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❤ aetna®

January 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 Availity® provider portal.* Just go to **Payer Space > Resources > Expanded Claim Edits**. Or you may visit **Aetna.com** to see them.

New appointment wait time standards start in January
Note that the new standards apply to both commercial and Medicare plans.

In the September 2023 and December 2023 issues of OLU, we ran an article titled "New appointment wait time standards coming in January 2024." For reference, see page 31 or page 53 of the **December issue (PDF)**.

The article appeared in both the Behavioral Health section and the Medicare section. We want to clarify that the new standards apply to both commercial and Medicare plans.

Providers can now view Aetna® Supplemental Criteria Guidelines in Availity®

This update applies to our Medicare members only.

To view the guidelines, log in to our **[Availity provider portal](#)**.*

Then:

1. Select Payer Spaces on the navigation bar.
2. Choose the Aetna payer space tile to bring you to our payer space.
3. Select Resources.
4. Choose Aetna Supplemental Criteria Guidelines.
5. Follow the prompts.

Once you are in the criteria guidelines, follow these steps:

1. On the landing page, you must read and accept the terms and conditions to go to the next page.
2. Once you accept the terms and conditions, you will need to enter the following information before selecting Next:
   a. First name
   b. Last name
   c. The type of category best fits your interest in the guidelines
3. MCG Health (MCG) will ask for your preferred way of receiving a verification code (text, email or telephone).
4. Once you receive your verification code, enter it into the MCG site.
   a. You will see the MCG guidelines selected for Aetna Medicare content.
   b. You can choose the guidelines you want to review in your web browser.
   c. You will not be able to print the guidelines.

These guidelines are proprietary to MCG. Aetna cannot distribute them without the permission of MCG. MCG has provided a Cite Transparency tool that allows accounts and regulators to view multiple guidelines at one time through a web browser.

Changes to our National Precertification List (NPL)

This update applies to both our commercial and Medicare members, unless otherwise noted.

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

- Zilretta® (triamcinolone acetonide extended-release injectable suspension) — precertification is required for Medicare members only.
- Pemfexy® (pemetrexed) — precertification is required for Medicare members only.
- Rivfloza™ (nedosiran)

- Daxxify™ (daxibotulinumtoxin A) — this drug is part of the botulinum toxin category.
- Pombiliti™ (cipaglucosidase alfa-atga) — this drug is part of the enzyme replacement category.
- Tofidence™ (tocilizumab-bavi) — this drug is part of the immunologic agents category.
- Cosentyx IV® (secukinumab) — this drug is part of the immunologic agents category.

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 **Availity provider portal**.* 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®.

Reimbursement of Anesthesia Physical Status modifiers

This update applies to Medicare Advantage (MA) participating providers.

Effective April 1, 2024, Aetna Medicare Advantage will no longer reimburse additional unit value(s) for Anesthesia Physical Status modifiers to align with the Centers for Medicare & Medicaid Services (CMS) guidelines.

- Modifier P1 (a normal healthy patient): 0 units
- Modifier P2 (a patient with mild systemic disease): 0 units
- Modifier P3 (a patient with severe systemic disease): 1 unit
- Modifier P4 (a patient with severe systemic disease that is a constant threat to life): 2 units
- Modifier P5 (a moribund patient who is not expected to survive without the operation): 3 units
- Modifier P6 (a declared brain-dead patient whose organs are being removed for donor purposes): 0 units

**You can always find this information
on our Availity provider portal.***

Access 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 is available only to providers in the U.S. and its territories.

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