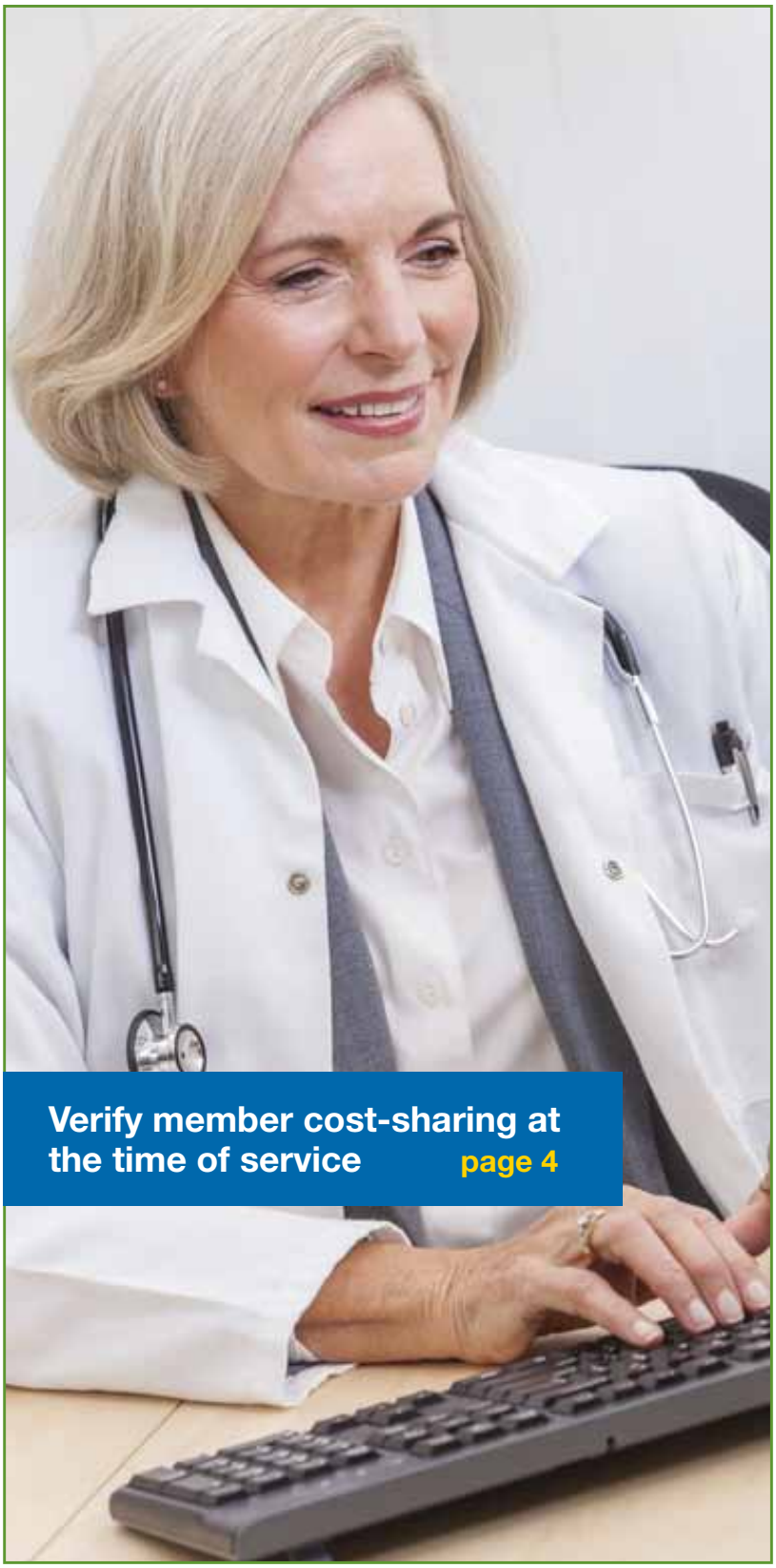
Independence Partners in Health
UPDATE℠



Verify member cost-sharing at the time of service page 4

Inside this edition

▶ Articles designated with an orange arrow include notice of changes or clarifications to administrative policies and procedures.

