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Sign up to receive IBC news and announcements via email

Do you want to be notified directly about breaking news, publication releases and updates, and changes to our processes and procedures? If so, sign up to receive our provider email.

Email sign-up: www.ibx.com/providers/email

All requests are processed within 48 hours. To prevent your firewall from marking our email messages as spam, please add IBC (provider_communications@ibx.com) to your email address book and provide your information services or information technology contacts with the domains and IP addresses listed on our website.

For professional providers only

Additionally, the IBC Network Medical Directors offer a physician-to-physician email platform, which provides direct and succinct messaging intended to assist physicians in providing quality care to our members. Email topics include the Quality Performance Measure (QPM) score program, announcements of new initiatives, fee schedule reminders, and more.

Participating professional providers are encouraged to join the Network Medical Directors Physician-to-Physician email list.

Physician-to-Physician email sign-up: www.ibx.com/providers/physician_email

We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to www.ibx.com/privacy.

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

- Professional
- Facility
- Ancillary

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.

Contact information:
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27th Floor
Philadelphia, PA 19103
provider_communications@ibx.com

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This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, 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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New features available in the Find a Doctor tool on ibx.com

In October, IBC is launching an enhanced version of our Find a Doctor tool that is available on our IBC website, www.ibx.com. There are many useful new features that will be available for the first time, including:

- **Patient-Centered Medical Home (PCMH).** Indicators will be added to applicable provider profile pages that identify practices recognized by the National Committee for Quality Assurance (NCQA) as a PCMH.

- **Patient experience reviews for facilities.** Member-submitted experience reviews for network facilities will now be displayed on the Find a Doctor tool. Previously, reviews were only available for professional providers.

  *Note:* These reviews can only be submitted by members who log on through our secure member website. A comprehensive process is in place to moderate all submitted reviews for inappropriate content or language and to verify that the member had a visit with that provider. Non-members and providers can read the reviews but cannot write them.

- **Blue Physician Recognition.** The Find a Doctor tool will display icons for network primary care offices that have earned an overall score (i.e., percentile rank in their speciality) in the Top 25th Percentile of the Quality Performance Measure (QPM) score program.

- **Physician Quality Measures.** The Find a Doctor tool will display scores, benchmarks, and ratings for up to 11 quality measures in six categories for network primary care offices. See sample screen shot below. Please note the following:
  - Measure scores are calculated based on data from our HMO/POS population as reported in the QPM score program (for measurement year 2012), which is a component of the Quality Incentive Payment System (QIPS) program.
  - The NCQA Quality Compass Middle Atlantic HMO/POS 50th Percentiles will serve as the regional benchmarks for each measure.
  - Measure ratings on a scale of 1 to 3 blue ribbons will be assigned based on relative performance against the NCQA Quality Compass Middle Atlantic HMO/POS benchmarks:
    - 1 blue ribbon = score < 25th percentile;
    - 2 blue ribbons = score ≥ 25th and < 75th percentiles;
    - 3 blue ribbons = score ≥ 75th percentile.

Look for more information about the enhanced Find a Doctor tool in the November 2013 edition of Partners in Health Update.
Electronic submission of clinical information for procedures that require precertification

We would like to remind all providers that clinical information required for precertification of procedures must be submitted via fax or email. Any Protected Health Information (PHI) sent electronically to IBC should be sent in compliance with the provider's Health Insurance Portability and Accountability Act (HIPAA) privacy and security obligations as a Covered Entity.

Although many of our providers are submitting their documentation and photos electronically, there are still a few who are not adhering to this expectation. Due to the potential delay in processing, we will no longer accept standard mail after December 31, 2013. A fax number and/or email address will be provided upon submission of the precertification request.

We appreciate your cooperation in submitting your documentation electronically. If you have any questions, please contact your Network Coordinator.

New member ID cards and submitting claims for members migrated to the new platform

As previously communicated, IBC is in the process of transitioning to a new claims processing platform, which will offer greater capabilities, increased flexibility in benefit design, and enhanced functionalities for an improved overall customer experience.

During this transition, we will be working with you in a dual claims-processing environment until all of our membership is migrated to the new platform. In other words, as members are migrated, their claims will be processed on the new platform; however, we will continue to process claims on the current IBC platform for members who have not yet been migrated.

You will see changes to the following as members are migrated to the new platform:

- **Member ID numbers.** As members are migrated to the new platform, they will be issued a new ID card and assigned a new member ID number. Both the subscriber and all dependents will share the same member ID number — dependents will no longer have a unique suffix. You must submit claims using this new ID number. Please discontinue use of any outdated member ID numbers.

- **Alpha prefixes.** Alpha prefixes for many of our benefit plans will be updated during the migration process. We will post updated payer ID grids at www.ibx.com/edi. These documents will identify alpha prefixes by product for both migrated and non-migrated members.

Adhering to these updated claims submission requirements will help to make the claims submission process smooth during this time of transition. If you submit a claim that uses outdated information, your claim may not be paid.

For more information about our Business Transformation, please visit our dedicated site at www.ibx.com/pnc/businesstransformation. On this site, you will find a communication archive and Frequently Asked Questions (FAQ) document. If you still have questions after reviewing the FAQ, email us at provider_communications@ibx.com.
Upcoming changes to mom/baby claims submission process

IBC is making system and process changes that will affect the way we do business with you. These changes will offer greater capabilities, increased flexibility in benefit design, and enhanced functionalities for an improved overall customer experience.

Effective November 1, 2013, mom and baby inpatient hospital claims must be submitted as separate claims — one for the mom and one for the baby — and you will receive two separate Statements of Remittance (SOR).

For mom/well-baby claims, payment details will show on the mom’s SOR, as shown in the examples below. There will be no payment information on the well-baby’s SOR. Sick-baby dates of service will pay at the contracted rate, and the payment details will be on the baby’s SOR.*

Current state (prior to November 1, 2013):

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>DRG</th>
<th>Rev code</th>
<th>Billed charges</th>
<th>Payment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11111</td>
<td>765</td>
<td>120</td>
<td>15,000</td>
<td>5,000</td>
<td>Mom delivery line; line will pay</td>
</tr>
<tr>
<td>11111</td>
<td>765</td>
<td>170</td>
<td>4,000</td>
<td>0</td>
<td>Well-baby line; line will not pay</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>19,000</td>
<td>5,000</td>
<td></td>
</tr>
</tbody>
</table>

Future state (on or after November 1, 2013):

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>DRG</th>
<th>Rev code</th>
<th>Billed charges</th>
<th>Payment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11111</td>
<td>765</td>
<td>120</td>
<td>15,000</td>
<td>5,000</td>
<td>Mom delivery line; line will pay</td>
</tr>
<tr>
<td>Claim ID</td>
<td>DRG</td>
<td>Rev code</td>
<td>Billed charges</td>
<td>Payment</td>
<td>Comments</td>
</tr>
<tr>
<td>22222</td>
<td>795</td>
<td>170</td>
<td>4,000</td>
<td>0</td>
<td>Baby claim; line will not pay if mom is inpatient</td>
</tr>
</tbody>
</table>

*As per the terms of your contract.

