



Aetna OfficeLink Updates™

Southeast 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

We can now receive electronic corrected/voided claims

Aetna can now accept *electronic* information that tells us if a previously submitted claim needs to be corrected or voided.

In the past, you had to call us or send in a paper copy of the claim with "VOID" or "CORRECTED" written on it. Sending this information electronically is easier, and speeds up the process so you'll get paid faster.

All you need to do is electronically provide certain indicators on affected claims. Contact your electronic claims vendor to learn how.

Discover the advantages

Electronic claims submission is quick and easy. Just select the option that works best for you:

- Send professional claims at no cost from our free, secure provider website via NaviNet® at www.aetna.com
- For the technically savvy, submit professional and institutional claims

free of charge via our direct-connect website www.aetnaedi.com

- Use one of our claims vendors from our clearinghouse section on www.aetna.com

Questions?

- Contact us via e-mail at www.aetna.com
- Select "Contact Us," "Health Care Professionals," and "Provider Secure Website"



Remember to tell us about changes to your practice

Under 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
- Any change of mailing address, phone number, fax number
- Any change of e-mail address

- Any new Aetna products your office now accepts (commercial and Medicare)
- Whether your office is taking new patients or is only open to existing patients

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

How to make updates

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.

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
Supplies for maintenance of drug infusion catheter, per week (A4221)	6/1/2011	Aetna will pay A4221 once per week based on HCPCS coding guidelines; however, for physicians, it is considered incidental and not separately payable.
Visual evoked potentials (VEPs) – Clinical Policy Bulletin (CPB) 181	6/1/2011	Visual Evoked Potentials (VEP) are considered conditionally eligible for specific diagnoses outlined in Clinical Policy Bulletin #0181. All other indications are considered experimental and investigational including routine screening.
PCR amplified probe – CPB 650	6/1/2011	Infectious agent quantification using nucleic acid (DNA or RNA) technique is conditionally eligible for specific diagnoses outlined in Clinical Policy Bulletin #0650 – Polymerase Chain Reaction Testing. All other indications are considered experimental and investigational.
Cervical Cancer screening and diagnosis – CPB 443	6/1/2011	HPV testing is considered experimental and investigational for girls and women less than 21 years of age based on the recommendations of the American College of Obstetricians and Gynecologists.
Vascular catheters (A4305/A4306)	6/1/2011	Vascular catheters used in conjunction with a medical and/or surgical procedure will be considered incidental to the primary procedure.
Modifier 52 – Reduced Services	6/1/2011	Modifier 52 is reported when a service or procedure has been partially reduced or eliminated at the physician's discretion. Aetna pays 50 percent of either the negotiated rate or recognized charge without review for a procedure billed with Modifier 52.
ADA exam/evaluation codes billed with anesthesia	6/1/2011	ADA exam/evaluation codes (D0120, D0140, D0150, D0160, D0170, or D0180) will be denied when billed with anesthesia codes (D9220, D9221, D9241, D9242, or 00170).
Anesthesia for intraoral procedures, including biopsy (not otherwise specified)	6/1/2011	ASA code 00170 will be allowed when billed with intraoral surgery procedure codes.
Cast supplies billed with orthopedic shoes	6/1/2011	A4580 will deny as incidental when billed with a code within range L3000 - L3090. Modifier 59 will not override these edits.
Removal of neurostimulator array(s)	6/1/2011	63661 will deny when billed within 90 days of procedure code 63650.
Multiple Procedure Reductions for CT scans, MRIs and Ultrasounds	6/1/2011	Effective June 1, 2011, our policy for multiple imaging procedures will change to apply the reduction when two or more services are furnished to the same patient in a single session. This change is based on the CMS Policy change that went into effect on January 1, 2011. CMS consolidated the 11 imaging families into one family. Our current policy applies the reduction to scans performed on contiguous body areas based on the 11 imaging families. As of June 1, 2011, the reduction will be based on one imaging family.

