



Reminder: Timely submission of
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This just in....



Updated payer ID grids now available

The professional and facility payer ID grids were recently updated to reflect the following changes:

- On both payer ID grids, a new prefix was added for account-specific PPO National BlueCard® products.
- On the professional payer ID grid, the paper claim mailing address for both Blue Cross® and BlueCard products was updated.

Please be sure to use the most current version of the payer ID grids, which are available on our website at www.ibx.com/edi.



IBC announces early extension of dependent care coverage

Beginning June 1, IBC will extend health insurance coverage for young adults up to age 26 who are currently covered by their parents' individual or employer-sponsored health plans.

By allowing these young adults to remain on their parents' plans starting June 1, IBC is helping families avoid a potential gap in coverage until the new federal healthcare reform provision takes effect.

For more information about this new coverage, please read the press release at www.ibx.com/news_events/press_releases.

Partners in Health UpdateSM is a publication of Independence Blue Cross and its affiliates (IBC), created to provide valuable information to the IBC-participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with IBC. This publication is the primary method for communicating such general changes. Suggestions are welcome.

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This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services for the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number on their ID card.

The third-party websites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs are presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

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Keystone Health Plan East, Personal Choice®, Keystone 65 HMO, and Personal Choice 65SM PPO have an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

For articles specific to your area of interest, look for the appropriate icon:

- P** Professional
- F** Facility
- A** Ancillary

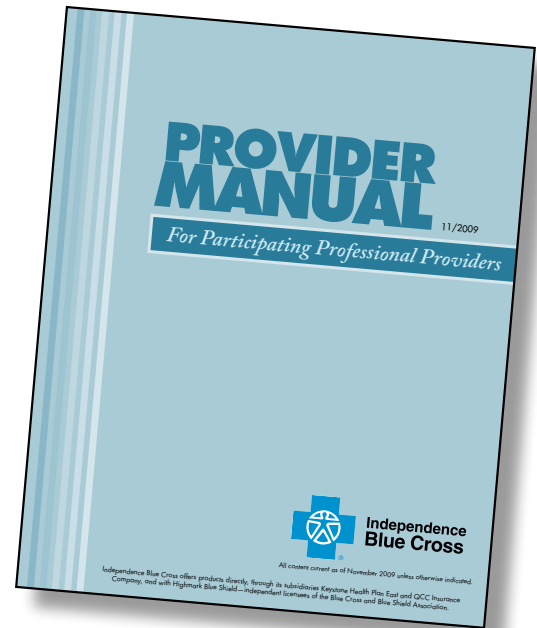
A revised *Provider Manual* is now available

The *Provider Manual for Participating Professional Providers* has been revised and is now available through the NaviNet® web portal.

The revised *Provider Manual* reflects changes to important information regarding our policies, procedures, and programs as previously communicated through *Partners in Health Update*.

The *Provider Manual* is easy-to-navigate and is organized into color-coded sections. There are links to important information within each section, such as forms and reference material. Several forms have also been updated and are available at www.ibx.com/providerforms.

If you do not have access to NaviNet, you may request a print version of the *Provider Manual* by calling the Provider Supply Line at 1-800-858-4728.



BILLING

Billing guidelines for observation services

When a physician provides service to a member at an observation level of care, the physician should use the following Evaluation and Management codes when billing for these services to ensure accurate processing of the claim:

- 99217 ▪ 99218 ▪ 99219 ▪ 99220
- 99234 ▪ 99235 ▪ 99236

We recognize the appropriate use of observation services (i.e., observation status and observation level) for patients to monitor and treat medical conditions on an outpatient basis and to evaluate a patient's need for acute inpatient admission. Observation services are outpatient services that include diagnosis, treatment, and stabilization of patients from a minimum of six to a maximum of 24 hours per InterQual guidelines.

IBC uses guidelines for decision-making from InterQual, an independent company, with regard to which patients have severity of illness and intensity of service requirements that would be appropriate for observation. Observation services can be provided in any location within a facility.

If you have additional questions on how to bill for observation services, please refer to your *Provider Manual* for appropriate billing, or contact your Network Coordinator.





Reminder to provide notice of Medicare non-coverage

This is a reminder that all skilled nursing facilities, home health agencies, and comprehensive outpatient rehabilitation facilities must provide advance notice of Medicare coverage termination to Medicare Advantage HMO and PPO enrollees no later than two days before coverage of their services will end. However, if services are expected to be less than two days, the Notice of Medicare Non-Coverage (NOMNC) should be delivered upon admission. If there is a span of longer than two days between services, the NOMNC should be issued on the next to last time services are provided.

In addition to providing the date when coverage of services will end, the NOMNC also describes the patient's options if he or she wants to appeal the decision or would like more information.

Please visit the Centers for Medicare & Medicaid Services (CMS) website at www.cms.hhs.gov for more information on this process.

