



February, 2008

Dear Plan Sponsor:

Re: **Policy on Anesthesia for GI Endoscopy**

We have established a new clinical policy for anesthesia services for routine upper and lower gastrointestinal (GI) endoscopic procedures such as colonoscopy. This policy is in alignment with our ongoing commitment to promoting care that enhances both our members' health and their financial well-being, and helps you provide affordable, quality health care benefits. It is also consistent with published statements from nationally recognized health care organizations.

- We will continue to cover conscious sedation, as we always have, for patients at average risk or with no sedation-related risk factors. However, effective April 1, 2008, we will no longer cover monitored anesthesia care, which requires the presence of an anesthesiologist or anesthesiologist, unless it is medically necessary.

Conscious, or moderate, sedation is the method used by the majority of gastroenterologists and colorectal surgeons in this country when performing colonoscopies and upper endoscopies. It may be administered by the doctor performing the procedure. Conscious sedation is a safe and generally well-tolerated choice for most patients undergoing upper endoscopy or colonoscopy.

For patients who have sedation-related risk factors like illness or other medical conditions, Aetna will continue to cover monitored anesthesia care for GI endoscopic procedures. Such individuals include children, the elderly, pregnant women, people with a significant medical condition or danger of airway compromise, or people who have other complicating factors.

We are basing our policy on a broad base of evidence.

Our clinical policies are consistent with published statements from nationally recognized professional health care organizations and government agencies. For this policy specifically:

- **Respected professional organizations have stated that monitored anesthesia care is not necessary for routine cases.** Our policy is consistent with a policy statement issued jointly by The American College of Gastroenterology, American Gastroenterological Association and American Society for Gastrointestinal Endoscopy, which states: "The routine assistance of an anesthesiologist/anesthetist for average risk patients undergoing standard upper and lower endoscopic procedures is not warranted."
- **No evidence that monitored anesthesia care is necessary for most patients.** There is no evidence demonstrating a net health outcomes benefit for average risk patients receiving monitored anesthesia care for routine GI endoscopy.
- **Need to keep insurance affordable for employers and individuals who purchase it.** Given two equally safe and effective options, this policy reflects the option that costs an average of 25% less, and as much as 500% less in some markets, such as New York.
- **Alignment with the published policy statements of many other health plans and regional Medicare carriers.**

We are informing our participating providers about this change.

We are launching a communications campaign to make sure that participating providers understand this policy. In addition to broad-based communications, our network teams are reaching out individually to high-volume practices that will be affected.

It is important to emphasize that participating providers are not allowed to bill members for non-covered services, except in very specific circumstances where the member has agreed in advance, in writing, to pay for such services after being advised that they are not covered. As is generally the case, non-participating providers may bill members directly for services.

We also are reaching out to our members, to encourage preventive screenings and communicate about this policy.

Because we want to encourage members to receive preventive colonoscopies as recommended, we will be sending them communications about screenings that include information about this policy. We will mail information to all medical plan members between the ages of 50 and 64 for whom we have no record of a colonoscopy. We also will send information to members through Aetna Navigator messages and other avenues.

If you would like to do your own outreach to your employees, we can provide you with a PDF of a postcard, a flyer or an article suitable for your own employee newsletter or intranet.

In addition, we will have a transitional appeals policy in place for the first six months the policy is in effect. During this time, we will continue to pay these claims on appeal for members who utilized participating providers and who say their doctor did not give them advance notice that monitored anesthesia care would not be covered. We will mail letters to members whose claims for monitored anesthesia are denied, giving them a form to fill out if they had not received advance notice from their doctor. This six-month period will give additional time for us to continue to inform doctors about this change.

We are committed to promoting responsible, cost-effective care for you and your plan members. If you have any questions about this new policy, please contact your Account Manager.

Sincerely,

Aetna Middle Market Account Management, Metro NY/NJ