SOR changes for members migrated to the new platform

As previously communicated, IBC is in the process of transitioning to a new claims processing platform, which will offer greater capabilities, increased flexibility in benefit design, and enhanced functionalities for an improved overall customer experience.

During this transition, we will be working with you in a dual claims-processing environment until all of our membership is migrated to the new platform. In other words, as members are migrated, their claims will be processed on the new platform; we will continue to process claims on the current IBC platform for members who have not yet been migrated.

One area of change during the transition is to the Statement of Remittance (SOR):

- **For non-migrated members.** Until a member is migrated, providers will continue to receive the same SOR that they currently receive today.
- **For migrated members.** For members who have been migrated to the new platform, providers will no longer receive the current SOR. Professional providers will receive what will be called the Explanation of Benefits, and facility providers will receive what will be called the Provider Remittance.

In early October, detailed guides for the new Explanation of Benefits and Provider Remittance will be available on the Provider News Center in the Business Transformation section. Terms in the new documents are explained to assist you in interpreting your payments.

We anticipate that claims processing for all IBC membership will be transitioned to the new platform by mid-2015. At that time, you will only receive the new Explanation of Benefits or Provider Remittance.

For more information about our Business Transformation, please visit our dedicated site at [www.ibx.com/pnc/businesstransformation](http://www.ibx.com/pnc/businesstransformation). On this site, you will find a communication archive and Frequently Asked Questions (FAQ) document. If you still have questions after reviewing the FAQ, email us at provider_communications@ibx.com.
Updated CMS-1500 claim form effective January 6, 2014

The National Uniform Claim Committee (NUCC) has approved an updated version of its 1500 Health Insurance Claim Form (CMS-1500 claim form). The new claim form, which goes into effect January 6, 2014, will accommodate reporting needs for ICD-10 as well as align with data captured on electronic 837P transactions. The primary change is that the number of diagnosis codes that can be reported has been increased from 4 to 12 (see sample below).

IBC will accept both the old (08/05) and new (02/12) claim forms from January 6 through March 31, 2014. From the period of April 1 through October 1, 2014, we will look to see which providers are still submitting old forms and complete outreach and education. **Effective October 1, 2014, IBC will no longer accept the old (08/05) claim form.**

The NUCC has released an updated **1500 Health Insurance Claim Form Reference Instruction Manual**, which is available under the 1500 Claim Form tab on their website at [www.nucc.org](http://www.nucc.org).

Forms can be purchased through office supply stores, local printing companies, or by calling the U.S. Government Printing Office at 1-866-512-1800.

If you have any questions, please contact your Network Coordinator.
Policy notifications posted as of September 27, 2013

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 September 27, 2013.

<table>
<thead>
<tr>
<th>Policy effective date</th>
<th>Policy No.</th>
<th>Notification title</th>
<th>Notification issue date</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 27, 2013</td>
<td>08.01.12</td>
<td>Repository Corticotropin (H.P. Acthar® Gel Injection)</td>
<td>August 28, 2013</td>
</tr>
<tr>
<td>September 27, 2013</td>
<td>09.00.15f</td>
<td>Mammography and Computer-Aided Detection (CAD) System for Mammography</td>
<td>August 28, 2013</td>
</tr>
<tr>
<td>September 27, 2013</td>
<td>11.08.08f</td>
<td>Chemical Peels</td>
<td>August 28, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>05.00.38f</td>
<td>Negative-Pressure Wound Therapy (NPWT) Systems</td>
<td>July 3, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>05.00.70a</td>
<td>Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures</td>
<td>August 29, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>06.02.10k</td>
<td>Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)</td>
<td>August 20, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>06.02.35e</td>
<td>Genetic Testing</td>
<td>August 20, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>07.03.07i</td>
<td>Evaluation and Management of Autism Spectrum Disorders (ASD)</td>
<td>August 12, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>07.03.14i</td>
<td>Intraoperative Neurophysiological Monitoring (INM)</td>
<td>July 3, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>07.03.22</td>
<td>Repetitive Transcranial Magnetic Stimulation (rTMS)</td>
<td>August 29, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>07.13.12c</td>
<td>Instrument-based Vision Screening</td>
<td>August 29, 2013</td>
</tr>
<tr>
<td>October 1, 2013</td>
<td>11.17.01e</td>
<td>Bulking Agents for the Treatment of Stress Urinary Incontinence (SUI) due to Intrinsic Sphincter Deficiency (ISD) and for the Treatment of Vesicoureteral Reflux (VUR)</td>
<td>August 29, 2013</td>
</tr>
<tr>
<td>October 11, 2013</td>
<td>08.00.26r</td>
<td>Botulinum Toxin Agents</td>
<td>September 11, 2013</td>
</tr>
<tr>
<td>November 1, 2013</td>
<td>11.00.10o</td>
<td>Multiple Surgical Reduction Guidelines</td>
<td>August 2, 2013</td>
</tr>
<tr>
<td>November 27, 2013</td>
<td>07.10.05a</td>
<td>Noncontraceptive Use of the Levonorgestrel-Releasing Intrauterine System</td>
<td>August 28, 2013</td>
</tr>
<tr>
<td>December 10, 2013</td>
<td>05.00.73a</td>
<td>Neuromuscular Electrical Stimulators (NMES) and Functional Electrical Stimulators (FES)</td>
<td>September 11, 2013</td>
</tr>
<tr>
<td>December 10, 2013</td>
<td>11.01.06a</td>
<td>Bone-Anchored (Osseointegrated) Hearing Aids and Implantable Middle Ear Hearing Aids</td>
<td>September 11, 2013</td>
</tr>
<tr>
<td>December 26, 2013</td>
<td>06.03.04h</td>
<td>Apheresis Therapy</td>
<td>September 27, 2013</td>
</tr>
<tr>
<td>December 26, 2013</td>
<td>11.01.02j</td>
<td>Cochlear Implant</td>
<td>September 27, 2013</td>
</tr>
</tbody>
</table>

To view the policy notifications, go to www.ibx.com/medpolicy, select Accept and Go to Medical Policy Online, and click on the Policy Notifications box. You can also view policy notifications using the NaviNet® web portal by selecting Reference Tools from the Plan Transactions menu, then Medical Policy. Once these policies are in effect, they will be available by using the Search box on the Medical Policy homepage. Be sure to check back often, as the site is updated frequently.
Changes to medical policy for self-injectable drugs

Effective January 1, 2014, the IBC medical policy for Self-Injectable Drugs (#08.00.78i) will be renamed Self-Administered Drugs when it is reissued as #08.00.78j. As a result, IBC is expanding the policy to include other types of drugs that members or their caregivers can safely and effectively administer without the assistance of a health care provider.

