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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”
- 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

How to update your demographic information

If you need to change or update your office’s demographic information – new e-mail addresses, or a new mailing address, phone or fax numbers – you should do it through our **secure provider website**. Also, let us know if your name changes due to marriage or another life event.

Online security is more important than ever in today’s high-tech world. Our secure site lets you validate the information you submit. It also ensures that unauthorized individuals are not submitting wrong information about your office or facility.

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.

So, if you’ve been calling our Provider Service Center to make these changes, we ask that you use the secure site. If you’re already doing that, you don’t need to do anything different.

Secure website registration

To use the secure website you must first **register** to do so. Registration is easy. Once registered, you’ll also be able to submit claims transactions; check member eligibility and benefits; and even verify referrals.

No change for delegated entities

If you’re contracted with a delegated entity, you should continue to follow the existing workflow for submitting any demographic changes.

Refer your patients to in-network providers

Your Aetna patients almost always pay more out of pocket when they access care from out-of-network providers.

Helping them meet cost-of-care challenges can make a real difference to them. It can also help your practice build a more personal relationship with these patients. We urge you to consider this when referring patients.

Referring your Aetna patients to out-of-network providers should only be considered when either:

- Qualified in-network providers are not readily available
- The Aetna member is informed and agrees to using the out-of-network provider

Find providers on DocFind®

You can find in-network providers and facilities on our DocFind online provider directory. DocFind is available on our **secure provider website**.

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 provides advice to us on issues of importance to physicians. The chart below outlines coding and policy changes:

Procedure	Implementation date	What's changed
E&M codes billed by certain non-physician provider types	12/1/2012 - policy clarification	We communicated the following policy change in the September 2012 issue . The E&M codes applicable to this policy are 99201-99499. E&M codes will not be allowed for the following specialists: <ul style="list-style-type: none"> • Audiologists • Dieticians • Nutritionists • Physical, occupational and speech therapists
97140 – manual therapy techniques*	3/1/2013 - FYI	Currently, procedure 97140 is not recommended for separate payment when submitted with procedure 98940-98943. Modifiers 25 and 59 do not override this edit.
Lab panels*	3/1/2013	For payment purposes, effective 3/1/2013, we will change how we bundle lab codes into the more comprehensive panel code. We will bundle individual lab component codes into the more comprehensive panel code when a designated number of component codes are billed. For more information, refer to Claims, Policy Information (Step 3), Claim Payment and Coding Policies, Laboratory Panels on our secure provider website .
G0438 – annual wellness visit; includes a personalized prevention plan of service (pps), initial visit* G0439 – annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit* 99391-99397 – preventive Evaluation and Management (E&M) visits; established patients*	3/1/2013	We will deny G0438 and G0439 as mutually exclusive when billed with an E&M service from range 99391-99397. Modifier 25 will not override these edits.
Per day limits*	3/1/2013	The following per day limits will apply: <ul style="list-style-type: none"> • 88319 – 10 units per date of service • 86609 – 14 units per date of service
95165 – professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens*	3/1/2013	We will allow 95165 90 times per year. This frequency limit is based on a rolling year (12 months), from the time of service. We will end the current per day limit of 30 on 3/1/2013.
Emergency room – level of care policy*	3/1/2013	Effective 3/1/2013, we will expand this policy to apply to percentage off of billed contracts (in addition to fixed rate contracts). View on our secure provider website . From the Plan Central home page: <ul style="list-style-type: none"> • Choose “Aetna Health Plan” • Click on “Claims” and “Policy Information (Step 3)” • Select “Claim Payment and Coding Policies” • “Emergency Room – Level of Care Facility Expenses”

***Washington providers:** This item is subject to regulatory review and separate notification.

Precertification list clarifications

An article about changes to the 2013 National Precertification List (NPL) in the **September 2012 issue** of *Aetna OfficeLink Updates* had incorrect information.

Be aware of the following:

- Xgeva is a bone-modifying agent. We incorrectly listed it under the osteoporosis drug class. Xgeva still requires precertification for all indications.
- Refer to **Clinical Policy Bulletin #0804** for Xgeva precert requirements.
- Wet age-related macular degeneration treatments Eylea, Macugen and Lucentis® won't be added to the NPL.
- A trial and failure, contraindication or intolerance of either Aredia or Zometa won't be required before treatment of Xgeva.
- Zometa and Aredia only require precertification for osteoporosis indications.

