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Aetna OfficeLink Updates

Mid-America Region



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Options to reach us

- Select [Health Care Professionals](#)
- Select "Medical Professionals Log In"

If you have more questions after viewing the information online, call us:

- **1-800-624-0756** for HMO-based and Medicare Advantage plans
- **1-888-MDAetna (1-888-632-3862)** for all other benefits plans

Updates to our National Precertification List

The following changes to Aetna's **National Precertification List** (NPL) will take effect as noted:

- Gender reassignment surgery and related procedures will require precertification effective January 1, 2015.
- All oral or injectable Hepatitis C medications, except for ribavirin, Incivek® and Victrelis® will require precertification effective March 1, 2015.
- Fusilev®, Ilaris® and Myalept™ will now require precertification effective July 1, 2015 instead of January 1, 2015.

Reminders

- The following new-to-market drugs require precertification (effective date noted):

- Eloctate™ (August 12, 2014); Ruconest® (October 9, 2014); sofosbuvir with ledipasvir (October 10, 2014); PlegriDy™ and Keytruda® (November 7, 2014)
- We updated the General information (section #1.e) of the **NPL** on November 1, 2014 to state:
"The level of review of individual items on this precertification list may vary from time to time at our discretion. The lack of a denial for a particular service or supply should not be interpreted as our approval for any subsequent service."

You can find more information about **precertification** under the General information section of the **NPL**.

Help patients with our preferred home infusion network

We have contracted with national home infusion providers that can help your patients save money.

These providers offer a wide variety of specialty pharmacy products, including IVIG and factor products. And, they can also fully administer these products to your patients.

Refer members to:

- **Bioscrip** at **1-855-823-1229**

- **Nufactor** at **1-800-323-6832**

How to find preferred home infusion network providers:

- Visit our **provider online referral directory**
- Search for "Other" (X-ray, Surg Ctrs, Med Equip, etc.)
- Under "Type," select "Preferred Home Infusion Network Providers"

Policy and Coding 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 advises us on important issues to physicians. The chart shows coding and policy changes:

Procedure	Effective date	What's changed
Payment for professional services	March 1, 2015	We don't standardly reimburse professional services from a hospital when the services are billed on a UB form. Instead, we deny these services with instruction to be rebilled on a HCFA form. This has been in place for E&M codes for several years. In 2008, we updated our system to include professional fees for minor surgery codes, but that update only occurred on our HMO system. We're now updating our traditional system to correct this.
Related services	Reminder	We'll deny services related to an ineligible procedure or service.
Supplies, materials and equipment	Reminder	Supplies, materials or equipment used in conjunction with a medical and/or surgical procedure are not separately payable. These materials are considered incidental to the primary procedure. But, supplies, materials and equipment obtained from an independent supplier (for example, a medical supply company) are subject to the member's benefits plan. Many of our plans limit or exclude coverage for these supplies. Be sure to check the member's benefits plan descriptions for details.

13 million members are expected to shop for health insurance on the public exchanges for 2015.

For more information about public exchanges, how Aetna is participating and FAQs for providers, visit our [Health Reform Connection](#) website.

Help patients save money on lab tests

Your patients pay a lot less out of pocket when they use in-network, independent labs, like Quest Diagnostics® and its affiliates. Here’s an example of how the savings can add up for a patient who needs one lab test done four times a year.*

	In-network independent lab	In-network hospital lab	Out-of-network lab
Cost of lab tests	\$30.00	\$60.00	\$300.00
Patient’s coinsurance/ copayment	x 20%	x 20%	x 40%**
Patient pays	\$6.00	\$12.00	\$120.00

*Based on a patient who met deductible. Data is not representative of hospitals that have a separately negotiated laboratory agreement.

**Assumes plan covers at billed charges, which may not necessarily occur with most plans.

Find network labs online

To help your patients get the most from their benefits plans, refer them to **Quest Diagnostics**, our national preferred laboratory, or other national or local participating labs. For a complete list, visit our **provider online referral directory**. Search for “Labs – Including Quest Diagnostics.”

Our Chronic Kidney Disease Program can benefit your patients

We offer a Chronic Kidney Disease (CKD) program for all Aetna commercial and Medicare Advantage plan members. The program is voluntary and free for your patients.

We designed the program to:

- Help members with CKD 4/5
- Improve their conditions

- Prolong their need for dialysis
- Help you manage your patients’ CKD conditions through renal care nurses

If you have patients who may benefit from the program, send an e mail to aetnaCKD@aetna.com.

New tool offers alternatives to high-risk meds for the elderly

You can find out quickly if a drug poses a risk to your patients 65 and older by using our new High-Risk Medication Tool. It lists dangerous drugs and their side effects, as well as safer alternatives that our health plans cover. You can download and print it.

To access the tool:

- Go to www.AetnaEducation.com
- Click “Medicare High-Risk Medication” under “New Releases”

The Centers for Medicare & Medicaid Services (CMS) wants you to prescribe these drugs sparingly – or not at all. These drugs can be dangerous to seniors as they age. And can increase the risk of falls and fractures, and longer hospital stays.

If you prescribe high-risk medications to patients who are 65 or older, we may ask you to fill out a prior authorization form.

Office News

Was your Aetna electronic claim submission rejected or returned?

You can get the help you need quickly and easily online if we reject or return your electronic claim submission.

