Name: July 2026 OLU provider newsletter
Subject: Aetna monthly OfficeLink Updates, July 2026 -- policy changes and updates
Preheader: Learn about important policy updates, material changes and amendments

July 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

Changes to our National Precertification List (NPL)

These updates apply to both our commercial and Medicare members, unless otherwise noted.

Effective July 1, 2026, we'll remove stimulated intrauterine insemination (iui), case rate (S4035).

Effective July 1, 2026, we'll remove precertification for the following drug:

- Tegsedi® (inotersen) (J3490, J3590, C9399)

Effective July 1, 2026, we'll require precertification for the following drugs:

- Otarmeni® (lunsotogene parvec-cwah), formerly DBOTO or DB-OTO (J3490, J3590, C9399)
- Yartemlea® (injection, narsoplimab-wuug, 1 mg) (J1289)
- Fesilty® (injection, human fibrinogen - chmt, 1 mg) (J7176)
- Blenrep® (injection, belantamab mafodotin-blmf, 0.1 mg) (J9053)
- Starjemza® (injection, ustekinumab-hmny, biosimilar, 1 mg) (Q5164)
- Oziltus® (injection, denosumab-mobz, biosimilar, 1 mg) (Q5165)
- Osvyrti®/Jubereq® (injection, denosumab-desu, biosimilar, 1 mg) (Q5166)
- Enoby®/Xtrenbo® (injection, denosumab-qbde, biosimilar, 1 mg) (Q5167)
- Nufymco® (injection, ranibizumab-leyk, biosimilar, 0.1 mg) (Q5168)
- Armlupeg® (injection, pegfilgrastim-unne, biosimilar, 0.5 mg) (Q5169)
- Eydenzelt® (injection, aflibercept-boav, biosimilar, 1 mg) (Q5170)
- Boncresa® (injection, denosumab-mobz, biosimilar, 1 mg) (Q5171)

Effective July 1, 2026, we'll require precertification and Site of Care review for the following drugs:

- Saphnelo® SC (anifrolumab-fnia) (J3490, J3590, C9399)
- Qivigy® (injection, immune globulin, 100 mg) (J1577)
- Exdensur® (injection, depemokimab-ulaa, 1 mg) (J2361)
- Waskyra® (injection, etuvetidigene autotemcel, per treatment) (J3386)
- Itvisma ® (injection, onasemnogene abeparvovec-brve, per treatment) (J3405)
- Rybrevant Faspro® (injection, amivantamab 5 mg and hyaluronidase-lpuj) (J9062)

Effective July 1, 2026, we'll require precertification for the following procedures:

- Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array (C8007)
- Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator (C8008)
- Removal of hypoglossal nerve neurostimulator array and pulse generator (C8009)
- Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components (C8011)
- Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver (C8012)
- Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver (C8013)

Effective August 1, 2026, we'll require precertification for the following drugs:

- Evdi® (trabectedin) (J3490, J3590, J9999, C9399)
- Ennumo® (pegfilgrastim-pccg) (J3490, J3590, C9399)
- Decnupaz (Pivekimab Sunirine-pvzy) (J3490, J3590, C9399, J9999)

Effective August 1, 2026, we'll require precertification and Site of Care review for the following drug:

- Immgolis/Immgolis Intri®, previously BAT2506 (golimumab-sldi) (J3490, J3590, C9399)

Effective August 1, 2026, we'll no longer require precertification for the following drug:

- Zulresso® (brexanolone) (J1632)

Effective August 1, 2026, we'll no longer require precertification and Site of Care review for the following drug:

- Beqvez® (fidanacogene elaparvovec-dzkt) (C9172, J1414)

Effective August 1, 2026, we'll no longer require Site of Care review for commercial for the following drug — precertification will remain in place:

- GamaSTAN S/D® (immune globulin) (J1460, J1559, J1560)

Effective October 1, 2026, we'll require precertification for the following drugs:

