General Information

Mailing in May 2012:
Specialty clinics, ASCs to soon receive 2013 quality survey

The 2013 Quality and Services Practices Survey will begin in May 2012 for select ambulatory surgery centers (ASCs) and individual specialty clinics. Conducted annually, the survey addresses topics ranging from quality processes and clinical guideline implementation to service capabilities and Web tools for patients. Survey results will be used for:

- Tiering — Based on survey scores, participants can earn quality credits to help improve their tier placement in the 2013 Patient Choice and/or Patient Choice Insights networks.
- Consumer materials — Portions of the survey results appear in print and online consumer materials, such as the Patient Choice website and MainStreetMedica.com.

Primary care clinics and care systems and hospitals will not be required to complete surveys this year. Medica will instead use quality data already collected by Minnesota Community Measurement and the Centers for Medicare and Medicaid Services (CMS) for these provider types.

Providers eligible to complete the survey will receive mailings in May 2012 with more information, including user ID and password needed to access the online survey site. Providers who have questions may send an inquiry by e-mail to info@pchealthcare.com.
Medica sponsors children's asthma, diabetes summer camps

In summer 2012, Medica is sponsoring several camps for children with asthma or diabetes who are enrolled in Minnesota Health Care Programs (MHCP). Medica covers the cost of summer camp room and board. To qualify, children must be enrolled in Medica Choice CareSM or Medica MinnesotaCare.

The summer camps—offered in Minnesota, Wisconsin and North Dakota—are coordinated with the American Lung Association, American Diabetes Association, and/or YMCA. Registration deadlines for the camps are coming up as soon as May 2012. To sign up or get more details, eligible members can call Medica Social Services at 952-992-3535 or 1-800-373-8335 and select option 4.

Clinical Information

Effective June 1, 2012:

Medica makes new benefit determinations

The following benefit determinations will be effective beginning with June 1, 2012, dates of service. These changes will apply to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage.

Light treatment and laser therapies for benign dermatologic conditions

Medica has reviewed light treatment and laser therapies for benign dermatologic conditions (formerly light treatment for dermatologic conditions). This policy does not address oncologic or cosmetic indications. Medica reformatted content to define five categories of light treatments and two categories of laser therapies, as follows.

Light Treatments:

- Ultraviolet A and Broad Band Ultraviolet B (UVA; BB-UVB) phototherapies will be covered for the following indications:
  - Papulosquamous disorders, such as:
    - Lichen planus
    - Pityriasis (e.g., pityriasis rosea; pityriasis rotunda)
    - Psoriasis (UV-A; UV-B with or without topical coal tar administration)
  - Superficial mycoses (e.g., dermatophytosis [ringworm])
  - Atopic dermatitis (eczema)
  - Parapsoriasis
- Narrow band UVB (NB-UVB) phototherapy will be covered for the following indications:
  - Psoriasis
  - Atopic dermatitis (eczema)
  - Repigmentation of the skin in patients with vitiligo
- Photochemotherapy (psoralen plus UV-A [PUVA]) will be covered for the following indications:
  - Papulosquamous disorders, such as:
    - Lichen planus
    - Pityriasis (e.g., pityriasis rosea; pityriasis rotunda)
    - Psoriasis
  - Superficial mycoses (e.g., dermatophytosis [ringworm])
  - Atopic dermatitis (eczema)
  - Parapsoriasis
  - Repigmentation of the skin in patients with vitiligo
- Photodynamic therapy (PDT) (e.g., light treatment in conjunction with 5-aminolevulinic acid or methyl aminolevulinate) will be covered for the treatment of non-hyperkeratotic actinic keratoses (AK)
- Intense pulsed light phototherapy for all benign dermatologic conditions is considered investigative and therefore will not be covered.
Laser Therapies:

- Excimer (aka, 'excited dimer') laser therapy (308 nanometer [nm] UV phototherapy) will be covered for the following indications:
  - Localized plaque psoriasis
  - Vitiligo
  - Atopic dermatitis
- Standard laser therapies (e.g., continuous wave, quasi-continuous wave, pulsed [including intense pulsed dye laser]) will be covered for the following indications:
  - Localized plaque psoriasis
  - Atopic dermatitis (eczema)

**Note:** For each category outlined above that does not explicitly specify non-coverage, all other indications are considered investigative and therefore will not be covered.

**TP53 genetic testing for Li-Fraumeni syndrome**

Medica has reviewed TP53 (p53) genetic testing for Li-Fraumeni syndrome and has determined that this technology will be covered for individuals with suspected or known clinical diagnosis of Li-Fraumeni syndrome or Li-Fraumeni-like syndrome, or a known family history of a TP53 mutation. Testing for all other indications, including general screening of healthy individuals with no family history, is considered investigative and therefore will not be covered.

