



Aetna OfficeLink Updates™

Mid America Region

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Options to reach us

- Go to www.aetna.com
 - Select "Health Care Professionals"
 - Select "Medical Professionals Log In"
- Or call our Provider Service Center:
- 1-800-624-0756 for HMO-based benefits plans, Medicare Advantage plans and WA Primary Choice plan
 - 1-888-MDAetna (1-888-632-3862) for all other plans

Reminder: national precertification list (NPL) updates effective July 1, 2011

As of July 1, 2011, precertification is required for outpatient:

- Endoscopy: bronchoscopy, colonoscopy, upper gastrointestinal, cystoscopy, hysteroscopy
- Arthroscopy: knee and shoulder
- Laparoscopic cholecystectomy

Follow your current process for contacting us for precertification of the above procedures. Physicians who perform these scope procedures in an office setting (non-facility) are not required to call for precertification.

Cost savings for patients

We added the above procedures to the NPL to assist physicians and patients in choosing facilities that may be able to

save patients money. When a more cost-effective location for which the referring physician has privileges is available, we will try to notify the physician and patient of those locations. Costs can vary greatly depending on where these procedures are performed.

When appropriate, consider your patients' costs when choosing the location of where they will receive treatment.

Note: Makena™ (alpha hydroxyprogesterone caproate) was added effective April 1, 2011. See the "17P" article below for more on Makena.

To view the complete 2011 NPL, [click here](#).

17P for prevention of recurrent preterm birth

17 alpha hydroxyprogesterone caproate (17P) is a synthetic progestin that can reduce the risk of preterm birth in women with a prior history of spontaneous preterm birth.¹

The FDA recently approved the drug Makena for the prevention of recurrent preterm birth. Makena contains the identical, active ingredient of 17P at the same concentration (250 mg/cc). The Society for Maternal Fetal Medicine highlighted that there is no evidence that Makena is more effective or safer than the compound drug².

The FDA indicated that compounding companies can continue to produce 17P, which they can do inexpensively. For compounded 17P, call CVS Caremark at 1-877-408-9742, or fax the prescription to 1-866-310-4139.

Makena requires precert

We recently added Makena to the National Precertification List (NPL).

Continued on page 8



Policy and Practice Updates

Clinical payment, coding and policy changes

We regularly adjust our clinical, payment and coding policy positions as part of our ongoing policy review processes. In developing our policies, we may consult with external professional organizations, medical societies and the independent Physician Advisory Board, which provides advice to us on issues of importance to physicians. The accompanying chart outlines coding and policy changes:

Procedure	Implementation date	What's changed
Emergency Room – Level of Care	3/1/2011	In the June 2010 OfficeLinks, we informed you of the Emergency Room – Level of Care policy. This policy has been updated to only apply when a facility bills CPT codes 99285 and 99284.
Precertification will not override incidental procedure denial	9/1/2011	Precertifications will not override related services that are considered incidental.
Chiropractic treatments (98940-98943)	9/1/2011	Chiropractic treatments are conditionally eligible for neuromusculoskeletal disorders as outlined in Clinical Policy Bulletin #0107 – Chiropractic Services. All other indications are considered experimental and investigational.
Prolonged physician services	9/1/2011	Aetna does not pay for medical services without direct patient contact; thus, procedure codes 99358 and 99359 will be denied.
Intra-operative electromyographic monitoring	9/1/2011	Procedure codes 95867 and 95868 (needle electromyography, cranial nerve supplied muscles, unilateral/bilateral) will be denied as experimental/investigational when billed with 60000-60512 (intraoperative monitoring for thyroid and parathyroid surgery). Refer to Clinical Policy Bulletin #0697 – Intra-operative Monitoring of Electromyography.
Epstein-Barr Viral Capsid Antigen (VCA) Antibody (IgA)	9/1/2011	Procedure code 86665 will be allowed three (3) times per date of service.
Emergency room facility claims	9/1/2011	Aetna clinical and payment policies apply to emergency room facility claims.
OB codes billed with Modifier 59 – 59510 and 59515	9/1/2011	Modifier 59 will no longer override the denial of CPT codes 59510 and 59515 when billed together.
Related services	Reminder	Services related to an ineligible procedure or service will be denied.
Intervertebral disc prostheses	Reminder	The use of hybrid fusion with artificial disc replacement is considered experimental and investigational. Refer to Clinical Policy Bulletins #0591 – Intervertebral Disc Prostheses and #0743 – Spinal Surgery: Laminectomy and Fusion for additional information.
Bilateral noninvasive physiologic studies of upper or lower extremity arteries	9/1/2011	Procedure codes 93922 and 93923 will be considered incidental when billed with either G0166 (external counterpulsation) or 92971 (Cardioassist).
Multiple procedure reductions for therapy procedures	11/14/2011	Effective for dates of service on or after November 14, 2011, multiple procedure reductions will be applied to certain therapy procedures. The procedure with the highest practice expense RVU will be allowed at 100 percent. Each additional therapy service performed by the same provider group on the same date of service will be allowed at 80 percent. <i>The Therapies – Modalities per Date of Service</i> payment policy still applies.

