

April 10, 2025

Aetna Better Health® of Illinois

New policy updates: Clinical, payment and coding policy changes

At Aetna Better Health® of Illinois, we regularly update our clinical, payment and coding policy positions as part of our ongoing policy review processes. Please see the upcoming new policies below, effective for dates of service beginning June 1, 2025:

Medicaid - Illinois State Policy-Drug and Biological Policy – Bevacizumab (J9035, Q5107, Q5118, Q5126, Q5129 – Post Major Surgery

The new policies will define guideline requirements for the following:

- J9035 (INJECTION, BEVACIZUMAB, 10 MG)
- Q5107 (INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG)
- Q5118 (INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG)
- Q5126 (INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG)
- Q5129 (INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG)

According to our policy, which is based on the FDA-approved package insert/prescribing information and Illinois Medicaid Policy, Bevacizumab should not be initiated for at least 28 days after major surgery and until the surgical wound is fully healed.

The billed Bevacizumab HCPCS code will be denied when reported within 27 days of major surgery.

Medicaid - Illinois State Policy-Drug and Biological Policy – Bevacizumab (J9035, Q5107, Q5118, Q5126, Q5129 – Pre-Major Surgery

The new policies will define guideline requirements for the following:

- J9035 (INJECTION, BEVACIZUMAB, 10 MG)
- Q5107 (INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG)
- Q5118 (INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG)
- Q5126 (INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG)
- Q5129 (INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG)

According to our policy, which is based on the FDA-approved package insert/prescribing information and Illinois State Medicaid Guidelines, Bevacizumab should be discontinued at least 28 days prior to elective surgery.

The billed Bevacizumab HCPCS code will be denied when reported within 27 days prior to a major surgery.

Laboratory-Pathology Policy – Respiratory Pathogen Panels Testing (J-5, J-8, J-15, J-E, J-F)

The new policies will define guideline requirements for the following:

- 87631, 87632, 87633, 87636, 87637, 0115U, 0202U, 0223U, 0225U, 0240U, or 0241U

According to our policy, which is based on CMS Policy, only one respiratory panel test is allowed to be reported for a single date of service.

The billed respiratory panel test will be denied when reported with another respiratory panel test on the same date of service.

Drug and Biological Policy – Etelcalcetide (J0606)

The new policies will define guideline requirements for the following:

- J0606- INJECTION, ETELCALCETIDE, 0.1 MG

According to our policy, which is based on the FDA-approved package insert/prescribing information, when Etelcalcetide is used for the reported condition, serum calcium testing must be performed approximately monthly. Patients without serum calcium testing are not eligible for treatment with Etelcalcetide.

The billed Etelcalcetide HCPCS code will be denied when billed and the diagnosis on the claim is secondary hyperparathyroidism in adult patients with chronic kidney disease on hemodialysis and serum calcium testing has not been billed for the same date of service or within the previous 34 days by any provider.

Questions?

Please contact your assigned [**Provider Relations representative**](#) if you have questions.