Name: July 2024 monthly OLU
Subject: Aetna monthly OfficeLink Updates, July 2024 -- policy changes and updates
Preheader: Learn about important policy updates, material changes and amendments

aetna

July 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.

Non-physician provider types for E&M denials

This update applies to both our commercial and Medicare members.

Currently, we do not pay Evaluation & Management codes (99202–99499) for certain non-physician provider types. There are specific CPT® and HCPCS codes** designed to more accurately identify the services performed.

Effective October 1, 2024, we will not allow payment for E&M codes (99202–99499) from these provider types:

- Addiction Counselor
- Athletic Trainer
- Case Management
- Child Psychology
- Clinical Nurse Specialist, Psychiatric/Mental Health***
- Clinical Nurse Specialist, Psychiatric/Mental Health, Adult***
- Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent***
- Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Family***
- Clinical Nurse Specialist, Psychiatric/Mental Health, Chronically Ill***
- Clinical Nurse Specialist, Psychiatric/Mental Health, Community***
- Clinical Nurse Specialist, Psychiatric/Mental Health, Geropsychiatric***
- Doctor of Naprapathy
- Early Intervention
- Hearing Instrument Specialist
- Home Health Aide
- Home Health Care Agency
- Home Infusion
- Homemaker
- Homeopath
- Licensed Vocational Nurse
- Neuropsychology
- Nurse, Registered
- Pastoral Counselor
- Psychoanalyst
- Psychologist, Clinical
- Social Worker, Clinical

Note to Washington State providers: For commercial plans, 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 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 our commercial and Medicare members.

Effective July 1, 2024, we'll require precertification for the following (for commercial and Medicare plans):

- Lenmeldy™ (atidarsagene autotemcel) (J3490, J3590, C9399)
- Tevimbra® (tislelizumab) (J3490, J3590, C9399, J9999)
- Tyenne® (tocilizumab-aazg) (J3490, J3590, C9399)

Effective July 1, 2024, we'll no longer require precertification for the following site-of-service procedures (for commercial only):

- Anal fistula surgery (46270, 46280)
- Ankle ligament repair (27698)
- Arthrocentesis (20605)
- Carpal tunnel surgery (29848, 64721)
- Circumcision — older than 28 days of age (54161)
- Colposcopy (57454)
- Conization of cervix (57522)
- Cystourethroscopy (52005, 52204, 52224, 52234, 52235, 52260, 52281, 52310, 52332, 52351, 52352, 52353, 52356, 57288)
- Dilation and curettage (D&C) (58120)
- Esophagogastroduodenoscopy (EGD) (43235, 43239, 43248, 43249, 43251, 43259)
- Excision of lesion of tendon sheath or joint capsule (26160)
- Ganglion excision (25111)
- Hemorrhoidectomy (46250, 46255, 46257, 46258, 46260, 46261, 46262, 46320)
- Hydrocele excision (55040)
- Hysteroscopy (58558, 58561, 58563, 58565)
- Implant removal (i.e., screw) (20680)
- Intranasal dermatoplasty (30620)
- Intravitreal injection (67028)
- Iridotomy/iridectomy, laser surgery (66761)
- Knee joint manipulation under general anesthesia (27570)
- Laparoscopic cholecystectomy (47562, 47563)
- Laparoscopy, diagnostic (49320)
- Laryngoscopy (31541)
- Lithotripsy (50590)
- Mohs surgery (17311)
- Nasal bone fracture, closed treatment (21320)
- Neuroplasty, ulnar (64718)
- Orchiopexy (54640)
- Penile angulation correction (54360)
- Prostate biopsy (55700)
- Prostate laser vaporization (52648)
- Radial fracture, open treatment (25609)
- Ruptured Achilles tendon repair (27650)
- Ruptured biceps or triceps tendon, reinsertion (24342)
- Strabismus surgery (67311)
- Subcutaneous soft tissue excision (21552, 21931)
- Tendon sheath incision (26055)
- Tonsillectomy, age 12 and older (42821, 42826)
- Transurethral electrosurgical resection of prostate (TURP) (52601)
- Trigger point injections (20553)
- Tympanostomy (69436)

Changes to our behavioral health National Precertification List (NPL)

This update applies to commercial members only.

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

- Partial hospitalization services, less than 24 hours, per diem (S0201)

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®.

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.

Incidental supplies and Durable Medical Equipment (DME)

This update applies to both our commercial and Medicare members.

We do not allow additional payment for services or procedures that are integral to the primary service billed. These include supplies and DME such as pneumatic appliances and wheelchair accessories.

Effective October 1, 2024, we will deny:

- Pneumatic appliance codes E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672 and E0673 when billed with E0676, which represents the compressor and all accessories.
- E0973, E2340, E2341, E2342, E2343 as incidental when billed with E1002 and E1007.
- E0995 as incidental when billed with K0861 and K0862.
- E0953, E0956, E1028 as incidental when billed with E2609 and E2617.
- K0056 as incidental when billed with K0005.

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G2211 and E/M with modifier 25

This update applies to our Medicare members.

Effective October 1, 2024, consistent with the Centers for Medicare & Medicaid Services (CMS) published coding guidance, code G2211 will deny when billed on the same date of service as an office and outpatient E/M visit when reported with modifier 25, for the same patient by the same physician or non-physician practitioner.

Unit limits reminder

This update applies to both our commercial and Medicare members.

Aetna® applies most unit limitations recommended by Medicare, though we sometimes make exceptions. For example, we may not apply limits to all the codes that Medicare does, or we may customize units allowed, such as moving from a "per day" or "per month" unit limit to a 90-day unit limit.

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.

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***We reimburse these providers for codes 99408, 99409, 99417 and 99418.