Clarification: precert requests can't be sent by fax

The March 2011 issue incorrectly stated that precertification could be submitted by fax (in addition to electronic data interchange (EDI) and telephone). This is not correct.

Precertification can only be submitted to us by EDI and phone. To precertify, visit our secure provider website via NaviNet® or call the number on the back of the patient's member ID card.

Don't forget: your NPI is required for electronic transactions

Federal regulations require you to use your National Provider Identifier (NPI) in the following Health Insurance Portability and Accountability Act (HIPAA)-standard transactions:

- Eligibility
- Claim Status
- Health Service Review Request
- Claim Submission

Use NPI today as a provider identifier. 5010 transactions that are submitted with other provider identifiers will be rejected.

More information online

If you are exempt from the regulations and have not notified us of your exempt status, you should submit the NPI Exemption Notification Form.

Find this form, along with other information, at www.aetna.com. Select "Health Care Professionals" then "Policies & Guidelines" and "5010, ICD-10 and NPI."



Plan ahead: 5010 and ICD-10 updates are coming soon

The compliance deadlines for new transaction and coding standards are soon approaching.

Plan now to meet these dates. Begin by evaluating the impacts to your clinical processes, systems and business practices. Also, contact your billing or software vendors to learn about their conversion and testing plans.

Upcoming compliance dates

- **New standards for electronic health care and pharmacy transactions (version 5010/D.0).** Health care providers should start converting to these new versions of Health Insurance Portability and Accountability Act

(HIPAA) transaction standards as soon as possible. Aetna began testing these new versions in December 2010. You must be transitioned by December 31, 2011.

- **New diagnosis and procedure coding standards – ICD-10-Clinical Modification (CM) and ICD-10-Procedure Coding System (PCS).**

The effective date for these new codes is October 1, 2013.

Who must comply

All health care providers who use standard electronic transactions, and all health plans and clearinghouses must comply with the new transaction and coding standards.

We plan to meet all applicable timeframes for compliance and will work closely with you, as well.

To learn more:

- Log in to the Aetna Education Site at www.AetnaEducation.com. From the top toolbar, select "Office Staff Courses" then "Coding" and "HIPAA 5010 Transaction Upgrade Overview" and "ICD-10 Overview."
- Visit www.aetna.com. Select "Health Care Professionals" then "Policies & Guidelines" and "5010, ICD-10 and NPI."

Is your web browser compatible?

If you are using Internet Explorer 8 and experience any instances of words overlaying each other in your e-mail version of Aetna OfficeLink Updates, there is a simple fix. Go to the "Tools" bar on your browser and click on "compatibility view."

Questions about Health Care Reform? Our new website can help

The passage of the Patient Protection and Affordable Care Act was only the beginning of health care reform. That's why we've launched a new website – Health Reform Connection.

