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October 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 our commercial and Medicare members unless otherwise noted.

Effective September 2, 2024, we'll require precertification for the following:

- Winreva[™] (sotatercept-csrk, J3490, J3590, C9399)
- Hercessi[™] (trastuzumab-strf, J3490, J3590, C9399)
- Imdeltra[™] (tarlatamb-dlle, J3490, J3590, C9399, J9999)

Effective September 20, 2024, we'll require precertification for the following:

- Rytelo[™] (imetelstat, J3490, J3590, C9399, J9999)
- Yesafili[®] (afibercept-jbvf, J3490, J3590, C9399)
- Opuviz[™] (afibercept-yszy, J3490, J3590, C9399)
- Ahzantive[®] (afibercept-mrbb, J3490, J3590, C9399)
- Piasky[®] (crovalimab-akkz, J3490, J3590, C9399), including site of care

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

- Kusunla[™] (donanemab-azbt, J0175), including site of care
- Yimmugo[®] (immune globulin intravenous, human — dira, J3490, J3590, C9399), including site of care

Effective October 22, 2024, we'll require precertification for the following:

- Nypozit[™] (filgrastim-txid, J3490, J3590, C9399)

Effective October 24, 2024, we'll require precertification for the following:

- Bkernv[®] (eculizuab-aaeb, J3490, J3590, C9399), including site of care
- Epsyqli[®] (eculizumab-aagh, J3490, J3590, C9399), including site of care

Effective October 1, 2024, we'll no longer require precertification for the following (Medicare only):

- Durolane[®] (hyaluronic acid, J7318)
- Euflexxa[®] (sodium hyaluronate, J7323)
- Synvisc[®], Synvisc-One[®] (hylan, J7325)
- Firmagon[®] (degarelix, J9155)
- Eligard[®] (leuprolide acetate, J9217)
- Zarxio[®] (filgrastim-sndz, Q5101)

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.

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.



Pathology billed on the same day of service as Mohs micrographic surgeries

This update applies to both our commercial and Medicare members.

Effective January 1, 2025, consistent with the Centers for Medicare & Medicaid Services (CMS) published coding guidance, pathology codes 88300–88309 and 88331–88334 will deny when billed on the same date of service as Mohs micrographic surgery codes 17311–17315. Additional reimbursement may be allowed with evidence of a separate lesion.

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.



Professional/Technical indicator "= 5" update

This update applies to both our commercial and Medicare members.

Effective January 1, 2025, professional claims coded with a professional/technical (PC/TC) indicator "= 5" will not be payable when they are provided to hospital inpatients or patients in a hospital outpatient department.

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.



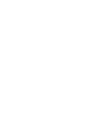
Behavioral health community codes

This update applies to our commercial members.

Effective January 1, 2025, codes H2017/H2019/H2030 will be allowed with units totaling up to 4 hours (16 units). If services are billed in excess of 16 units, codes H2017/H2019/H2030 will be rebundled into the appropriate per diem code (H2018/H2020/H2031) for that date of service.

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.



Cologuard performed after colonoscopy

This update applies to both our commercial and Medicare members.

Starting January 1, 2025, we will deny Cologuard when performed within one year after a completed colonoscopy (CPT[®] codes 45378–45398 or G0121).** Subsequent colorectal cancer screening is not indicated immediately following a colonoscopy.



Claim and Code Review Program (CCRP) update

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

Beginning January 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 Aetna Payer Space > Resources > Expanded Claim Edits.

Except for Student Health, 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](#). You'll need to know 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.

Reminder: Use the code edit lookup tools and review the Expanded Claim Edits grid for additional details.

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.



Pharmacogenomic panel billing

This update applies to our Medicare members only.

Starting January 1, 2025, we will require claims that represent pharmacogenomic panels to be billed with CPT[®] code 81418 as appropriate.** Claims that are submitted with unbundled CPT[®] codes (81225, 81226, and four additional molecular pathology CPT codes) will be rebundled into 81418. Modifier 59 will not override this edit.



Enhanced Clinical Review Program to include Aetna[®] International membership

This update applies to our commercial members only.

Effective January 1, 2025, Aetna will add our stateside Aetna International membership to the Enhanced Clinical Review Program. This change affects all Aetna International commercial members with a United States service address.

The program will include any new applicable plans effective January 1, 2025. We will add applicable existing plans upon renewal.

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.

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](#)

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