Independence

Update your provider information with us

P F A

Have you made any changes to your key provider information, such as your mailing address or the name of your practice? If so, please be sure to notify us.

We value your help in keeping our data files current. Accurate data files allow us to continue to provide you with important information on billing, claims, changes or additions to policies, and announcements of administrative processes.

Professional providers

Please notify us of any changes in one of the following ways:

- On the NaviNet® web portal, select *Provider Change Form* from the Plan Transactions menu and submit your changes electronically.
- Complete the *Provider Change Form*, available at *www.ibx.com/providerforms*, and fax or mail it to us using the instructions at the bottom of the form.
- Contact your Network Coordinator.

Facility and ancillary providers

You are required to submit any changes to your information in writing. This request should be sent directly to the senior vice president of contracting and the legal department at the addresses below:

Independence Blue Cross
Attn: Senior Vice President, Contracting and Provider Networks
1901 Market Street, 27th Floor
Philadelphia, PA 19103

Independence Blue Cross
Attn: Legal Department
1901 Market Street, 36th Floor
Philadelphia, PA 19103

Note: Thirty days' advance notice is required for processing.

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

Keystone Health Plan East has an accreditation status of *Commendable* from NCQA.

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

P **Professional**

F **Facility**

A **Ancillary**

Partners in Health Update℠ 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:

Provider Communications
Independence Blue Cross
1901 Market Street
27th Floor
Philadelphia, PA 19103
provider_communications@ibx.com

PFA

Helping your patients understand Health Care Reform

For 75 years, IBC has led the way as the region's most trusted health insurer, and we will continue to lead the way by guiding your patients through issues related to Health Care Reform.

In the coming months, certain provisions of the Patient Protection and Affordable Care Act of 2010 (also known as Health Care Reform) will become effective. To help your patients, our members, better understand the upcoming changes and help them prepare, we have developed a new website — *http://careforme.ibx.com* — devoted exclusively to the topic of Health Care Reform. If your patients have questions related to Health Care Reform, we ask that you to refer them to this new site.

On this site, existing and prospective members can access a guide called *Health Care Law & You* that includes the ABCs of health insurance, major changes for 2014, and information to help them better understand their health coverage options. If you would like a supply of our *Health Care Law & You* guide for display or distribution at your office/facility, please submit an online request at *www.ibx.com/providersupplyline* or call the Provider Supply Line at 1-800-858-4728.

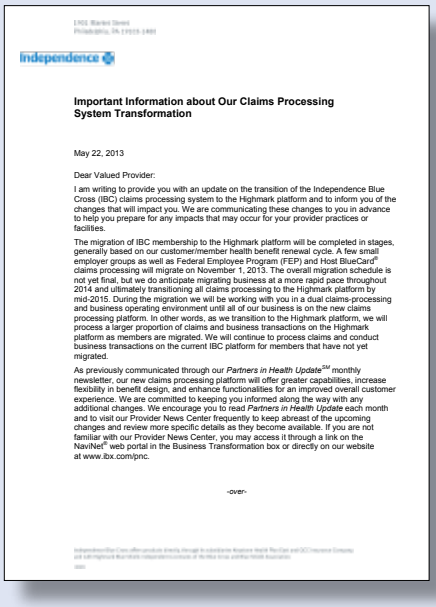
Be sure to check future editions of *Partners in Health Update* for additional information on how IBC is preparing for Health Care Reform.

BUSINESS TRANSFORMATION

Stay informed during our transition to a new operating platform

We recently mailed a letter to our provider network regarding our transition to a new operating platform for our core processing activities to help us gain efficiencies and lower operating costs.

This letter has been posted on our Provider News Center in the Business Transformation section. We encourage you to visit this site frequently for the most up-to-date information to keep you informed of the upcoming changes and to learn how the changes may affect you.