The site is a valuable resource for your patients and staff who may have questions about health care reform. Aetna has been an active participant in the health care reform discussion, and we continue to work toward solutions that improve the quality and affordability of health care.

What's on the site

Visitors to **www.**

HealthReformConnection.com

can learn more about the law, its requirements, and how Aetna is preparing for the changes ahead. The site includes:

- Detailed descriptions of the law's provisions, those effective both currently and in the future
- A timeline outlining the implementation of the law

- Answers to the most common questions on the law and its requirements
- Our vision for creating a sustainable health care system

We have plans to develop more provider-focused content in the future.

Electronic precertification – let us do the work for you

Electronic precertification submission and inquiry is fast, easy and efficient. We offer electronic precert transactions and tools on our secure provider website via NaviNet featuring:

- Minimal wait time for initial responses and secure data transmission
- Ability to search diagnosis and procedure codes by description
- Favorites lists so you don't have to repeatedly enter the same data
- Access to both Admission and Ambulatory Precertification Submission from the Eligibility & Benefit response details screen

Many of our vendor partners also offer electronic precert submission and inquiry.

To learn more:

- Register for one of our "Hands on the Keyboard" training sessions:
 - > Inpatient precertification training on Tuesdays at 1 p.m. ET and Thursdays at 3 p.m. ET, and
 - > Outpatient/DME precertification training on Wednesdays at 2 p.m. ET.

To attend one of these sessions, submit your request to **PeSHOTKePrecertTraining@aetna.com**.

Include your name, practice name, address and telephone number. An Aetna representative will contact you.

- Or, log in to **www.AetnaEducation.com** and choose Course Catalog.
 - > Select the link for viewing Recorded Events.
 - > Select the 15-minute Precertification Recorded Webinar.

Tiered networks address customer demands

To help Aetna's customers and their employees contend with rising health care costs, we have created tiered networks in a number of communities.

These networks offer new options that preserve choice, control costs and improve quality. Products that create benefit incentives for members to use top tier providers will be available in selected communities in 2012.

Out-of-pocket costs

The member's out-of-pocket expense will vary depending on the tier of the provider they use. We suggest you talk with patients about their hospital and physician options, and encourage them to learn about the impact each option has on their out-of-pocket responsibility.

Our tiered networks were created using historical clinical quality and efficiency data. They also take into account the need to provide adequate access in the markets where these products are offered.

Office Wise

How to inform us about changes in your practice

Under the terms of your contract with Aetna, you are required to notify us whenever:

- A provider leaves your practice or a new provider joins your practice
- There is a change of mailing address, phone number, fax number
- There is a change of e-mail address

- You change your office panel status – if you want to re-open your practice to new patients (currently frozen) or if your practice is accepting current patients only

If you don't give us this information, your practice may not receive important information that we send either by e-mail or U.S. mail.

Updating your information

You can give us this information through our secure provider website via NaviNet. On the Aetna Plan Central Page, choose "Update Aetna Provider Profile."

After accessing NaviNet, if you have questions, call our Provider Service Center at **1-800-624-0756** for HMO-based and Medicare Advantage plans, or **1-888-MD-Aetna (1-888-632-3862)** for all other plans.

Facilities: note this change to stop-loss calculation

Beginning September 1, 2011, we will change how we calculate reimbursement under stop-loss provisions for participating facilities.

This change will apply to cases in which inpatient days are denied as "length of stay not necessary."

Overview of changes

For per diem contracts when the stop-loss threshold is exceeded and inpatient days were denied, we will use an average cost per day to exclude charges on days that are denied when no itemized bill is available.

If a facility submits an itemization, we will use it to exclude the charges on the denied day(s).

If an itemized bill is not available to calculate the average cost per day, expenses billed under the following revenue codes will be excluded from the average cost per day calculation:

- Revenue code 278 – implants
- Revenue code 360 – operating room
- Revenue code 370 – anesthesia

- Revenue codes 710, 719 – recovery room

For DRG contracts when the outlier/trim days are exceeded, charges on the denied day(s) are excluded.

