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# Aetna OfficeLink Updates™

West 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) or all other plans

## Payment Estimator helps you determine patients' out-of-pocket costs

High-deductible health plans can make it more difficult to calculate how much a patient will owe. How would you like a convenient online tool that will estimate out-of-pocket costs for your Aetna patients *before* services are rendered?

Allow us to introduce Aetna's new Payment Estimator for providers, available soon through our secure provider website via NaviNet®. The Payment Estimator supplies an estimate of what we will pay a participating provider, as well as an estimate of the amount the patient will owe.

### How it works

Before or on the day of a patient's visit or procedure, your office enters basic member information, diagnosis and procedure codes, and clicks "submit!" The Payment Estimator will:

- Supply your office with an estimated Aetna payment amount.
- Give reliable estimates of patient copayments, coinsurance, deductibles, etc.
- Provide printable information to help you initiate financial discussions with patients prior to, or at time of care.
- Reduce and potentially eliminate after-the-fact financial surprises for you and your patients.

*See Payment Estimator on p. 2*

## Heads up: *OfficeLink Updates* is going all-electronic

Effective with the September 2010 issue, we will no longer be printing and mailing paper copies of *Aetna OfficeLink Updates* (OLU).

Beginning with that issue, the newsletter will be available to you only electronically – either by email or online through our public website at **aetna.com.**

### What this means to you

- If you have been getting OLU through the mail, you will need to make sure that we have your email address. You can sign up for electronic delivery at **https://aetna.providerpreference.com**.
- If you previously gave Aetna your email address but are still getting the paper version, we ask that you check your information at the above website and verify that we have your correct email address.
- If you have been getting OLU by email, you will keep receiving the newsletter as you currently do.

### Advantages of electronic version

OLU has been available by email since 2006. Currently, more than 60% of all provider offices that participate with Aetna get the newsletter this way.

The electronic version arrives in an HTML format, so you can click on and view individual articles of interest. You also get access to the newsletter faster because you don't have to wait for copies to be printed and mailed.

*See OfficeLink on p. 3*

# 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 |
|---|---|---|
| Vertebroplasty | N/A | In December, we communicated that we will consider vertebroplasty, kyphoplasty and vesselplasty experimental and investigational. This change to the policy has been put on hold. Any changes will be communicated in a future newsletter. |
| Injection procedures billed with CT/MRI | 6/1/2010 | Effective June 1, 2010, when a physician bills 23350 and 73200, 73218, and 73221, 23350 will be denied. Modifier 59 will not override this edit. |
| Durable medical equipment (DME) rentals | 6/1/2010 | Aetna pays for all DME rentals on a monthly basis, with the following exceptions:<br>E0192, E0194, E0277, E0372, E0202, E0935, E0936, E2402<br>Any codes not found on the above list will only be paid once per month, regardless of the units billed.<br>Custom-made DME will never be paid as a rental. These codes will only be paid as a purchased item. |

## Clarification on anesthesia services (ASA codes)

In the December 2009 issue, the "Clinical payment, coding and policy changes" article included the following for "Anesthesia services":

*Aetna allows payment of anesthesia services (ASA codes) only when billed by an anesthesiologist or an oral surgeon. Anesthesia represents an area of medicine that requires unique training and only physicians having the unique training and skills to provide safe and qualified anesthesia services should bill an anesthesia service. (Implementation date: 5/14/2010)*

This information should have included certified registered nurse anesthetists (CRNA) as eligible providers of anesthesia care. Also, the implementation date has been changed to April 1, 2010.

When a CRNA is recognized as an eligible provider of anesthesia care, Aetna allows the anesthesia charges the same as an anesthesiologist. CRNA's receive specialized training and have the skills to provide safe and qualified anesthesia services.

## Policy on uterine artery Doppler studies

As a reminder, Aetna considers uterine artery Doppler studies (CPT code 93976) to be experimental and investigational for the assessment of average-risk or high-risk pregnancies. Therefore, you may see claims denials as a result of this policy.

Coverage criteria, including the ineligible diagnosis codes, are in Clinical Policy Bulletin #0088. Visit **www.aetna.com** and select "Health Care Professionals" then "Clinical Policy Bulletins." You can then search by policy number.

