

**Physician Advisory Board  
Meeting of December 2, 2005**

The Aetna Physician Advisory Board met on December 2, 2005. The meeting was held at the Boca Raton Beach Club in Boca Raton, FL.

Drs. Charles Cutler, William Gee, Stanley Goldfarb, Scott Hayworth (by telephone), Robert Harrison, Russell Libby, Leonard Lichtenfeld, and Diane Wallis attended. Dr. Robert Oblath did not attend.

Also attending for Aetna were Drs. James Cross and Hyong Un, Andrew Allocco, Eric Elliott, Allen Karp, Robert Stillman, Jeff Taylor and Karen Upchurch.

Dr. Cutler then raised the topic of enhancing communication of the Board's activities to the broader physician community. Board members agreed that such communication would be beneficial, observed the need to use multiple communication channels and the need for Aetna to devote added resources to support this effort, and proposed various methods for better informing physicians generally of the Board's work. Ms. Upchurch was tasked to work with one or more Board members as liaisons for this effort.

*RUC Update*

Dr. Lichtenfeld then provided an update on two issues concerning the RVU Update Committee (RUC). First, he reported on Aetna's suggestion that the RUC disclose its deliberations. Dr. Lichtenfeld observed that opinion on this proposal is divided within the RUC and mentioned concerns expressed by various RUC members, including potential legal risks and interest by the American Medical Association in preserving the value of its investment in the RUC's activities. Dr. Gee also mentioned concern over possible misuse of data collected by the RUC. Mr. Stillman offered to work with legal counsel for the RUC on legal issues to the extent the RUC would find that helpful.

Second, Dr. Lichtenfeld reported on the current status of the RUC's consideration of potential revisions to work values (to be effective 1/1/07). He observed that the overall result of this review must be budget neutral to the Medicare program, that there are proposals to increase the RVUs assigned to a number of complex surgical procedures, and that vigorous discussion continues.

In the course of the discussion, Dr. Libby observed that Medicare has proposed to reduce its fee schedules by 4.4 percent effective 1/1/06 and inquired whether Aetna's fee schedules would decrease in lockstep if the proposed Medicare reductions go into effect. Messrs. Allocco and Karp responded that Aetna would not copy Medicare's fee schedule reduction but would take Medicare's action into account and, overall, would likely increase its fee schedules less than it would absent a Medicare fee schedule reduction.

### *Vaccine Pricing*

Dr. Cross then reported on two questions raised at the prior meeting regarding Aetna's method of paying for vaccines. First, he confirmed that the new reimbursement methodology, as discussed at the prior meeting, can be implemented effective 4/1/06. Dr. Libby then observed that counseling patients regarding immunizations is an increasingly time-intensive task for physicians and encouraged Aetna to help educate its members on this subject. Dr. Cutler offered to share the educational efforts the company currently engages in concerning immunizations.

Second, Dr. Cross responded to concerns that Dr. Libby had previously raised about prices paid in specific markets for specific vaccines. Dr. Cross observed that the national price levels set by Aetna for these vaccines were in an appropriate range but that individual geographic regions have discretion in setting prices for their areas. Dr. Cross encouraged Board members to provide him with any market-specific examples of inappropriate vaccine pricing, and Mr. Karp committed to remind local market personnel to update vaccine fee schedules on a timely basis.

### *System Updates*

Referring to materials distributed in advance of the meeting, Dr. Cross next summarized the process of implementing changes to Aetna's reimbursement policies. He explained the extent to which such implementation is dependent on making changes in one or more computer systems and how such dependence affects the cost and lead time for implementing changes. Dr. Cross also discussed Aetna's planned adoption in 2006 of a system enhancement that is expected to significantly reduce the lead time needed for implementing many coding policy changes. In the course of the discussion, Drs. Gee and Harrison raised questions concerning situations in which claims are retroactively denied because Aetna subsequently learns that the individual was not eligible for coverage at the time of service.

### *Commonly Billed CPT Codes*

Dr. Cross then updated the Board on Aetna's response to Dr. Harrison's request for information regarding the CPT codes most commonly billed for each specialty, and information regarding Aetna's payment logic for such codes. Dr. Cross reported that Aetna has determined the most commonly billed codes for 12 specialties and will make that information available to Board members. He also explained that implementation of the new system capability referred to earlier will enable physicians to easily identify the reimbursement logic associated with those and other codes.

### *Explanation of Benefit Forms*

Dr. Cross also provided an update regarding the Board's request that Aetna's explanation of benefit forms provide more detailed information concerning the claim editing reasons for claim denials or reductions. Dr. Cross explained that Aetna is working on modifying EOB's as requested and expects to implement the first phase of such revisions in the second quarter of 2006.

