



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)** for all other plans

Has your practice information changed? Let us know

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 (e.g., if you want to re-open your practice to new patients (currently frozen) or if your practice is accepting current patients only)

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

Follow these steps

You can give us this information through our secure provider website. On the Aetna Plan Central Page, choose "Update Aetna Provider Profile."

After accessing the secure site, if you have questions, call our Provider Service Center at **1-800-624-0756** for HMO-based and Medicare Advantage plans, or **1-888-MDAetna (1-888-632-3862)** for all other plans.

If you don't have access to the secure site, you can update information by going to the **Health Care Professionals** section of www.aetna.com and clicking on "Request Changes."

PCPs: check out these behavioral health support programs

We recognize the crucial role primary care physicians (PCPs) play in diagnosing and treating behavioral health conditions.

To support PCPs, Aetna Behavioral Health offers four clinical programs, with tools and resources to help physicians provide members with access to needed mental health care.

- **Depression in Primary Care** – supports PCPs with screening for and monitoring treatment response for depression
- **Alcohol Screening, Brief Intervention, Referral to Treatment** – promotes screening, identification of and intervention with members at risk for alcohol abuse

- **Pediatric Behavioral Health Management** – supports pediatricians with diagnosis and treatment of mood and behavioral problems in children

- **Integrated Primary Care Behavioral Health** – offers a collaborative approach that allows the direct provision of behavioral health services in the primary care setting

To learn how to implement these programs in your practice, visit the Health Care Professionals page of www.aetna.com. Choose the "Tools & Educational Resources" link from the box on the right. Then look for the programs under "Clinical resources – Primary care based behavioral health support programs."



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
Laboratory and diagnostic interpretation	Reminder	Aetna allows payment for the diagnostic interpretation of one lab or diagnostic test performed per date of service (DOS) across providers. This policy has been in effect since 3/1/2007.
Precertification will not override incidental procedure denial	New effective date: 9/12/2011	In the June 2011 issue of Aetna OfficeLink Updates, we told you that precertifications will not override related services that are considered incidental. The effective date of this policy changed from 9/1/2011 to 9/12/2011.
Multiple procedure reductions for therapy procedures	11/14/2011	The following policy change was communicated in the June 2011 issue of <i>Aetna OfficeLink Updates</i> . Once effective, this policy will apply to non-facility claims only: Effective for dates of service on or after 11/14/2011, multiple procedure reductions will be applied to certain therapy procedures. The procedure with the highest practice expense RVU will be allowed at 100 percent. The practice expense portion of each additional therapy service performed by the same provider group on the same date of service will be allowed at 80 percent. The <i>Therapies – Modalities per Date of Service</i> payment policy still applies.
Maternity coverage proration	12/1/2011	Aetna will only reimburse for services rendered while the patient is covered by Aetna. Therefore, we will adjust payments for global maternity care to account for the portion of prenatal care that would have been received prior to becoming covered by Aetna. You should bill the patient's previous insurance carrier for the balance.
Radiation treatment management, 5 treatments	12/1/2011	77427 will be denied when billed with 77431, 77432 or 77435. Modifier 59 will override this edit.
Per day limits	12/1/2011	Per day limits will apply to the following codes effective 12/1/2011: <u>2 units per date of service for:</u> 97804: Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes <u>4 units per date of service for:</u> 86753: Antibody; protozoa, not elsewhere specified 96040: Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family 97802 and 97803: Medical nutrition therapy E0956: Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each <u>4 units per date of service (2 units per site, per side (LT, RT)) for:</u> L2755: Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepeg composite, per segment L5618 – L5626: Addition to lower extremity, test socket L5673 and L5679: Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for/for use with locking mechanism <u>5 units per date of service for:</u> 88347: Immunofluorescent study, each antibody; indirect method <u>8 units per date of service for:</u> S0265: Genetic counseling, under physician supervision, each 15 minutes <u>12 units per date of service for:</u> 80101: Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class <u>20 units per date of service for:</u> +97598: Debridement, open wound, including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof
Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications – 77301	12/1/2011	77014, 77421, or 77435 will be denied when billed with code 77301. Modifier 59 will override this edit.
Clinical pathology consultation – limited, without review of patient's history and medical records – 80500	12/1/2011	80500 will deny when billed with a code from range 80100-80299. Modifier 59 will not override this edit.
Lyme disease and other tick-borne diseases – Clinical Policy Bulletin 0215	12/1/2011	78607 (brain imaging, tomographic (SPECT)) will be denied as Experimental and Investigational (E&I) when billed with diagnosis code 088.81 (Lyme Disease). Refer to Clinical Policy Bulletin #0215 for more information.