## Payment Estimator, *cont. from p.1*

### Member Payment Estimator coming

We are also developing a similar tool that allows members to estimate the cost of their medical services. The tool, expected to be available this spring for most Aetna members, is designed to help members better understand the cost of their care and their estimated patient responsibility. Check out the "Information for your Patients" section of the Aetna Payment Estimator website to learn about differences between these tools, and access resources that may help your office when discussing payment responsibility with patients.

### Phased roll-out for provider tool

Check to see if your office has access:

- Log in to NaviNet, **https://connect.navinet.net/** and look for Payment Estimator in your Aetna transaction menu.
- Visit the Aetna Payment Estimator website, **http://www.aboutnavinet.com/aetnaestimator** and select Workflow Integration to learn more. Be sure to check out the "Information for your Patients" section for tips on providing estimate information to your patients.

### Take our online course

Visit **www.AetnaEducation.com** to enroll in our Payment Estimator for providers online tutorial, available in April.

## Reminder: Aetna's coverage policy on BRCA testing

Aetna considers molecular susceptibility testing for breast and/or ovarian cancer (BRCA testing) medically necessary for individuals at high risk for breast and/or ovarian cancer.

Our coverage criteria were adapted from U.S. Preventive Services Task Force guidelines (for screening indications), the American College of Obstetricians and Gynecologists, and the National Comprehensive Cancer Network (for testing persons with cancer).

The criteria defining high-risk individuals are outlined in Clinical Policy Bulletin (CPB) #0227. This CPB includes specific clinical scenarios under which BRCA testing is covered. We have added a new coverage criterion:

- *Women who are determined through both independent formal genetic counseling and a quantitative risk assessment tool to have at least a 10 percent pre-test probability of carrying a BRCA1 or BRCA2 mutation, will also be considered for coverage.*

### Prior authorization is required

Women who are considered for coverage of BRCA testing based on the new criterion listed above must submit a three-generation pedigree, and the quantitative risk assessment results must be faxed to Aetna at 860-975-9126. The pedigree template is available upon request by calling 1-877-794-8720.

### View CPBs online

To view CPB #0227, visit **www.aetna.com** and select "Health Care Professionals" then "Clinical Policy Bulletins." You can then search by policy number.

## Changes to 2010 National Precertification List

The following additions to Aetna's National Precertification List will take effect on July 1, 2010:

- Autologous chondrocyte implantation (Carticel®) – Clinical Policy Bulletin #0247
- Initial dialysis visit

Precertification approvals are valid for six months from the date of issue, unless stated otherwise at the time of precertification. Precertification requirements apply to all Aetna plans, except for Traditional Choice® and the Aetna Medicare Open℠ Plan, our Medicare Private Fee-for-Service plan. We will update the precertification list online before July 1, 2010.

### Precert code search

Use our Precertification Code Search Tool to determine if a specific code needs precertification by entering a valid five-digit CPT code. Access the tool via **www.aetna.com** – choose "Health Care Professionals," "Policies & Guidelines," then "Medical Precertification."

Precertification and step-therapy programs are not available in all service areas. For example, precertification programs do not apply to commercial members in Indiana. Step-therapy does not apply to fully insured commercial members in Indiana and New Jersey. California HMO members who are receiving coverage for medications added to the precertification or step-therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. The term "precertification" does not mean a reliable representation of payment of care or services to fully insured HMO and PPO members. This material is provided for informational purposes only and is not intended to direct treatment decisions.

## Preauthorization required for outpatient dialysis

Effective April 1, 2010, we will require preauthorization for outpatient dialysis treatments (CPT codes 90935, 90937 and 90999).

This requirement applies to members in Aetna commercial and Medicare plans, except the Aetna Medicare Open℠ Plan, our Medicare Private Fee-for-Service plan. You can submit preauthorization requests through our secure provider website via NaviNet. Preauthorization for outpatient dialysis treatments will be required every six months.

As part of our ongoing policy review process, we regularly adjust our clinical, payment and coding policy positions.

## OfficeLink *cont. from p.1*

To help make sure you are aware that a new issue of OLU is available, those offices that have not provided Aetna with their email address will receive notification through the mail that the issue is available on **www.aetna.com**. Those offices without email or internet access will be able to get a printed version by mail upon request.

### Thanks for going electronic

To the many offices and individuals who have given us their email addresses, thank you. To those of you who intend to do so, we appreciate your willingness to go electronic.