- Gamifant ® (emapalumab-lzsg) (J9210)
- Lutathera® (lutetium Lu 177 dotatate) (A9513)

Effective October 1, 2026, we'll require an additional Site of Care review for commercial members for the following drugs that are already on the National Precertification List:

- Darzalex Faspro® (daratumumab and hyaluronidase) (J9144)
- Evenity® (romosozumab) (J3111)
- Xgeva® (denosumab) (J0897)
- Aukelso® (denosumab-kyqq) (Q5161)
- Bilprevda® (denosumab-nxxp) (Q5162)
- Bomyntra ® (denosumab-bnht) (Q5158)
- Jubereq® (denosumab-desu) (Q5166)
- Osenvelt® (denosumab-bmwo) (Q5157)
- Wyost® (denosumab-bbdz) (Q5136)
- Xbryk® (denosumab-dssb) (Q5159)
- Xtrenbo® (denosumab-qbde) (Q5167)

Effective October 1, 2026, we'll require precertification for the following services (applicable only to Florida Dual-Eligible Special Needs Plans):

- Home health aide or certified nurse assistant, providing care in the home; per hour (S9122)
- Personal care services, per hour (T1019)
- Personal care services, per diem (T1020)
- Home health aide or certified nurse assistant, per visit (T1021)

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 Maine and Vermont providers: For commercial plans, your effective date for routine changes described in this article will be the statutory date of January 1, April 1, July 1 or October 1, whichever date follows the effective date(s) referred to in this article. Changes required by state or federal law, or pursuant to revisions of Current Procedural Terminology (CPT®) codes published by the American Medical Association, may be effective outside the statutory dates outlined above.

Upcoming changes to maternity care coding and reimbursement

We're committed to aligning with industry standards to support accurate, transparent and clinically appropriate reimbursement. As part of this effort, we'll adopt the American Medical Association (AMA) updates to maternity care coding that take effect in 2027.

What's changing

Historically, maternity care services have been reported using a single "global" maternity code, which bundles prenatal care, delivery and postpartum services into one reimbursement.

Beginning in 2027, the AMA will transition away from this bundled approach to a service-level coding structure. Under this updated framework:

- Maternity care will no longer be reimbursed as a single global service
- You'll report services separately across distinct phases of care, including:
  - Antepartum (prenatal) care
  - Labor management
  - Delivery
  - Postpartum care

This change is intended to better reflect how maternity care is delivered today, including team-based and individualized care models.

Why this change is occurring

The current global maternity coding structure has been in place for decades but doesn't fully capture the complexity and variation in modern obstetric care. The updated approach is designed to:

- Improve transparency for the services provided throughout pregnancy
- Better align reimbursement with the care actually delivered
- Support evolving care models, including care delivered by multiple providers across different settings.

What this means for you

We recognize that this represents a significant change to billing and reimbursement for maternity services.

At this time:

- We're actively evaluating the operational and reimbursement impacts of these changes
- We'll share additional details on billing, reimbursement methodologies and implementation timelines as they become available
- You should continue to follow current billing practices until further guidance is issued

More information

For detailed information on the coding changes, please refer to the **AMA's Maternity Care Services code changes**, which includes an overview of the new coding framework, rationale for the changes and additional educational materials.

We'll soon have a regularly updated FAQ available on our **provider portal on Availity**.*

Remote physiological monitoring (RPM) policy: Transition period extended

Our RPM policy (CPT® codes 99453–99458) remains in effect as of March 1, 2026.** Members meeting clinical criteria for heart failure, hypertension or diabetes continue to qualify.

We've extended the transition period for members currently using RPM through December 31, 2026. Effective January 1, 2027, all members must meet policy requirements to continue services.

More information

Refer to **Clinical Policy Bulletin (CPB) 1093: Remote Physiologic Monitoring**. Also see the "Review our Remote Physiologic Monitoring (RPM) Policy FAQs" document in the News and Announcements section of our **provider portal on Availity.***

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

*Availity® is available only to providers in the U.S. and its territories.