Self-administered drugs will be covered in accordance with the criteria listed in the policy. The list of self-administered drugs will continue to be available in Attachment A of the medical policy.

To view the policy notification (#08.00.78j) for this change and its impacts, go to www.ibx.com/medpolicy after October 3, 2013.

Annual Synagis® (palivizumab) distribution program

We are pleased to announce the Synagis® (palivizumab) distribution program for the 2013-2014 respiratory syncytial virus (RSV) season, which is November through March in the United States. RSV is the most common cause of bronchiolitis and pneumonia among children younger than 1.

During the RSV season, we will approve the monthly administration of Synagis® (palivizumab) for at-risk children younger than 2 years of age. Synagis® (palivizumab) is a humanized monoclonal antibody that provides passive immunity against RSV. It is intended to decrease the morbidity and mortality associated with RSV lower respiratory tract disease in at-risk children. At-risk children include those with one of the following conditions or risk factors:

- chronic lung disease of prematurity (CLD, formerly called bronchopulmonary dysplasia);
- history of preterm birth (< 35 weeks 0 days gestation);
- congenital heart disease;
- severe neuromuscular disease;
- congenital abnormalities of the airway.

Recommendations for premature infants

Specific recommendations have been made to reduce the risk of RSV hospitalization for infants who are born at 32 to less than 35 weeks gestation (defined as 32 weeks 0 days through 34 weeks 6 days). Synagis® (palivizumab) prophylaxis should be limited to these infants who are at greatest risk of hospitalization due to RSV. This includes at-risk infants who are younger than 3 months and 0 days (less than 90 days) at the start of the RSV season, as well as those who are born during the RSV season and are likely to have an increased risk of exposure to RSV.

Epidemiologic data suggests that RSV infection is more likely to occur and lead to hospitalization for infants in this gestational age group when at least one of the following risk factors is present:

- The infant attends child care (defined as a home or facility where care is also provided for any number of infants or young toddlers in the same facility).
- The infant has a sibling younger than 5.

Prophylaxis may be considered for infants born at 32 to less than 35 weeks gestation whose chronological age is less than 3 months before the onset or during RSV season, and for whom at least one of the above factors is present. Infants in this gestational age category should receive prophylaxis only until they reach 3 months of age. In addition, these infants should receive a maximum of three monthly doses; many will receive only one or two doses until they reach 3 months of age.

Once an infant has passed 3 months of age (older than 90 days), the risk of hospitalization attributable to RSV lower respiratory tract disease is reduced. Administration of Synagis® (palivizumab) is not recommended after 3 months of age. This criterion for premature infants is based on guidelines published in the 2012 American Academy of Pediatrics (AAP) Red Book®.

How to obtain Synagis® (palivizumab) for use in your office

Synagis® (palivizumab) is covered under the member’s medical benefits. For the 2013-2014 RSV season, it is mandatory for all participating providers to obtain Synagis® (palivizumab) through ACRO Pharmaceutical Services, an independent company. IBC will coordinate with ACRO Pharmaceutical Services to facilitate delivery of Synagis® (palivizumab) to your office.

continued on the next page
Annual Synagis® (palivizumab) distribution program (continued)

Note: MedImmune, LLC, the makers of Synagis® (palivizumab), has a voluntary program called RSV Connection™. However, IBC does not participate in this program. All requests for Synagis® (palivizumab) should be sent directly to ACRO Pharmaceutical Services.

Guidelines for ordering Synagis® (palivizumab)
The following guidelines apply when ordering Synagis® (palivizumab):

● Synagis® (palivizumab) will generally be approved for office administration only, unless a patient is receiving home nursing services for a separate indication.
● The RSV Enrollment Form must include sufficient clinical information to meet our Synagis® (palivizumab) medical policy criteria, which is based on AAP recommendations.
● The RSV Enrollment Form can be obtained by contacting ACRO Pharmaceutical Services at 1-800-906-7798 and should be faxed to 1-877-381-3806.
● Tobacco smoke will not be accepted as an environmental pollutant. This guideline is based on the indication from the AAP Committee on Infectious Disease that, while at-risk infants should never be exposed to tobacco smoke, passive household exposure to tobacco smoke has not been associated with an increased risk of RSV hospitalization on a consistent basis.

● Fee-for-service providers will be reimbursed for the Evaluation & Management procedure codes that correspond to the patient’s office visit. Since IBC pays ACRO Pharmaceutical Services directly, you neither pay for doses ordered through ACRO Pharmaceutical Services nor receive reimbursement for the actual pharmaceutical.
● Upon approval of your request, Synagis® (palivizumab) will be shipped to your office monthly during RSV season. Overnight shipping for the 2013-2014 RSV season begins on Wednesday, October 30, 2013, and ends on Monday, March 31, 2014. Up to five doses (one shipment every 30 days) will be shipped per patient.

If you have questions about the Synagis® (palivizumab) distribution program, please contact Customer Service at 1-800-ASK-BLUE.

Note: Synagis® (palivizumab) is not effective in the treatment of RSV disease, and it is not approved for this indication. This is not a statement of benefits. Benefits may vary according to state requirements, product line (HMO, PPO, etc.), and/or employer groups. Member coverage can be verified through the NaviNet® web portal.
Updates to precertification requirements effective January 1, 2014

Effective January 1, 2014, IBC will use a single precertification requirement list across all managed care products. This change is being made as we continue to look for ways to improve and simplify the precertification process.

Significant changes will be made to the precertification requirements for the following two categories effective January 1, 2014:

- **Outpatient surgical procedures.** For standard HMO products, not all outpatient surgical procedures will require precertification. Only select outpatient surgical procedures will be included on the precertification requirement list.

- **Durable medical equipment (DME) and prosthetic items.** Currently, precertification is required for all rentals and purchases of DME and prosthetic items that cost more than $500. Effective January 1, 2014, the precertification requirement list will be updated to specify only certain DME and prosthetic items that will require precertification, regardless of the cost of these items.

