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Important information for your office

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As published in the December 1, 2020, edition of Aetna OfficeLink Updates™

A reminder about Healthcare Common Procedure Coding System (HCPCS) code V2790

As of March 1, 2021, we will treat HCPCS code V2790 as a supply. This is the code for amniotic membrane for surgical reconstruction. We will not allow separate payment as an implant. This service does not meet our definition of an implant.

We do not pay for items deemed incidental to the overall care, such as:

- Supplies
- Materials (sutures or suture substitutes, dressings, syringes, gauze, catheters, guidewires, etc.)
- Equipment (stationary parenteral infusion pumps, etc.)

A reminder: Facilities must only use revenue codes 275 and 278 to bill for implants. We do not reimburse for supplies and materials billed under these codes.

Changes to our National Precertification List (NPL)

New-to-market drugs that require precertification:

- Avsola™ (infliximab-axxq) — precertification required, effective August 1, 2020. This drug is part of the immunologic agent category.
- Darzalex Faspro™ (daratumumab and hyaluronidase-fihj) — precertification required, effective August 6, 2020.



- Jelmyto™ (mitomycin) — precertification required, effective August 7, 2020.
- Herzuma® (trastuzumab-pkrb) — precertification required, effective August 11, 2020. This drug is part of the HER2 receptor targeted drugs category.
- Ontruzant® (trastuzumab-dttb) — precertification required, effective August 11, 2020. This drug is part of the HER2 receptor targeted drugs category.

As of September 1, 2020, the following new-to-market drugs require precertification:

- Bynfezia™ (octreotide acetate)
- Uplizna™ (inebilizumab-cdon) — precertification needed for both the drug and site of care.

As of October 1, 2020, the following new-to-market drugs require precertification:

- Phesgo™ (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Bafiertam™ (monomethyl fumarate)
- Evrysdi™ (risdiplam)

As of November 1, 2020, the following new-to-market drugs require precertification:

- Tecartus™ (brexucabtagene autoleucel)
- Monjuvi™ (tafasitamab-cxix)

Submitting precertification requests

Be sure to submit precertification requests at least two weeks in advance.

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 the Electronic Medical Record (EMR) system portal.

Are you asking for precertification on a specialty drug for a commercial or Medicare member? Then submit your request through Novologix, also available on Availity

Not registered for Availity?

Go to [Availity.com](https://www.availity.com) and click on “Register” where you will be guided through the registration process.

You can learn more about precertification in the General Information section of the [NPL](#).

Home infusion therapy limits

Starting March 1, 2021, we will limit the following per diem Healthcare Common Procedure Coding System (HCPCS) codes to one unit per date of service:

S5497, S5498, S5501, S5502, S9342, S9343, and S9364–S9368.

Surgical procedures performed in the emergency room by an emergency physician billed without modifier 54

Effective March 1, 2021, we will pay for surgical procedures performed by an emergency room specialty provider in the emergency room and billed with or without modifier 54 (surgical care only) at 75% of the contracted surgery rate.

Note: This is subject to regulatory review and separate notification in Washington state.

Third-Party Claim and Code Review Program

Beginning March 1, 2021, you may see new claim edits. These are part of our Third-Party Claim and Code Review Program. These edits support our continuing effort to process claims accurately. You can view these edits on our provider website.

We may ask for medical records for certain claims, such as high-dollar claims, implants and bundled services claims. This will help confirm coding accuracy.

You'll have access to our prospective claims editing disclosure tool. To find out if our new claim edits will apply to your claim, log in to the [Avality](#) provider portal. Then, go to Aetna Payer Space > Applications > Code Edit Lookup Tools. You'll need to know your Aetna® provider ID number (PIN) to get access.

Note: This is subject to regulatory review and separate notification in Washington state.

Important update about service codes

Individual service codes are being reassigned within contract service groups. Changes to an individual provider's compensation depends on the presence or absence of specific service groupings in their contract. These changes are shown below.

Unless noted, all updates are effective **March 1, 2021**.

Note: This is subject to regulatory review and separate notification in Washington state.

Codes	Provider types affected	What's changing
0001U, 0002U, 0003U, 0018U, 0019U, 0021U, 0022U, 0023U, 0045U, 0046U, 0047U, 0048U, 0049U 0050U, 0051U, 0052U, 0053U, 0054U, 0055U, 0056U, 0058U, 0059U, 0060U, 0061U, 0062U, 0063U 0064U, 0065U, 0066U, 0067U,	Facilities including acute short-term hospitals and ambulatory surgery centers	Will be ADDED to the Laboratory Services (LAB) If the contract has a Laboratory Services rate, then this rate will be applied. If the contract does not have a Laboratory Services rate, the All Other Outpatient Default rate will continue to apply.