Correction

The December 2010 issue contained incorrect information in the “Physicians: update your hospital privileges in DocFind® article.” To add a new provider profile to DocFind, the article should have directed readers to choose NaviNet and then to “Update Aetna Provider Profiles.” Note that access to this application is enabled by your office’s NaviNet security officer.

Note these new vaccine administration codes

Effective January 2011, two new vaccine administration CPT codes – 90460 and 90461 – replaced codes 90465-90468. The new codes are reported based on the number of vaccine components rather than on the number of injections/administrations.

- **90460** – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health

care professional; **first** vaccine/toxoid component

- **90461** – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; **each additional** vaccine/toxoid component (list separately in addition to code for primary procedure)

We do not expect any disruption in claims payment as a result of these new codes. Our payment systems can accommodate use of multiple units per claim line as well as multiple claims lines. However, the preferred method of billing is by using a single claim line with the proper number of units per administration code.

We are updating and communicating Aetna Market Fee Schedules separately.

Policy update: reimbursement for nonparticipating services

Beginning August 12, 2011, if the referring physician does not obtain precertification, we will no longer cover at the in-network benefits level for services provided by nonparticipating:

- Radiologists
- Pathologists
- Anesthesiologists
- Independent laboratories

This policy change applies to services performed in an office (or independent laboratory) setting.

Refer in-network

Remember to refer members to participating providers (in an emergency, an out-of-network provider may need to be used).

Here are some tips to remember:

- If there isn't a participating provider available in network, you can request an in-network level of benefits for nonparticipating providers (according to our participating provider precertification policy). Members in Open Choice® plans don't require precertification to use nonparticipating providers.

- Although some patients have out-of-network benefits, your Aetna Physician Agreement requires you to refer to network providers, when possible. Participation in the network is based on the understanding that referring members to in-network providers is critical, as it helps them get the highest benefits under their plan.

- If you are referring members out of network without obtaining precertification, you are required to discuss this with them, according to your Aetna contract. Help promote patient satisfaction by discussing the increased financial responsibility members may have for the services.

To find participating providers, visit DocFind, our online provider directory, at www.aetna.com/docfind.



Changes to 2011 national precertification list (NPL)

Effective date	Action	Service
September 2010	Added (when the drug came to market)	cabazitaxel (Jevtana®)*
January 1, 2011	Deleted	<p>Removed for all plans:</p> <ul style="list-style-type: none"> ■ Intersex surgery ■ Otoplasty ■ Pectus excavatum repair ■ Rhinoplasty/rhytidectomy ■ Surgical treatment of gynecomastia <p>Removed for commercial plans only:</p> <ul style="list-style-type: none"> ■ Ground ambulance or medical van -- (elective or non-emergent) ■ Home hospice ■ Home care services <p>Note: Home health care-related services – private duty nursing, maternity management home care and home uterine activity monitoring – and air ambulance services remain on the 2011 NPL for all plans.</p>
July 1, 2011	Added	<ul style="list-style-type: none"> ■ Endoscopy: bronchoscopy, colonoscopy, upper gastrointestinal, cystoscopy, hysteroscopy ■ Arthroscopy: knee and shoulder ■ Laparoscopic cholecystectomy ■ Botox® type B ■ Krystexxa*

To review the full 2011 NPL, visit www.aetna.com. Select Health Care Professionals,” then “Policies and Guidelines,” and then “Precertification.”

*To precertify these drugs, call 1-866-503-0857, or fax the corresponding Medication Request Form to 1-888-267-3277. Access the forms through our secure provider website via NaviNet. Visit www.aetna.com to log in and select “Aetna Support Center” from the Aetna Plan Central home page, then “Forms Library” and “Pharmacy Forms.”

Newly approved drugs administered by injection or infusion may be subject to precertification review.

Precertification and step-therapy programs are not available in all service areas. For example, precertification programs do not apply to fully insured members in Indiana. Step-therapy does not apply to fully insured 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.

