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October 2025

## This month's policy changes and 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.**

## Policy changes



### Site of care specialty drug administration policy

This change applies to commercial plans only.

Effective January 1, 2026, the following drugs will be included in the [Site of Care for Specialty Drug Administration](#) (drug infusion/injection) policy:

- Avastin® (J9035)
- Alymsys® (Q5126)
- Mvasi® (Q5107)
- Vegzelma® (Q5129)
- Zirabev® (Q5118)
- Krystexxa® (J2507)



### New pre-approval requirements for inpatient rehabilitation, skilled nursing and home health care

*This article applies to our Medicare Advantage (MA) plans in New Jersey, New York, Pennsylvania and West Virginia. Note: This excludes NJ FIDE.*

Our Enhanced Clinical Review program requires authorization for certain procedures.

Effective January 1, 2026, the following services will require pre-approval:

- Inpatient rehabilitation, revenue code 128
- Skilled nursing, levels 1, 2, 3 and 4
- Home health, HCPCS (Healthcare Common Procedure Coding System) codes G0151 to G0153; G0155 to G0162; G0299 to G0300; and G0493 to G0496

For a complete list of procedures that need authorization, visit [EviCore healthcare](#).

#### Authorization requests

Board-certified EviCore physicians need to review authorization requests for medical necessity. To get paid for services, you must send authorization requests before providing services.

If treatment starts on or after January 1, 2026, and you haven't already submitted an authorization request, contact EviCore right away to request authorization.

For more information, review our [Clinical Policy Bulletins \(CPBs\)](#).

#### How to secure an authorization

You can:

- Go to [EviCore](#).
- Call [1-888-622-7329](#) during normal business hours.
- Fax a [request form](#) to **866-705-3574** (Aetna Home Health), **855-633-8631** (AETNA PAC Initial) or **877-502-0810** (AETNA PAC Concurrent).

#### Urgent requests

If a member needs services in less than 48 hours due to medically urgent conditions, please call EviCore for a fast review. Tell the representative that the request is for urgent care.

#### What you should know

- We recommend that ordering physicians get authorizations and share the approval numbers with the facility performing the procedure when it's scheduled.
- EviCore will fax its approval decision to the ordering physicians and requested facilities.
- Approvals have authorization numbers and one or more CPT® codes specific to the approved services.\*
- If the service you ask for is different from what EviCore approves, the facility must contact EviCore for review and approval before submitting claims.
- If you perform services without approval, we may deny payment. Please don't ask members for payment, as outlined in your agreement with us.
- We'll determine coverage under the applicable policy in accordance with the policy's terms and conditions and with our policies and procedures.

#### Questions

If you have questions, refer to our [Contact Aetna](#) page.



### Coding changes for compression stockings

This change applies to commercial plans only.

Effective January 1, 2026, the following added codes apply to non-covered compression supplies. We consider compression stockings to be a disposable supply and a standard benefit exclusion.

- A6530 to A6534
- A6539
- A6545
- A6549

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.



### Clarification regarding reporting requirements for benign and malignant integumentary lesion excisions

The material in this article clarifies information published in the [August 2025 issue of OLU](#).

Effective November 1, 2025, CPT® codes\* for benign and malignant integumentary lesion excisions (11400–11471 and 11600–11646) should be used for excisional and cutaneous lesions as well as for superficial subcutaneous lesions (when the subcutaneous lesion has a cutaneous origin).

This update is consistent with CPT and industry coding guidance.

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## Reminders



### Changes to our National Precertification List (NPL)

These changes apply to our commercial and Medicare members unless otherwise noted.

#### As of September 1, 2025

We require precertification for the following:

- Emrelis™ (elisotuzumab vedotin-tllv, J3490, J3590, C9399, J9999)
- ZUSDURI™ (mitomycin, J3490, J3590, C9399, J9999)

For commercial only, we require precertification and site-of-care precertification for the following:

- ZEVASKYN™ (prademagene zamikeracel, J3490, J3590, C9399)
- IMAAVY™ (nipocalimab-aahu, J3490, J3590, C9399)

For Medicare only, we require precertification for the following:

- ZEVASKYN™ (prademagene zamikeracel, J3490, J3590, C9399)
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For Medicare only, we no longer require precertification for the following:

- BOTOX® (onabotulinumtoxinA, J0585)
- XEOMIN® (incobotulinumtoxinA, J0588)
- PROCRIT® (epoetin alfa, J0885)
- ARANESP® (darbepoetin alfa, J0881, J0882)
- MIRCERA® (epoetin beta, J0887, J0888)

#### As of October 1, 2025

We require precertification for the following:

- JOBEVNE™ (bevacizumab-nwgd, J3490, J3590, C9399, J9999)

#### As of January 1, 2026

We will require precertification for the following:

- BEIZRAY™ (docetaxel, J9174)
- Partial excision of a posterior vertebral component (22102 and 22103)

For Medicare only, we'll no longer require precertification for the following:

- NEULASTA® (pegfilgrastim, J2506)

#### 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®.

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[Availity portal](#)

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**Name:** October 2025 OLU provider newsletter

**Subject:** Aetna monthly OfficeLink Updates, October 2025 -- policy changes and updates

**Preheader:** Learn about important policy updates, material changes and amendments

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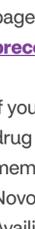
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