We are making this change so that the stop-loss calculation will be more consistent for Aetna plans. The change does not apply to Traditional Choice® and Aetna Medicare Advantage plans.

Coming soon: new standard format for member ID cards

We will soon begin using a standard ID card format for most Aetna members.

Changes include:

- Telephone numbers for Member Services, the Provider Service Center and other areas will be on the back of the ID card.

- Plans with Aetna pharmacy benefits will include a Pharmacy Member Services number on the back of the card.

You may still see customized cards with the plan sponsor's name/wording. However, the new format will apply to these cards, as well.

Members may continue to have cards in the old format through 2012. In early 2013, we will reissue new cards for any members who haven't yet received them.

Update to new radiology accreditation requirements

As we communicated in the December 2010 issue, beginning January 1, 2012, Aetna will have new radiology accreditation requirements for our commercial business.

Note that there is one change to the list we previously published of the advanced diagnostic imaging procedures to which the new accreditation requirements apply. Echocardiograms have been removed from the list.

See the **December 2010** issue of *OfficeLink Updates* for more information on the new radiology accreditation requirements.

Check out our updated Spanish DocFind®

Aetna has revamped the Spanish version of our DocFind online provider directory.

While some portions of DocFind were previously available in Spanish, the updated site is now completely in Spanish, including all links and directions. These upgrades now offers visitors to the site a more consistent and user-friendly experience.

The DocFind upgrade is part of a larger effort by Aetna to create a more effective Spanish language experience for providers and members. The Patient Protection and Affordable Care Act passed by Congress in 2010 is expected to expand access to health coverage for approximately 50 million people over the next several years, 34 percent of whom are Latino.

We recommend that you bookmark the Spanish site, and also share this information with your Spanish-speaking patients.

Federal employees have tobacco cessation benefits

Members in the Federal Employees Health Benefits Program (FEHBP) have tobacco cessation benefits to help them quit smoking and/or stop using tobacco products. You can identify FEHBP members from their Aetna ID card.

Under the Patient Protection and Affordable Care Act, we cover office visits related to smoking cessation for members in all Aetna FEHBP plans (HMO and PPO-based). The

benefit covers eight visits from participating providers.

Through the FEHBP Aetna HealthFund® PPO plan, the benefit also includes coverage for smoking cessation services received from nonparticipating providers. However, if the member chooses to use both in and out-of-network providers, he/she still cannot obtain more than a total of eight

visits (any combination of participating or nonparticipating).

The FEHBP benefit also includes coverage for both prescription and over-the-counter smoking cessation drugs and aids (with a prescription). Members have no copay and no deductible.

SRC/AETNA PROVIDERS

Facts about the Aetna Voluntary Fixed Benefits Plan

The Aetna Voluntary Fixed Benefits Plan pays fixed cash benefits for covered medical services. It is offered to members not eligible for comprehensive benefits.

The plan pays benefits when members receive services such as office and ER visits, inpatient and outpatient surgical and non-surgical services, and prescription drugs. A fixed benefit is paid regardless of the amount of the billed charge. There are no deductibles, copayments or coinsurance.

The plan does not coordinate benefits with other insurance.

As a participating provider who may see members covered under this plan, here are a few things to keep in mind:

- You can take assignment of benefits from members (claims will be reimbursed at a specified schedule of benefits).

- You can require member to pay; file the claim for the member and the member is then reimbursed.

For more information

Learn more about the Aetna Voluntary Fixed Benefits Plan at <http://www.aetna.com/voluntary/>. To contact us, call the number on the back of the SRC member ID card.

AWCA providers: read our new electronic “eZine”

We’ve created a virtual magazine – the Aetna Workers’ Comp Access (AWCA) eZine – especially for providers who treat injured workers. Read the first issue of the *AWCA Comp Connection* online on the **AWCA website**.