Early precertification can benefit your patients

If Aetna members in your practice require precertification under their benefits plan, we encourage you to precertify as soon as possible.

Early precertification helps us help members prepare for procedures through pre-admission counseling. The ideal timeframe for precertification is two to

Request precerts early

Precertification is the process of collecting information **before** elective inpatient admissions and/ or selected ambulatory procedures and services take place. Therefore, requests for precertification must be received before rendering services. Failure to contact Aetna for precertification will relieve Aetna or employers and members from any financial liability for the applicable service(s), if those services are rendered.

Precertification approvals are valid for 6 months from the date of issue, unless stated otherwise at the time of precertification.

three weeks before the procedure. You can submit precertification requests online via our secure provider website via NaviNet, by fax or mail.

Our members have access to many programs and services that can help them prepare for surgery or other procedures.

Approvals are valid for 12 months from the date of issue for the two drug classes with an asterisk (“Additions”).

The removal of a service from the precertification list does not mean that the services will be covered. The services are still subject to review upon submission of the claim for services, and may be denied in accordance with the terms of the member’s plan.

Precertification requirements apply to all Aetna plans, except for Traditional Choice®. We will update the NPL online before July 1, 2011.

Early precertification can lead to successful interventions from nurse case managers. Case managers can help locate participating providers and medical equipment, and/or coordinate specialty medications. We also offer online resources to estimate members’ out-of-pocket costs, which can help them budget for health care needs.

Aetna Behavioral Health offers support programs for PCPs

We recognize the crucial role primary care physicians (PCPs) play in diagnosing and treating behavioral health conditions. To support PCPs, Aetna Behavioral Health offers a number of clinical programs and resources.

Alcohol Screening Program

Our Alcohol Screening, Brief Intervention and Referral to Treatment Program (SBIRT) helps PCPs:

- Screen patients for at-risk drinking
- Provide brief intervention
- Refer individuals to treatment

The SBIRT program incorporates the evidence-based **protocol** established by the National Institute on Alcohol Abuse and

Alcoholism. It offers reimbursement for alcohol screening and brief intervention. (Note: Reimbursement for capitated members is included in capitation payments).

For more information, e-mail us at AetnaAlcoholSBIRT@Aetna.com. Touchpoints for Vivitrol may offer additional benefits for patients using a medication assisted treatment like Vivitrol. Call them at 1-800-848-4876, option 2.

Integrated Primary Care Program

Our Integrated Primary Care Behavioral Health Program promotes collaboration between mental health and primary care providers to address behavioral health, health and wellness issues. The program does this by integrating behavioral health

providers into primary medical care settings.

This program offers:

- Integration of a behavioral health provider in the primary care setting
- Facilitated access to behavioral health services
- Facilitated access to disease management and case management programs for Aetna members

To learn how to implement the program in your PCP office, e-mail us at: AetnaIntegratedPCPBehavioralHealth@Aetna.com.

Claims review process to add dermatology, urology procedures*

Aetna will begin conducting pre-payment claims reviews for select dermatology and urology procedures.

Through a national vendor, Aetna already conducts pre-payment claims reviews for other specialties. The purpose of these reviews is to compare the clinical coding submitted on the claim to the clinical services provided.

Affected procedures

- Dermatology procedures: incisions, skin lesions, anesthetic injections, tissue transfers, debridements, site preparations and lesion destructions
- Urology procedures: cystostomy, cystourethroscopy and prostatectomy

In some cases, we will request records based on the characteristics of the claim, such as the charges billed in conjunction with the procedure performed. In others,

we will request records based on the provider who submitted the claim, for example, because a claims analysis identifies different billing practices compared to the provider's peers.

Medical records

We ask that you provide medical records, including operative notes and clinical office records, when requested or at the time of claims submission. Medical records are kept confidential.