Reminder: Timely submission of Medicare Advantage HMO and PPO members' medical records



As part of the federally mandated Medicare Advantage Appeals and Grievances process, IBC is required to obtain a member's medical record in order to make a determination of coverage. Should we uphold our determination, we are required to forward the member's appeal file, which includes medical records, to an independent review entity (IRE). An IRE is contracted with CMS to perform second-level independent reviews of Medicare Advantage members' appeals. Medical records must be submitted to us in a timely manner. Receiving timely medical records enables us to submit them to an IRE and ensure compliance with mandated appeal deadlines.

CMS also requires that both IBC and an IRE make their determinations within 72 hours for an expedited appeal and within 30 calendar days for a standard appeal. If a member requests an expedited review, we will immediately send a request to the provider for medical records. We must receive the records within 24 hours for an expedited appeal and within ten calendar days for a standard appeal. If an appeal is sent to an IRE, the IRE may request additional records, which are required to be sent under the same time frames.

Upon our request, and in accordance with your Agreement, you must provide copies of a Medicare Advantage HMO or PPO member's medical records to us as requested.

Other reasons that we may require the timely submission of medical records include:

- facilitating the delivery of appropriate health care services to Medicare Advantage members;
- assisting with utilization review decisions, including those related to disease management programs, quality management, grievances (as discussed above), claims adjudication, and other administrative programs;
- complying with applicable state and federal laws and accrediting body requirements (e.g., National Committee for Quality Assurance);
- facilitating the sharing of such records among health care providers directly involved with the member's care.

If you have any questions, please contact your Network Coordinator.

Policy notifications posted as of April 15, 2010

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of April 15, 2010.

Policy effective date	Notification title	Notification issue date
May 12, 2010	11.14.20d Hip Resurfacing	April 12, 2010
May 12, 2010	08.00.83 Pralatrexate (Folotyn™) for Injection	April 12, 2010
May 14, 2010	09.00.48 Intrahepatic Microspheres for Inoperable Liver Neoplasms	April 14, 2010
May 18, 2010	09.00.23b Therapeutic Radiology Port Films	February 17, 2010

To view these notifications, as well as the policies in their entirety, follow these instructions:

1. Visit www.ibx.com/medpolicy.
2. Select *Accept and Go to Medical Policy Online*.
3. Select *Policy Notifications*.

Be sure to check back often, as the site is updated frequently.

Medical necessity evaluation for certain elective surgical procedures

Effective July 1, 2010, we will begin focused evaluation of the medical necessity of requests for the use of an inpatient setting for certain elective surgical procedures.

Examples include, but are not limited to, laparoscopic cholecystectomies, tonsillectomies, adenoidectomies, hernia repairs, and battery and generator changes. Providers should submit clinical documentation for instances where it is believed that the outpatient setting would not be appropriate and inpatient admission is necessary.

In addition, emergency admissions where these procedures are performed must also meet guidelines from InterQual, an independent company, regarding acute admission.

For more information, contact the Physician Phone Line at **215-241-4079**, or outside the Philadelphia area, toll free at **1-888-814-2244**. The Physician Phone Line is available Monday through Friday, 8:30 a.m. to 5:00 p.m.



Zostavax®, Gardasil®, and Menactra®/Menomune® vaccines now available through the Direct Ship Specialty Pharmacy Program

FutureScripts®, our independent pharmacy benefits manager, facilitates the shipments and deliveries of certain vaccines for eligible HMO/POS and PPO members. Zostavax for shingles, Gardasil for human papillomavirus (HPV), and Menactra/Menomune (A/C/Y/W-135) vaccines are now being included. Coverage for the vaccines is provided under the member’s medical benefit.

Providers are not required to maintain a supply of these vaccines. They may use the Direct Ship Specialty Pharmacy Program to order them and have them shipped directly to members or to their office. To obtain these vaccines through the program, providers should do *one* of the following:

- Call FutureScripts directly at 267-402-1711 or toll free at 1-888-678-7012, and select option 3.
- Visit www.ibx.com/providerforms, and download the *Direct Ship Specialty Pharmacy Program* form. Completed forms can be faxed along with a prescription to 215-761-9165.

Please refer to the chart below for eligible CPT® codes and descriptions.

Eligible CPT codes	Descriptions
90649	HPV vaccine, types 6,11,16, and 18 (quadrivalent), 3-dose scheduled for intramuscular use
90650	HPV vaccine, types 16 and 18, bivalent, 3-dose scheduled for intramuscular use
90733	Meningococcal polysaccharide vaccine (any group[s]) for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetravalent) for intramuscular use
90736	Zoster (shingles) vaccine live for subcutaneous injection

For more information on the vaccine ordering process, please contact Customer Service at 1-800-ASK-BLUE.

HEALTH AND WELLNESS

ConnectionsSM Health Management Programs: Supporting your patients, our members



Call the Provider Support Line at 1-866-866-4694 to refer a member to a Health Coach if the member has any of the following conditions:

- asthma
- diabetes
- cardiometabolic risk
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- issues with medication persistence
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including weight loss surgery, depression, back pain, colorectal cancer screening, and breast or prostate cancer.