These changes will be reflected in an updated precertification requirement list, which will be posted to our website at www.ibx.com/preapproval in December, prior to these changes going into effect. Look for more information about the availability of this new precertification requirement list in future editions of Partners in Health Update.

If you have any questions, please contact Cheryl McGurk, manager of precertification, at 215-241-4542.

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Stay informed during our transition to a new operating platform

We would like to remind our network providers that starting November 1 and continuing into 2015, IBC will undergo an important change to transition to a new operating platform for our core processing activities, which will help us gain efficiencies and lower operating costs.

In May, we mailed a letter to our provider network regarding this change. This letter is posted for your reference on our Business Transformation website at www.ibx.com/pnc/businesstransformation. In addition, a Frequently Asked Questions document is available and includes answers to questions we have received from participating providers about the transition.

We encourage you to visit our Business Transformation site frequently to stay informed of the upcoming changes and to learn how they will affect you.

Go to www.ibx.com/pnc/businesstransformation
Putting ICD-10 into Practice:
Coding exercises and scenarios

The coding exercises and scenario in this section are designed to help you put the new ICD-10 guidelines and conventions into practice. An answer key is provided below so you can verify if your answers are correct. In addition, code narratives are included on the next page to describe each ICD-10 code used in the exercises and scenario.

If needed, use the ICD-10 Spotlight: Know the codes booklet for assistance with these exercises. It is available at www.ibx.com/icd10.

Specialty focus: Immune Deficiencies and Disorders

Coding exercises

Code the following conditions according to ICD-10 coding conventions and guidelines:

1. Postinfectious acute disseminated encephalitis and encephalomyelitis
2. Autoimmune hemolytic anemia (drug-induced)
3. Nezelof’s syndrome
4. Pemphigus vulgaris
5. Rh isoimmunization of newborn
6. Stiff-man syndrome
7. Hereditary hypogammaglobulinemia
8. Immune thrombocytopenic purpura
9. Transfusion-related hemochromatosis
10. Congenital neutropenia
11. Stevens-Johnson syndrome
12. Hereditary hemochromatosis
13. Critical illness polyneuropathy
14. Systemic lupus erythematosus
15. Transient neonatal neutropenia
16. Systemic lupus erythematosus involving the lung
17. Wiskott-Aldrich syndrome
18. Transient neonatal thrombocytopenia
19. Von Willebrand’s disease
20. Benign mucous membrane pemphigoid
21. Churg-Strauss syndrome

Coding scenario

Code the following scenario according to ICD-10 coding conventions and guidelines:

Jill gave birth to her daughter Angela at 38 weeks gestation. Although Angela was not premature, she was admitted to the Neonatal Intensive Care Unit (NICU) for ABO incompatibility, meaning Jill and Angela’s blood type did not match. In addition, Angela was diagnosed with hemolytic disease due to ABO isoimmunization.

Answers to coding exercises:

1) G04.01
2) D59.0
3) D81.4
4) L10.0
5) P55.0
6) G25.82
7) D80.0
8) D69.3
9) E83.110
10) D70.0
11) L51.1
12) E83.111
13) G62.81
14) M32.10
15) P61.5
16) M32.13
17) D82.0
18) T0.0
19) G35.1
20) G36.89
21) M30.1

Answer to coding scenario:

P55.1

continued on the next page
### Narratives

The following are the corresponding code narratives for each of the codes in the answer key:

<table>
<thead>
<tr>
<th>ICD-10 code</th>
<th>Code narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exercises</strong></td>
<td></td>
</tr>
<tr>
<td>G04.01</td>
<td>Postinfectious acute disseminated encephalitis and encephalomyelitis (postinfectious ADEM)</td>
</tr>
<tr>
<td>D59.0</td>
<td>Drug-induced autoimmune hemolytic anemia</td>
</tr>
<tr>
<td>D81.4</td>
<td>Nezelof’s syndrome</td>
</tr>
<tr>
<td>L10.0</td>
<td>Pemphigus vulgaris</td>
</tr>
<tr>
<td>P55.0</td>
<td>Rh isoimmunization of newborn</td>
</tr>
<tr>
<td>G25.82</td>
<td>Stiff-man syndrome</td>
</tr>
<tr>
<td>D80.0</td>
<td>Hereditary hypogammaglobulinemia</td>
</tr>
<tr>
<td>D69.3</td>
<td>Immune thrombocytopenic purpura</td>
</tr>
<tr>
<td>E83.110</td>
<td>Hereditary hemochromatosis</td>
</tr>
<tr>
<td>D70.0</td>
<td>Congenital agranulocytosis</td>
</tr>
<tr>
<td>L51.1</td>
<td>Stevens-Johnson syndrome</td>
</tr>
<tr>
<td>E83.111</td>
<td>Hemochromatosis due to repeated red blood cell transfusions</td>
</tr>
<tr>
<td>G62.81</td>
<td>Critical illness polyneuropathy</td>
</tr>
<tr>
<td>M32.10</td>
<td>Systemic lupus erythematosus, organ or system involvement unspecified</td>
</tr>
<tr>
<td>P61.5</td>
<td>Transient neonatal neutropenia</td>
</tr>
<tr>
<td>M32.13</td>
<td>Lung involvement in systemic lupus erythematosus</td>
</tr>
<tr>
<td>D82.0</td>
<td>Wiskott-Aldrich syndrome</td>
</tr>
<tr>
<td>P61.0</td>
<td>Transient neonatal thrombocytopenia</td>
</tr>
<tr>
<td>D68.0</td>
<td>Von Willebrand’s disease</td>
</tr>
<tr>
<td>L10.89</td>
<td>Other pemphigus</td>
</tr>
<tr>
<td>M30.1</td>
<td>Polyarteritis with lung involvement [Churg-Strauss]</td>
</tr>
<tr>
<td><strong>Scenario</strong></td>
<td></td>
</tr>
<tr>
<td>P55.1</td>
<td>ABO isoimmunization of newborn</td>
</tr>
</tbody>
</table>

Please visit the ICD-10 section of our website at [www.ibx.com/icd10](http://www.ibx.com/icd10). On this site you will find additional information related to the transition to ICD-10, including frequently asked questions, examples of how ICD-9 codes will translate to ICD-10 codes in the ICD-10 Spotlight: Know the codes booklet, and examples of ICD-10 coding exercises and scenarios in the Putting ICD-10 into Practice: Coding exercises and scenarios booklet.
What’s Up Wednesday is a monthly teleconference hosted by Pennsylvania’s Blue Plans to help prepare health care professionals for the ICD-10 transition on October 1, 2014. What’s Up Wednesday will feature special guests and ICD-10 experts who will lead discussions to help you get ready for the October 1, 2014, compliance date. All providers, clearinghouses, information trading partners, and information networks are encouraged to participate.