* Program expansion will be effective June 1, 2011 for OH, CO and TX



New website helps patients make smart health care choices

Our new consumer education website for Aetna members is called **BeSmartAboutYourHealth.com**. The site promotes greater understanding and better decision making about health benefits and financial planning. It encourages visitors to act like true consumers when it comes to their benefits.

BeSmartAboutYourHealth.com is an easy-to-understand resource that gives consumers a full view of health care in a user-friendly format. The site does away with the common medical and insurance-speak, and instead uses plain, everyday language.

It features all of the helpful tools and advice that can help people save time and money while making the best health decisions.

The website:

- Allows people to “discover their health” with Harvard Medical School content from Aetna IntelliHealth®
- Offers important tips and tools from Aetna’s Plan for Your Health campaign
- Presents expert advice from the Financial Planning Association® (FPA®) on how to best manage health care spending

- Supplies information to keep people up-to-speed on health care reform

We hope you will share **BeSmartAboutYourHealth.com** with your Aetna patients. (While the site has links to some Aetna tools for our members who visit, the content also applies to most patients.)



Aetna buys health care information business

Aetna has acquired Medicity, a health information exchange technology company.

Medicity offers products and services that enable health systems, hospitals, physician practices and health information exchanges to securely access and exchange health care information, improving the quality

and efficiency of patient care and reducing unnecessary health care costs. Medicity’s network provides collaboration and coordination of care through a variety of communications tools that helps physicians and other health care providers get timely clinical information about patients using the platform of their choice.

Medicity’s health information exchange (HIE) technology reaches more than 760 hospitals, 125,000 physician users and 250,000 end users. It will operate as a separate business within Aetna.

Join our Education Advisory Councils

We’re looking for new members to join in our Aetna Education Advisory Council and our new Clinical Education Advisory Council for 2011.

Education Advisory Council

We started this several years ago to get input about educational opportunities for physicians and office staff. The Council has shaped many of the courses currently on the Aetna Education Site for Health Care Professionals. We’re looking for billing staff, referral coordinators, office managers, training staff, and other administrative roles.

Clinical Education Advisory Council

For this new group, we need physician assistants, registered nurses or nurse practitioners who can tell us what kind of training/education offices need. This will help us develop educational opportunities, which can help you provide better support to your patients.

The time commitment for each council is minimal. If you’d like to join or want more information, contact Shannon Montgomery at **MontgomeryJS@aetna.com**. Include your name, practice/facility name, e-mail address and contact telephone number.



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

Medicare Advantage Plans

- **NEW** 2011 Aetna Medicare Compliance Program (CMS requirement – see course description)

Office Administration

- **NEW** Coding: HIPAA 5010 Transaction Upgrade Overview
- **NEW** Coding: ICD-10 Overview

Reference Tools

- **NEW** Claims/Coding: Electronic Claim Submission Reference Tool
- **Updated** Claims/Coding: Claim Submission Quick Tips
- **NEW** Health Literacy: Health Literacy Universal Precautions Toolkit
- **Updated** Provider Manuals: Aetna Benefits Products (ABP) Quick Guide
- **Updated** Aetna at a Glance: MidAmerica, Northeast, Southeast and West Region Guides

How you can communicate better with your patients

The Agency for Healthcare Research and Quality (AHRQ) has resources to help you communicate more successfully with patients. Learn how you can help patients better understand your instructions and other important medical information, which can improve their “health literacy.”

Health literacy is “The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”¹ The AHRQ’s Health Literacy Universal

Precautions Toolkit can help. It has many free resources, including:

- Tips for Communicating Clearly with your patients
- Information on the Teach-Back Method, which is used to help you learn if patients understand what you tell them
- The Brown Bag Medicine Review tool, which helps identify all the medications patients are taking

To view the AHRQ Toolkit, log in to www.AetnaEducation.com. Select “Reference Tools” then “Health Literacy”

to access the Health Literacy Universal Precautions Toolkit.