Visit www.ibx.com/providerconnections for more information about the Connections Health Management Programs.

Educational tools can help your patients understand breast cancer treatments

If you treat patients with breast cancer, you spend a lot of time walking them through the different treatment options. For example, patients with early-stage breast cancer often need help understanding the risks and benefits of mastectomy versus lumpectomy with radiation. Also, women who choose mastectomy need help deciding if, when, and how to have breast reconstruction.

These are just two of many decisions breast cancer patients often face, and with each of those decisions come additional questions and worries. You do your best to answer those questions and alleviate those worries, but a Health Coach can give your patients additional support and guidance and are well-versed in both breast cancer treatment information and in decision support.

Health Coaches from the ConnectionsSM Health Management Program are all health care professionals, who are trained in helping patients understand treatment options, risks, and outcomes. They can send your patients breast cancer education tools from the Shared Decision-Making[®] video and booklet programs such as:

- *Ductal Carcinoma In Situ: Choosing Your Treatment*
- *Early Stage Breast Cancer: Choosing Your Surgery*
- *Early Breast Cancer: Hormone Therapy and Chemotherapy — Are They Right for You?*
- *Breast Reconstruction: Is It Right for You?*
- *Living with Metastatic Breast Cancer: Making the Journey Your Own*

Shared Decision-Making[®] video and booklet programs are designed to help patients understand their condition and their treatment options so they can be prepared to have productive discussions with their doctors. The programs are based on medical evidence researched and evaluated by the Foundation for Informed Medical Decision Making, a non-profit organization dedicated to improving the quality of medical decisions. They are reviewed every six months and updated as needed to ensure that they contain the most current and accurate information.

The video components of these programs feature explanations from respected clinicians who speak in clear, easy-to-understand terms. They also include on-camera interviews with breast cancer patients who explain how they handled their condition and how they chose their particular treatment. This helps the viewer understand her own role in managing breast cancer and in electing treatment. Plus, it helps the viewer feel less alone during a very vulnerable time.

The booklets that accompany the videos provide written versions of the material presented on screen, as well as:

- anatomical illustrations depicting invasive versus noninvasive cancers;
- tables comparing and contrasting how a woman's treatment choice might affect her appearance, how much time she spends in recovery, and how likely she is to have a recurrence;
- drawings explaining what doctors mean by "sentinel lymph nodes," as well as explanations of why the nodes might be removed or biopsied;
- drawings demonstrating what doctors mean by negative and positive margins;
- drawings and photos of the chests of women who have chosen different surgical options, including lumpectomy, mastectomy without reconstruction, and mastectomy with reconstruction.

Once a patient has had some time with a Shared Decision-Making[®] program, she will get a call from the same Health Coach who sent the program information. The Health Coach will offer to answer any questions the patient may have about the material and to provide support to those patients who are grappling with a treatment decision. The Health Coach can also help the patient formulate questions to ask you, her physician, if she still has lingering concerns or is uncertain about her preferences. Together Health Coaches and Shared Decision-Making[®] programs help make the decision-making process easier on you and your patient.

To learn more about the health coaching services available to your practice, call a Connections Program Specialist at 1-866-866-4694. Members can speak to Health Coaches directly by calling the Connections Health Management Program at 1-800-ASK-BLUE. Health Coaches are available 24 hours a day, 7 days a week, to support members and answer questions.

Shared Decision-Making[®] video programs are developed in partnership with the Foundation for Informed Decision Making.

Shared Decision-Making[®] is a registered trademark of the Foundation for Informed Decision Making.

IMPORTANT RESOURCES

Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.ibx.com/antifraud
Care Management and Coordination Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
Healthy Lifestyles SM Keys to Wellness	215-567-3570 1-800-313-8628* www.ibx.com/providerkeystowellness
ConnectionsSM Health Management Programs	
Connections SM Health Management Program Provider Support Line	1-866-866-4694
Connections SM Complex Care Management Program	1-800-313-8628
Credentialing	
Credentialing Hotline	215-988-6534 www.ibx.com/credentials
Credentialing Violation Hotline	215-988-1413
Customer Service/Provider Services	
<ul style="list-style-type: none"> • Provider Automated System (eligibility/claims status/referrals) • Connections Health Management Programs • Precertification/maternity requests <ul style="list-style-type: none"> – Imaging services (CT, MRI/MRA, PET, and nuclear cardiology) – Authorizations 	1-800-ASK-BLUE
Provider Services user guide	www.ibx.com/providerautomatedsystem
eBusiness Help Desk	215-241-2305
FutureScripts®	
Prescription drug authorization	1-888-678-7012
Toll-free fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	www.ibx.com/rx
FutureScripts® Secure	
Medicare Part D	1-888-678-7015
Formulary updates	www.site65.com
Medical Policy website	www.ibx.com/medpolicy
NaviNet® portal registration	www.ibx.com/navinet
Provider Supply Line	1-800-858-4728

* Outside 215 area code



Visit our website:
www.ibx.com/providercommunications