News you need to know

We want to keep you informed, so below are few important news and reminders for you this month:

The following new-to-market drugs require precertification

- **Enspryng™ (satralizumab)** – Precertification required effective November 1, 2020. This drug is part of the immunologic agent category.
- **Viltepso® (viltolarsen)** – Precertification needed for both the drug and site of care, effective November 10, 2020. This drug is part of the muscular dystrophy drug category.
- **Blenrep® (belantamab mafodotin-blmf)** - precertification required effective January 1, 2021.
- **Kesimpta® (ofatumumab)** - precertification required effective January 1, 2021. This drug is part of the multiple sclerosis (MS) drug 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 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?**

Click here or call 1-800-AVAILITY (282-4548). For one-on-one guided support from us, call 1-866-752-7021. Then ask to talk with the Availity team.

Be on the lookout for Provider Education Week in the early 2021 with helpful tips and tricks to make working with us as easy as 1-2-3.

Quick reminder that 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.
Please use our “Search by CPT code” search function on our Precertification Lists webpage to determine if the code requires precertification.

You can learn more on precertification under the General Information section of the NPL.

COVID-19 vaccine authorized

A COVID-19 vaccine has been authorized. CVS Health® will begin vaccinating in long-term care facilities shortly. Get the details

Medicare: Home Health Care and RAP Submissions in 2021

Beginning January 1, 2020, for all providers reimbursed according to the Medicare Allowable Home Health Care Prospective Payment System we will follow CMS guidance and penalties as it applies to Request for Anticipated Payment (RAP) reporting requirements.

Treatment room services (Rev 760/761)

We will no longer make separate payment for treatment room services (Revenue Codes 760/761) when billed with an:

- Emergency Room visit
- inpatient stay
- laboratory and/or radiology services
- outpatient minor surgical or medical procedure
- outpatient observation stay
- urgent care visit

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