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May 2025

## This month's 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.** Or you may visit [Aetna.com](#) to see them.



### Coding/billing update

To align with CMS, starting August 1, 2025 we'll no longer cover 88305 (Level IV surgical pathology, gross and microscopic examination) when billed with 55700 and/or 55706 (prostate incision procedures) on the same date of service. We'll also allow G0416 (surgical pathology, gross and microscopic examinations) once per date of service.

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.

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.



### On July 1, 2025, we'll change how we manage coverage for certain specialty medications

This information applies to fully insured commercial members with Aetna® medical and pharmacy benefit plans. It does not apply to Aetna Health Exchange or Federal Employee plans.

To support our commitment to high quality, cost-effective health care and as part of our Combined Benefit Management Drug List strategy, certain drugs may move from members' medical benefit to their pharmacy benefit or vice versa. Subject to applicable state laws.

#### The focus of the program

The focus of the program is on drugs known as provider-administered specialty drugs. Your patients may see lower costs for these drugs and may have the opportunity to enroll in copay assistance programs. It's likely some of your patients are already taking these drugs.

#### Supporting you and your patients

We'll notify your impacted patients of these changes. Beginning May 1, 2025, you can access these changes on our [Precertification lists and medical preferred drug information page.](#)

#### No additional action required for existing prior authorizations (PAs)

We're committed to smooth transitions for you and your patients. If you have a patient with a PA in place for one of these drugs, the PA will automatically move and remain active under the medical or pharmacy benefit for its intended duration.

#### Your next steps

- Review your patients' current treatment plans and the drug list changes.
- If you're currently billing a drug to the medical benefit that's now moving to the pharmacy benefit, you may need to issue a prescription to an in-network specialty pharmacy.
- If you determine it's clinically appropriate and choose to transition the patient to a preferred alternative drug option under the medical benefit, you'll need to submit a new PA.
- If you're currently accessing a drug through the patient's pharmacy benefit that's now moving to the medical benefit, you may continue to receive the drug from the in-network specialty pharmacy. The specialty pharmacy will change their billing from pharmacy to medical coverage.



## 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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