Independence

Important Information about Our Claims Processing System Transformation

May 22, 2013

Dear Valued Provider:

I am writing to provide you with an update on the transition of the Independence Blue Cross (IBC) claims processing system to the Highmark platform and to inform you of the changes that will impact you. We are communicating these changes to you in advance to help you prepare for any impacts that may occur for your provider practices or facilities.

The migration of IBC membership to the Highmark platform will be completed in stages, generally based on our customer/member health benefit renewal cycle. A few small employer groups as well as Federal Employee Program (FEP) and Host BlueCard® claims processing will migrate on November 1, 2013. The overall migration schedule is not yet final, but we do anticipate migrating business at a more rapid pace throughout 2014 and ultimately transitioning all claims processing to the Highmark platform by mid-2015. During the migration we will be working with you in a dual claims-processing and business operating environment until all of our business is on the new claims processing platform. In other words, as we transition to the Highmark platform, we will process a larger proportion of claims and business transactions on the Highmark platform as members are migrated. We will continue to process claims and conduct business transactions on the current IBC platform for members that have not yet migrated.

As previously communicated through our *Partners in Health Update*℠ monthly newsletter, our new claims processing platform will offer greater capabilities, increase flexibility in benefit design, and enhance functionalities for an improved overall customer experience. We are committed to keeping you informed along the way with any additional changes. We encourage you to read *Partners in Health Update* each month and to visit our Provider News Center frequently to keep abreast of the upcoming changes and review more specific details as they become available. If you are not familiar with our Provider News Center, you may access it through a link on the NaviNet® web portal in the Business Transformation box or directly on our website at www.ibx.com/pnc.

-over-

Go to www.ibx.com/pnc and select *Business Transformation* from the top menu.

PFA

Verify member cost-sharing at the time of service

In order to meet the needs of employer groups and members, IBC offers a variety of products that hold members responsible for cost-sharing amounts (i.e., copayments, coinsurance, and deductibles) for covered services they receive. Cost-sharing varies based on the member's type of coverage and benefit plan and can include applicable cost-sharing for both facility and professional services.

As products with increased member cost-sharing continue to grow in popularity, we would like to take this opportunity to remind you to verify not only member eligibility but also cost-sharing amounts each time a member is seen (e.g., in the doctor's office, outpatient facility, emergency room/department, or inpatient facility).

IBC routinely audits the claims we adjudicate to ensure they are paid accurately and in accordance with the member's benefit plan. Audits include, but are not limited to, ensuring appropriate application of cost-sharing. If a claim adjustment is required based on audit findings, it will be noted on the Statement of Remittance that you receive through the normal course of business.

Verifying member eligibility and cost-sharing amounts

To verify member eligibility and cost-sharing amounts, providers should use the Eligibility and Benefits Inquiry transaction via the NaviNet® web portal. For information on using the Eligibility and Benefits Inquiry transaction, please review the *NaviNet® eligibility and benefits inquiry* guide, posted on IBC NaviNet Plan Central in the Administrative Tools & Resources section.

As a reminder, all participating providers were required to register for NaviNet by April 1, 2013. If you have not done so, go to the NaviNet website at *www.navinet.net* and select *Sign Up* from the top right.

Note: Cost-sharing amounts are available to members through their benefit plan documents or by logging on to our secure member website, *www.ibxpress.com*.

Reminder:
QIPS High-Performing Office Summit
June 19, 2013
PHILADELPHIA, PA

IBC will be hosting a meeting for all practices that are eligible for the Quality Incentive Payment System (QIPS) program.

When: Wednesday, June 19, 2013
Time: 6:30 p.m. – 8:30 p.m.
Where: G. Fred DiBona Building, 1901 Market Street, Philadelphia

Physicians from high-performing QIPS offices will share the processes and procedures that have enabled them to excel in QIPS. The speakers represent four distinct practice settings and will address various aspects of quality, cost-effective care.

To register for the meeting, please send an email to *Dayna.Bersh@ibx.com* by Friday, June 14, that includes the following information:

- practice name
- individual physician name(s)
- email address of each person attending

If you have any questions, please call Dayna Bersh at 215-241-2079.

