



Aetna Policy Changes Impact PAs

March 24, 2010

Aetna's March, 2010 *OfficeLink* newsletter announces a change in policy regarding payment for services provided by PAs, enrollment, and the ability to be listed in Aetna's provider directories.

Aetna will decrease its payment for service provided by PAs, NPs, and nurse midwives to 85% of the physician contracted rate effective June 1, 2010. However, if Medicare's "incident to" guidelines are met, PAs may bill the office service they provide under the physician's name with reimbursement at 100 percent.

The newsletter may be found in its entirety here: [Office Link newsletter](#). Alaska, Kansas, Maine and Missouri are excluded from the new policy. AAPA is inquiring as to why certain states have been excluded.

AAPA recommends the following:

- For additional details, practices/facilities should contact their Aetna provider representative to ask for instructions regarding the enrollment process for PAs, billing instructions for the 1500 form, and the local policy regarding incident-to and shared visit billing rules.
- Note that there are strict legal prohibitions against state or national chapters and associations negotiating payment amounts or rates with private third party payers. Review the [Anti-Trust Implications of Negotiating with Third-Party Payers](#). There are no legal restrictions on individual practices negotiating fee schedule amounts or rates with third party payers.
- As always, practice contracts with payers should include specific language that states that PAs are covered for services consistent with state law guidelines regarding supervision and scope of practice.

What is AAPA doing?

- Notified state chapter and specialty organization leaders and practicing PAs about the policy changes.
- Conversations held with Aetna network representatives to discuss policy implications.
- Requesting a meeting with Aetna national officials to express AAPA's serious concerns over their thought process regarding this policy decision.
- Attempting to obtain written clarification regarding the applicability of Medicare's "shared visit" billing provisions, additional details on claim form submission, and verification regarding the ability of PAs to enroll as primary care providers, in similar fashion to NPs and physicians.
- Advising state chapters and specialty organizations regarding the legal antitrust issues that limit the ability of state and national organizations with respect to discussing/negotiating reimbursement amounts or percentages with third-party payers.

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