Refer genetic lab testing services to Quest Diagnostics

The Aetna lab network continues to offer a full spectrum of genetic testing services through Quest Diagnostics. Quest Diagnostics' genetic test menu includes:

- Testing for rare and common genetic disorders
- Guideline-supported carrier testing for cystic fibrosis, Fragile X syndrome, spinal muscular atrophy and the Ashkenazi Jewish genetic disorders
- Multiple options for Down syndrome and other chromosomal disorders
- Chromosomal testing for genetic causes of autism and developmental delay or to

help diagnose fetal chromosome abnormalities

- Genetic testing to help diagnose and monitor many cancers
- Companion diagnostics and pharmacogenetic testing to aid in treatment selection

Maximizing benefits

Quest Diagnostics is an Aetna preferred in-network lab. That means your Aetna patients maximize their benefits and save money when they use Quest Diagnostics. Consider this when referring them for laboratory services.

As a reminder, when referring your Aetna patients to out-of-network providers, including labs, you should make them aware they will be using their out-of-network benefits.

Call Quest Diagnostics' provider line at **1-866-GENE-INFO (1-866-436-3463)** to request specific test information or a consultation. Or go to **Quest Diagnostics** for more information.

Surgical pathology testing payment policy postponed

In March 2012, we informed impacted providers that CLIA and CAP certification would be required for payment of in-office surgical pathology testing beginning January 1, 2013.

To allow providers the time needed to acquire these certifications, we are delaying the start date of this policy change. This policy will now go into effect on April 1, 2013. You can find the notification letters on our **website**.

Office News

ICD-10 adoption delayed until 2014

On August 24, 2012, the Department of Health and Human Services (HHS) announced the adoption of a one-year delay for ICD-10, from October 1, 2013 to October 1, 2014.

We intend to be ready to process ICD-10 claims by the new date. We'll continue to work on the systems, vendor tools, business processes, and policies ICD-10 affects. We encourage you to do this too.

Use the one-year extension to address any business or system challenges you may face, and to help ensure your vendors and trading partners are doing the same.

Upcoming testing

Large-scale internal testing of ICD-10 will start during the first half of 2013. This will be followed by targeted external testing later that year. Testing will continue into 2014.

We will contact you directly if we plan to test with you. We select testing partners based on several factors. One factor is ICD-10's effect on the contract's reimbursement methodology. Contact your clearinghouse partners to initiate test planning in order to ensure readiness.

ICD-10 conversion and diagnosis codes

To get ready for the conversion to new ICD-10 coding requirements, we increased the number of diagnosis codes we review on a claim from 5 to 12.

You don't need to do anything differently when you send us claims.

Our system will still read diagnosis codes associated with specific claim lines to determine the appropriate benefits.

Do you need more information about how the changes under Health Care Reform will affect you and your patients? Visit our [Health Reform Connection website](#).



Aetna Performance Network available January 1, 2013

Employers and employees look to us for options to help better control costs. That's why we created Aetna Performance Network. This tiered network aligns 20 specialties to top-performing hospitals.


Our members pay a lower percentage of their medical costs when they use these Aetna Performance Network doctors and hospitals.

Network criteria

To create the network, we evaluated our participating hospitals based on certain cost and quality criteria. In some cases,

other business considerations were applied.

We then looked at specialists in 20 categories that frequently use those hospitals. In some markets, 12 of the 20 specialties were also reviewed on additional measures for clinical quality and cost.

To see if you are in Aetna Performance Network or to check the status of doctors and hospitals you work with, visit our **DocFind** online provider directory. Select an Aetna Performance Network plan from the dropdown menu and look for the  symbol.

Aetna Performance Network 2013 markets: Arizona; California (Central Valley, No. Calif, Los Angeles, Orange/Inland, San Diego); Connecticut; District of Columbia (Washington, DC); Florida (Brevard County, No. FL, So. FL - Palm Beach and Broward Counties, Tampa); Georgia (Augusta, Savannah); Illinois (Chicago); Indiana (Indianapolis); Kentucky (Louisville); Maine; Massachusetts; Nevada (Las Vegas); New Hampshire; New Jersey (Northern, Southern); New York (Metro NYC, Upstate); North Carolina (Charlotte, Winston-Salem, Raleigh- Coastal-Greenville); Ohio (Cincinnati, Cleveland, Toledo); Oklahoma (Oklahoma City, Tulsa); Pennsylvania (Northeast-Scranton, Southeastern-Philadelphia); South Carolina; Tennessee (Chattanooga, Nashville); Texas (Austin, Houston, San Antonio); Virginia (Hampton Roads, Richmond, Roanoke); West Virginia; Wisconsin (Southeastern).

Smart Choice radiology program offered in select markets

The Aetna Smart Choice program provides cost transparency to members who need radiology services. The program became effective November 1, 2012, in the following states/markets:

- Arizona
- California
- Colorado
- Delaware
- Florida
- Georgia
- Illinois
- Indiana
- Massachusetts
- Michigan
- North Carolina
- Southern New Jersey
- Nevada
- Ohio

Additional markets will be included in 2013.

