# Important information for your office

**As published in the December 1, 2018, edition of Aetna OfficeLink Updates™**

## Changes to our National Precertification List (NPL)

Effective **August 28, 2018**, the following new-to-market drugs require precertification:

- Retacrit® (recombinant human erythropoietin)
- Fulphila™ (pegfilgrastim-jmdb)

Effective **September 1, 2018**, the following new-to-market drug requires precertification:

- Olumiant® (baricitinib)

Effective **March 1, 2019**, we'll require precertification for whole exome sequencing.

**We encourage you to submit precertification requests at least two weeks before the scheduled services.** To save time, request precertification electronically — it's fast, secure and simple! Most precertification requests can be submitted electronically through the provider website or by using your Electronic Medical Record (EMR) system portal.
You can find more information about precertification under the General Information section of the **NPL**.

## Clinical payment and coding policy changes

**We regularly adjust our clinical payment and coding policy positions as part of our ongoing policy review processes. Our standard payment policies identify services that may be incidental to other services and, therefore, ineligible for payment. In developing our policies, we may consult with external professional organizations, medical societies and the independent Physician Advisory Board, which advises us on issues of importance to physicians. The chart below outlines coding and policy changes.**

| Procedure | Effective date | What's changed |
|---|---|---|
| Application of prefabricated splints* | March 1, 2019 | We will deny CPT codes 29105 – 29131 and 29505 – 29515, application of casts or splints, when billed for the same date of service as HCPCS codes for prefabricated collars, orthosis and splints. |
| National Correct Coding Initiative (NCCI) and Outpatient Code Editor (OCE)* | March 1, 2019 | Our existing Incidental Claim Edits policy includes recommendations provided by the Centers for Medicare & Medicaid Services (CMS) OCE and the American Medical Association Current Procedural Terminology codes manual. For dates of service on or after March 1, 2019, we will apply this policy to claims for:<br>• Skilled nursing facilities (SNFs)<br>• Comprehensive outpatient rehabilitation facilities (CORFs)<br>• Outpatient physical therapy and speech-language pathology providers<br>• Certain home health agencies (HHAs)<br>This language is consistent with CMS's NCCI. |
| Definitive drug testing* | March 1, 2019 | We are updating our policy on definitive drug testing to allow testing of up to eight definitive drug classes per date of service.<br>• We'll continue to allow eight definitive drug test encounters per rolling 12-month period across all providers.<br>• Drug testing procedure codes received for an allowable encounter of more than eight definitive drug classes per day will be considered at the rate for G0481 and reimbursed accordingly. |
| Daily limits for lab codes* | March 1, 2019 | We currently allow a daily limit of one unit for many lab codes for professional claims. Starting March 1, 2019, we're expanding these edits to include facility claims. |
| Duplex scans* | March 1, 2019 | We will no longer allow payment for physiologic studies of upper or lower extremities (CPT codes 93922, 93923 and 93924) when performed on the same day as a duplex scan (CPT codes 93925, 93926, 93880 and 93882). We consider physiologic studies services and duplex scans to be mutually exclusive. |
| Billable-times limitation on nursing care in the home* | March 1, 2019 | We will limit any combination of the following HCPCS codes to 24 units per date of service:<br>• S9123 — Nursing care in the home; by registered nurse, per hour<br>• S9124 — Nursing care in the home; by licensed practical nurse, per hour |

| | | |
|---|---|---|
| | | Both of these codes, by definition, represent one hour of service. |
| Prepayment coding reviews for Coventry Medicare claims | March 1, 2019 | For admission dates on or after March 1, 2019, we'll expand our prepayment coding reviews for specific diagnosis-related group (DRG) claims. This will affect all Coventry Medicare claims.<br><br>As always, we want to ensure that the claims correctly show the services you give to our members. We will review DRG facility claims based on case history.<br><br>To make sure we review your claims quickly and accurately, please make sure all necessary clinical information is provided up front. If we need more information, we may ask you for medical records.<br><br>This program does not impact providers in the following states: Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Texas and Vermont. |

*Washington state providers: This item is subject to regulatory review and separate notification.

## Expanded claims edits

We told you in December 2017, March 2018 and September 2018 that we expanded our claims editing capabilities by adding new third-party claims edits. We are adding more edits effective March 1, 2019.

To view these edits, check our provider website for information. There, you'll have access to a new prospective claims editing disclosure tool. After you log in, go to Plan Central > Aetna Claims Policy Information > Policy Information > Expanded Claims to find out if our new claims edits will apply to your claim.

## Changes coming to commercial drug lists

We'll be making updates to our pharmacy plan drug lists. The changes take effect **April 1, 2019**.

You can view the list of upcoming changes as early as January 1. They'll be available on our **Formularies & Pharmacy Clinical Policy Bulletins** page. Changes to the drug list for the Aetna Standard plan will be available February 1.

**Three ways to request a drug prior authorization**

1. Submit your completed request form through our **provider website.**
2. Fax your completed **prior authorization request form to 1-877-269-9916**.
3. Call the Aetna® Pharmacy Precertification Unit at **1-855-240-0535**.