## Reimbursement change for mid-level practitioners

Beginning with June 1, 2010 dates of service, Aetna will pay mid-level practitioners at 85 percent* of the contracted rates for covered professional services (consistent with the Centers for Medicare and Medicaid Services payment policy).

This policy applies to nurse practitioners, physician assistants, certified nurse midwives and registered nurses. As of June 1, you will need to list the mid-level practitioner's name in the servicing provider field when you submit claims for services rendered by a mid-level practitioner.

This policy does not apply to:

- Certified registered nurse anesthetists, registered nurse first assistants or behavioral health practitioners
- Claims billed with an assistant surgery modifier
- Covered DME, orthotics, prosthetics, supplies, drugs, laboratory, radiology services and immunizations billed by a mid-level practitioner
- Medicare Private Fee-for-Service (non-network based)
- Providers contracted through a third party or vendor

Also, we want to make sure the names of all your practices' mid-level practitioners display in our directories. For information on joining our network, reference **www.aetna.com**. For other questions including the process for submitting practitioner contact information, contact your network representative.

*This policy will not apply in the states of Alaska, Kansas, Maine and Missouri.

## New rate for assistant surgeons starts in May

As a reminder, effective May 1, 2010, we will change our rate for physicians assisting at surgery.*

As of this date, the rate will change from 20 percent of the negotiated rate or recognized charge, based on Aetna reimbursement policies, to 16 percent of the negotiated rate or recognized charge.

We will reimburse multiple eligible assistant surgery codes as follows:

- 16 percent for the primary procedure
- 8 percent for the second eligible procedure
- 4 percent for each additional eligible procedure

*In February, physicians were notified of this change via email or postcard.

## Specialists: Patient medical records may be requested for new program

Under a new program, Aetna may be requesting and reviewing selected medical records to compare the clinical coding to the corresponding clinical services that were provided to our members.

In some cases, records will be requested based on the characteristics of the claim (such as the charges billed in conjunction with the procedure performed).

In other cases, records will be requested based on the provider who submitted the claim. These providers have been selected based on our claim analysis which identified different billing practices in these providers when compared to their peers.

**Affected specialties**
Orthopedic surgery, neurosurgery, hand surgery, podiatry, plastic surgery, ENT, neurology, physiatry, sports medicine, pain management.

**Affected procedures**
Spine surgery, knee surgery, shoulder surgery, TJR, hand surgery, foot surgery, grafts/nails, derm procedures, wound care, breast reconstruction, mammoplasty, hand/nose/face surgery, nerve blocks, injections/trigger points, neurostimulators, NCV, nose surgery, endoscopy.

When claims are selected for review, we will request copies of needed medical records.

## Our coverage policies on cancer screenings have not changed

In late 2009, the U.S. Preventive Services Task Force (USPSTF) issued new guidelines regarding screening mammograms, and the American College of Obstetricians and Gynecologists (ACOG) updated its cervical cancer screening recommendations.

We recognize that these new guidelines have caused some concern and confusion.

Aetna's standard benefits for these cancer screenings remain unchanged. Aetna considers the following services to be covered benefits for members with preventive care benefits:

- Annual screening mammograms for women beginning at age 40, and for women younger than age 40 who have a family history or genetic risk factors that place them at heightened risk for breast cancer.
- Annual cervical cancer screenings with no age restrictions.

We encourage our members to seek preventive care and to speak with their physician about the health screenings that are appropriate for their age, health status and family history.

**Updating our CPBs**

Aetna's Clinical Policy Bulletins (CPBs) state Aetna's policies on the medical necessity of medical technologies and services. Our CPBs are available at **www.aetna.com**.

We review our clinical policies at least annually. This includes a review of new evidence, guidelines and recommendations from medical professional organizations and public health agencies.

## Cancer management program provides opportunity for oncologists

In select Aetna markets, we are introducing a voluntary Comprehensive Cancer Management Program.

This program will give participating oncologists the chance to engage in National Comprehensive Cancer Network-based pathways and clinical protocols for their Aetna patients' cancer care.

Program highlights will include:

- Chemotherapeutic and pharmacy usage that is based on best available evidence of efficacy, safety, side-effects and less cost for comparably efficacious options.
- Consistent, evidence-based care that can be measured and compared to national benchmarks.
- Care management services integrated with the practice where care is delivered.
- In some geographic areas, advanced care planning and clinical support may be offered to address the clinical, social, financial and spiritual needs of patients at the end of life.