As part of the program, MedSolutions, a medical management services company, will contact our members to:

- Discuss radiology options
- Help them schedule radiology services

iTriage,[®] a consumer health care app, can help grow your practice

iTriage is an Aetna company and a leading consumer health care application, with more than 7 million mobile downloads.

The mobile/web platform drives more commercially-insured patients to your practice by helping them:

- Evaluate symptoms
- Seek medical treatment
- Make appointments with providers

Download the free iTriage app. It's available on iPhone, iPad, Android and the web.

Learn more, including how you can use iTriage's appointment setting feature to grow your practice.

Help your patients find lower-cost location options for procedures

Facilities where Aetna patients will pay less out of pocket for certain services are now identified in our **DocFind** online provider directory. Look for "Member pays lower out of pocket" in the More Information column.

There may be a big difference in your patients' out-of-pocket cost between one network facility and another. This is especially true for services like:

- Diagnostic radiology
- Scope procedures
- Outpatient ambulatory surgery

To help your Aetna patients save money, we ask you to discuss their location options when you send them for procedures at an outpatient hospital or surgery center.



Learning Opportunities

Log in or register at [AetnaEducation](#)

New and updated courses for physicians, nurses and office staff

Recorded Events

- **New** Aetna's Claim and Account Management Tool recorded webinar
- **Updated** Claim eEOB and EFT recorded webinar
- **Updated** Coding Tool Training recorded webinar
- **Updated** Precertification recorded webinar

Reference Tools

- **Updated** Claims/Coding: Electronic Claim Submission
- **Updated** ID cards: Standard, Medicare and Specialized member ID cards
- **Updated** Products, Programs and Plans: Aetna HealthFund® Health Reimbursement Arrangement overview

New contest

Help patients learn healthy eating habits – you could win a great prize

It can be challenging to eat healthy during the holidays. You can help pediatric and adolescent, overweight patients begin healthy eating habits through our free GetNHealthy Nutrition Counseling Videos.

Get started

1. Log in or register at [AetnaEducation](#)
2. Type "holiday" in the search field and click "Go"
3. Complete GetNHealthy Nutrition Counseling Videos course

You'll be automatically entered into the GetNHealthy with AetnaSM holiday contest.

Win a \$100 gift card

If you meet the contest criteria rules, you'll be eligible to win a \$100 gift card to [GiftCertificates.com](#). If you win, you can use your gift card to buy what you want. Try a healthy recipe cookbook, fun cooking tools or a restaurant gift card.

Watch these helpful videos

In the videos, Inger Hustrulid, RD, LDN, ACSM, explains basic communication, counseling and interview techniques to help with nutrition counseling.

You'll learn how to:

- Discuss healthy eating during well visits.
- Talk with families about weight management.
- Interview the family using the modified motivational approach.
- Design an overall weight management strategy for a child and his/her family.

So step into our virtual "kitchen" to "cook" and "learn" with us—it can really pay off.



Pharmacy

How to find short-supply oncology drugs

The shortage of oncology drugs continues to increase, without a short-term solution.

We know this can affect physicians and oncology patients. We are working with manufacturers to help address this shortage.

Call our pharmacists for help

We may be able to help you fill your prescriptions for one of these drugs:

- Bleomycin
- Fluorouracil
- Vincristine
- Doxorubicin

Other short-supply chemotherapy drugs may be available soon. Call us at **1-866-782-2779** and ask to speak with a pharmacist for more information.

Update: January 1, 2013 Aetna Preferred Drug List

- The 30-day supply per calendar year quantity limit for short-acting opiate/opiate combination medications won't be effective. Therefore, precertification won't be required, but quantity limits still apply.
- Stimulant medications won't require precertification, but quantity limits still apply.

Where to see 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.

- Go to our 2012 [Medicare formulary](#)
- Go to our 2013 [Medicare individual formularies](#)
- Go to our 2013 [Medicare group formularies](#)
- Go to our [Commercial Preferred Drug List](#)

For a paper copy of these guides, call us at **1-800-AETNA RX (1-800-238-6279)**.



Communicating effectively about EHRs with your patients

If you use electronic health records (EHRs), it's important to keep open communication with patients. It may be challenging to have personal interaction while looking at a computer screen or tablet during the patient's visit.

Use the LEVEL* system:

- **L: Let the patient look on.** Share information on the computer screen.
- **E: Eye contact.** Treat every conversation with a patient like you would with a friend or family member.

