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January 2026

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 April 1, 2026, the following drugs will be included in the [site of care for specialty drug administration](#) (drug infusion/injection) policy:

- Cabenuva® (cabotegravir/rilpivirine) (J0741)
- Spevigo® (spesolimab-sbzo) (J1747)
- Ilaris® (canakinumab) (J0638)
- Poherdy® (pertuzumab-dpzb) (J3490, J3590, C9399)



We're bundling medication treatment services

These changes apply to our commercial and Medicare plans.

Starting April 1, 2026, we'll bundle medication assisted treatment service codes G2067 to G2075 if billed within seven days of each other. Affected tests and treatment services include:

- FDA-approved opioid agonist and antagonist treatment medications
- Dispensing and administering medications
- Substance use disorder counseling
- Individual and group therapy
- Toxicology testing

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.



Ventral hernia coding update

These changes apply to our commercial and Medicare members.

Effective April 1, 2026, we'll deny CPT® codes 15734 or 49659 as Incidental to any ventral hernia codes for hernias that are:**

- Less than 3 centimeters (49591 to 49594 and 49613 to 49616)
- 3 to 10 centimeters (49591 to 49594 and 49613 to 49616)

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.



Reduced/discontinued services

These changes apply to our commercial and Medicare members.

Effective April 1, 2026, we'll require modifiers 52, 53, 73 or 74 when billing radiology, diagnostic, lab or surgery services with International Classification of Diseases (ICD-10) codes Z53.01, Z53.09, Z53.1, Z53.20, Z53.21, Z53.29, Z53.8 and Z53.9. Without the modifiers, we'll deny the claim.

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.

Reminders



Changes to our National Precertification List (NPL)

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

As of January 1, 2026, we'll require precertification for the following procedure:

- Laminotomy with decompression of nerve root(s) (63032)

As of April 1, 2026, we'll require precertification for the following drugs:

- Bilprevda® (denosumab-nxxp) (J3490, J3590, C9399)
- Aukelso® (denosumab-kyqq) (J3490, J3590, C9399)
- Xtrenbo® (denosumab-qbde) (J3490, J3590, C9399)
- Bildyos® (denosumab-nxxp) (J3490, J3590, C9399)
- Bosaya® (denosumab-kyqq) (J3490, J3590, C9399)
- Enoby® (denosumab-qbde) (J3490, J3590, C9399)
- Eydenzelt® (afibercept-boav) (J3490, J3590, C9399)
- Jubereq® (denosumab-desu) (J3490, J3590, C9399)
- Osyvrti® (denosumab-desu) (J3490, J3590, C9399)
- Hymovis One® (J7322)
- Poherdy® (pertuzumab-dpzb) (J3490, J3590, C9399)

As of April 1, 2026, we'll require precertification (Medicare only) for the following:

- Kyxata® (carboplatin) (J3490, J3590, C9399)

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®.

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**. Keep your Aetna® provider ID number handy to access them.

Availity portal

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