We've updated our **Rejected/returned claims resolution tips guide** for providers. The guide shows the most common reasons why we reject or return claims/encounters.

Use this guide, along with your 277 Health Care Claim Acknowledgement, to help you resolve rejected/returned claims. You can request this acknowledgement from your vendor. Once you learn why your claim was returned or rejected you can resubmit the claim electronically after taking the suggested action, if appropriate.

Get the tips guide online

We offer the guide in two formats: a PDF version you can download, save or print or through an interactive searchable version. They're both posted in the **Reference Tools** section of our **Education Site**. You don't have to register to access the site or these tools.

Use secure site to update your information

To update your office's demographic information – new e-mail addresses, mailing address, phone or fax numbers – use our **secure provider website**. Be sure to update your demographic information if your name changes due to marriage or another life event.

If you've been calling our Provider Service Center for demographic changes, we ask that you use the secure site instead. The site lets you confirm the information you submit. It also prevents unauthorized people from submitting wrong information about your office or facility.

Electronic transactions

You also can do most electronic transactions through this website. This includes submitting professional claims, checking patient benefits and eligibility, and requesting precertifications.

NaviNet Security Officers have access to Aetna's "Update Provider Profiles" function, through which they can submit demographic changes. They also can authorize other users' access to this feature as appropriate. To use the secure provider website you must first **register**.

Where to find our Medicare and Commercial formularies

At least once a year, and from time to time throughout the year, we update the Aetna Medicare and Commercial (non-Medicare) Preferred Drug Lists. These drug lists are also known as our formularies.

To find them:

- Go to our **Medicare Preferred Drug Lists**
- Go to our **Medication Search page** for the Commercial Preferred Drug Lists

For a paper copy of these lists, call the Aetna Pharmacy Management Provider Help Line at **1-800-AETNA RX (1-800-238-6279)**.

Medicare

Have you completed your required Medicare attestation?

The Centers for Medicare & Medicaid Services (CMS) requires any contracted Aetna Medicare provider to complete certain Compliance Program requirements. We require that your organization attest by December 31 that you have met these requirements.

Before completing the attestation, your organization must ensure that your employees (e.g., providers, administrative staff, etc.), and your subcontractors for our Medicare products have:

- Completed General Compliance and Fraud, Waste and Abuse (FWA) training
- Disseminated Code of Conduct/Compliance policies
- Screened Office of Inspector General and General Services Administration exclusion lists
- Ensured reporting mechanisms for potential FWA and Compliance Issues

- Reported offshore PHI Operations
- Ensured oversight of your contracted vendors

How to complete the Attestation

To get started, an authorized representative of your organization must:

1. Go to www.AetnaEducation.com.
2. “Log In” or “Register” on the gray bar in the lower right corner.
3. Type Attestation in the “Search” box and click “Go.”
4. Select 2014 Aetna Medicare Attestation.

Your organization must complete this attestation annually.

In-home health assessments available for Medicare patients

Your Medicare patients may report hearing from a company offering to do an in-home health assessment.

We have a relationship with several companies that provide this service on our behalf.

They provide free in-home health assessments to our Medicare members. These “Healthy Home Visits” encourage our members to visit their primary care doctors.

During the visit, a licensed representative, usually a doctor or nurse practitioner, will:

- Review the member’s medical history and medications
- Document any previously unknown medical factors

The medical representative will not treat the member, nor change their care or medication plan. But they will get in touch with you if more evaluation is needed.

For more information, contact our Provider Service Center at **1-800-624-0756**.

Learning Opportunities

Log in or register at AetnaEducation.com

New and updated courses for physicians, nurses and office staff

Courses:

- **NEW** - Compassionate Care and Advanced Illness course

Reference Tools

- **NEW** - Medicare High-Risk Medication Alternatives Tool
- **NEW** - Medicare Advantage plans – Maximum out-of-pocket limits
- **NEW** - Compassionate Care program for Medicare Advantage members reference tool
- **NEW** - Quality Interactions® 3rd Quarter Newsletter
- **NEW** - Interactive rejected/returned claims tips guide
- **NEW** - Rejected/returned claims resolution tips
- **NEW** - State of Alaska Member ID Card tool
- **NEW** - Health Care Cost Management Corporation of Alaska ID Card
- **UPDATED** - Aetna Medicare Plan (PPO) Reference Tool

Take our Aetna's Compassionate CareSM Program course

Patients with advanced illness face many medical and emotional issues. You want to do all you can for them. But with a busy practice, you may not have the time. Or you may not be aware of all the resources and services available to help your patients.

We've developed a 15-minute training course so you can learn more about the Aetna Compassionate Care Program. Links to informational flyers for you and your patients are included.

Aetna Compassionate Care Program is an enhanced care management program that can help your patients make choices that are best for them. And it's free to our Medicare Advantage members as part of their benefits.

Patient support and education

Our nurse case managers and social workers understand the physical, emotional, spiritual and cultural needs of patients dealing with advanced illness. They're available by phone to offer support and education to your patients, their families, and their caregivers.

You'll find the course at www.AetnaEducation.com. Enter *Advanced Illness* in the Search box and click "Go."



Contact us at: OfficeLinkUpdates@aetna.com

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- Primary Care Physicians
- Specialists
- Physician Assistants/Clinical
Nurse Specialists
- Nurses

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