At press time, we had not yet finalized the participating markets, but we expect to begin implementing the program in the first quarter of 2010.

Vendors implementing this program on Aetna's behalf will be contacting Aetna network oncologists and inviting them to participate in this new program.

## New process for AWCA reconsideration requests

Effective January 1, 2010, Aetna Workers' Comp Access® (AWCA) launched a new process for reconsideration requests. To help facilitate more accurate and timelier resolution of your billing, you should now send bill reconsideration requests directly to the payor.

AWCA's customer service team will continue to assist you in reviewing bills for reconsideration. If after review, the customer service representative determines that a bill was incorrectly priced, he/she will give you the contact information for the appropriate payor.

This change shortens turnaround time for reconsiderations, and also helps you receive your corrected bill and payment sooner.

For more information about AWCA, visit **awca.aetna.com**.

# Office Wise

## RelayHealth® offers convenient online communication services

Communicate with your patients online using RelayHealth, a secure, web-based doctor-patient communication service.

Online services give your patients an efficient alternative to phone calls and office visits. With a few mouse clicks, patients can consult with you using a webVisit®, schedule an appointment, request referrals, prescription renewals and refills; review lab and test results; and access health care information services.

### Using webVisit

The RelayHealth webVisit combines the advantages of an office visit with the convenience of an online, structured communication – ideal for non-urgent or chronic medical problems. The online tools can also help bridge the gap between office visits by offering opportunities to reengage patients while reducing phone calls and increasing office efficiency.

RelayHealth online service is available to Aetna members in all states where Aetna participating doctors are also enrolled in the RelayHealth service.

### Learn more

Aetna's online provider directory, DocFind® includes a list of Aetna participating doctors enrolled with RelayHealth. All Aetna participating primary care providers and certain specialists are eligible.

To learn more about RelayHealth services or to register:

- Visit **www.setyourpracticefree.com**. Click on "See What Customers Are Saying" to hear other physicians discuss their experiences with RelayHealth and view a demo. The site also includes information about reimbursement for webVisits.
- Or, call RelayHealth toll-free at 1-877-744-9682.

## Electronic contracting is here

Aetna is the first health care company to introduce electronic provider contracting.

Providers can now receive and sign provider agreements by email, making the contracting process faster and more reliable. This system will help with ease of administration, reduce paper clutter and save postage costs.

We are working with EchoSign™ as our eSignature vendor. EchoSign's software conforms to compliance, legal and security requirements. To learn more about EchoSign and their eSignature solution, visit **www.EchoSign.com**.

So check your inbox – an electronic provider contract for new associates in your practice may be arriving soon.

If we do not have your office email address, you can submit it to us:

- Physicians: **https://aetna.providerpreference.com/**
- Facilities: **https://aetna.providerpreference.com/facilities.php**

## Online Toolkit contains helpful information

Our Health Care Professional Toolkit, available on our secure provider website via NaviNet, includes the following important information.

### Member rights, discrimination

The Toolkit includes information on all member rights and responsibilities, including those about discrimination.

All participating physicians should have a documented non-discrimination policy. Federal and state laws prohibit discrimination in the treatment of patients on the basis of race, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition, sexual orientation, claims experience, medical history, evidence of insurability (including conditions arising out of acts of domestic violence), genetic information or source of payment.

All participating physicians or health care professionals may also be obligated under the federal Americans with Disabilities Act to provide physical access to their offices and reasonable accommodations for patients and employees with disabilities.

### Accessibility standards

Specialist accessibility standards are specific to your state and specialty. Refer to your provider contract for more information. The Toolkit includes accessibility standards for primary care physicians.

If you don't have Internet access, call our Provider Service Center for a paper copy of the Toolkit.

# 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

NEW **Medicare Advantage Plans (course catalog)**

- Aetna Medicare Advantage Plans Overview
- Aetna Medicare Dual Advantage℠ Plan (HMO) and Aetna Medicare Dual Advantage Plan Open Access (HMO)
- Aetna Medicare Dual Advantage Plan (HMO) Model of Care
- Medicare Fraud, Waste and Abuse (FWA) Compliance

**Continuing Education**

NEW Electronic Medical Record: The Link to a Better Future

**Reference Tools**

NEW Provider Manuals: Aetna at a Glance

**Updated** Provider Manuals: Aetna Benefits Products (ABP) Quick Guide

## Learn more about Electronic Medical Records with our CME course

Implementing health information technology (HIT) into your practice may help improve your quality of patient care and practice profitability. To help you get started, we're offering a CME course that offers a non-technical view of the steps necessary to successfully introduce HIT.

