



April 2025

## This month's 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)

**These changes apply to commercial and Medicare members.**

**Reminder:** Effective March 1, 2025

We'll no longer require precertification for the following:

- BRCA genetic testing (81433)
- Evrysdi® (risdiplam, J8499)

**Reminder:** Effective March 14, 2025

We'll require precertification for the following:

- Zilhera® (zanidatamab-hrii, J3490, J3590, C9399, J9999)
- Bizengri® (zenocutuzumab-zbc0, J3490, J3590, C9399, J9999)
- Unloxcyt™ (cosibelimab-ipdl, J3490, J3590, C9399, J9999)

**Reminder:** Effective April 1, 2025

We'll require precertification for the following:

- Opdivo Qvantig™ (nivolumab and hyaluronidase-nvhy, J3490, J3590, C9399, J9999)

For Medicare plans only, we'll require precertification for the following:

- Axtle™ (pemetrexed, avxya, J9292)
- Pemrydi RTU® (pemetrexed, J9324)

**Reminder:** Effective April 4, 2025

We'll require precertification for the following:

- Jubbonti® (denosumab-bbdz, J3490, J3590, C9399)
- Wyost® (denosumab-bbdz, J3490, J3590, C9399)

**Reminder:** Effective April 18, 2025

We'll require precertification for the following:

- Datroway® (datopotamab deruxtecán-dlnk, J3490, J3590, C9399, J9999) —precertification includes site of care
- Ryoncil® (remestemcel-L, J3490, J3590, C9399, J9999)

#### Submitting precertification requests

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 through our [provider portal on Availity](#).\* Doing so is fast, secure and simple.

You can also use your practice's Electronic Medical Record (EMR) system if it's set up for electronic precertification requests. Use our "Search by CPT® code" 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.\*\*

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

\*\*CPT® is a registered trademark of the American Medical Association. 2024 All rights reserved.

Note to Maine and Vermont providers: For commercial plans, your effective date for routine changes described in this article will be the statutory date of January 1, April 1, July 1 or October 1, whichever date follows the effective date(s) referred to in this article. Changes required by state or federal law, or pursuant to revisions of Current Procedural Terminology (CPT®) codes published by the American Medical Association, may be effective outside the statutory dates outlined above.

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



### Psychiatric diagnostic evaluation

This update applies to commercial members only.

To align more closely with CMS, we'll pay psychiatric evaluation codes 90791 and 90792 only once every six months.

Note to Washington State providers: For commercial plans, your effective date for changes described in this article will be communicated to you following regulatory review.



### FIT/FOBT code update

This update applies to both commercial and Medicare members.

Starting July 1, 2025, Fecal Immunochemical Test (FIT) and Fecal Occult Blood Test (FOBT) codes 82270, 82274 and G0328 will deny when billed with a date of service within one year after a colonoscopy, flexible sigmoidoscopy or Cologuard® test (codes 45378-45398, 81528, G0105 and G0121).

Note to Washington State providers: For commercial plans, your effective date for changes described in this article will be communicated to you following regulatory review.



### Claim and Code Review Program (CCRP)

This update applies to our commercial, Medicare and Student Health members.

Beginning July 1, 2025, you may see new claim edits. These are part of our CCRP. These edits support our continuing effort to process claims accurately for our commercial, Medicare and Student Health members. You can view these edits on our [provider portal on Availity](#).\*

For coding changes, go to Payer Spaces on the navigation bar, then select the tile for Aetna®. In the Resources tab, search for the "Expanded claim edits" resource.

Commercial and Medicare plans: You'll also have access to our code edit lookup tools. To find out if our new claim edits will apply to your claim, log in to our provider portal on Availity® and go to the Applications tab in the Aetna Payer Spaces. You'll need to enter your Aetna provider ID number (PIN) to access our code edit lookup tools. We may request medical records for certain claims, such as high-dollar claims, implant claims, anesthesia claims, and bundled services claims, to help confirm coding accuracy.

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

Note to Washington State providers: For commercial plans, your effective date for changes described in this article will be communicated to you 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 only if such changes are in accordance with applicable regulatory requirements. Changes for all other plans will be as outlined in this article.

Note to Maine and Vermont providers: For commercial plans, your effective date for routine changes described in this article will be the statutory date of January 1, April 1, July 1 or October 1, whichever date follows the effective date(s) referred to in this article. Changes required by state or federal law, or pursuant to revisions of Current Procedural Terminology (CPT®) codes published by the American Medical Association, may be effective outside the statutory dates outlined above.



### New credentialing requirement for physician assistants (PAs)

On March 1, 2025, we started credentialing PAs except those who are hospital-based or delegated. We initiated this new requirement in accordance with changing industry practices.

#### New PAs

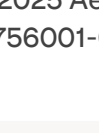
New individual PAs are required to go through the provider onboarding process and complete credentialing before they can participate in our networks. We require a completed Council for Affordable Quality Healthcare (CAQH) application to begin the credentialing process.

#### Existing PAs

If you're an existing individual PA, you're required to complete recredentialing to remain in our networks. You'll be placed into a recredentialing cycle over the coming months. We require a completed CAQH application to begin the recredentialing process.

#### How to complete the CAQH ProView™ application

1. Log in to the [CAQH provider portal](#).
2. Update your application with your most current information.
3. Ensure your application is in "Reattestation" or "Initial Application Complete" status.
4. Authorize us to access your information.



### Changes coming to our medical plan drug list

On July 1, 2025, we'll update our medical plan drug lists. Drug list changes support our commitment to high-quality, cost-effective health care. It's likely that some of your patients are taking these medical plan drugs, and we will notify your patients about the changes.

You can view the changes by referring to our [Medical Clinical Policy Bulletins](#) page as early as May 1, 2025. We urge you to prescribe a preferred alternative drug if appropriate.

#### How to request a general medical exception

You can request a medical exception for drugs that need precertification. If we approve the exception, your patients will pay their plan copay or cost share amount after they meet their deductible or other out-of-pocket requirements.

#### How to request an exception for National Precertification List specialty drugs covered under the medical benefit

- Go to our [Forms page](#) to find the Specialty Pharmacy Precertification form. Fill it out and fax it back using the number on the form.
- Call [1-866-752-7021 \(TTY: 711\)](#).

#### How to request a drug prior authorization

Submit your completed request form through our [provider portal on Availity](#).\*

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

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**. 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.

\*\*CPT® is a registered trademark of the American Medical Association. 2024 All rights reserved.

**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).**

All registered company names, products and services are the property of their respective owners.

**Help/contact us:** If you have any questions, please [contact us](#).

Want to stop receiving email messages like these? [Unsubscribe](#) at any time.

We are located at 151 Farmington Avenue, Hartford, CT 06156.

[Privacy Statement](#) | [Terms of Use](#) | [Privacy Information](#)

©2025 Aetna Inc.  
4756001-01-01