**How do you participate?**

- Prior to the call, visit [www.ibx.com/icd10](http://www.ibx.com/icd10) and select the What’s Up Wednesday link to access the presentation materials.
- Then dial 1-800-882-3610 and enter pass code 5411307 when prompted. Be sure to dial in five minutes early and have a copy of any presentation materials with you for reference.

Questions can be emailed prior to or during the teleconference to ICD10PC@CapBlueCross.com.

**Reminder:** Please be sure to secure a copy of the presentation prior to the teleconference. Presentations cannot be emailed during the teleconference.

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**Next call:** Wednesday, October 16
2:00 - 3:00 p.m. ET

If you aren’t ready for ICD-10 by October 1, 2014, your payments may be affected. Visit our dedicated website at [www.ibx.com/icd10](http://www.ibx.com/icd10) today for resources and more information.
Reminder: PPACA and our tiered network products

As the Patient Protection and Affordable Care Act of 2010 (PPACA) brings unprecedented change to our industry, IBC is leading the way in transforming health care and delivering what members need to meet these new challenges. This includes innovative strategies to:

- increase flexibility and efficiency in administering health care;
- provide tools for managing costs and improving outcomes;
- establish a coordinated health care system that rewards providers for providing safe, effective care.

Under PPACA, each state is required to establish a Health Insurance Marketplace by January 1, 2014. Health Insurance Marketplaces are a new way for certain consumers to buy health insurance. They will offer a choice of different health plans for those who buy their own individual and/or small group coverage, certify health plans that participate, and provide information to help consumers better understand their health coverage options.

IBC will participate in the federally facilitated Health Insurance Marketplace for Pennsylvania by providing various commercial products that are covered under your current Provider Agreement and will be reimbursed in accordance with your payment rates for commercial products. These commercial products will be available beginning January 1, 2014, and will include lower-cost tiered provider network products named Keystone HMO Proactive.

**Keystone HMO Proactive**

We want to help members become informed consumers of health care by making them aware that there are cost differences among providers in our network for the same service depending on the physician or facility they choose. Keystone HMO Proactive will have benefit designs with different member cost-sharing by tier and will offer members a lower out-of-pocket cost (e.g., copayment) for most services when they select or are referred to a provider in the Preferred benefit tier.

Our HMO network providers have been categorized into one of three benefit tiers for Keystone HMO Proactive:

- **Tier 1 – Preferred:** Members pay the lowest cost-sharing for most services.
- **Tier 2 – Enhanced:** Members pay a higher cost-sharing for most services compared to Tier 1 – Preferred.
- **Tier 3 – Standard:** Members pay the highest cost-sharing for most services.

Note: Certain services have the same cost-sharing for all benefit tier levels, including emergency room, ambulance, urgent care, pharmacy, behavioral health, transplants, outpatient laboratory, imaging, and physical/occupational therapy.

**Benefit tier placement**

Benefit tier placement for Keystone HMO Proactive is based upon specific criteria that vary by provider type:

- **PCPs:** Criteria include contracted fee schedule (i.e., relative cost), minimum quality criteria (where applicable), and hospital and outpatient surgical utilization (i.e., the facilities where members associated with a provider office location receive care), when available.
- **Specialists:** Criteria include contracted fee schedule (i.e., relative cost) and hospital and outpatient surgical utilization, when available.
- **Ancillary providers:** Placement is based upon their contracted fee schedule (i.e., relative cost) as compared to other network providers in their specialty.
- **Hospitals:** Criteria include cost and minimum quality standards, if applicable.

Providers in our HMO network have been sent their benefit tier placement for the 2014 calendar year by mail. IBC will re-evaluate the benefit tier placements each year and will provide advance written notice of any changes that will become effective on January 1 of the following year.

**For more information**

If you have questions about these new products or about your benefit tier placement, please contact your Network Coordinator.
Upcoming Medicare Advantage HMO and PPO benefits changes

Effective January 1, 2014, there will be several changes to our current Medicare Advantage HMO and PPO plans including the following highlights:

● Keystone 65 Select HMO with Rx will now be available with a $0 premium in Philadelphia and Bucks counties.
● Keystone 65 Select HMO plan will feature a $0 premium for medical-only plans in Philadelphia, Bucks, Chester, Delaware, and Montgomery counties.
● Our Personal Choice 65℠ PPO coverage area has expanded to Chester, Delaware, and Montgomery counties, where members can choose a medical plan with prescription drug coverage for a $98.50 monthly premium.

Medicare Advantage HMO and PPO members should have already received their 2014 Annual Notice of Changes/Evidence of Coverage. They will have until December 7, 2013, to make any changes to their health care plans.

We are also pleased to introduce the Member Help Team, IBC’s new Medicare Customer Service program. Recognizing that Medicare-eligible members have unique needs, the Member Help Team ensures they receive special care and attention. This dedicated service team is designed to work closely with other areas within IBC — as well as with billing agencies, pharmacies, and doctor’s offices — to respond to members’ concerns quickly and resolve their issues the first time around. Members will experience this new service when they call the Customer Service number on the back of their ID cards.

The following tables highlight some of the Medicare Advantage HMO and PPO benefits changes for 2014. Please note that this is a list of our significant benefits changes, not a comprehensive list of all benefits changes.

Please contact your Network Coordinator if you have any questions.