Changes to January 1, 2012 National Precertification List

The following changes to Aetna's National Precertification List will take effect on January 1, 2012:

Additions

- Ventricular Assist Devices
- Hepatitis C Oral Medications – added effective September 1, 2011
 - > Incivek™ (telaprevir)
 - > Victrelis™ (boceprevir)

For the following additions, call **1-866-503-0857** or fax the corresponding Medication Request Form to

1-888-267-3277 to precertify. Forms are available on our secure provider website. Visit www.aetna.com to log in. Then, 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.

- Antiemetics
 - > Aloxi IV (palonosetron)
 - > Anzemet IV (dolasetron)
 - > Emend® IV (fosaprepitant)
- * Soliris® (eculizumab)
- * Forteo™ (teriparatide)
- * Yervoy (ipilimumab) – added effective August 1, 2011
- * Benlysta® (belimumab) – added effective August 1, 2011

- * Multiple Sclerosis medications (applicable Clinical Policy Bulletins (CPBs) will indicate which are preferred products)
 - > Avonex®, Rebif® (interferon beta>1a)
 - > Betaseron®, Extavia® (interferon beta>1b)
 - > Copaxone® (glatiramer acetate injection)
 - > Gilenya™ (fingolimod)
 - > Tysabri (natalizumab)
- Viscosupplementation (applicable CPBs will indicate which are preferred products)
 - > Euflexxa® (1 percent sodium hyaluronate)
 - > Hyalgan®, Supartz® (sodium hyaluronate)
 - > Orthovisc® (High Molecular Weight Hyaluronan)
 - > Synvisc®, Synvisc One® (hylan G-F 20)
- * Precertification approvals are valid for 6 months from the date of issue, unless stated otherwise at the time of precertification. However, approvals for drugs marked with a single asterisk (*) are valid for 12 months from the date of issue.

Modifications

We will update CPB #0327 (Infertility) on January 1, 2012, indicating a preferred product in the following class of injectable infertility drugs that are on the precertification list:

- Follicle Stimulating Hormone (FSH). Aetna members requiring FSH treatment should be prescribed Gonal-F (recombinant follitropin alfa for injection) as the preferred FSH product effective January 1, 2012.

Deletions**

- High Frequency Chest Wall Oscillation Generation System
- Stereotactic Radiosurgery

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

Precertification requirements apply to all Aetna plans, except for Traditional Choice. We will update the precertification list online before January 1, 2012. To review the NPL, visit www.aetna.com. Select "Health Care Professionals," then "Policies and Guidelines," and "Precertification."

Precertification programs may not be available in all service areas. For example, precertification programs do not apply to fully insured members in Indiana. California HMO members who are receiving coverage for medications added to the Precertification 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.

In Texas, the term precertification here means the utilization review process to determine whether the requested service, procedure, prescription drug, or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members. Notifications are not subject to clinical review.

This material is provided for informational purposes only and is not intended to direct treatment decisions.

Office Wise

Share your NPI: be compliant and avoid service delays

We are enhancing our Aetna Voice Advantage® interactive telephone self-service system and our electronic transactions (including Claim Status Inquiry, Eligibility and Benefits Inquiry and Referral and Precertification Add) to accept and require your NPI.

If we do not have your NPI on file, you will lose the ability to use our self-service telephone system and submit transactions electronically. Our representatives may need to ask for additional information to service your call, which may lead to delays.

To avoid delays, share your NPI or NPI Exemption Status with us. Be sure to share both individual and group or

organizational NPIs. This will also comply with federal Health Insurance Portability and Accountability Act (HIPAA) legislation.

How to share it

- Log in to our **secure provider website**. Once logged in, select “Share NPI with Aetna,” or
- Use the **NPI submission form**.

If you are not a health care provider as defined under HIPAA and the regulations do not apply to you, we will still process your transactions with your Tax ID number. However, you must submit an **NPI Exemption Notification Form**.

Use these forms

You can find these forms, along with a helpful **FAQ document**, at **www.aetna.com**. Select “Health Care Professionals,” then “Policies & Guidelines,” then “5010, ICD-10 and NPI.” Then, choose “NPI Overview for Medical Professionals.”

To learn more, visit <http://www.cms.gov/NationalProvidenceStand/>.