0068U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0077U, 0078U, 0084U, 0086U, 0087U, 0088U, 0089U, 0090U, 0091U, 0092U, 0093U, 0094U, 0095U, 0096U, 0097U, 0098U, 0099U, 0100U, 0101U, 0102U, 0103U, 0105U, 0106U, 0107U, 0108U, 0109U, 0110U, 0112U, 0113U, 0114U, 0115U, 0116U, 0117U, 0118U, 0119U, 0120U, 0121U, 0122U, 0123U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, 0202U, 0223U, 0224U, 0225U, 0226U, G0499, G0659		
0001U, 0002U, 0003U, 0005U, 0007U, 0008U, 0009U, 0010U, 0011U, 0012U, 0013U, 0014U, 0016U, 0017U, 0080U, 0082U, 0083U, 0105U, 0106U, 0107U, 0108U, 0109U, 0110U, 0112U, 0113U, 0114U, 0115U, 0116U, 0117U, 0118U, 0119U, 0120U, 0121U, 0122U, 0123U, 0129U, 0130U, 0131U, 0139U, 0140U, 0141U, 0142U, 0143U, 0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U, 0151U, 0152U, 0153U, 0154U, 0155U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0202U, 0223U, 0224U, 0225U, 0226U, G0499, G0659	Physicians, specialists, primary care, group physicians	Will be ADDED to the Laboratory/Pathology (LABPRO) If the contract has Hospital Based Physician services for LAB, then we will deny the physician claim with these codes. If the contract does not have Hospital Based Physician services for LAB, then we will allow the physician claim with these codes. There is no change in compensation.
27369	Facilities including acute short-term hospitals and ambulatory surgery centers	Will be ADDED to the Ambulatory Surgery: Default Rate (DEFAULTSUR) Code will remain assigned to Ambulatory Surgery – Aetna Enhanced Grouper: Category 1 (AEG1) If contract has an Ambulatory Surgery – Aetna Enhanced Grouper: Category 1 rate it will apply. If not, then the Ambulatory Surgery Default Rate will apply.

Changes to commercial drug lists begin on April 1, 2021

On **April 1, 2021**, we'll update our pharmacy drug lists.

You'll be able to view the changes as early as February 1, 2021. They'll be available on our [Formularies & Pharmacy Clinical Policy Bulletins](#) page.

Ways to request a drug prior authorization

Submit your completed request form through our [provider website on Availity](#).

- For requests for non-specialty drugs on Aetna Funding AdvantageSM, Premier, Premier Plus, Small Group ACA and Value Plus plans, call the Precertification Unit at **1-855-240-0535 (TTY: 711)**. Or fax your completed [prior authorization request form](#) to **1-877-269-9916**.
- For requests for non-specialty drugs on the Advanced Control, Advanced Control-Aetna, Standard Opt Out, Standard Opt Out-Aetna, Standard Opt Out with ACSF, Aetna Health Exchange and High Value formulary plans, call the Precertification Unit at **1-800-294-5979 (TTY: 711)**. Or fax your completed [prior authorization request form](#) to **1-888-836-0730**.
- For requests for drugs on the Aetna Specialty Drug List, call the Precertification Unit at **1-866-814-5506 (TTY: 711)**. Or fax your completed Prior Authorization Request Form to **1-866-249-6155**.

These changes will affect all drug lists, precertification, quantity limits and step-therapy programs.

For more information, call the Provider Help Line at **1-800-238-6279 (TTY: 711) (1-800-AETNA RX)**.

Important pharmacy updates

Medicare

Visit our [Medicare Drug List](#) to view the most current Medicare plan formularies (drug lists). We update these lists at least once a year.

Commercial — Notice of changes to prior authorization requirements

Visit our [Formularies & Pharmacy Clinical Policy Bulletins](#) page to view:

- Commercial pharmacy plan drug guides with new-to-market drugs that we add monthly
- Clinical Policy Bulletins with the most current prior authorization requirements for each drug



Note to all providers, including Coventry providers: To view the December 1, 2020 OfficeLink Updates (OLU) online and link to all information in this flyer, go to [aetna.com](https://www.aetna.com). Click on "Providers," then "News." Remember, OLU comes out in March, June, September and December.

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