### *CT Angiography of the Heart*

Referring to materials distributed to Board members at the meeting, Dr. Wallis next reported on developments in coding guidelines for CT coronary angiography (CTA). She expressed the view that in appropriate clinical circumstances this technology can result in better diagnoses and reduced surgical times compared with older diagnostic techniques but also voiced concerns about the technology's overuse, including particular concerns that "direct-to-consumer" marketing of the technology may result in overuse that unnecessarily exposes patients to high levels of radiation.

Dr. Wallis explained that new codes for this technology are being introduced as Category III or temporary codes and explained the relationship between the new codes and existing codes, including current add-on codes for myocardial perfusion studies, and explained that there is confusion among practitioners concerning these new codes.

Following Dr. Wallis' remarks, Dr. Cross explained that at this time Aetna considers CTA experimental and investigational technology and therefore excluded from coverage under benefit plans insured or administered by Aetna. Dr. Cross agreed to review with Dr. Wallis recent developments in the field and to reconsider the experimental designation to the extent warranted by the scientific evidence.

### *e-Prescribing*

Referring to materials distributed in advance, Messrs. Elliott and Taylor then made a presentation concerning e-prescribing. They summarized perceived patient safety and efficiency advantages with this technology, including beneficial experience in the aftermath of Hurricane Katrina, while noting concerns raised by Dr. Harrison and others with potential time needed to enter the information for e-prescribing.

Mr. Taylor further summarized current barriers to more widespread adoption of the technology and anticipated future developments, and explained Aetna's participation in initiatives that enable e-prescribing systems to be compatible with any of multiple systems currently used by physicians. Mr. Taylor also explained that Aetna is introducing pilot programs to encourage adoption of this technology among Aetna network physicians.

### *e-Health*

Referring to materials distributed in advance, Mr. Karp then summarized a proposed Aetna pilot of technology enabling physicians to permit email "visits" with their patients. Mr. Karp described the features of the technology Aetna plans to pilot and explained the proposed payment structure for this service, as well as perceived benefits to members, employers and physicians. Dr. Harrison described the positive experience of his office with similar technology offered by another payor, while Dr. Wallis observed that the product would be more attractive if it were tailored by specialty to those specialties, including cardiology and pediatrics, that experience high volumes of phone calls.

### *Chairman's Project on Depression*

Referring to materials distributed in advance, Dr. Un then described Aetna's planned initiative regarding management of depression. He summarized barriers to diagnosis and treatment and the components of Aetna's planned initiative, including educational and other tools to be made available to PCPs in Aetna's network, training of office staff and support offered through Aetna case managers. Dr. Wallis recommended that the program give added emphasis on links between depression and adverse cardiac-related outcomes, including hospitalizations and deaths, and explained how she communicates to her patients about depression. Drs. Harrison and Libby also offered observations about the challenges of managing depression in the pediatric and adolescent population.

### *Physician Advisory Board Mailbox Submissions*

Dr. Cross then reviewed several coding issues raised through mailbox submissions.

First, he discussed Aetna's payment policy regarding Doppler color flow (CPT code 93325). He explained that Aetna developed draft coding rules based on American College of Cardiology guidelines, and further refined those rules based on that specialty society's comments. Dr. Wallis expressed reservations about certain aspects of the resulting Aetna policies, and Dr. Cross indicated a willingness to have further discussions on the topic.

Second, Dr. Cross responded to a request that Aetna pay for CPT code 78465 (SPECT myocardial perfusion study) in addition to payment for first pass radionuclide angiography (CPT codes 78481/78433). Dr. Wallis observed that she has prepared written comments on this issue, which are in the process of being forwarded to Dr. Cheryl Pegus at Aetna.

Third, Dr. Cross responded to a question regarding CPT code 76375 (3D ultrasound). Dr. Cross explained that while Aetna permits payment for the ultrasound, it does not believe that there is any added work in converting the image to 3D format, and accordingly, does not pay for that particular code.

### *Medical Malpractice Legislative Reform*

Referring to materials distributed in advance, Mr. Stillman then addressed the issue of medical malpractice legislative reform efforts. He summarized Aetna's view of desirable reforms, including the desirability of extending any reforms to insurers as well as providers; current prospects for passage of federal reform legislation; and recent developments in various states. He also offered thoughts on how insurers and physicians might work more effectively in the future.

There was discussion among Board members on these and related topics such as relative funding by physicians and plaintiff trial attorneys of lobbying efforts.