Administrative

P F

Urgent care centers and retail health clinics are alternatives to the ER when physicians are unavailable

We would like to remind you of the urgent care benefit available for most IBC members. This benefit allows members to receive services for urgent medical issues that do not require the advanced medical services of the emergency room/department (ER) when the physician is unavailable. Generally, urgent care is categorized as medically necessary treatment for a sudden illness or accidental injury that requires prompt medical attention, but is not life-threatening and is not an emergency medical condition, when a member's primary care physician is unavailable.

Urgent care is available to eligible members in the following places:

- **Urgent care centers.** Urgent care centers are staffed by board-certified physicians who can provide medically necessary treatment for a sudden illness or injury that is not life-threatening.
- **Retail health clinics.** Retail health clinics are staffed by certified family nurse practitioners trained to diagnose, treat, and write prescriptions for (when clinically appropriate) common illnesses and medical conditions. Local supervising physicians are on call during clinic hours of operation to provide guidance and direction when necessary.

Approved urgent care providers can be found by using our Find a Doctor tool. Visit *www.ibx.com* and select *Search* under Find a Doctor. Then select *Urgent Care Center & Retail Clinic* from the first drop-down menu and enter your additional search criteria. These approved providers may treat members without a referral or authorization.

You may want to print out a list of the approved urgent care centers and retail health clinics in your area to keep on hand and share with the staff who handle after-hours calls. This list may be instrumental in cases when a member requires urgent medical attention, but your office is closed and ER care is not necessary.

Please note that not all members are eligible for the urgent care benefit. As always, continue to check the NaviNet® web portal for member eligibility and cost-sharing amounts.

If you have any questions about the urgent care or retail health clinic network, please call Customer Service at 1-800-ASK-BLUE.

Products

P F A

New IBC products available through health insurance marketplaces

As mandated by the Patient Protection and Affordable Care Act of 2010, each state is required to establish a health insurance marketplace by January 1, 2014. Health insurance marketplaces are new entities that will be set up for 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 in Pennsylvania by providing various commercial products that are covered under your current 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 tiered provider network products. These lower-cost tiered network products will have benefit designs with different member cost-sharing by tier and will offer members a lower out-of-pocket cost (e.g., copayment) when they select a provider in the preferred benefit tier.

Look for more information about these new products in future editions of *Partners in Health Update*.

A

ZIP code requirement for all ambulance service claims

Effective August 1, 2013, we are expanding the ZIP code requirement for ambulance service claims. In the September 2012 edition of *Partners in Health Update*, we informed you of the ZIP code requirement for Medicare Advantage PPO ambulance service claims. We are expanding this requirement so that ambulance providers will be required to include ZIP code information on *all* ambulance service claims submissions, both commercial and Medicare Advantage.

Billing guidelines

Please use the following guidelines based on how you submit claims for ambulance services:

- **Electronic claims.** If you bill electronically via HIPAA 5010, please include both the pick-up and drop-off ZIP codes in the appropriate fields.
- **Paper claims.** If you bill claims on paper, please include the pick-up ZIP code in box 23 of the CMS-1500 form. The ZIP code is the only data element that should be included in that field.

Please contact your Network Coordinator if you have any questions about this requirement.

P F A

Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2013

Effective July 1, 2013, we will implement a quarterly update to our Professional Injectable and Vaccine Fee Schedule for all Pennsylvania, New Jersey, and Delaware providers.

These updates reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables. You will be able to view these changes starting July 1, 2013, through the NaviNet® web portal. To do so, select *Claim Inquiry and Maintenance* from the Plan Transactions menu, and then select *Fee Schedule Inquiry*.

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

P F

Updated payer ID grids now available

The professional and facility payer ID grids were recently updated to reflect a new alpha prefix for account-specific BlueCard® PPO members.