Medicare Advantage HMO and PPO monthly plan premiums

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Keystone 65 Select HMO</th>
<th>Keystone 65 Preferred HMO</th>
<th>Personal Choice 65℠ PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chester/Delaware/</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Montgomery: $0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical with Choice Program</td>
<td>Philadelphia/Bucks: $7</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td>(hearing/dental/vision)</td>
<td>Chester/Delaware/</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Montgomery: $7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical with Rx</td>
<td>Philadelphia/Bucks: $0</td>
<td>Philadelphia/Bucks: $182.60</td>
<td>Philadelphia/Bucks: $222.50</td>
</tr>
<tr>
<td></td>
<td>Chester/Delaware/</td>
<td>Chester/Delaware/</td>
<td>Chester/Delaware/</td>
</tr>
<tr>
<td></td>
<td>Montgomery: $43</td>
<td>Montgomery: $252</td>
<td>Montgomery: $98.50</td>
</tr>
<tr>
<td>Medical with Rx and Choice Program</td>
<td>Philadelphia/Bucks: $7</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Chester/Delaware/</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Montgomery: $50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

continued on the next page
### Medicare Advantage HMO and PPO benefits highlights

<table>
<thead>
<tr>
<th>Service category</th>
<th>Keystone 65 Select HMO</th>
<th>Keystone 65 Preferred HMO</th>
<th>Personal Choice 65™ PPO</th>
</tr>
</thead>
</table>
| Primary care physician visits | $15 copay per visit for medical only  
$18 copay per visit for medical with Rx | $5 copay per visit                        | $10 copay per visit                        |
| Specialist visits    | $45 copay per visit                             | $40 copay per visit                       | $40 copay per visit                        |
| Emergency room       | $65 copay per visit                             | $65 copay per visit (not waived if admitted)| $65 copay per visit (not waived if admitted)|
|                      | (United States and worldwide)                   |                                            |                                              |
| Urgent care          | $15 – $45 copay; not waived if admitted to the hospital  
(urgent care center: $25 copay) | $5 – $40 copay; not waived if admitted to the hospital  
(urgent care center: $20 copay) | $10 – $40 copay; not waived if admitted to the hospital  
(urgent care center: $20 copay) |
| Outpatient surgery   | $75 copay per visit for ambulatory surgical centers;  
$0 – $400 copay per visit for outpatient hospital facility | $75 copay per visit for ambulatory surgical centers;  
$0 – $400 copay per visit for outpatient hospital facility | $75 copay per visit for ambulatory surgical centers;  
$0 – $400 copay per visit for outpatient hospital facility |
| Inpatient hospital   | $245 per day for days 1 – 7  
($1,715 per stay maximum);  
unlimited days each benefit period | $215 per day for days 1 – 7  
($1,505 per stay maximum);  
unlimited days each benefit period | $850 per admission;  
unlimited days per admission |
| Dental, vision, hearing | Benefits available for additional $7 per month in plan premiums | Dental: $15 copay for exams and cleanings once every 6 months  
Vision: $40 copay; up to $100 for eyewear every 2 years  
Hearing: $40 copay; up to $500 for hearing aids (2 aids) every 3 years | Not covered |
Changes to NaviNet authorization and referral transactions coming this month

Effective October 25, 2013, further changes will be made to several transactions on the NaviNet web portal during the month of October:

- authorization submission transactions
- referral submission and inquiry transactions

Note: When conducting transactions from IBC NaviNet Plan Central, search results will include information only for members covered under IBC plans.

Authorization submission transactions

Effective October 25, 2013, the following changes will be made to authorization submission transactions:

- Under the Authorizations option in the Plan Transactions menu, the Cardiac Rehab and Pulmonary Rehab transactions will be removed. As previously communicated, cardiac rehab and pulmonary rehab services no longer require precertification.

  Note: The Sleep Studies transaction was also recently removed, as IBC has delegated precertification of sleep studies and CPAP titration studies in a facility setting to AIM Specialty HealthSM, an independent company. Please see the article published in the June 2013 edition of Partners in Health Update for more details.

- When initiating a request, you will be required to enter the patient’s full member ID number. You will no longer be able to search using only the patient’s name and date of birth.

- The Patient Search Results screen will:
  - only display members with active coverage;
  - not display the product name of the member’s coverage;
  - no longer offer a link to the member’s eligibility and benefits information.

  Please use the Eligibility and Benefits Inquiry transaction to obtain this information.

- When requesting services in an inpatient or outpatient setting, you will only be able to select physicians and facilities that are participating in the member’s plan network, where applicable.

- New submission date criteria will go into effect:

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Current search date setup</th>
<th>NEW search date setup</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME</td>
<td>Current date - 7 days</td>
<td>Current date - 2 days</td>
</tr>
<tr>
<td></td>
<td>Current date + 30 days</td>
<td>Current date + 30 days</td>
</tr>
<tr>
<td>Home Health</td>
<td>Current date - 7 days</td>
<td>Current date - 2 days</td>
</tr>
<tr>
<td></td>
<td>Current date + 30 days</td>
<td>Current date + 30 days</td>
</tr>
<tr>
<td>Home Infusion</td>
<td>Current date - 7 days</td>
<td>Current date - 2 days</td>
</tr>
<tr>
<td></td>
<td>Current date + 30 days</td>
<td>Current date + 30 days</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>Current date + 180 days</td>
<td>Current date - 2 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current date + 180 days</td>
</tr>
</tbody>
</table>

Referral submission and inquiry transactions

Effective October 25, 2013, the following changes will be made to the referral submission transactions:

- Providers will be able to submit and query all medical and OB/GYN referrals using a single transaction on NaviNet.

- Primary care physician and OB/GYN offices submitting referrals will no longer be able to fax them to specialists or facility providers. All referral submissions should be made using NaviNet.

- Referrals will no longer be tracked in the Referral/Authorization log. Instead, providers will need to use the Referral transaction.
Quality ranking for primary care physician offices

We want to recognize offices that have demonstrated a dedication to high-quality patient care by achieving the highest rank in quality of care for the Quality Performance Measure (QPM) score program for measurement year 2012. The QPM score program is a comprehensive ranking system of quality measures for primary care offices with 150 or more commercial HMO/POS and Medicare Advantage HMO members. We congratulate the offices listed on the next page for achieving excellence in aggregate in the following areas of preventive care:

- childhood and adolescent immunizations;
- childhood and adolescent well visits;
- cancer prevention in the areas of breast, cervical, and colorectal cancer screenings;
- heart care (cholesterol management for patients with cardiovascular conditions, beta-blocker treatment after a heart attack);
- asthma care (use of preferred medications for patients with chronic persistent asthma);
- diabetic care (HbA1c testing, LDL-C screening, eye exam rates, and nephropathy screening);
- chronic obstructive pulmonary disease care (use of spirometry testing in assessing and diagnosing);
- rheumatoid arthritis care (disease-modifying anti-rheumatic drug therapy);
- fracture care (osteoporosis management in women).