### A better future

The course, entitled "Electronic Medical Record: The Link to a Better Future," is useful for physicians, practice managers and administrators. Physicians can receive three Category 1 CME credits in ethics and/or professional responsibility education.

Among other benefits, this course will help you:

- Evaluate your practice with a "needs assessment" to determine electronic medical record (EMR) readiness
- Discuss common EMR vendor contract issues and legal considerations for using technology
- Summarize steps for selecting, implementing and maintaining an EMR system

To locate the course on **www.AetnaEducation.com**, select "Course Catalog" then "Continuing Education."

The Texas Medical Association (TMA) designates this educational activity for a maximum of three AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. TMA designates this activity for three credits in ethics and/or professional responsibility education.

Texas Medical Liability Trust policyholders who complete this course may earn a three percent discount (not to exceed $1,000), which will be applied to their next eligible policy period.

## Spread the word about this website

Why not let your colleagues know about the great benefits and dynamic features of the Education Site?

After logging in at **www.AetnaEducation.com**, click "Share this site with a colleague" on the top navigation bar. It is pre-populated with a brief, explanatory message.

Let others know what you've already discovered — that **www.AetnaEducation.com** has many valuable tools to help with administrative tasks, as well as clinical and patient outcomes.

## Fraud, waste and abuse training available

The Centers for Medicare & Medicaid Services (CMS) requires that individuals and organizations contracted with a Medicare Advantage (MA) plan and involved with the administration or delivery of health, prescription drug and/or administrative services to MA plan and/or standalone Medicare prescription drug plan (PDP) enrollees annually complete a training program designed to prevent fraud, waste and abuse.

Aetna offers a Fraud, Waste and Abuse (FWA) training course through the Aetna Education website. Go to **www.AetnaEducation.com** and look in the course catalog for "Medicare Advantage Plans."

This FWA training requirement applies to providers (including office staff), pharmacies and delegated entities contracted with an MA plan. Providers who completed FWA training provided by another MA plan are not required to complete FWA training again through Aetna.

CMS does not require providers to submit an attestation upon FWA training completion; however, you should keep a copy of the course certificate available at the end of the training. CMS or Aetna may perform an audit to confirm compliance with this FWA training requirement.

March is National Colorectal Cancer Awareness Month. It's the perfect time to take "Colorectal Cancer Screening for Primary Care Clinicians"– our no-cost, guideline-based CME course.

# Striving for Quality Excellence

## Where to find UM, clinical policy support information

It's easy to locate information about our utilization management (UM) criteria, Clinical Policy Bulletins (CPBs), Pharmacy Clinical Policy Bulletins (PCPBs), and the availability of our medical directors.

### UM criteria

Patient Management staff applies evidence-based, clinical criteria from nationally recognized authorities as guidance when rendering UM decisions. They apply these criteria to the clinical information collected. This process applies to precertification, inpatient review and retrospective review decisions.

To view the criteria used:

- Go to **www.aetna.com** and select "Health Care Professionals"
- Choose "Policies & Guidelines" then "Policy Bulletins" or "Determining Coverage"

For a copy of the criteria upon which a specific determination was based, call or write to our Provider Service Center.

### CPBs and PCPBs

CPBs and PCPBs explain and guide Aetna's determination of whether certain services, medications or supplies are medically necessary, experimental and investigational or cosmetic. CPBs and PCPBs can help you assess whether your patient meets our clinical criteria for coverage. They can also help you plan a course of treatment prior to calling for precertification, if required.

### To view CPBs

- Visit **www.aetna.com** and go to "Health Care Professionals."
- Log into our secure provider website via NaviNet and select "Clinical Resources."
- If you don't have Internet access, call our Provider Service Center to request a hard copy. For a PCPB, contact Pharmacy Management at 1-800-670-3566.

### Medical director availability

Aetna medical directors are available 24 hours a day for specific UM issues. Physicians can contact Patient Management and Precertification staff at the telephone number on the member's ID card. When only a Member Services number is shown on the card, you will be directed through either a phone prompt or a Member Services representative.