Tip: Test your knowledge with our Health Literacy Checkup quiz. On the Aetna Education Site, choose “Course Catalog,” “Health Literacy” then “Health Literacy Checkup.”

¹ Office of Disease Prevention and Health Promotion (2000). Healthy People 2010: Understanding and Improving Health. Washington, DC: US Department of Health and Human Services. www.health.gov/healthypeople.

Take these new diagnosis and procedure coding courses

The Federal Government is requiring the health care industry to make upgrades to support new diagnosis and procedure coding standards. We have two courses to get you up to speed with these required changes.

The **HIPAA 5010 Transaction Upgrade Overview** course will help you identify the electronic transactions affected by this upgrade, show you how this upgrade affects your work with us, and give you useful resources. Taking this course will prepare your office for the required implementation date of January 1, 2012.

The **ICD-10 Overview** course explains why the health care industry is moving to the ICD-10 code sets. It outlines the difference between the ICD-9 and ICD-10 diagnosis and procedure code sets, and contains links to other resources. Taking this course will help ensure that adoption of the ICD-10 diagnosis and procedure code sets is completed by the October 1, 2013 required implementation date.

To access these courses, log in to the Education Site, select “Course Catalog” then “Office Administration” and “Coding.”

Download our course catalog

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

Striving for Quality Excellence

2011 HEDIS® and Medicare Advantage data collection

Aetna staff or our contracted representatives may contact your office to collect medical record information from our members' visits in 2010. Our largest contracted representatives are MedAssurant™ and MediConnect.

Healthcare Effectiveness Data and Information Set (HEDIS*) data collection is a nationwide, collaborative effort among employers, health plans and physicians. The goal is to monitor and compare health plan performance as specified by the National Committee for Quality Assurance (NCQA).

As a Medicare Advantage organization, we are also required to regularly submit member diagnosis data to the Centers for Medicare & Medicaid Services (CMS). We collect and submit data from claims and encounters, in addition to some diagnosis codes from member medical records.

We need your help

We ask that you cooperate within the provided timeframe if our staff or contracted representatives contact you and ask for access to our members' medical records.

HIPAA guidelines

Our representatives serve us in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). As defined by HIPAA, Aetna is a "covered entity" and our representatives' roles are as "business associates" of a "covered entity." Providing medical record information to us or our contracted representatives complies with HIPAA regulations.

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

Medicare physician incentive plan requirements

Medicare Advantage (MA) regulations require that MA organizations (MAOs), such as Aetna, and their participating providers meet the Centers for Medicare and Medicaid Services' (CMS) monitoring and disclosure requirements for "physician incentive plans."

The MA regulations define a "physician incentive plan" as any compensation arrangement to pay a physician or physician group that may directly or indirectly have the effect of reducing or limiting the services provided to any MA members.

Find this information online

Our Provider Toolkit describes the requirements for identifying and monitoring physician incentive plan arrangements and disclosing physician

incentive plan data, and the roles and responsibilities of both Aetna and our contracted providers. To access the Toolkit, log in to our secure provider website via NaviNet, at www.aetna.com. The Provider Toolkit is located under Doing Business with Aetna. We require all providers to comply with CMS physician incentive plan requirements.

First-tier arrangements

These requirements apply to an MAO and any of its first-tier and downstream provider arrangements. A first-tier provider arrangement is a contract between Aetna and a provider (known as a "first tier entity") to provide health care services to our Medicare members. A downstream provider arrangement is a contract between a first-tier entity and another provider

to provide health care services to Aetna Medicare members. So, for example, a provider downstream arrangement includes contracts between independent practice associations (IPAs) and one or more physician groups to provide health care services to Aetna Medicare members.

