



December, 2010

Dear Provider:

Aetna continues to lease the Saint Mary's Preferred Health Care Network (PHCN) which is now owned and operated by Nevada Preferred. Aetna continues to make a number of improvements in their business product and we want to keep you informed of these changes. Nevada Preferred has set up a separate link on our website to keep you informed of changes. Please go to <http://www.nevadapreferred.com/index.php?alias=providerupdates.html> for the latest newsletters and program changes for both Aetna and Nevada Preferred.

Aetna programs and services enclosed in this mailing include:

- **Electronic Funds Transfer (EFT) – Elimination of paper EOBs.** Coming in April 2011.
- **Navinet** – Patients can get information about their out-of-pocket expenses.
- **Radiology Initiatives - *Effective March 15, 2011*** Aetna will begin utilizing MedSolutions for preauthorization for all High-Tech outpatient diagnostic imaging procedures. Failure to obtain prior authorization may result in Aetna denying the claim.

Monthly Aetna newsletters - As changes are implemented please stay informed by reading the Aetna monthly newsletters at <http://www.nevadapreferred.com/index.php?alias=providerupdates.html>.

Nevada Preferred would like to thank you for your continued participation.



- **Electronic Funds Transfer (EFT) – Elimination of paper EOBs.** In an ongoing effort toward Aetna’s cost saving initiative that began in 2009, many providers will begin to have their paper EOB’s suppressed effective April 4, 2011. You will receive a separate letter from Aetna in January that will further explain this program. Aetna would also strongly encourage providers to sign up for EFT. Providers may access Aetna’s EFT enrollment form by going to:

- www.aetna.com
- Health Care Professionals
- Claims & Administration, then
- Billing, Payment & Reimbursement



- **Navinet**

Through Aetna’s Navigator(r), their secure member website, members can get out-of-pocket estimates for network physician, inpatient, and outpatient facility services. The estimates are available in all markets where Aetna has costs available for their other transparency tools. Members can look up costs for certain non-emergency, highly used services for Aetna directly-contracted facilities, doctors and other health care professionals, including:

- Physician office services - such as routine exams and specialist visits
- Surgical procedures - including maternity services and cataract/lens surgeries
- Diagnostic tests and procedures - upper GI endoscopies, and colonoscopies

Members can also compare costs for up to three providers or facilities at a time. They get real-time estimates based on their actual plan design. The member out-of-pocket payment estimator factors in:

- Deductible
- Coinsurance
- Copayments
- Plan limits, if applicable

The display of physician estimates is based on actual fee schedules that are used to pay claims. Aetna only displays rates for those that are on a Fee for Service basis and displays 30 of the most common procedures by specialty for a total of about 500 distinct procedures. Physician fee schedules are updated real time in the tools. Aetna does not show individual physician rates that are based on a percentage off discounts. The display of cost information for facility based costs are based on historical claim data for a given procedure. Aetna factors in a three month lag to ensure that they have expenses for the entire episode of care. If there is not enough credible historical claims data for that procedure by that facility then not cost estimate would be displayed to the member for that facility.

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 of the Carolinas, Inc., Aetna Life Insurance Company, Corporate Health Insurance Company, Aetna Health Administrators, LLC and Aetna Health Management, LLC.



December, 2010

Re: Radiology Initiatives

Dear Physician or Facility Administrator:

High-tech radiology procedures to require preauthorization

Beginning March 15, 2011, MedSolutions® will assume responsibility for preauthorization for all high-tech outpatient diagnostic imaging procedures for your Aetna patients in network-based health benefits plans. Specifically, preauthorization will be required for the following services:

MRI/MRA	Nuclear cardiology
PET scan	CT scan, including CTA
Stress echocardiography	Diagnostic right and left heart catheterization

The following services will not be impacted by this relationship:

- Inpatient radiology services
- Emergency room radiology services
- Outpatient radiology services other than those listed above

How to submit preauthorization requests to MedSolutions

Please direct preauthorization requests for these services to MedSolutions at 1-888-693-3211 or by fax at 1-888-693-3210, Monday through Friday, during normal business hours or as required by federal or state regulations. You can also make requests via **www.MedSolutionsOnline.com**. Please do not call Aetna for preauthorization for these services.

The enclosed document provides further details regarding this new program. MedSolutions will also send you information to facilitate a smooth, successful transition into the program.

Note: it is the ordering physician’s responsibility to request preauthorization. Providers rendering the above services should verify that the ordering physician has obtained the necessary preauthorization prior to scheduling the patient for services. Failure to do so may result in non-payment of your claim.

