Name: August 2025 OLU provider newsletter
Subject: Aetna monthly OfficeLink Updates, August 2025 – policy changes and updates
Preheader: Learn about important policy updates, material changes and amendments

aetna

August 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**.

90-day notices

Level of severity inpatient payment policy

This policy applies to all participating Medicare facilities that have a Medicare allowable payment methodology and that participate in Aetna Medicare Advantage and/or Special Needs Plans (SNPs). This policy applies to emergent or urgent inpatient stays that are greater than one midnight (1+ midnight).

The new payment structure for Medicare inpatient claims

Our goal is simple: We want to help you get reimbursed faster for inpatient admissions that are initially denied. You'll receive faster payment and still be allowed to appeal for a higher payment.

Effective November 15, 2025, we'll adopt a new reimbursement approach for hospital stays of 1+ midnight in cases where a member is urgently or emergently admitted to a hospital and the provider has submitted an inpatient order.

- We'll approve the inpatient stay without a medical necessity review and pay the claim at a lower level of severity rate that's comparable to your rate for observation services.**
- If the inpatient stay meets MCG (Aetna Supplemental Guidelines for inpatient admissions), we'll pay the claim at your inpatient rate in accordance with the hospital agreement.

Notes and exceptions

- We won't use MCG to determine whether an inpatient stay is medically necessary. Instead, we'll use it to determine the severity of an inpatient admission and whether that severity justifies the inpatient contracted rate.
- This policy doesn't apply to stays that are less than 1 midnight. Cases that are less than 1 midnight will still be subject to medical necessity reviews using Centers for Medicare & Medicaid Services (CMS) guidelines.

How this reimbursement change helps you

We're committed to streamlining, simplifying and enhancing how you work with us.

- This new structure will pay you faster. Currently, we deny a stay that doesn't meet MCG, requiring you to either resubmit a claim for observation or submit an appeal to receive the inpatient contracted rate. Now, you'll get paid faster without having to re-bill claims for 1+ midnight stays that don't meet MCG.
- You maintain your right to dispute the inpatient reimbursement rate.

More information

The payment policy will be available on our **provider portal on Availity** in October.*

New reporting requirements for benign and malignant integumentary lesion excisions

This update applies to both commercial and Medicare members.

Effective November 1, 2025: CPT® codes for benign and malignant integumentary lesion excisions (11400–11471 and 11600–11646) should be used for excision of cutaneous lesions as well as for superficial subcutaneous lesions.***

When lesions are located in deep subfascial or submuscular tissue, report the excision as soft tissue tumor excision with the following CPT codes: 21011–21014, 21552, 21554, 21555, 21556, 21930–21933, 22900–22903, 23071, 23073, 23075, 23076, 24071, 24073, 24075, 24076, 25071, 25073, 25075, 25076, 26113, 26116, 27043, 27045, 27047, 27048, 27327, 27328, 27337, 27339, 27618, 27619, 27632, 27634, 28039, 28041, 28043, 28045.

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

Reminders

Changes to our National Precertification List (NPL)

These changes apply to our commercial and Medicare members.

As of August 1, 2025, we require precertification for the following:

- Conexxence (denosumab-bnht, J3490, J3590, C9399)
- Bomyntra (denosumab-bnht, J3490, J3590, C9399)
- denosumab-bnht (biosimilar Prolia, J3490, J3590, C9399)
- denosumab-bnht (biosimilar Xgeva, J3490, J3590, C9399)
- Omlyclo (omalizumab-igec, J3490, J3590, C9399) (precertification includes the site of care)
- ponpulimab-kcqx (J3490, J3590, C9399) (precertification includes the site of care)
- ustekinumab-stba (J3490, J3590, C9399)
- ustekinumab (J3490, J3590, C9399)
- Starjemza (ustekinumab-hmny, J3490, J3590, C9399)

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®, which is also available on Availity®.

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.

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.

**Exceptions include, but are not limited to: unexpected death, initiated mechanical ventilation, CMS Inpatient Only List and election of hospice in lieu of continued treatment in the hospital. Our existing payment policies will apply to these cases.

Help/contact us: If you have any questions, please **contact us**.

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