- **V: Value the computer.** Explain the benefits of using a computer. Share visuals on the screen.
- **E: Explain what you're doing.** Talk through each step. Tell patients if you're sending the prescription to the pharmacy or looking up test results.
- **L: Log off.** Patients may worry about privacy. Log off while they are still in the exam room.

This will help assure them that the next patient won't see their information still on the screen.

Dr. Dexter L. Campinha-Bacote, Aetna medical director, offers this advice:

"The patient encounter is the most important interaction during a visit. As we expand our use of technology to make health information more accessible and documentation clearer, let's remember to keep the patient at the center of everything we do. Continuously assess their comfort level with your use of technology, as your skill level increases. We don't ever want to outdistance the people we serve."

*Kaiser Permanente developed the LEVEL system.

Source: American Medical News



Mid-America News

Some Medicare patients' cost-share amounts will change

Effective January 1, 2013, Aetna Medicare Advantage (MA) HMO plan members' cost-sharing responsibilities for certain benefits will change.

Instead of a copayment, Aetna MA HMO plan members will be required to pay coinsurance for the following benefits:

- Part B drugs
- Durable medical equipment (DME)

The amount they pay will be the applicable coinsurance percentage multiplied by Aetna's reimbursement rate. This means your office must determine the applicable coinsurance amount our MA HMO plan members will owe when they receive these benefits.

Eligibility and cost sharing

As of January 1, 2013, we ask that you verify your Aetna MA HMO patient's eligibility and cost share amount. You can access this information:

- On our **secure provider website**. Once logged in, select "Benefits and Eligibility" from the Aetna Plan Central home page.
- By calling our Provider Service Center at **1-800-624-0756**.

To accurately track an Aetna MA HMO plan member's out-of-pocket costs, it is vital that our members are charged accurate cost-share amounts.

Aetna Signature Administrators® (ASA) has a new logo

You may have noticed we have a new look. Watch for patients coming in with ASA cards sporting our new logo.

During this transition, you can still accept ID cards with the old logo.

Role of third-party administrators (TPAs)

ASA is a national Aetna program that provides network services, reinsurance or stop loss coverage, large case management and utilization management services to a variety of plans.

ASA is offered primarily through specially selected TPAs. These TPAs agree to follow our guidelines, including putting the ASA logo on their member ID cards.

Prompt payment

To help ensure prompt payment, send claims from members accessing the Aetna network through the ASA program **directly** to the TPA. Use the claims routing information on the ID card. Questions about these claims can also go straight to the TPA.

You can find more information about ASA on our **Education Site**. Look under the "Products, Programs and Plans" category of "Reference Tools."

**Aetna Signature
Administrators® PPO**
By **aetna**™

Texas – Dallas/Ft Worth

Medicare Advantage network grows with Baylor addition

On November 1, 2012, Baylor Health Care System joined Aetna's Medicare Advantage network.

In addition, Aetna was recently awarded a two-year Medicare Advantage contract by the Teacher Retirement System of Texas (TRS). It takes effect on January 1, 2013. We anticipate over 100,000 TRS plan members to join our Medicare Advantage networks in Texas.

At Aetna we are excited to offer a broader hospital network and cover more lives with our Medicare Advantage products.

Want to contract with our Medicare plans? You can. Simply call your Aetna network representative.

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:

- Clinical, coding and policy changes – page 2
- Precertification clarifications – page 2
- Surgical pathology testing payment policy postponed – page 3
- Smart Choice program available in select markets – page 9
- Update: January 1, 2013 Aetna Preferred Drug List – page 9



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Tell us when a provider leaves your practice or facility

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

- A physician leaves your practice or a new physician joins your practice
- Your office changes its mailing address, phone number and/or fax number
- There is a change to the e-mail address of anyone in your office
- Your office panel status changes (for example, if you want to re-open your practice to new patients (currently frozen) or if your practice is accepting current patients only)

If we don't receive this information from you, your practice may not receive important information that we send either by e-mail or U.S. mail. Plus, this helps us keep information about your practice current. If you are contracted for Medicare Advantage (MA), this is also a Centers for Medicare & Medicaid Services (CMS) requirement.

Your Aetna agreement requires that you comply with all applicable Medicare laws, rules and regulations and CMS requirements. Per Medicare regulations, the CMS requires MA organizations to make a good faith effort to provide MA members with 30 days advance written

notice when a provider is terminating from the MA network.

It's easy to contact us

You can give us this information through our **secure provider website**. On the Aetna Plan Central page, choose “Update Aetna Provider Profile.” If you have questions after going online, call our Provider Service Center.

If you don't have access to the secure site, you can update information by going to the **“Health Care Professionals”** section of public website and clicking on “Request Changes.”

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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