Under the terms of the arrangement, Aetna will retain ultimate responsibility and control over all coverage policies and procedures. MedSolutions will manage access to high-tech outpatient diagnostic imaging procedures through existing contractual relationships.

Call if you have questions

If you have questions regarding this letter, please call 1-888-MD Aetna (1-888-632-3862), and select the “Precertification” option. Thank you for your continued participation.

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 of the Carolinas, Inc., Aetna Life Insurance Company, Corporate Health Insurance Company, Aetna Health Administrators, LLC and Aetna Health Management, LLC.



Questions and Answers: Radiology Preauthorization Program for High-Tech Outpatient Diagnostic Imaging Procedures

Effective March 15, 2011

Beginning March 15, 2011, MedSolutions® will assume responsibility for review of medical appropriateness and preauthorization for all high-tech outpatient diagnostic imaging procedures for your Aetna patients with Network-based (other than HMO-based) benefits plans. Specifically, preauthorization is now required through MedSolutions for CT scan (including CTA), nuclear cardiology, MRI/MRA, PET scan, stress echocardiography and diagnostic right and left heart catheterization.

1. When will this change be effective?

This change will be effective March 15, 2011.

2. Which high-tech outpatient diagnostic imaging procedures require preauthorization?

Preauthorization is required for the following outpatient diagnostic imaging procedures:

- CT scan (including CTA)
- Nuclear cardiology
- MRI/MRA
- PET scan
- Stress echocardiography
- Diagnostic right and left heart catheterization

3. How do physicians submit preauthorization requests to MedSolutions?

You can submit preauthorization requests to MedSolutions for outpatient diagnostic imaging procedures by phone at 1-888-693-3211 from 7 a.m. to 8 p.m. CT or by fax at 1-888-693-3210 during normal business hours or as required by federal or state regulations. You can also submit requests through MedSolutions' secure website at www.MedSolutionsOnline.com. Detailed information will be provided prior to implementation.

4. How does the MedSolutions preauthorization program work?

For routine preauthorization requests, the ordering physician should contact MedSolutions with the required medical information prior to the procedure being scheduled and performed. The request will be immediately approved, or additional information will be requested. Upon receipt of this information, MedSolutions will render a decision within two business days or as required by federal or state regulations.

5. Is preauthorization required for emergency situations?

No. It is not necessary to call MedSolutions retrospectively to preauthorize any imaging procedure performed during an emergency room visit.

6. How is observation/rapid treatment handled?

Imaging services that occur during observation/rapid treatment services do not require preauthorization, nor do these services require the physician to contact MedSolutions within 14 calendar days (or as required by federal or state regulations) of rendering the service. These services are easily identifiable in the Aetna claims systems and will be paid without preauthorization from MedSolutions.

7. What kind of response time can ordering physicians expect for preauthorization?

In many cases, especially when the caller requesting the review has sufficient clinical documentation, the request can be preauthorized during the first phone call. Approximately 60-65 percent of all requests are approved during the initial phone call. MedSolutions generally requires 2 business days after receipt of sufficient clinical information to review a request for medical necessity on non-urgent cases. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

The best way to increase the probability of having a request approved during the first call is to have knowledge of the case, including:

- The patient's name, address and Aetna member ID
- Prior tests, lab work and/or imaging performed related to this diagnosis
- Notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
- The patient's history and diagnosis
- Reason for study
- Results of previous imaging studies
- History of medical or surgical treatment

8. Can MedSolutions handle multiple requests for preauthorization per phone call?

Yes, within reason. We ask that no more than 10 preauthorization requests be given during a single phone call. You may prefer the convenience of the Internet for batching preauthorization requests (www.MedSolutionsOnline.com).

9. Do physicians have to obtain preauthorization before they call to schedule an appointment?

Except in an emergency, physicians should always obtain preauthorization before scheduling the patient.

10. For how long is a preauthorization number valid?

The preauthorization number is valid for 90 days from the approval date. When a procedure is preauthorized, MedSolutions will use the day the call was initiated as the starting point for the 90-day period in which the examination must be completed.

11. What if my office has an urgent request?

The ordering physician should call MedSolutions with the required medical information prior to the procedure being scheduled and performed. The ordering physician should advise MedSolutions that it is an urgent request. The request will be immediately approved, or additional information will be requested. MedSolutions will turn around medically urgent requests within four hours, or as required by federal or state regulations.