Congratulations again to the PCP offices listed on the following page for demonstrating excellence in quality by achieving the highest rank in 2013, based on 2012 data, for the QPM score program. Offices are listed alphabetically by group name or provider last name.

continued on the next page
Quality ranking for primary care physician offices (continued)

- Abington — Bucks Internal Medicine
- Isaac Abir, M.D.
- All Star Pediatrics
- Andorra Pediatrics
- Aria Health Physician Services
- Aria Health Physician Services — Central Square Medical Office
- Aria Health Physician Services — Cherkassy
- Aria Health Physician Services — Neshaminy Medical Practice
- Aria Health Physician Services — Northeast Internal Medicine
- Aria Health Physician Services — Oxford Internal Medicine
- Aria Health Physician Services — Stonybrook
- Aria Health Physician Services — Sweetbriar
- Aria Health Physician Services — Maya Tsytsina, M.D.
- Associated Family Practice Professionals
- Associated Family Practice Professionals, PC
- Aston Medical Associates
- Wilfrida G. Baugh, M.D. at Einstein
- Vicky P. Berberian, M.D.
- Alan C. Blisky, M.D., LLC
- Broderman Internal Medicine Associates
- Brookside Family Practice and Pediatrics
- Earl R. Brown, M.D., PC
- Frances Bryan, M.D.
- Bryn Mawr Pediatrics, LLC
- Bucks County Family Practice, PC
- Buxmont Medical Associates
- Care Network — Chadds Ford
- Central Bucks Family Practice, PC
- Cevallos and Moise Pediatric Associates, PC
- William T. Chain, Jr., M.D.
- Cheltenham Internal Medicine
- City Line Family Medicine, PC
- City of Philadelphia Health Care Center 10, Internal Medicine
- Collegeville Pediatrics
- Complete Physicians Services, LTD (1216 East Hunting Park Avenue)
- Complete Physicians Services, LTD (1909-17 East Washington Lane)
- Coopersburg Center Valley Family Practice
- Delphi Family Health Center
- Rohit M. Desai, M.D.
- Usha B. Desai, M.D., PC
- Doylestown Family Medicine, PC
- Doylestown Medical Associates, PC
- Drexel Internal Medicine
- Lisa M. Ducker, D.O.
- Einstein — Family Medicine at Elkins Park
- Einstein — Germantown Internal Medicine
- Einstein — Germantown Professional Associates
- Einstein Holland Pediatrics at Dresher
- Einstein — Roxborough Internal Medicine
- Elliott Internal Medicine
- Family Care Medical Center
- Family Practice Associates of King of Prussia of Farming
- Founders Medical Practice, PC
- Frankford Avenue Family Practice, PC — Pinnacle Physician Group, LLC
- Gateway Colonial Family Practice Associates
- Gateway Internal Medicine at Brandywine
- Gateway Myers, Squire, & Limpert
- Joel Goldberg, D.O.
- Gordon Kline Pediatric Associates
- Great Kids
- Great Valley Medical Associates, PC
- Greenhouse Internists, Inc.
- G. S. Peter Gross, D.O., PC (732 S. 8th Street)
- Leonard Haltrecht, D.O., PC
- HAN Crozer Internal Medicine
- S. Denise Hoffman, M.D. Family Medicine
- Horsham Pediatric Associates, PC
- Huntingdon Valley Pediatrics, PC
- Arlene P. Imber, D.O.
- Jefferson Medical Care
- Patricia C. Johnston, M.D.
- Junewood Medical Practice
- Kagen Bardin Associates, LLP
- Marc M. Kress, M.D. and Associates
- Kressly Pediatrics, PC
- LMG Family Practice, PC — Blue Bell
- LMG Family Practice, PC — Chalfont
- LMG Family Practice, PC — Lansdale
- Joseph Labricciosa, D.O.
- Lansdale Pediatric and Adolescent Medical Associates
- Lower Bucks Pediatrics, PC
- Luxembourg Medical Associates — Langhorne Physician Services
- Michael Lyons, M.D.
- Main Line Family Medicine, David R. Battaglia, M.D.
- Main Line Family Medicine, Lauren S. Rosen, M.D.
- Main Line Family Medicine, Susan Sandler, M.D.
- Main Line Healthcare — Rosemary D. Casey, M.D.
- Main Line Healthcare Conshohocken
- Meadowbrook Pediatrics, PC
- Media Pediatrics, PC
- Medical Group at Maple Commons
- Mt. Airy Family Practice
- Murali Pediatrics, LLC
- Newtown Medical Group — Victoria Commons
- Kenneth V. Nguyen, M.D.
- Ninth Street Internal Medicine Associates, LTD
- Northeast Internal Medicine, PC
- Palisades Family Practice
- Paoli Family Medicine
- Paoli Pediatrics
- Pediatric Associates (1788 Wilmington West Chester Pike)
- Pediatric Associates (30 Medical Center Boulevard)
- Pediatrics Plus
- Penn Medicine at Radnor Internal Medicine University of Pennsylvania Health System
- Penncare — Dr. Michael Cirigliano
- Penncare at Rittenhouse University of Pennsylvania Health System
- Personal Physician Services, PC
- Joseph W. Price, M.D.
- Prime Health Network
- Primecare Philadelphia, PC
- Rittenhouse Internal Medicine
- Keith S. Rothman, M.D.
- Herbert Secouler, D.O.
- Jay and Vijaya Shah, M.D.
- Jitendra N. Shah, M.D.
- Steven Sklar, D.O., PC
- Arthur K. Smith, M.D.
- J. Andrew Solis, M.D., PC
- Spring Ford Family Practice
- St. Chris Care at Little Bucks
- Stoltz and Hahn Medical Associates — Pinnacle Physicians Group
- Stowe Family Practice
- Summit Square Family Medicine, PC
- TPI Baiocchi and Rosenberg
- TPI Wyndmark Medical Associates
- Kam Tareen, M.D., PC
- M. Louis Vandebeek, M.D.
- Warminster Medical Associates, PC
- Whiteland Medical Associates
- Wyncombe Family Practice
- Christine Zabel, D.O.
The importance of lead screening and lead safety

According to the Centers for Disease Control and Prevention (CDC), about 500,000 U.S. children ages 1 to 5 have lead levels greater than 5 micrograms per deciliter (μg/dL) of blood.¹

Problems that can be attributed to even a small amount of lead in the blood in children include permanent damage to the brain and nervous system, behavior and learning problems, lower IQ, hearing problems, slowed growth, and anemia.²

To help raise awareness of the importance of lead screenings, IBC is educating the parents and guardians of children ages 2 and older for whom there is no record of a lead screening. Parents will receive information in the mail regarding the importance of lead screening and lead safety, and they will be encouraged to discuss screening and education with their child’s health care provider.

Lead screening recommendations

The CDC has updated its recommendations on children’s blood lead levels and recommends that health care providers try to prevent the occurrence of blood lead levels of 5 μg/dL and above instead of 10 μg/dL and above in children by:³

● screening children younger than age 6, preferably by ages 1 and 2, if they have not yet been tested;
● screening children and their family members who have been exposed to high levels of lead;
● screening children who should be tested under their state and local health screening plan.