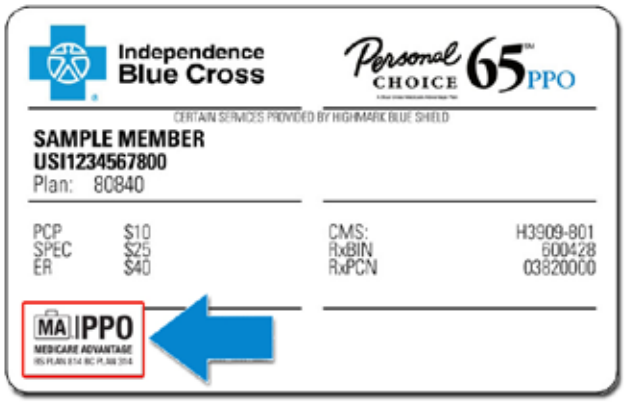
Please be sure to use the most current version of the payer ID grids, which are available on our website at *www.ibx.com/edi* or on our NaviNet® Plan Central page under Administrative Tools & Resources.

PFA

Reminder: Medicare Advantage PPO Network Sharing billing procedures

The Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield plans, created the national Medicare Advantage PPO Network Sharing program. As a participant in this program, IBC accepts Medicare Advantage PPO enrollees from other Blue Plans as our local members when they travel or reside in our five-county Philadelphia service area. This program is similar to the BlueCard® Program for commercial Blue Cross® and Blue Shield® PPO Plans.

As a participating provider, you are expected to provide services to these Medicare Advantage PPO plan enrollees who present to you for treatment. ID cards for Blue Cross and Blue Shield Medicare Advantage PPO enrollees contain an "MA" in the suitcase logo.



These enrollees have been instructed to provide their Blue Cross and Blue Shield Medicare Advantage PPO ID card — not their standard Medicare ID card — when presenting to your office/facility for services.

Submit claims to IBC

Participating providers should submit all professional, facility, and ancillary claims for covered services for Blue Cross and Blue Shield Medicare Advantage PPO enrollees to IBC. You will be paid the contracted rates for covered services for these members.

Note: As previously communicated, as of January 1, 2011, professional and ancillary claims for Blue Cross Blue Shield Medicare Advantage PPO members must be submitted to IBC — not to Highmark Blue Shield. However, you should continue to submit commercial BlueCard claims to Highmark Blue Shield, as this process has not changed.

Submission guidelines

All claims for Blue Cross and Blue Shield Medicare Advantage PPO enrollees that are submitted to IBC as the Host Plan must be completed in accordance with Personal Choice 65℠ PPO guidelines. As the Host Plan, IBC will apply the following to claims for Blue Cross Blue Shield Medicare Advantage PPO enrollees:

- Centers for Medicare & Medicaid Services' National Coverage Determinations (NCD)
- Local Coverage Determinations (LCD)
- select IBC Reimbursement Policies

Home Plan medical policy may also be applied.

Visit *www.ibx.com/medpolicy* for more detailed information about NCDs and LCDs or to view a list of the applicable IBC Reimbursement Policy documents. Be sure to visit the site often, as it is updated frequently.

If you have any questions about Blue Cross Blue Shield Medicare Advantage PPO, please contact your Network Coordinator.

PFA

Policy notifications posted as of May 29, 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 May 29, 2013.

Policy effective date	Policy No.	Notification title	Notification issue date
August 6, 2013	11.14.07j	Intra-articular Injection of Hyaluronan for the Treatment of Osteoarthritis	May 8, 2013

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.

An incentive opportunity for professional providers

P

IBC is offering an incentive to providers who have face-to-face encounters with and submit medical documentation for Medicare Advantage HMO or PPO members who, based on our information, may not have had an office visit with their primary care physician (PCP) in the past year or who may have a chronic condition.

Eligible providers will receive a letter from IBC describing this incentive opportunity along with a list of their IBC members who meet the criteria. By submitting a SOAP (Subjective, Objective, Assessment, and Plan) Progress Note for these members, providers can earn incentives for the initial submission, as well as any subsequent face-to-face encounters and SOAP Progress Note submissions. We have partnered with Inovalon, Inc., an independent company that provides secure, clinical documentation services, to process member assessments.