Alternately, the physician can perform the urgent procedure and call MedSolutions prior to submitting a claim to Aetna but no later than 14 calendar days after performing the procedure (or as required by federal or state regulations) to request preauthorization. MedSolutions will then follow the process used to evaluate routine preauthorization requests.

12. What if my office staff forgets to call MedSolutions and then schedules an imaging procedure requiring preauthorization?

It is important to notify office staff and educate them about this new policy. It is the ordering physician's responsibility to obtain preauthorization. Providers rendering MRI/MRA, nuclear cardiology, PET scans, CT scans, stress echocardiography and diagnostic right and left heart catheterization should verify that the ordering physician has obtained the necessary preauthorization

prior to scheduling. Failure to do so may result in denial of your claim, and you will not be able to bill the member for these services.

13. What does the MedSolutions preauthorization number look like?

The MedSolutions preauthorization number consists of various alphanumeric combinations, for example, A1234567.

14. If two preauthorization numbers are associated with the patient encounter, which one should be printed on the claim?

You do not need to enter the MedSolutions preauthorization number on the claim form or via the electronic transaction. We do recommend, however, that imaging providers document and archive imaging preauthorization numbers.

15. If a rural hospital only has a mobile MRI available to the facility on Tuesday and Thursday, and a patient comes into the emergency room on Saturday, can the emergency room physician write an order for an MRI to be taken on Tuesday and have it considered an emergency and bypass preauthorization?

It is not an emergency if the patient can wait until Tuesday. If the situation truly is emergent, the ordering physician should have the patient transferred immediately to a hospital that has MRI equipment, or the emergency room physician can make the preauthorization request.

16. Is preauthorization required for MRI localization for gamma knife procedures?

No. However, the physician should verify with Aetna if preauthorization is required for the gamma knife procedure.

17. Is preauthorization necessary when Aetna is not the member's primary health coverage?

Even if Aetna is secondary, preauthorization is still required for high-tech radiology procedures for eligible members, unless secondary to the Aetna Medicare OpenSM Plan (PFFS), a private fee-for-service plan.

18. Can a participating chiropractor order images?

Yes.

19. Is a separate preauthorization number needed for a CT-guided biopsy?

No. CT-guided surgical procedures do not require preauthorization from MedSolutions. However, the physician should verify with Aetna if preauthorization is required for the surgical procedure.

20. What happens if a patient is preauthorized for a CT of the abdomen and, during the procedure, the radiologist or rendering physician feels an additional study of the pelvis is needed?

The radiologist or rendering physician should proceed with the pelvic study. The rendering facility should then contact MedSolutions to submit a radiology report and seek authorization for the added study. This should be done after the study is complete, but prior to the claim being submitted to Aetna. This should occur no later than 14 calendar days after the procedure, or as required by federal or state regulations.

As a matter of courtesy and appropriate medical procedure, the radiologist or designated person from the radiology facility should also notify the patient's referring physician of the additional test.

21. If MedSolutions denies preauthorization of an imaging study, can we appeal the decision?

If a request for a preauthorization is denied, a MedSolutions representative will contact the ordering physician via fax, or as required by federal or state regulation, to inform the ordering physician of

the determination. This fax will include instructions on how to request a peer-to-peer conversation with a MedSolutions medical director. During the peer-to-peer conversation, the two physicians can discuss the clinical indications of the case and decide the appropriate imaging for the patient. If MedSolutions still makes the decision to deny the request at the end of this conversation, the ordering physician can appeal to Aetna.

Since Aetna retains responsibility for appeals and grievances, there is no change from how these are currently handled. Therefore, please submit written appeals to the address provided on the initial determination letter.

Physicians are always welcome to have a peer-to-peer discussion with a MedSolutions physician about any decision by calling MedSolutions at 1-888-693-3211 during normal business hours, or as required by federal or state regulations. Physicians can schedule the peer-to-peer discussion with MedSolutions to avoid hold times and disruption to their patient office hours.

22. Which Aetna benefits plans are affected by this change?

Network-based plans are affected by this change.

23. Which types of providers are affected?

All Aetna participating providers who request and/or provide high-tech radiology and cardiac services are affected. This includes both facilities and physicians (both primary care and specialists).

24. Whom should I contact with questions?

If you have additional questions about the Radiology Preauthorization Program, please contact MedSolutions at 1-888-693-3211, by fax at 1-888-693-3210 or at **www.MedSolutionsOnline.com**. If you have questions about PPO-based Aetna plans, please call our Provider Service Center at 1-888-MD Aetna (1-888-632-3862), and select the “Precertification” option.