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

**STATE SPECIFIC UPDATE - CALIFORNIA**

## New preapproval requirements for Medicare Advantage PPO members

We're working with MedSolutions, doing business as eviCore healthcare, to authorize many procedures in our Enhanced Clinical Review Program. The program became effective on November 1, 2018, for California members in our Medicare Advantage PPO Aetna-branded products. Below are the services that will and will not require preapproval from eviCore.

**Services that require preapproval**

- High-tech outpatient diagnostic imaging procedures; these include MRI/MRA, nuclear cardiology, and PET scan and CT scan, including CTA
- Nonemergent outpatient stress echocardiography
- Nonemergent outpatient diagnostic left and right heart catheterization
- Insertion, removal and upgrade of elective implantable cardioverter-defibrillators (ICDs), cardiac resynchronization therapy defibrillators (CRT-Ds) and implantable pacemakers
- Polysomnography (attended sleep studies)
- Interventional pain management
- Musculoskeletal large joint (hip and knee) arthroplasty procedures

**Services that do not require preapproval**

- Inpatient radiology services
- Emergency room radiology services
- Outpatient radiology services other than those listed above

**How to request preapproval**

- Visit **eviCore healthcare.**
- Call **1-888-693-3211** during normal business hours.
- Fax a request form (available online) to **1-888-693-3210**.

**Have questions or need information?**
See **eviCore healthcare's criteria and get request forms.**

**STATE SPECIFIC UPDATE – NEW JERSEY AND WESTERN NEW YORK**

## New preapproval rules, effective January 1

Starting January 1, 2019, National Imaging Associates, Inc. (NIA) will authorize certain services on our behalf for **New Jersey and Western New York**. The program applies to our insured business HMO, PPO and Medicare plans.

### Authorizations

Services that require preapproval:
- Physical therapy services performed by any provider
- Occupational therapy services performed by any provider
- Chiropractic services performed by any provider

Providers that are located in and deliver services to members in the bordering states of PA, DE and WV and in the Eastern New York area must also get preauthorization.
For a full list of procedures that need an authorization, log in to **NIA's website.**

The NIA program doesn't apply to therapy performed in certain places, including:
- An inpatient setting, including skilled nursing facilities
- A home setting
- An urgent or emergent care setting

### How to request prior authorization online

In the coming weeks, you'll get more information from NIA, including details about training and more information on the authorization process for physical therapy, occupational therapy and chiropractic codes.
You can start requesting authorization for these services beginning December 17, 2018, for dates of service January 1 and after. Just log in to the **NIA website.**

**Have questions? Need more information?**
**Visit NIA.**

For general information, call our provider services center at:
- **1-800-624-0756** for HMO and Medicare Advantage plans
- **1-888-632-3862** for PPO plans

**STATE SPECIFIC UPDATE – WESTERN NEW YORK**

## New preapproval requirements for Western New York members effective January 1, 2019

Our Enhanced Clinical Review Program will begin January 1, 2019. The program requires authorization for certain procedures and will be administered by CareCore National doing business as eviCore healthcare. It will affect Western New York members in our commercial and Medicare Advantage HMO/PPO Aetna-branded products. Below are the services that will and will not require preapproval under this program.

**Services that will require preapproval**

- High-tech outpatient diagnostic imaging procedures; these include MRI/MRA, nuclear cardiology, and PET scan and CT scan, including CTA
- Nonemergent outpatient stress echocardiography
- Nonemergent outpatient diagnostic left and right heart catheterization
- Insertion, removal and upgrade of elective implantable cardioverter-defibrillators (ICDs), cardiac resynchronization therapy defibrillators (CRT-Ds) and implantable pacemakers
- Polysomnography (attended sleep studies)
- Interventional pain management
- Musculoskeletal large joint (hip and knee) arthroplasty procedures

For a complete list of procedures requiring an authorization, visit **eviCore healthcare.**

**Services that will not require preapproval**

- Inpatient radiology
- Emergency room radiology
- Outpatient radiology other than those services listed above

**How to request prior authorizations with eviCore healthcare**

- Visit **eviCore healthcare.**
- Call **1-888-622-7329** during normal business hours.
- Fax a request form (available online) to:
  - **1-800-540-2406** (radiology)
  - **1-888-444-1562** (cardiology)
  - **1-888-511-0403** or **866-999-3510** (sleep studies)

**Have questions or need information?**
See **eviCore healthcare's criteria and get request forms.**

**Note to all providers, including Coventry providers: To view the December 2018 OfficeLink Updates online and link to all information in this flyer, go to http://www.aetna.com. Click on "Providers," then under "Resources and reports" click on "Newsletters and news." Remember, OLU comes out in March, June, September and December.**

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

This material is for informational purposes only and contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna arranges for the provision of health care services. While this material is believed to be accurate as of the print date, it is subject to change.

The information and/or programs described in this newsletter may not necessarily apply to all services in this region. Contact your Aetna® network representative to find out what is available in your local network. Application of copayments and/or coinsurance may vary by plan design. This newsletter is provided solely for your information and is not intended as legal advice. If you have any questions concerning the application or interpretation of any law mentioned in this newsletter, please contact your attorney.

**aetna.com**



83.03.866.1 (11/18)