The results from your face-to-face encounters can be entered electronically through the NaviNet® web portal. By going to the Eligibility and Benefits Inquiry transaction and selecting the member's Clinical Alert, providers can access the ePASS® system to enter in the appropriate information from the encounter.

After completing each submission, please be sure to report the diagnoses codes on claims submissions that reflect the information submitted in each SOAP Progress Note. It is very important for this information to be aligned to improve the accuracy of the risk adjustment used in IBC incentive programs, such as the Quality Incentive Payment System (QIPS) program for eligible PCPs and the Integrated Provider Performance Incentive Plan (IPPIP) for eligible organizations.

If you have any questions regarding SOAP Progress Notes or ePASS, please contact Inovalon at 1-877-448-8125. For questions about this initiative, please contact Customer Service at 1-800-ASK-BLUE.

Note: Incentive payments will be sent within 90 days of your submission of the SOAP Progress Note.

PFA

Upcoming changes to our medical policy on sleep disorder testing

Beginning September 1, 2013, IBC will provide coverage for sleep studies as follows:

- Precertification will be required for facility-based sleep studies and facility-based continuous positive airway pressure (CPAP) titration studies based on the medical necessity criteria outlined in the upcoming Medical Policy #07.03.05o: Sleep Disorder Testing.
- Sleep studies that are conducted in the home setting will not require precertification.
- CPAP titration in the home setting will continue to require precertification based on the applicable rules for rental of durable medical equipment (DME).

These changes are being made due to medical advances in home sleep study testing.[1-5]

Use the Find a Doctor tool on *www.ibx.com* to find a list of IBC-participating home-based sleep study providers and DME suppliers.

Upcoming changes

Effective for dates of service on or after September 1, 2013, precertification for commercial HMO and PPO members for sleep studies and CPAP titration in the facility setting (freestanding sleep study center or hospital sleep study lab) will be required. This change will also be implemented for Medicare Advantage HMO and PPO members effective January 1, 2014.

IBC has delegated the responsibility for precertification of sleep studies and CPAP titration studies in the facility setting to AIM Specialty Health℠ (AIM), an independent company. AIM will use their Sleep Disorder Management Diagnostic & Treatment Guidelines, adopted by IBC and available on the AIM website at *www.aimspecialtyhealth.com*, to determine the most appropriate settings for these services for our members. The AIM guidelines involve integration of medical information from multiple sources to support the use of high-quality sleep management services. The process for criteria development is based on technology assessment and peer-reviewed medical literature, including clinical outcomes research and consensus opinion in current medical practice. It takes into consideration recommendations from the American Academy of Sleep Medicine, American Thoracic Society, Agency for Healthcare Research and Quality, and Centers for Medicare & Medicaid Services.

Members should obtain sleep studies and CPAP titration in the setting that is most appropriate for their condition, based on factors such as:

- the setting that has been determined to be both safe and cost-effective for the member;
- the level of care required by the member during the sleep study, based on his or her medical history and current health status;
- current standards in medical practice.

Member cost-sharing (i.e., deductible, coinsurance, and/or copayment) applies in accordance with the terms of the member's benefits contract.

Advantages of home-based sleep studies

Home sleep studies offer high value in a low-cost setting. Evidence shows that home-based sleep studies in select patient populations are equivalent in accuracy to facility-based sleep studies — and are more cost-effective.[1-5] Furthermore, many patients prefer the convenience of receiving the sleep study monitoring in their home. Providers should discuss this option with their patients, when appropriate.

continued on the next page

Upcoming changes to our policy on sleep disorder testing (continued)

Typically, only those patients with significant comorbidities or who are suspected to have a sleep disorder other than obstructive sleep apnea (OSA) require a higher level of care during the testing at an outpatient sleep study facility or hospital. Most patients can safely undergo the sleep study and CPAP titration in their home. When performed properly, at-home sleep studies using an appropriate portable monitor can accurately diagnose most adult patients with a high pretest probability of moderate-to-severe OSA.[1-5]

Obtaining precertification for sleep studies in a facility setting

Providers who request coverage for administration of a sleep study in a facility setting will be required to submit details about the member's medical history to support the request, in accordance with the revised Medical Policy.