Quest Diagnostics® offers genetic testing and resources

For genetic testing, information and consultations-related services, refer your Aetna patients to Quest Diagnostics. Quest offers:

- An extensive test menu that includes testing for:
 - > Prenatal and postnatal diagnosis and risk assessment of genetic disorders
 - > Genetic causes of autism and developmental delays

> Certain inherited cancers

> Pharmacogenetics to guide treatment decisions

- More than 40 geneticists and a team of genetic counselors that can help you care for your patients with:

> Clinical consultations, including review of medical and family history

> Test information

> Results interpretation

> A broad range of experience with rare and difficult cases. This includes addressing special circumstances with recommendations for clinically appropriate evaluations.

Talk to an expert

Call **1-866-GENE-INFO (1-866-436-3463)** to request specific test information or a consultation.

To our readers: thanks for your feedback

Thank you to the approximately 1,000 readers who filled out the readership survey that ran in the June 2011 e-mail version of *Aetna OfficeLink Updates (OLU)*.

Your feedback is important to us. We are reviewing the results and your comments with careful consideration. We'll let you know about any changes we make to OLU based on your feedback.

Improve vaccination rates with a “standing orders” program

“Standing orders” programs can help your office increase efficiency and potentially increase vaccination rates. These programs allow nurses and pharmacists to administer vaccinations according to an institution- or physician-approved protocol without a physician’s exam.¹

This program can be useful for Aetna Medicare Advantage plan members who may need influenza and/or pneumococcal vaccines. In fact, standing orders programs have proven to be successful in raising vaccination rates.²

How to start

- Identify an immunization champion in your office. This can be a doctor, nurse, medical assistant, and/or technical and non-technical staff. The champion

would be responsible for reminding and encouraging patients to get the appropriate vaccinations.

- Place reminders in your patients’ medical records for vaccine due dates (after you start the program).

Other resources

For more on how to start a standing orders program in your office, go to:

- <http://www.immunizationed.org/standingorders/>
- http://www.cms.gov/AdultImmunizations/02_Providerresources.asp
- <http://www.cdc.gov/vaccines/recs/immuniz-records.htm>

¹ Health Resources and Services Administration. National Vaccine Injury Compensation Program (2010). Available at: <http://www.hrsa.gov/vaccinecompensation/> Accessed March 16, 2011.

² Professional Practice Toolkit (2010) National Foundation for Infectious Diseases Adult Vaccination & Immunization. http://www.adultvaccination.com/healthcare/toolkit_adult_vaccine_adult_immunization.htm Accessed July 1, 2011.

HOME INFUSION PROVIDERS

Reminder: transition of immune globulin patients

We want to remind home infusion providers about the contract language for transitioning Aetna members who need immune globulin.

In those home infusion contracts with “first dose language” for chronic diseases, Aetna members may be required to transition from the home infusion provider to an Aetna

network specialty pharmacy, subject to the provisions of the contract.

We will contact our members to begin the transition. When the pharmacist contacts the home infusion provider, the member’s prescription should be transferred.

If you have questions, call our Provider Service Center at **1-800-624-0756** for HMO-based and Medicare Advantage plans, or **1-888-MDAetna (1-888-632-3862)** for all other plans.

Outpatient surgical scope notification program update

In the **June** issue, we ran a story on the front page entitled “Reminder: national precertification list (NPL) updates effective July 1, 2011.” This story listed outpatient surgical scope procedures that require precertification beginning July 1, 2011.

This is not a precertification process but rather, it is a notification program. To learn more, read the NPL **online**.



Office Wise

Aetna Global Benefits will become Aetna International

Aetna International (AI) is the international business unit of Aetna. It provides major corporations and nonprofits with access to health insurance plans and care both in the United States and globally.

We're changing our name to AI from Aetna Global Benefits (AGB). Our name change better describes us as a global health care company. The name change will occur over time.

ID cards

The benefits that we offer your patients will not change. You will begin to see one change – you may see member identification cards with the AI name instead of AGB.

Call the number listed on the patient's member ID card with questions.



View our 2011 HEDIS® results

You can view our 2011 **HEDIS* results**.

Annually, we collect Healthcare Effectiveness Data and Information Set (HEDIS) data from claims, encounters and other administrative data, as well as from chart reviews for certain clinical measures. We analyze these results to identify opportunities for improvement and design and implement quality improvement activities.

We submitted our data for 2011 according to National Committee for Quality Assurance (NCQA) reporting requirements.

Thank you for helping with our HEDIS 2011 data collection efforts.