## HEDIS® 2010 data collection underway

Through early May 2010, Aetna staff or our contracted representatives may contact your office to collect medical record information for our annual Healthcare Effectiveness Data and Information Set* (HEDIS) reporting.

### What we may need from you

For the majority of HEDIS reporting, we analyze administrative data, such as medical and pharmacy claims and laboratory data.

If we cannot get the information we need, we may ask your office to help us using information from a patient's medical record. You can do this either by sending us the information or by working with an Aetna representative to photocopy medical record information in your office.

### Meeting HIPAA guidelines

Providing medical record information for HEDIS data collection complies with Health Insurance Portability and Accountability Act (HIPAA) regulations. We handle all information confidentially and use it only in the aggregate. HIPAA privacy rules permit the use and disclosure of protected health information without a member's authorization if the use or disclosure falls within the defined scope of payment, treatment or health care operations.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.

## Verify cost sharing for Medicare patients

Office staff should always verify cost share amounts when seeing an Aetna Medicare Advantage plan patient for the first time in 2010, as cost share amounts may have changed in 2010.

Refer to the member ID card for some cost share amounts, or you can contact Aetna for cost share information.

# Prescription Medications & Pharmacy Management

## Additions to precertification, quantity limits and step-therapy programs

The drugs listed below will be added to our commercial Pharmacy Management precertification, quantity limits and step-therapy programs effective July 1, 2010. For all drugs requiring precertification, medical exception, step therapy and/or quantity limits, and the disclaimers underlying these programs, visit **www.aetna.com/formulary**.

| Precertification | Requirement |
|---|---|
| ARCALYST | |
| ADOXA, DYNACIN, MINOCIN, MONODOX | |
| MARINOL | |
| QUALAQUIN | |
| Opioids and NUCYNTA in members with paid Rx claims for buprenorphine sublingual or SUBUTEX or SUBOXONE | SAFETY EDIT – will apply to all commercial books of business |
| **Quantity limit** | **Requirement** |
| AZULFIDINE, sulfasalazine, sulfazine | 500 mg = 8 tablets per day |
| AZULFIDINE EN, sulfasalazine EC, sulfazine EC | 500 mg EN = 8 tablets per day |
| CANASA | 1000 mg = 1 suppository per day |
| DIPENTUM | 250 mg = 4 capsules per day |
| PENTASA | 250 mg = 16 capsules per day<br>500 mg = 8 capsules per day |
| ADDERALL XR, amphetamine/dextroamphetamine ER | All strengths = 1 capsule per day |
| CONCERTA | 18 mg, 27 mg and 54 mg = 1 tablet per day |
| METADATE CD | 20 mg and 30 mg = 1 capsule per day |
| RITALIN LA | 10 mg, 20 mg and 40 mg = 1 capsule per day |
| **Step therapy** | **Requirement** |
| AMRIX, FEXMID | One preferred alternative AND cyclobenzaprine |
| AZOR | EXFORGE first |
| OPANA IR | morphine sulfate IR or oxycodone IR first |
| PATANASE | ASTELIN or ASTEPRO first |
| CLODERM, CUTIVATE, DESONATE, LOCOID, LOCOID LIPOCREAM, VERDESO AER | Preferred topical corticosteroid first |
| **Benefits exclusion** | |
| **Drug** | |
| EPICERAM SKIN BARRIER EMULSION | |
| TETRIX KIT | |
| Compounded drugs | Over-the-counter products and bulk powders |
| **Removal of edits** | |
| **Drug** | **Requirement** |
| CANASA 500 mg suppository | Removal of quantity limit |
| LYRICA | Removal of precertification and step therapy, October 2009 |

**National Precert List (NPL) to be activated for all pharmacy plans:**

- The NPL applies to all Aetna business that contracts with Aetna for medical benefits and follows our Clinical Policy Bulletins.
- Currently, some plan sponsors are not subject to edits on the NPL. Beginning July 1, 2010, this list will apply for these plan sponsors that have not previously been subject to these edits.
- Under Aetna's medical plans, precertification is required for the medications on the NPL. This list is subject to change. View the list at **www.aetna.com**. Select "Health Care Professionals" then "Find a Document or Form."

## Review our Medicare and Non-Medicare formularies

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

- For Medicare formulary information, visit: **www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp**.
- For Non-Medicare formulary information, visit: **www.aetna.com/FSE/planType.do?businessSectorCode=CM**.