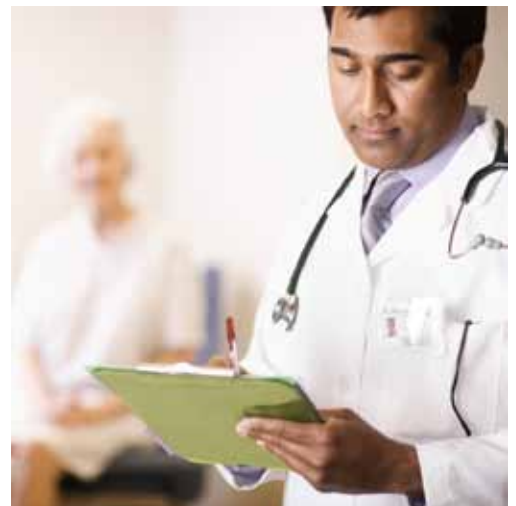
Any contracted provider that has a downstream arrangement that includes a physician incentive plan, as described in the Toolkit, is required to immediately notify Aetna. To notify us, contact your Aetna network representative. You will also be asked to provide us with any information regarding these physician incentive plan arrangements that we need to meet CMS requirements.

Learn about our Quality Management program

We want you to be aware of important Quality Management (QM) program information that can help you and your patients.

We integrate quality management and metrics into all we do. For details on our QM program, its goals and our progress

toward those goals, log in to our secure provider website via NaviNet and select "Quality Management Program." Practices without Internet access can request a paper copy of this information by calling our Provider Service Center.



Where you can 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 Aetna medical director availability.

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 and PCPBs

- Go to www.aetna.com and select "Health Care Professionals."

- Log in to 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 of a CPB. 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.

Toolkit includes information about patient rights

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

Patient rights under ADA

All participating physicians or health care professionals may also be obligated under

the federal Americans with Disabilities Act (ADA) to provide physical access to their offices. The ADA also mandates reasonable accommodations for patients and employees with disabilities.

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

Accessibility standards for primary care offices

Also available in our Health Care Professional Toolkit is important information about provider accessibility standards.

Specifically, the toolkit includes accessibility standards for primary care physicians. Specialist accessibility standards are state and specialty specific. Refer to your provider contract for more information.

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



Prescription Medications & Pharmacy Management

Additions to precertification, quantity limits and step-therapy programs

Effective July 1, 2011, we will add drugs to our commercial Pharmacy Management precertification, quantity limits and step-therapy programs. To precertify these drugs, call 1-800-414-2386, or fax the appropriate Medication Request Form* to 1-800-408-2386.

For a list of drugs being added to the above programs, visit www.aetna.com/formulary. Select “Non-Medicare Plans” then any plan type from the drop-down box. Then, choose “2011 Preferred Drug (Formulary) List Changes” and select “2011 Mid-Year Edit Changes” from the drop-down box.

Injectable additions to national precertification list

Effective July 1, 2011, injectable infertility medications will be subject to precertification and vial management for all commercial plan female members. To precertify these drugs, call 1-866-503-0857, or fax the appropriate Medication Request Form* to 1-888-267-3277.

*Forms are available via our secure provider website via NaviNet. Once logged in, select “Aetna Support Center” from the Aetna Plan Central home page, then “Forms Library” and “Pharmacy Forms.”



Preferred vendor for home sleep tests¹

We encourage physicians to order home sleep tests (HSTs) for members when clinically appropriate.

HSTs offer many advantages compared to in-lab studies. Learn more about this patient- and provider-friendly approach to detecting obstructive sleep apnea (OSA).

NovaSom, Inc. (formerly Sleep Solutions, Inc.) is the preferred HST vendor for Aetna's sleep management program in Virginia, Maryland and Washington, DC. NovaSom can also be used for Aetna members nationwide.

Benefits of home sleep tests

- No precertification required
- Lower out-of-pocket costs for patients
- Increased comfort and privacy
- Test sent directly to patients with instructions and support
- Results provided quickly

Benefits of using NovaSom

- Continuing medical education (CME) credits at no charge through their Center of Excellence program
- Opportunity for increased revenue
- Evidence-based screening tools and educational support

Learn more online

- Visit DocFind[®], our online provider directory, at http://www.aetna.com/docfind/cms/html/National_Home_Sleep_Testing.html to find a list of participating HST providers.
- Go to <http://novasom.com/>.
- Log in to our secure provider website via NaviNet. Select "Communications" then "Mailings" and select one of the states listed above to find a Q&A.

