



151 Farmington Avenue
Hartford, CT 06156

February 2008

Dear Physician and/or Practice Manager:

We are postponing implementation of our new clinical policy for monitored anesthesia care
We've decided to delay plans to implement our policy related to monitored anesthesia care (MAC) for endoscopies. The policy will not take effect on April 1, 2008 as originally announced.

Why we are delaying this change

Immediately after notifying the medical community of our policy change in December 2007, we opened a broad, ongoing dialogue about our decision with physicians and the societies that represent them. In most cases, these discussions have been cordial and productive exchanges of information. We learned some important information as part of this process.

It is important to point out that we have always covered moderate sedation for routine colonoscopies and endoscopies. However, some individuals have unfortunately chosen to misinterpret our policy that we would no longer cover sedation and have suggested that our policy change would negatively impact colon cancer screening rates. Neither is true. Our member data confirms that there is no relationship between improved screening rates and the use of MAC. However, such misinformation can cause confusion among our members and could negatively impact colon cancer screening rates among our members.

We also determined that in those few markets where MAC GI has become the routine approach to sedation, implementing our policy on April 1 would inconvenience our members in those markets and potentially depress screening rates in the short term.

New technologies are coming

In addition, new medical devices, as well as new sedatives are expected on the market during the summer of 2008, and in review with the FDA now. Both are designed to provide a patient experience that is very similar, or perhaps better, than monitored anesthesia care, but can be managed exclusively by the GI physician performing the screening procedure.

We want to make sure our providers and members have access to these additional options before we discontinue reimbursement for monitored anesthesia care. Therefore, we have decided to delay the implementation of our MAC policy.

Our policy change is grounded in strong clinical evidence

We continue to believe our policy is soundly and accurately based on strong clinical evidence. It was two years in development and includes significant input from medical societies at the national level. The policy reflects the guidelines established by the American College of Gastroenterology, American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy. It always allowed for coverage of the recommended and most commonly used form of sedation during routine endoscopies.

Aetna appreciates the dialogue and exchange of information we've had with physicians and medical societies over the last two months. We know that working together with physicians we can help improve the quality and consistency of care delivered to our members. In that spirit we will continue to work with physicians to temper the use of medically unnecessary procedures and increase patient access to important screening services.

Preventive care screenings are recommended

We remain vigorous advocates of recommended cancer screenings. We cover screening colonoscopies and flexible sigmoidoscopies in all plans that include preventive care benefits.

Contact us if you have questions

Please call our Provider Service Center at 1-800-624-0756 for questions related to HMO-based benefits plans or 1-888-632-3862 for questions related to indemnity and PPO-based benefits plans. Or, you can contact your Aetna network representative.

Sincerely,



James D. Cross, M.D.
Head of Medical Policy and Program Administration

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