

Reimbursement change for mid-level practitioners

Beginning with June 1, 2010 dates of service, Aetna will pay mid-level practitioners at 85 percent* of the contracted rates for covered professional services (consistent with the Centers for Medicare and Medicaid Services payment policy).

This policy applies to nurse practitioners, physician assistants, certified nurse midwives and registered nurses. As of June 1, you will need to list the mid-level practitioner's name in the servicing provider field when you submit claims for services rendered by a mid-level practitioner.

This policy does not apply to:

- Certified registered nurse anesthetists, registered nurse first assistants or behavioral health practitioners
- Claims billed with an assistant surgery modifier
- Covered DME, orthotics, prosthetics, supplies, drugs, laboratory, radiology services and immunizations billed by a mid-level practitioner
- Medicare Private Fee-for-Service (non-network based)
- Providers contracted through a third party or vendor

Also, we want to make sure the names of all your practices' mid-level practitioners display in our directories. For information on joining our network, reference www.aetna.com. For other questions including the process for submitting practitioner contact information, contact your network representative.

*This policy will not apply in the states of Alaska, Kansas, Maine and Missouri.

New rate for assistant surgeons starts in May

As a reminder, effective May 1, 2010, we will change our rate for physicians assisting at surgery.*

As of this date, the rate will change from 20 percent of the negotiated rate or recognized charge, based on Aetna reimbursement policies, to 16 percent of the negotiated rate or recognized charge.

We will reimburse multiple eligible assistant surgery codes as follows:

- 16 percent for the primary procedure
- 8 percent for the second eligible procedure
- 4 percent for each additional eligible procedure

*In February, physicians were notified of this change via email or postcard.

Specialists: Patient medical records may be requested for new program

Under a new program, Aetna may be requesting and reviewing selected medical records to compare the clinical coding to the corresponding clinical services that were provided to our members.

In some cases, records will be requested based on the characteristics of the claim (such as the charges billed in conjunction with the procedure performed).

In other cases, records will be requested based on the provider who submitted the claim. These providers have been selected based on our claim analysis which identified different billing practices in these providers when compared to their peers.

Affected specialties

Orthopedic surgery, neurosurgery, hand surgery, podiatry, plastic surgery, ENT, neurology, psychiatry, sports medicine, pain management.

Affected procedures

Spine surgery, knee surgery, shoulder surgery, TJR, hand surgery, foot surgery, grafts/nails, dermatology procedures, wound care, breast reconstruction, mammoplasty, hand/nose/face surgery, nerve blocks, injections/trigger points, neurostimulators, NCV, nose surgery, endoscopy.

When claims are selected for review, we will request copies of needed medical records.