To order an HST, call NovaSom at 1-877-753-3775.

¹Agency for Healthcare Research and Quality, Technology Assessment: Home Diagnosis of Obstructive Sleep Apnea, Tufts-New England Medical Center EPC, 2007.

FLORIDA, MARYLAND

New program can help oncology patients

We recently started a national cancer clinical guidelines and quality improvement pilot program for eligible Aetna members in Florida and Maryland.

Through this program, participating physicians work with P4 Pathways to develop clinical pathways that can improve the consistency, quality and cost-effectiveness of treatment regimens for breast, lung, colon and other types of cancer. P4 Pathways provides oncology practices with comprehensive, customized

solutions that can enhance the quality of patient care. Agreed-upon performance measures for the program include improving rates of adherence to evidence-based guidelines.

Earn enhanced payments

Our intent is to enhance reimbursement for those physicians who choose to participate in the quality improvement program, as we believe clinical pathways will not only help improve quality, but reduce cost.

There are no changes in the administrative or financial arrangements between Aetna and physicians who participate. Physicians will continue to submit claims to us, and we will pay in accordance with the contract and our members' benefits plans.

We will provide more details to participating oncologists during the first quarter of 2011. To learn more, visit <http://www.p4pathways.com/>.

MARYLAND

Maryland HB 435: PCP bonus payments

Effective October 1, 2010, Maryland HB 435 specifies requirements for bonus payments to primary care providers for services provided in the office after 6 p.m. and before 8 a.m. or on weekends and national holidays. Below is a summary of how we are complying with this law:

- For practices that are paid fee-for-service, Aetna pays an additional fee for services provided after hours and on weekends when billed with CPT-4 code 99050. This additional fee is considered a bonus payment as required by law.
- For practices that are paid capitation, CPT-4 code 99050 is paid separately from your capitation payment as a "billable" service. Your office will receive additional reimbursement when this code is billed for after-hours services.



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- Nurses
- Referral and Precertification Staff

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health Insurance Company, Aetna Life Insurance Company (Aetna) and Strategic Resource Company. (Aetna)

What you need to know about Aetna Workers Comp Access® (AWCA)

What is AWCA?

AWCA is an Aetna product that provides insurance carriers, third-party administrators and self-insured employers with access to Aetna's workers' compensation provider network. This network contains physicians, hospitals, pharmacies and other health professionals who provide care to workers who have suffered work-related injuries or illnesses.

Is Aetna providing workers' comp insurance through AWCA?

No. Workers' compensation carriers and other customers will work with Aetna to allow workers' compensation claimants (injured workers) access to health care services through the AWCA network.

How do injured workers access the AWCA network?

They will get access through their employers, who have contracts with workers' compensation carriers that have a relationship with AWCA.

What if I have questions about AWCA?

- For network/contract-related questions, contact the AWCA unit at 1-800-AETNA-88 (1-800-238-6288). Customer-service representatives are available between 8 a.m. and 5 p.m., ET.
- For general questions about the AWCA product and carriers, contact the AWCA **Ask An Expert** mailbox.

- For credentialing status, contact Credentialing Customer Service at 1-800-353-1232.

How do I learn more about AWCA?

- Visit our website at awca.aetna.com.
- Check out the **Aetna Workers' Comp FAQs**.
- Take our 15-minute online course, *Workers' Comp 101* at www.AetnaEducation.com. Participating in the workers' comp system involves navigating a matrix of laws, forms, rules, regulations and deadlines. Workers' Comp 101 will help you better understand the basics of workers' comp and your role and responsibilities.

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.