification is required effective March 15, 2024. This drug is part of the granulocyte-colony stimulating factors category.
- Avzivi® (bevacizumab-tnjn) — precertification is required effective March 15, 2024.
- Loqtorzi™ (toripalimab-tpzi) — precertification is required for the drug and site of care effective March 19, 2024. This drug is part of the PD1\PDL1 drugs category.
- Adzynma® (ADAMTS13, recombinant-krhn) — precertification is required for the drug and site of care effective March 19, 2024. This drug is part of the enzyme replacement drugs category.
- Alyglo™ (immune globulin intravenous, human-stwk) — precertification is required for the drug and site of care effective March 22, 2024. This drug is part of the immunoglobulins category.
- Wainua™ (eplontersen) — precertification is required effective March 26, 2024. This drug is part of the hereditary transthyretin-mediated amyloidosis (ATTR) drugs category.

Effective March 1, 2024, we'll no longer require precertification for the following orthognathic surgical procedures:

- Corticotomy — four or more teeth or tooth spaces per quadrant
- Sinus augmentation with bone or bone substitutes via a lateral open approach
- Sinus augmentation via a vertical approach

Effective March 1, 2024, we'll no longer require precertification for the following surgical management of the temporomandibular joint:

- Surgical placement: transosteal implant
- Open reduction of dislocation
- Closed reduction of dislocation
- Condylectomy
- Surgical discectomy; with/without implant
- Disc repair
- Synovectomy
- Myotomy
- Joint reconstruction
- Arthrotomy
- Arthroplasty
- Arthrocentesis
- Arthroscopy — diagnosis, with or without biopsy
- Arthroscopy: lavage and lysis of adhesions
- Arthroscopy: synovectomy
- Arthroscopy — surgical: synovectomy
- Arthroscopy: discectomy
- Arthroscopy: debridement
- Unspecified TMD therapy, by report
- Coronoidectomy

Effective April 1, 2024, we'll no longer require precertification for the following drugs:

- Actemra SC® (tocilizumab)
- Avonex® (interferon beta-1a)
- Cosentyx® (secukinumab)
- Kesimpta® (ofatumumab)
- Natpara® (parathyroid hormone)
- Sogroya® (somapacitan-beco)
- Tremfya® (guselkumab)
- Bebulin® (factor IX complex)
- Blenrep® (belantamab mafodotin-blmf)
- Bynfezia™ (octreotide)
- Helixate® FS (antihemophilic factor [recombinant])
- Koate®, Koate-DVI (antihemophilicfactor [human])
- Monoclate®-P (antihemophilicfactor [human])
- Makena® (hydroxyprogesterone caproate)
- Mononine® (coagulation factor IX [human])
- Pepaxto® (melphalan flufenamide)

Effective April 1, 2024, Medicare plans will no longer require precertification for the following drugs:

- Bravelle® (urofollitropin)
- Haegarda® (C1 esterase inhibitor subcutaneous [human])
- Myalept® (metreleptin)
- Signifor® (pasireotide)
- Somavert® (pegvisomant)
- Stelara® (ustekinumab)

Effective July 1, 2024, we'll require precertification for the following:

- Subcutaneous cardiac rhythm monitor (33285)
- Watchman™ percutaneous transcatheter closure implant (33340)
- Intracardiac electrophysiological procedures (93653, 93656)
- Electrical stimulation device used for cancer treatment (E0766)
- Total ankle arthroplasty (27702)
- Artificial urinary sphincter (53445)
- High intensity focused ultrasound (HIFU) for prostate cancer (55880)

Effective July 1, 2024, we will no longer require precertification for the following:

- Removal of hip prosthesis (27090)
- Ventricular assist device insertion, removal & replacement (33976, 33977, 33980, 33982, 33983, 33995, 33997)

Please note that the above medications are usually self-administered and therefore will be excluded from the medical benefit unless we grant an exception. For Medicare, coverage determinations will still follow all Centers for Medicare & Medicaid Services (CMS) National and Local Coverage Determinations. Precertification may still be required through the **pharmacy benefit for commercial plans** and the **Part D drug benefit for Medicare plans**.