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

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.

- For up-to-date Medicare formulary information, visit: http://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp.
- For up-to-date Commercial Preferred Drug List information, visit <http://www.aetna.com/formulary>.

For a paper copy of these guides, call **1-800-AetnaRx** (**1-800-238-6279**).

Questions about Health Care Reform?

Go to www.HealthReformConnection.com to learn more.

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

- **Updated** Aetna Medicare Advantage Plans Overview

Reference Tools

- **Updated** Products, Programs and Plans: Nonparticipating Provider Information: Aetna Medicare Plan (PPO)
- **Updated** Updated Provider Manuals: Women's Health Programs and Policies Manual

Recorded Events

- **Updated** Precertification Recorded Webinar
- **Updated** Aetna In-Service Update Recorded Webinar



"Fall" into learning and you could win a great prize

Beginning this Fall, you'll have another chance to learn with us and maybe walk away with a prize.

Simply complete one course from our "Office Administration" catalog (choose from Cultural Competency, Electronic Connectivity or Products, Programs and

Plans) between September 1 and October 31, 2011. Then, let us know about your experience.

Tell us how the course you took helped you and/or share a "best practice" that you learned. If your entry is selected, you will be eligible to win a prize.

Visit us at www.AetnaEducation.com in September to learn more.

Download our course catalog

Explore our wide range of courses at

http://aetnaofficialink.providerpreference.com/files/Education_Catalog.pdf.

Get ready for 5010, ICD-10 updates with new timeline tool

We've developed a **new timeline tool** that can help you plan for the upcoming 5010 and ICD-10 system updates.

As a reminder, there will be new standards for electronic health care and pharmacy transactions. Health care providers should begin their transition to these new versions of Health Insurance Portability and Accountability Act (HIPAA) transaction

standards as soon as possible, and must be fully transitioned by December 31, 2011.

New coding standards

Also coming are new diagnosis and procedure coding standards, which become effective October 1, 2013.

We offer two courses to help you navigate these upcoming changes. Log in to www.AetnaEducation.com, select

"Office Staff Courses" from the top navigational bar then "Coding" and "HIPAA 5010 Transaction Upgrade Overview" and "ICD-10 Overview."

Quest offers Electronic Health Record solution

Quest Diagnostics Care360™ Labs & Meds is a web-based Electronic Health Record (EHR) program that can help your practice qualify for CMS financial incentives.

Care360 gives your office the ability to place lab orders, view results and

e-prescribe. It can be easily upgraded to meet meaningful-use EHR criteria.

To qualify for EHR incentive payments, providers are required to use EHR technology that has been certified by the Office of the National Coordinator (ONC)

Authorized Testing and Certification Body (ATCB). Care360 EHR was certified in December 2010.

For more information, visit www.questdiagnostics.com.

Free “Dummies” guide can help patients maximize their benefits

Do you need an easy way to help your patients become more informed about their health benefits?

Our *Navigating Your Health Benefits For Dummies* booklet can take the guesswork out of what can be a confusing subject.

We’re making limited quantities of the guide available to your office at no cost for you to give to patients. The publication (English version only) provides easy-to-understand information about health benefits, including:

- Choosing a health plan that fits an individual’s needs
- Making decisions that support what’s happening in one’s life
- Taking advantage of all a plan has to offer

To order copies while supplies last, e-mail the following information to **AetnaEducationSite@aetna.com**:

- Practice name
- Your first and last name
- Street address
- City, state and zip
- Phone number
- Quantity (25-copy maximum per practice)

These guides have been widely popular among our physician community, so order today.



Medicare

Use TransactRx Vaccine Manager for Part D vaccine claims

We have contracted with POC Management Group to provide physicians with access to TransactRx Vaccine Manager. We encourage you to use this system to help ensure prompt payment of your Medicare Part D vaccine claims.

This online resource is designed to help physician offices better manage vaccine administration for patients enrolled in a plan with Medicare Part D prescription drug coverage. It is used by multiple payers. When a member ID is entered, the system confirms eligibility and routes the claim to the appropriate payer responsible for the member's Part D prescription drug coverage.

System benefits

With this system, you will be able to:

- Verify member eligibility and benefits

- Inform members of their out-of-pocket expense
- Submit vaccine claims electronically (note that some vaccines may require precertification; the system will indicate when this is required)
- Receive reimbursement information in real time

TransactRx Vaccine Manager provides you with information to help you collect the appropriate vaccine cost share in real time from your patients who have Aetna Medicare prescription drug plan coverage.