All precertification requests for sleep studies and CPAP titration in a facility setting should be submitted through the AIM ProviderPortal℠, which can be accessed through the NaviNet® web portal by selecting *Authorizations* from the Plan Transactions menu, then *AIM*. Providers can also call 1-800-ASK-BLUE.

Please note that you should continue to submit precertification requests for CPAP titration in the home setting directly to IBC.

It is very important that providers use NaviNet to verify member-specific requirements or refer to the most current precertification requirement lists on our website at *www.ibx.com/preapproval*. Failure to obtain precertification for any of the services that require it may result in a reduction in payment or nonpayment for the services not precertified.

If you have any questions about these upcoming changes to place-of-service options for sleep studies, please call Customer Service at 1-800-ASK-BLUE.

References

[1] *Rosen CL, Auckley D, Benca R, et al. A multisite randomized trial of portable sleep studies and positive airway pressure autotitration versus laboratory-based polysomnography for the diagnosis and treatment of obstructive sleep apnea: the HomePAP study. Sleep. 2012 Jun 1;35(6):757-67.*

[2] *Masa JF, Corral J, Pereira R, et al. Effectiveness of home respiratory polygraphy for the diagnosis of sleep apnoea and hypopnoea syndrome. Thorax. 2011 Jul;66(7):567-73.*

[3] *Domingo C, Vigil L. Effectiveness of unattended ambulatory sleep studies for the diagnosis and treatment of OSAS. J Eval Clin Pract. 2011 Feb;17(1):26-31.*

[4] *Deutsch PA, Simmons MS, Wallace JM. Cost-effectiveness of split-night polysomnography and home studies in the evaluation of obstructive sleep apnea syndrome. J Clin Sleep Med. 2006 Apr 15;2(2):145-53.*

[5] *Collop N, Anderson M, Boehlecke B, et al. Clinical guidelines for the use of unattended portable monitors in the diagnosis of obstructive sleep apnea in adult patients. Journal of Clinical Sleep Medicine. 2007;3(7): 737-747.*

Change to anesthesia claims policy

P F

Effective July 1, 2013, IBC will adopt the Centers for Medicare & Medicaid Services (CMS) base units for anesthesia services for all anesthesia services with an assigned base code value. This change will specifically impact reimbursement for the following American Society of Anesthesiologists (ASA) procedure codes: 00147, 00326, 00537, 01924, 01925, 01926, 01932, 01933, 01963, and 01968.

This policy change has been available for review by providers and their office staff since it was posted on our website as a Policy Notification on April 2, 2013, and will be reflected in Claim Payment Policy #00.01.14j: Reporting and Documentation Requirements for Anesthesia Services. This new version of the policy will become effective on July 1, 2013.

Policy notifications are available on our medical policy website at *www.ibx.com/medpolicy*.

PFA

Choosing a safe, cost-effective setting for injectable and infusion therapy drugs

IBC wants to ensure that our members receive injectable/infusion therapy drugs in a setting that is both safe and cost-effective for their clinical condition. Since January 2012, IBC considers the most appropriate setting for commercial members to receive certain injectable and infusion therapy drugs as part of the precertification review process.

Effective July 1, 2013, two additional drugs will require precertification based on setting. The following is the updated list of drugs that require precertification approval for setting:

- Aralast (alpha-1 proteinase inhibitor [human])
- Berinert® (C1 esterase inhibitor [human]) *New for July 2013*
- Ceredase® (alglucerase)
- Cerezyme® (imiglucerase)
- Cinryze® (C1 esterase inhibitor [human]) *New for July 2013*
- Elelyso™ (taliglucerase alfa)
- Fabrazyme® (agalsidase beta)
- Glassia (alpha-1 proteinase inhibitor [human])
- Intravenous immunoglobulin (IVIG)
- Kalbitor® (ecallantide)
- Lucentis® (ranibizumab)
- Lumizyme® (alglucosidase alfa)
- Macugen® (pegaptanib)
- Myozyme® (alglucosidase alfa)
- Prolastin® (alpha-1 proteinase inhibitor [human])
- Prolia® (denosumab)
- Soliris® (eculizumab)
- Stelara® (ustekinmab)
- Synribo™ (omacetaxine mepesuccinate)
- VPRIV® (velaglucerase alfa)
- Xolair® (omalizumab)
- Zemaira® (alpha-1 proteinase inhibitor [human])

