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January 2025

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 coming to our medical plan drug lists

On April 1, 2025, we'll update our medical plan drug lists. These changes support our commitment to high-quality, cost-effective health care. We'll notify your affected patients of these changes.

You'll be able to view the changes as early as February 1, 2025. They'll be on our [Medical Clinical Policy Bulletins](#) page. We suggest recommending a preferred alternative drug if appropriate.

Proactive prior authorizations (PAs)

We're committed to smooth transitions for you and your patients. To make this happen, we're issuing PAs for the newly preferred drugs for members currently taking drugs affected by the changes.

- If you're managing patients with PA for a drug that moved to non-preferred status, you don't need to initiate the PA process again. The current PA will remain in place, along with the newly issued PA for the new preferred option.
- No medical exception is needed if the patient needs to remain on their current medication through the remainder of their current PA.

Your next steps

- Review your patients' current treatment plans.
- Consider transitioning patients to the newly preferred options using the proactive PA already in place.



Reimbursement for modifiers SA and SB

This update applies to both our commercial and Medicare members.

Starting April 1, 2025, we'll pay eligible services billed with modifiers SA or SB at 85% of allowed.

- SA: Nurse practitioner rendering service in collaboration with a physician
- SB: Nurse midwife

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.



CPAP adherence

This update applies to both commercial and Medicare members.

Beginning April 1, 2025, we'll no longer reimburse the CPAP (continuous positive airway pressure) device or the supplies unless adherence to positive airway pressure therapy is documented using adherence codes G8851, G8854 and G8855 on the claim.

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.



Genomics unbundling

This update applies to both commercial and Medicare members.

Single gene codes will deny when billed on the same date of service as bundled panel codes by the same provider.

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.



Changes to our National Precertification List (NPL)

This update applies to both commercial and Medicare members.

Effective January 2, 2025, we'll no longer require precertification for the following:

- Skyrizi SC® (risankizumab-rzaa) (J2327)
- Generator, neurostimulator (implantable), non-rechargeable (C1767)
- Receiver and/or transmitter, neurostimulator (implantable) (C1816)
- Generator, neurostimulator (implantable), with rechargeable battery and charging system (C1820)
- Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system (C1822)

Correction to published codes

In September, we told you we'll require precertification for whole genome sequencing (81425, 81426, 81427, 0214U, 0215U, 0318U, 0335U, 0336U, 0417U) in January. However, we won't require precertification for 0318U or 0417U. These codes were published in error.

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 and include the actual date of service in the request, go to our [provider portal](#) on Availity® or your practice's electronic medical record (EMR) system.* Use our Search by CPT® code number 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.

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](#)

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