The *Comp Connection* is focused on providing the critical information you need to know about AWCA in order to more easily do business with us.







Aetna's Education Site for Health Care Professionals

Learning Opportunities From Aetna...Developed With You In Mind

New and updated courses for physicians, nurses and office staff

Genetics

-  Cross-Cultural Issues in Genetic Counseling
-  Genetic Counseling: Helping Your Patients
-  Genetics in Clinical Practice: A Team Approach (CME)*
-  Genetics in Health Care: An Overview

Reference Tools

- **Updated** Claims/Coding: Claim Submission Quick Tips

Learn more about genetic counseling with new courses

Recent advancements in genetic medicine are helping physicians diagnose disease, predict risk, and direct and personalize treatment for a range of diseases.

To support these efforts, we've developed a new course catalog that contains four helpful courses. These courses share the same goal – to help you learn about the role that genetic counseling and genetic technologies can play in supporting you and your patients.

These courses can benefit physicians, nurses and other health care professionals (refer to course descriptions on the site). See the courses listed above, take time to explore, and expand your knowledge about genetic counseling.

Genetics in Clinical Practice: A Team Approach (CME)

* This educational activity is sponsored by the American Medical Association (AMA). The AMA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing education programs

for physicians. This program was planned and produced in the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME).

The AMA designates this continuing education activity for a maximum of 12 *AMA PRA Category 1 credit(s)*[™] toward the AMA Physician's Recognition Award. Physicians should only claim credit commensurate with the extent of their participation in the activity.

"Super-users" of our Education Site may win big

We appreciate the time you take to visit the Education Site, take courses and use other resources. To thank our loyal, "super-users" of the site, we're holding another contest that runs through July 31, 2011.

If you are a participating provider with Aetna or have billed us in the past, you are eligible. Log in to www.AetnaEducation.com regularly. Listen to a podcast, download a reference

tool, attend a live webinar or complete a course. The choice is yours.

In addition to the learning you'll receive, you'll get to name your prize. If selected as one of 15 winners, you can redeem an online \$100 gift card at Amazon, Godiva Chocolates, SpaFinder, Overstock or www.GiftCertificates.com.

Visit www.AetnaEducation.com for full contest details.

Download our course catalog

Explore our wide range of courses at http://aetnaofficelink.providerpreference.com/files/Education_Catalog.pdf.

Quest offers Electronic Health Record solution

Quest Diagnostics Care360[™] Labs & Meds is a web-based Electronic Health Record (EHR) program that can help your practice qualify for CMS financial incentives.

Care360 gives your office the ability to place lab orders, view results and

e-prescribe. It can be easily upgraded to meet meaningful-use EHR criteria.

To qualify for EHR incentive payments, providers are required to use EHR technology that has been certified by the Office of the National Coordinator (ONC)

Authorized Testing and Certification Body (ATCB). Care360 EHR was certified in December 2010.

For more information, visit www.questdiagnostics.com.

Prescription Medications & Pharmacy Management

Ensure accurate billing for medically covered drugs

In May 2009, we announced that we would begin validating the number of J-code units and submitted charges of medications with a dosing algorithm. The announcement indicated that this policy was applicable to physician practices only.

In addition, we recently notified all other providers (in a separate communication) that they will also be subject to this policy effective August 1, 2011. While this algorithm currently applies to claims for medications billed with Healthcare Common Procedure Coding System (HCPCS) codes,

beginning September 1, 2011, it will also apply to medical drug claims billed with a National Drug Code (NDC).

The algorithm reviews claims to identify possible overbilling errors that exceed standard dosing thresholds. It will deny the portion of these claims that exceeds maximum dosing levels based on the product labeling, Food and Drug Administration dosing guidelines, and peer-reviewed, published medical literature for each drug.

Review billing units

We encourage all physicians and health care professionals to review HCPCS and/or NDC billing units, and the proper conversion of the drug dose that is administered to patients.