Submitting precertification requests

Be sure to submit precertification requests at least two weeks in advance and include the actual date of service in the request. To save time, request precertification online. Doing so is fast, secure and simple.

You can submit most requests online through our **provider portal on Availity**.* Or you can use your practice's Electronic Medical Record (EMR) system if it's set up for electronic precertification requests. Use our "Search by CPT® code" search function on our **precertification lists** page to find out if the code requires **precertification**.**

If you need precertification for a specialty drug for a commercial or Medicare member, submit your request through Novologix®, also available on Availity®.

Readmission expansion from PIN to TIN

This update applies to our Medicare members only.

We want to improve the quality of care and general health of our members. Readmissions can put our members at risk for unnecessary complications.

We currently apply the Diagnosis Related Group (DRG) Readmission Policy on hospitals at the Provider Identification Number (PIN). Effective July 1, 2024, we will apply the policy at the Tax Identification Number (TIN).

Genetic testing code update

This update applies to both our commercial and Medicare members.

We'd like to remind you that genetic testing codes will be updated to an appropriate unit limit based on current practice standards.

Drug administration code update

This reminder applies to both our commercial and Medicare members.

We deny payment for drug and chemotherapy administration codes when the drug itself is not billed or billed with improper codes.

Connective tissue code update

This update applies to our commercial and Medicare members.

Effective May 1, 2024, the following two CPT® codes** may pend for medical necessity review for appropriate use:

- C1762: connective tissue, human (includes fascia lata)
- C1763: connective tissue, non-human (includes synthetic)

Note to Washington State providers: Your effective date for changes described in this article will be communicated following regulatory review.

Note to Texas providers: Changes described in this article will be implemented for fully insured plans written in the state of Texas in accordance with regulatory requirements. Changes for all other plans will be as outlined in this article.

Resources to improve the specialty drug authorization experience

This update applies to both our commercial and Medicare members.

Navigating the specialty drug prior authorization process can be challenging. Our online resources and tools can help ensure that your precertification requests arrive at the correct department for review.

Drugs administered by a health care provider

Aetna® health plans might cover medication administered directly by a health care provider in an office or outpatient facility. These drugs might require precertification. You can find out by visiting the 2024 **Participating Provider Precertification List (PDF)**. Choose the Drugs tab on page 2 to read details related to specialty medications.

You can also use our "Search by CPT® code" search function on our **Precertification Lists** page to find out if the code requires **precertification**.** This tool provides drug-specific guidance on where to submit your prior authorization request.

Drugs picked up at the pharmacy or delivered

Drugs that are typically picked up at the pharmacy or delivered to the home are mostly covered through a member's prescription drug benefits plan. Specialty drugs might require precertification through the pharmacy benefit. If your patient has an Aetna prescription drug plan, you can submit prior authorization requests electronically or via fax or phone. Refer to the Pharmacy Coverage FAQs for more information on prescription drug benefits.

Use Availity®

Reduce back-and-forth calls by requesting precertification online. Log in to our **provider portal on Availity*** and submit your request electronically.

Where to get the medication request form

For all precertification requests, we recommend that you use the drug-specific specialty medication request form located on our **Forms for Health Care Professionals** page. These forms help ensure that you submit all required clinical information at the time of request, reducing your administrative burden and helping patients get their medication when they need it.

Instructional webinars

For additional guidance on available tools and resources, take advantage of our **educational webinars**. Any provider and staff member, regardless of participation status with Aetna®, can sign up for these live webinars.

You can always find this information on our provider portal on Availity.*

You can also use our Code Edit Lookup tools on Availity®. Just go to **Payer Space > Applications > Code Edit Lookup Tools**. And keep your Aetna provider ID number handy to access them.

Availity portal

*Availity® is available only to providers in the U.S. and its territories.