The new blood lead level value means that more children will likely be identified as having lead exposure — allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child’s future exposure to lead. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead level greater than or equal to 45 μg/dL.

What your practice can do

Physicians can try to prevent lead poisoning in children by doing the following:

● Discuss recommendations for lead screening, safety, and prevention with the parents/guardians of your pediatric patients.
● Screen children starting at age 12 months and again at 24 months.
● Talk about additional follow-up screening with parents and guardians.

Resources

National Lead Poisoning Prevention Week is October 20-26, 2013. The following resources may assist you and your staff in effectively educating parents and guardians regarding the importance of lead screening:

● National Lead Poisoning Prevention Week Campaign Toolkit. This toolkit was developed by the CDC, along with the EPA and the Department of Housing and Urban Development, to encourage information-sharing, collaboration, and promotion of lead poisoning prevention activities. To download the toolkit, please visit www.cdc.gov/nceh/lead/nlppw.htm.

● Philadelphia Department of Public Health. 215-685-2788 (Philadelphia residents)

● National Lead Information Center. 1-800-424-LEAD (non-Philadelphia residents)

Additional resources on patient management can be found on our website at www.ibx.com/providers/resources.

²United States Environmental Protection Agency (EPA). Basic Information, Learn about lead. www2.epa.gov/lead/learn-about-lead.
Help your Medicare Advantage HMO and PPO patients prepare for a hospital discharge

Helping your Medicare Advantage HMO and PPO patients and their caregivers plan for a hospital discharge can reduce your patients’ anxiety levels and avoid future complications, promoting smoother recoveries.

*Your Discharge Planning Checklist: For patients and their caregivers preparing to leave a hospital, nursing home, or other care setting (Checklist)* is an online guide provided by the Centers for Medicare & Medicaid Services to assist patients and their caregivers in preparing for a hospital discharge.

The Checklist is a tool that provides information and resources, including details for your patients and their caregiver(s) to consider, such as arranging for any necessary medications, medical equipment, groceries, prescriptions, and bathing and dressing needs. There are also useful forms included to help patients keep track of medications and appointments.

Certain items on the Checklist are dedicated to providing emotional support, such as access to social workers, support groups, help in making long-term care decisions, and financial guidance.

The Checklist also provides a comprehensive list of agencies and community services (such as home-delivered meals and rides to appointments), along with websites and phone numbers that members can call for assistance.

To download the Checklist or for more information, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE.

Health Coaches: Supporting your patients, our members

Health Coaches are available through the following programs to enhance your ability to provide coordinated care for your patients and promote integration of care among members and their families, physicians, and community resources:

- **Connections℠ Health Management Program.** Through Connections, condition management is available 24/7/365 to eligible members for common chronic conditions such as asthma, diabetes, COPD, and hypertension.

- **Case management.** Through a Health Coach, case management provides support to members who are experiencing complex health issues or challenges in meeting their health care goals.

For additional information about our Connections Health Management Program and case management, visit our website at [www.ibx.com/providers/resources](http://www.ibx.com/providers/resources). Members can reach their Health Coach by calling 1-800-ASK-BLUE.
# Important Resources

## Anti-Fraud and Corporate Compliance

<table>
<thead>
<tr>
<th>Hotline</th>
<th>1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a></th>
</tr>
</thead>
</table>

## Care Management and Coordination

<table>
<thead>
<tr>
<th>Baby BluePrints®</th>
<th>215-241-2198 / 1-800-598-BABY (2229)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>1-800-ASK-BLUE</td>
</tr>
<tr>
<td>Connections™ Health Management Program</td>
<td>1-800-ASK-BLUE</td>
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## Credentialing

<table>
<thead>
<tr>
<th>Credentialing Violation Hotline</th>
<th>215-988-1413 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a></th>
</tr>
</thead>
</table>

## Customer Service/Provider Services

<table>
<thead>
<tr>
<th>Provider Automated System¹ (eligibility/claims status/precertification)</th>
<th>1-800-ASK-BLUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Services user guide</td>
<td><a href="http://www.ibx.com/providerautomatedsystem">www.ibx.com/providerautomatedsystem</a></td>
</tr>
</tbody>
</table>

## eBusiness

<table>
<thead>
<tr>
<th>Help Desk</th>
<th>215-241-2305</th>
</tr>
</thead>
</table>

## FutureScripts® (pharmacy benefits)

<table>
<thead>
<tr>
<th>Prescription drug prior authorization</th>
<th>1-888-678-7012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td>1-888-671-5285</td>
</tr>
<tr>
<td>Direct Ship Specialty Pharmacy Program</td>
<td>1-888-678-7012</td>
</tr>
<tr>
<td>Mail order program toll-free fax</td>
<td>1-877-228-6162</td>
</tr>
<tr>
<td>Blood Glucose Meter Hotline</td>
<td>1-888-678-7012</td>
</tr>
<tr>
<td>Pharmacy website (formulary updates, prior authorization)</td>
<td><a href="http://www.ibx.com/rx">www.ibx.com/rx</a></td>
</tr>
</tbody>
</table>

## FutureScripts® Secure (Medicare Part D)

<table>
<thead>
<tr>
<th>FutureScripts Secure Customer Service</th>
<th>1-888-678-7015</th>
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<tbody>
<tr>
<td>Formulary updates</td>
<td><a href="http://www.ibxmedicare.com">www.ibxmedicare.com</a></td>
</tr>
<tr>
<td>Mail order program toll-free fax</td>
<td>1-877-344-1318</td>
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</table>

## Other frequently used phone numbers and websites

<table>
<thead>
<tr>
<th>IBC Direct Ship Injectables Program (medical benefits)</th>
<th><a href="http://www.ibx.com/directship">www.ibx.com/directship</a></th>
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</thead>
<tbody>
<tr>
<td>Medical Policy</td>
<td><a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a></td>
</tr>
<tr>
<td>NaviNet® portal registration</td>
<td><a href="http://www.navinet.net">www.navinet.net</a></td>
</tr>
<tr>
<td>Provider Supply Line</td>
<td>1-800-858-4728 <a href="http://www.ibx.com/providersupplyline">www.ibx.com/providersupplyline</a></td>
</tr>
</tbody>
</table>

*Outside 215 area code

¹The Provider Automated System will be phased out as members are migrated to our new operating platform. Go to www.ibx.com/pnc/businesstransformation for more information.