Li-Fraumeni syndrome (LFS), also known as SBLA syndrome (Sarcoma, Breast, Leukemia, and Adrenal Gland), is an inherited cancer syndrome associated with a variety of malignancies. Cancers most often associated with LFS are premenopausal breast cancer, soft tissue sarcomas, osteosarcomas, brain tumors, and adrenocortical carcinomas. It is estimated that individuals with LFS have a 60 percent chance of malignancy prior to age 45 and a 95 percent chance by the age of 70. Genetic testing for this syndrome is available from numerous laboratories in the United States and generally involves direct sequence analysis of all coding regions of the p53 gene.

As of June 1, 2012, the complete text of the policies that apply to the determinations above will be available online or on hard copy:

- See coverage policies at medica.com.
- Call the Medica Provider Literature Request Line for printed copies of documents: 952-992-2355 or toll-free at 1-800-458-5512, option 1, then option 5, ext. 2-2355.

**Effective June 1, 2012:**

**Medica to remove prior authorization for CCTA**

The following utilization management (UM) policy changes will be effective beginning with June 1, 2012, dates of service. These changes will apply to all Medica products including government products unless a particular health plan (whether commercial, Medicare or Medicaid) requires different coverage. Revisions to related prior authorization criteria will be made as of June 1, 2012, as part of these policy changes.

**Coronary computed tomography angiography**

As of June 1, 2012, coronary computed tomography angiography (CCTA) will no longer require prior authorization. However, coronary artery calcium scoring (CACS) performed in the outpatient setting will continue to require prior authorization. CACS, which will continue to be addressed in a UM policy, will remain covered if the criteria for medical necessity are met.

Medica will continue to monitor utilization of CCTA and, effective June 1, 2012, will address CCTA in a new coverage policy, titled "Cardiac Computed Tomography (CCT) and Coronary Computed Tomography Angiography (CCTA)." CCT and CCTA will remain covered for indications determined appropriate in the 2010 guidelines from the American College of Cardiology. All other indications are considered investigative and therefore will not be covered.

Medica also requires that treatment decision support (TDS), utilizing a Medica-approved TDS option, be completed prior to performing computed tomography (CT) scans. Practitioners are advised of the
TDS process outlined in the Medica Provider Administrative Manual.

As of June 1, 2012, the complete text of the updated UM policy and new coverage policy that apply to the determinations above will be available online or on hard copy:

- [See UM and coverage policies at medica.com](#).
- Call the Medica Provider Literature Request Line for printed copies of documents.

As of June 1, the Medica prior authorization list will also be updated to reflect the changes above. [See more about prior authorization requirements on medica.com](#).

**Medical policies and clinical guidelines to be updated**

Medica will soon update one or more utilization management (UM) policies, coverage policies, Institute for Clinical Systems Improvement (ICSI) guidelines, and Medica clinical guidelines, as indicated below. These policies will be effective June 1, 2012, unless otherwise noted.

**UM Policies — Revised**

*These versions replace all previous versions.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Policy Number</th>
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<tbody>
<tr>
<td>Coronary Artery Calcium Scoring (CACS) <em>(formerly Coronary Computed Tomography Angiography [CCTA] and Coronary Artery Calcium Scoring [CACS] for Detection or Assessment of Coronary Artery Disease [CAD]</em>)</td>
<td>III-DIA.03</td>
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<tr>
<td>Humanitarian Device Exemption <em>(administrative update only; effective 4/1/12)</em></td>
<td>III-DEV.18</td>
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**Coverage Policies — New**

<table>
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<tr>
<th>Name</th>
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<tr>
<td>Cardiac Computed Tomography (CT) and Coronary Computed Tomography Angiography (CCTA)</td>
</tr>
<tr>
<td>Genetic Testing: TP53 (p53) Testing for Li-Fraumeni Syndrome</td>
</tr>
</tbody>
</table>

**Coverage Policies — Revised**

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<table>
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<tbody>
<tr>
<td>Birth Centers (Free-standing) <em>(formerly Birth Centers [Free-standing] - Medicaid and MinnesotaCare; effective 3/21/12)</em></td>
</tr>
<tr>
<td>Light Treatment and Laser Therapies for Benign Dermatologic Conditions <em>(formerly Light Treatment for Dermatologic Conditions)</em></td>
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<tr>
<td>Percutaneous Disc Decompression Procedures (Manual, Automated or Laser Discectomy; and Plasma Disc Decompression [PDD]) <em>(formerly Percutaneous Disc Decompression Procedures [Manual, Automated or Laser Discectomy; and Nucleoplasty])</em></td>
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**Coverage Policies — Inactivated**

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<tr>
<td>Speech Therapy</td>
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As of June 1, 2012, these documents will be available online or on hard copy:

- [View medical policies and clinical guidelines at medica.com](#);
- Call the Medica Provider Literature Request Line for printed copies of documents.

**Pharmacy Information**

**Effective March 23, 2012:**

*Medica removes prior authorization step for 2 medications*
Applies to Remicade and Rituxan for non-Medicare members

Effective with March 23, 2012, dates of service, Medica removed the prior authorization requirement for drugs Remicade and Rituxan. This change applies to Medica commercial and Minnesota Health Care Programs (MHCP)-enrolled members; there was no impact to Medicare members. Covered indications have not changed.