For a list of applicable medications, visit our secure provider website via NaviNet. Once logged in, select "Aetna Support Center" then "Claims" and "CPT/HCPCS Coding Tools."

Electronic prescribing – a safe, efficient way to prescribe medications

Electronic prescriptions can help reduce medical mistakes caused by misreading the prescriber's handwriting. This means:

- Fewer medication errors and harmful drug events or interactions
- Better health outcomes, improved overall quality of care and enhanced patient safety
- Reduced costs for patients because you can check formularies or less expensive drug options at the time of patient contact

- Fewer pharmacy callbacks and rework to clarify prescriptions

Visit <http://www.aetna.com/pharmacy-insurance/healthcare-professional/e-prescribing/e-prescribing.html> to learn more about ePrescribing.

Aexcel® designation

Aexcel is a designation within Aetna's Performance Network that identifies physicians in 12 specialties who have met certain clinical performance and efficiency standards. ePrescribing is a component

of the "Use of Technology" clinical performance measure. To learn more, visit www.aetna.com and search for "Aexcel."

Resources to get started

Refer to *A Clinician's Guide to Electronic Prescribing* developed by the eHealth Initiative Organization at www.ehealthinitiative.org.

17P for prevention of recurrent preterm birth *Continued from page 1*

Refer to Clinical Policy Bulletin (CPB) #0510 "Progestins" at http://www.aetna.com/cpb/medical/data/500_599/0510.html to learn more. Precertification is not required for compounded 17P.

How to precertify Makena

- Call **1-866-503-0857**.
- Fax the Medication Request Form (available on our secure provider website via NaviNet) to **1-888-267-3277**. Once logged in, select "Aetna Support Center" from the Aetna Plan Central home page and choose "Forms Library" then "Pharmacy Forms."

- Once precertification is complete, physicians should call the Makena Care Connection at **1-800-847-3418**. They will coordinate copay assistance for eligible patients and arrange for fulfillment of the drug.

¹ Meis PJ, Klebanoff M, Tom E, et al. Prevention of recurrent preterm delivery by 17 alphahydroxyprogesterone caproate. *N Engl J Med* 2003;348(24):2379-85

² <https://www.smfm.org/default.cfm>

Where to view our Medicare and Commercial formularies

We update the Aetna Medicare and Commercial (non-Medicare) Preferred Drug Lists, also known as our formularies, at least annually and from time to time throughout the year.

- For up-to-date Medicare formulary information, visit: http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp.
- For up-to-date Commercial Preferred Drug List information, visit <http://www.aetna.com/formulary>.

For a paper copy of these formulary guides, call **1-800-AetnaRx (1-800-238-6279)**.

Informatics service, data reporting program can aid Medicare Advantage patients

To help you more effectively care for your Medicare Advantage (MA) patients and enhance the documentation of members' conditions, we are introducing new tools and services via Ingenix®, a leading medical informatics service provider. These include:

- Ingenix InSite: an interactive web-based application to identify patients with chronic conditions or those without office visits in the last 12 months
- Patient Assessment Forms (PAFs): a tool to support detection, assessment and reporting of patients' chronic conditions

Complete PAFs, get extra reimbursement

Physicians completing a PAF on an Aetna Medicare patient may be eligible to receive \$50 in addition to their normal compensation for an office visit.*

If contacted by an Ingenix representative, we encourage you to take part in these voluntary services. The program will begin June 2011.

Background

As a MA organization offering MA plans, Aetna must regularly submit to CMS accurate and complete diagnosis information relating to our MA members' medical conditions. Claims data alone does not fully document all medical conditions. These new tools and assessment forms enable more complete documentation of member conditions.

*Only physician groups paid on a fee-for-service or capitation basis are eligible for additional \$50 reimbursement.

Note these new PO boxes for Aetna Student Health

- The Aetna Student Health main claims PO Box is now:

Aetna
PO Box 981106
El Paso, TX 79998

- The Aetna Student Health Appeals PO Box is now:

Aetna
PO Box 14464
Lexington, KY 40512

- The Aetna Student Health Educational Foundation PO Box is now:

Aetna
PO Box 14101
Lexington, KY 40512

New app lets patients access lab results, manage information

Quest Diagnostics has introduced Gazelle®, a secure mobile health platform available for smart phones.