Claims payment

After enrolling to use this system, you can electronically submit Part D vaccine claims to Aetna using TransactRx Vaccine Manager.

Payment for a covered Part D vaccine and its administration is based on the Aetna/POC Network Technologies (PNT) reimbursement schedule, minus the member's required cost sharing and any applicable plan deductibles. Dispensing Solutions, Inc. (DSI) will forward any payment owed by Aetna on the Part D vaccine claim directly to you. (POC Management Group is a wholly owned subsidiary of DSI).

How to enroll

To enroll in TransactRx Vaccine Manager, go to **enroll.mytransactrx.com**. For more information, call TransactRx Vaccine Manager at **1-866-522-EDVM (1-866-522-3386)** or visit **www.transactrx.com/productservices.html**.

SRC/AETNA PROVIDERS

Have you completed annual training?

Don't forget to take the 2011 Aetna Medicare Compliance training.

Per Centers for Medicare and Medicaid Services' (CMS) regulations, we are required to provide our Aetna Medicare Compliance training at the time of contracting and annually after that to all first tier, downstream and related entities contracted with Aetna Medicare. As a

contracted provider you are required to complete our Aetna Medicare Compliance training.

Also available is our Aetna Medicare Fraud, Waste and Abuse (FWA) training. This training course is available to providers who do not meet the CMS deeming requirements. These are two separate courses. Both courses are available on our education website.

To take an Aetna Medicare course:

- Log in to **www.AetnaEducation.com**
- Click the 2011 Aetna Medicare Compliance link in the Most Popular Courses section
- Have your Aetna PIN or NCPDP (if applicable) readily available

INDIVIDUAL MEDICARE SUPPLEMENT

Tips to get your claims paid faster

To help support prompt payment of Aetna Individual Medicare Supplement PlanSM claims, note the following:

- Your patient's identification card will have an ID number beginning with "AT" or "ATC" to indicate that the plan is an

Aetna Individual Medicare Supplement Plan.

- Since Medicare pays primary, submit claims directly to Medicare. Medicare will then electronically submit claims to Aetna.

- Claims for other Aetna products should not be sent to the Medicare Supplement address.

West News

WASHINGTON

Update on new statewide credentialing service

In the **March 2011** issue of *OfficeLink*, we shared information with you about the new statewide credentialing service being offered to Washington health care practitioners effective January 1, 2011.

How we're responding

We have implemented the necessary enhancements and are starting to use ProviderSource for successfully registered providers. We will use ProviderSource and CAQH* to support credentialing needs until the majority of practitioners have registered with ProviderSource.

Getting started

We encourage you to enter your data into ProviderSource to make credentialing through this new service easier. When completing the online application, you must:

- Designate Aetna as an authorized health plan and
- Request an application on Aetna's website.

Questions?

To register or ask questions about ProviderSource, visit <http://www.onehealthport.com/>.

For questions about your application request for participation, or credentialing questions, contact our Credentialing Customer Service Department at **1-800-353-1232**.

*Council for Affordable Quality Healthcare

CALIFORNIA

Tdap booster required for middle and HS students

California has a new Tdap (pertussis) booster requirement for all middle and high school students starting with this coming school year (summer/fall 2011).

We ask that you help ensure your patients receive the appropriate pertussis vaccines before school starts this fall.

Note: This state immunization requirement differs from the current preschool and Kindergarten requirements; there will not be conditional admission to allow time for students to get vaccinated. All unvaccinated students (except those with appropriate documentation of medical or other exemptions) will not be allowed to start the 7th through 12th grades.



Lydia Bartholomew, MD – new Aetna senior medical director

Join us in welcoming Dr. Lydia Bartholomew, MD, MHA, FACPE, our new senior medical director for the Northwest – Washington, Oregon, Alaska and Idaho.

Our medical directors provide guidance on our policies and procedures on members' Aetna benefits, and assist in resolving clinical coverage issues and determining coverage for potential experimental treatment.

You can reach Dr. Bartholomew at **206-701-1089** or at BartholomewL@aetna.com.

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, fax your request along with the desired CPT Codes to **1-859-455-8650**. If you have additional questions, contact our Provider Service Center.
- If your hospital is reimbursed through Medicare Groupers, visit the Medicare website at **<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."

COLORADO

Notice of Material Change 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
- Changes to January 1, 2012 National Precertification List – page 3



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- Referral and Precertification Staff

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