As a result of this, providers no longer need to submit a prior authorization request for Remicade and Rituxan prior to administering these drugs. Claims received for these products when used for non-covered indications will be denied as provider liability.

Medica previously notified providers about this change with a Provider Alert in late March 2012.

The provision of coverage for these two products was transitioned to coverage policies from related utilization management (UM) drug policies. Once effective, new and updated drug-related policies are available online or on hard copy:

- See drug coverage and UM policies at medica.com.
- Call the Medica Provider Literature Request Line for printed copies of documents.

Effective June 1, 2012:
Changes to Medica Part D drug formulary

Medica posts changes to its Part D drug formularies on medica.com 60 days prior to the effective date of change. The latest lists notify Medicare enrollees of drugs that will either be removed from the Medica Part D formulary or be subject to a change in preferred or tiered cost-sharing status effective June 1, 2012. Medica also notifies affected Medica members in their Medicare Part D Explanation of Benefits (EOB) statements mailed out monthly.

Medica periodically makes changes to the following Medica Medicare Part D formularies: the Part D open formulary (3 tier + specialty tier), the Part D closed formulary (2-tier), and the Part D thrift formulary. View the latest Medicare Part D drug formulary changes.

The Medica Medicare Part D drug formularies are available online or on paper:

- View the Medica Part D formularies at medica.com.
- Call the Medica Provider Literature Request Line to request a printed copy.

Medication request forms
A medication request form should be used when requesting a formulary exception. It is important to fill out the form as completely as possible and to cite which medications have been tried and failed. This includes the dosages used and the identified reason for failure (e.g., side effects or lack of efficacy). The more complete the information provided, the quicker the review, with less likelihood of Medica needing to request more information. To request formulary exceptions, providers can:

- Download a coverage determination form at medica.com.
- Call MedImpact at 1-800-788-2949.

Network Information

Fourth-quarter PCR checks to be mailed in April 2012

By the end of April 2012, Medica plans to mail to eligible providers the physician contingency reserve (PCR) payment for the fourth quarter of 2011. This represents a 100-percent return of the fourth-quarter 2011 PCR withhold, plus interest, for the Medica Prime Solution® Medicare product. Checks will cover PCR withheld for claims with dates of service of October 1, 2011, through December 31,
Administrative Information

Provider College administrative training topic for May

The Medica Provider College offers educational sessions on various administrative topics throughout the Medica service area. The following class is available by webinar for all Medica network providers.

Training class topic
"Skilled Nursing Facilities and Care Coordination" (class code: SNF-WM)

In this course, providers will learn about the Medica Care System's updated benefit determination process as it relates to skilled nursing facilities. Participants will review "trigger events," skilled nursing guidelines, and skilled rehabilitation information, as well as updated communication forms required for the Medica Care System. Time will also be provided for questions and answers as part of this discussion.

Class schedule

<table>
<thead>
<tr>
<th>Class code</th>
<th>Topic</th>
<th>Date</th>
<th>Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF-WM</td>
<td>Skilled Nursing Facilities and Care Coordination</td>
<td>May 16</td>
<td>10-11 a.m.</td>
<td>Class code with &quot;WM&quot; means offered via webinar in May</td>
</tr>
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For webinar trainings, login information and class materials are e-mailed close to the class date. To ensure that training materials are received prior to a class, providers should sign up as soon as possible.

The time reflected above allows for questions and group discussion. Session times may vary based on the number of participants and depth of group involvement.

Registration

The registration deadline is one week prior to the class date. To register for the session listed, providers may do either of the following:

- Fill out the Provider College registration form (available online at medica.com under "Events and Training") and e-mail it to providercollege@medica.com.
- Send an e-mail with the same details as listed on the registration form to providercollege@medica.com.

Medica outlines procedure codes that require documentation

In order to facilitate more timely claims payment and reduce potential re-work, providers are encouraged to submit supporting documentation along with the original claims when submitting claims that include:

- any unlisted code;
- any code submitted with modifier 22;
- codes for services that could be considered cosmetic; or
- codes for services where Medica has a medical policy in effect that requires documentation to show that conditions in the policy have been met.

If a service is provided in a provider office, copies of office notes should be included. For all other places of service, a copy of the operative report would be required.

In addition, several codes have been selected for review by medical director and therefore also require documentation.
PPO Information

Latest Aetna provider bulletin available online

Aetna has published its latest edition of Aetna OfficeLink Updates™ (March 2012). Highlights that may be of interest for Medica SelectCare™ and Patient Choice Insights network providers include:

- Shingles vaccine covered for ages 60+
- HEDIS® 2012 data collection underway
- Preauthorization required for cardiac implant devices — scheduled for June 2012
- Clinical payment, coding and policy changes — several scheduled for June 2012
- Changes to Aetna National Precertification List — scheduled for July 2012

View the March 2012 Aetna provider newsletter.