Gazelle allows patients to see, store and share their health information, including Quest Diagnostics lab results. Gazelle also allows members to find a Quest Diagnostics location and schedule an appointment.

The app is available free of charge. It can be downloaded at www.mygazelleapp.com.

Take CMS-required Aetna Medicare Compliance, FWA training

Don't forget to take the required 2011 Aetna Medicare Compliance and Fraud, Waste and Abuse (FWA) Training. Both courses are available at www.AetnaEducation.com.



Striving for Quality Excellence

Refer to Clinical Practice Guidelines when treating your patients

The National Committee for Quality Assurance (NCQA) requires health plans to regularly inform providers about the availability of Clinical Practice Guidelines. Our Clinical Practice Guidelines and Preventive Service Guidelines are based on nationally recognized recommendations and peer-reviewed medical literature. They are located on our secure provider website via NaviNet under “Aetna Support Center” and then “Clinical Resources.”

Preventive Service Guidelines	Adopted 1/10
Preventive Service Guideline Updates <ul style="list-style-type: none">■ Screening for Visual Impairment in Children (USPSTF¹)■ Meningococcal Vaccine Booster (CDC²)	Adopted 2/11 Adopted 2/11
Behavioral Health <ul style="list-style-type: none">■ Helping Patients Who Drink Too Much■ Treating Patients With Major Depressive Disorder	Adopted 3/10 Adopted 3/10
Diabetes <ul style="list-style-type: none">■ Treating Patients With Diabetes	Adopted 2/11
Heart Disease <ul style="list-style-type: none">■ Treating Patients With Coronary Artery Disease	Adopted 10/10

For a hard copy of Preventive Service Guidelines or a specific Clinical Practice Guideline, call our Provider Service Center.

¹ U.S. Preventive Services Task Force

² Centers for Disease Control and Prevention

Help bridge the communication gap between treating practitioners

Through regular surveys, we ask primary care physicians (PCPs) about how often they receive communication from behavioral health (BH) practitioners, facilities, skilled nursing facilities and surgical centers.

PCPs report their offices receive patient-specific communication from BH specialists only about 33 percent of the time, yet BH specialists report they communicate or discuss communication with their patients’ other providers about 75 percent of the time. Reviews of BH treatment records suggest that actual communication occurs somewhere in the middle.

Share patient information

Comprehensive patient care includes communication with your patients’ other treating physicians and health care professionals. These tools on our secure provider website via NaviNet can help:

- The Physician Communication Form and the Specialist Consultation Form
- The Behavioral Health/Medical Provider Communication Form
- Specialist Consultation Report

Once logged in, select “Aetna Support Center,” “Forms Library” and “Provider Communication Forms.”

Research indicates* that increased treatment compliance, improved patient safety and improved outcomes may be attributable, in part, to collaboration among providers.

*Aetna annually conducts physician practice surveys to assess primary care practices’ attitudes and perceptions on key interactions with us. The surveys, which are administered by a third-party vendor (Center for the Study of Services), are performed at the National Committee for Quality Assurance (NCQA) accredited market level for practices contracted for all Aetna products.

Coverage determinations and utilization management

We use evidence-based clinical guidelines from nationally recognized authorities to make utilization management (UM) decisions.

Specifically, we review any request for coverage to determine if the member is eligible for benefits and if the service requested is a covered benefit under the member’s plan. We also determine if the service delivered is consistent with

established guidelines. The member (or a physician acting on his/her behalf) may appeal this decision through our complaint and appeal process if a coverage request is denied.

Our UM staff help our members access services covered under their benefits plans. We do not reward physicians or individuals (who conduct UM reviews) for creating barriers to care or for issuing coverage denials.