For a paper copy of our formulary guide, call 1-800-AetnaRx (1-800-238-6279).

## New online vendor for Medicare Part D vaccine claims

We are now contracted with POC Management Group, a wholly owned subsidiary of Dispensing Solutions, Inc. (DSI), which provides physicians with access to eDispense Vaccine Manager.

**eDispense Vaccine Manager**
eDispense Vaccine Manager is an online resource designed to help physician offices better manage vaccine administration for patients with Medicare Part D plans. With this service, you will be able to:

- Verify member eligibility and benefits
- Inform members of their appropriate out-of-pocket expense
- Submit vaccine claims electronically
- Receive reimbursement information in real-time

You will receive payment for the drug and its administration based on the Aetna/DSI reimbursement schedule, less member copayments and/or deductibles. DSI will forward payment from Aetna to you directly for covered claims submitted.

For your patients, eDispense Vaccine Manager minimizes their up-front, out-of-pocket expenses for vaccines, as you can collect the appropriate cost share in real-time.

**How to enroll**
There is no cost to enroll. Go to **enroll.edispense.com** and complete a one-time online enrollment. Learn more by calling eDispense Vaccine Manager at 1-866-522-EDVM (1-866-522-3386) or at **www.pocnettech.com/physicians.html**.

## Updates to Aetna Specialty CareRx℠ drug list

We annually review the Aetna Specialty CareRx List (formerly known as the Aetna Pharmacy Managed Self-Injectable List). This list contains many of the specialty drugs covered under your Aetna patients' benefits plans.

We also update the list regularly based on the latest medical findings, information from the Food and Drug Administration, costs, and need for special handling, storage and shipping.

View the list at **www.AetnaSpecialtyCareRx.com**, and visit **www.aetna.com/formulary** for the most up-to-date preferred drug, precertification, quantity limits or step-therapy information.

## California providers: How to access your fee schedule

In accordance with the regulations issued pursuant to the Claims Settlement Practices and Dispute Mechanism Act of 2000 (CA AB1455 for HMO) and pursuant to the expansion of the Health Care Providers Bill of Rights (under CA SB 634 for indemnity and PPO products) we are providing you with information about how to access your fee schedule.

- If you are a provider affiliated with an IPA, contact your IPA for a copy of your fee schedule.
- If you are a provider directly contracted with Aetna, please fax your request along with the desired CPT Codes to 1-859-455-8650. If you have additional questions, please contact the Provider Service Center.
- If your hospital is reimbursed through Medicare Groupers, visit the Medicare website at **http:// http://www.cms.hhs.gov** for your fee schedule information.

### For more information

Visit **www.dmhc.ca.gov/** and select "Providers", then "General Information," "Laws" and "Existing Regulations."

**WASHINGTON**

## Rate change for non-physicians

Non-physicians in Washington who assist during surgeries (for example, registered nurses and physician assistants) will be paid at 12 percent of the allowed rate for dates of service beginning June 1, 2010.

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## Reminder: Inform Aetna about Serious Reportable Events, Never Events

Aetna's policies on Serious Reportable Events and Never Events took effect on August 15, 2009. It is important that you report such events to Aetna, if and when they occur.

You can notify us of a Never Event by calling our Provider Service Center. The service center will refer the event for further review. In addition, for Never Events, you should bill us your regular charges, though you should not expect payment for services directly related to these events.

With Serious Reportable Events and Never Events, you will continue to have access to all applicable appeals available under your contract with us.

**View the policies online**

Log into the secure provider website via NaviNet and:

- Select "Aetna Health Plan" from the Plan Central home page
- Select "Claims," then "Policy Information (Step 3)" and scroll down to "Claim Payment and Coding Policies"
- Search by "N" for "Never Events and Serious Reportable Events" (facility policy), or
- Search by "P" for "Professional Fees for 'Never Events'" (professional policy)

You can also view Aetna's reimbursement review workflow online.

The information and/or programs described in this newsletter may not necessarily apply to all services in this region. Contact your Aetna network representative to find out what is available in your local network. Application of copayments and/or coinsurance may vary by plan design. This newsletter is provided solely for your information and is not intended as legal advice. If you have any questions concerning the application or interpretation of any law mentioned in this newsletter, please contact your attorney.

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