Informing doctors, patients about our programs

We provide information to physicians and members about our case and disease management programs and how to access them.

You can find more information in our Health Care Professional Toolkit, available on our secure provider website via NaviNet. Once logged in, select “Aetna Support Center” then “Doing Business with Aetna.”

Practices without Internet access can request a paper copy by calling our Provider Service Center.

Mid America News

Using preferred vendors for ancillary services can save patients money

We offer many preferred providers that can help you coordinate patient care for ancillary services with one call, such as:

- Home health
- Infusion
- Hospice
- Skilled Nursing Facilities (SNF)
- Transportation
- Physical, occupational and speech therapy

Contact information

- For home health, infusion or hospice services in Ohio and Michigan, contact CSI Network Services at **1-888-873-7888**.

- For SNF services in Ohio, Michigan, Illinois, Indiana, Kentucky, Kansas, Missouri, Texas, Oklahoma, South Dakota, and Wisconsin contact Management and Network Services at **1-800-949-2159**.

- For ground and wheelchair transportation in Ohio, contact Cooperative Health Partners at **1-800-547-2642**. Fax referrals can also be directed to Cooperative Health Partners at **1-937-325-9522**.

- For physical, occupational or speech therapy in Ohio, contact Rehab Provider Network at **1-888-256-2248**.

- For physical, occupational or speech therapy in Kansas (HMO only), contact American Therapy Administrators at **1-888-560-6855**.

See Docfind for full list

You may also visit DocFind for a complete list of participating providers including other ancillary services at <http://www.aetna.com/docfind>.

Using participating providers saves your patients out-of-pocket costs, guarantees services are performed by credentialed providers and ensures compliance with your Aetna agreement.

TEXAS

Custom networks available in your area – learn more

The Health Care Partnership (THCP) is an Aetna customer in the greater Houston area that is made up of three (3) independent school districts: Houston, Katy and Aldine. They have a unique plan design that includes two (2) custom networks for Aetna patients.

Find out what practitioners/doctors/hospitals participate and learn about the benefits of these networks – call our Provider Service Center at **1-888-632-3862**.

TEXAS

Update to ER level of care policy

In June 2010, we told you about our Emergency Room Level of Care policy that stated:

“Effective November 15, 2010, payment for facility emergency department services will be based on the level of severity determined by the treating emergency physician. The emergency service evaluation and management (E&M) code billed by the physician will be applied to the corresponding facility bill to determine the appropriate level of payment. Emergency department service evaluation and management codes are represented by the code range of 99281-99285. This policy will not apply to emergency room services that result in inpatient admissions.”

Update: as of March 1, 2011, this policy only applies when a facility bills CPT codes 99285 and 99284.

OHIO

Notice of Material Amendment to Contract

For important information that may affect your payment, compensation or administrative procedures, see the following articles in this newsletter:

- Reminder: national precertification list (NPL) updates effective July 1, 2011 – page 1
- Clinical, coding and policy changes – page 2
- Facilities: note this change to stop-loss calculation – page 5



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Maximize efficiencies and patient care through health information technology

Hospitals or physician offices that want to learn more about how Health Information Technology (HIT) can benefit them should go to <http://www.activecareteaminfo.com/>.

There you'll learn more about Active CareTeamSM, a solution that takes data from Electronic Medical Records (EMRs) and allows health care professionals in your organization to access that information where it matters most – at the clinical decision point. Active CareTeam can help you use that information to achieve better patient outcomes and meet pay-for-performance measures with payers.

Plan for your needs

Active CareTeam was developed by ActiveHealth Management (ActiveHealth[®]), an Aetna subsidiary that is a leading provider of health management services, including disease management, clinical decision support and personal health records.

Health care decision makers – such as facility CEOs or COOs, independent practice associations (IPAs) or large group practice managers – may find this helpful as they consider their future HIT needs.

Active CareTeam is designed to wrap around any industry standard EMR to improve workflow and enable information exchange through any industry-standard health information exchange (HIE).

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