These drugs continue to be covered by IBC for members who meet the clinical criteria outlined in our medical policy for each drug, but only when the drugs are administered in the most appropriate setting approved by IBC during the precertification review process.

During this process, each member's unique medical needs and clinical history will be considered to determine which setting is most appropriate. IBC will also review black box warnings included in the prescribing information for a drug at the time that precertification is requested. If there are circumstances that require a member to receive a drug in an outpatient facility, the provider must submit documentation to IBC that specifically addresses these circumstances when submitting a request for coverage.

To review the medical policies for the drugs listed, visit our Medical Policy website at *www.ibx.com/medpolicy* and type the name of the drug in the Search box.

P F

Updated InterQual® guidelines for 2013

McKesson Health Solutions, an independent company, has made significant changes to the InterQual Level of Care Criteria for 2013.

On July 22, 2013, the Care Management and Coordination department at IBC will begin using the 2013 InterQual Level of Care criteria for review of acute inpatient, acute rehabilitation, skilled nursing facility, and long-term acute care admissions. We will also move to the 2013 home care guidelines.

With the release of the 2013 InterQual criteria, the Acute Adult and Acute Pediatric criteria continue to move towards condition-specific criteria. The condition-specific criteria are organized by episode day and comprise multiple levels of care. They integrate relevant complications, comorbidities, and guideline-standard treatments.

The new Acute Adult condition-specific criteria include:

- Acetaminophen Overdose
- Acute Cholecystitis
- Carbon Monoxide Overdose
- Cystic Fibrosis
- Diabetes Mellitus
- Diabetic Ketoacidosis
- Hyperglycemic Hyperosmolar Syndrome
- Hypoglycemia
- Pancreatitis
- Sickle Cell Crisis

The new Acute Pediatric condition-specific criteria include:

- Acetaminophen Overdose
- Carbon Monoxide Poisoning
- Cellulitis
- Cystic Fibrosis
- Diabetes Mellitus
- Diabetic Ketoacidosis
- Hypoglycemia
- Meningitis
- Pancreatitis
- Pyelonephritis
- Sickle Cell Crisis

The criteria for these conditions, previously found in the General Medical and Extended Stay subsets, have been removed. Providers should note that the new guidelines will require more detailed information on treatment plans, including medication administration, diagnostic testing results, laboratory values, and baseline clinical information.

For more information on the condition-specific criteria in the 2013 Level of Care criteria, please visit *www.McKesson.com*.

Medical

ACEI/ARB therapy benefits for hypertensive patients who have diabetes

There are many potential benefits of treating your hypertensive patients who have diabetes with a regimen that includes either an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin receptor blocker (ARB) medication. Because of these benefits, several national and international guidelines recommend the use of ACEI/ARBs as anti-hypertensive agents when patients have a diagnosis of diabetes, unless contraindicated or not clinically tolerated.

ACEI/ARB therapy has been shown to decrease the rate of progression of kidney disease in patients who have diabetes, independent of their ability to lower blood pressure. According to the American Diabetes Association's *Standards of Medical Care in Diabetes — 2013*, the use of these drugs in this population reduces cardiovascular morbidity and mortality, and if one class of medication is not tolerated, the other should be substituted.

Although the majority of physicians are using ACEI/ARBs in their patients who have hypertension and diabetes, physicians may sometimes choose to discontinue ACEI/ARB therapy when a patient's renal function begins to decline and serum potassium levels start to rise, precisely the time when these medications may be of the most use. It is important to note that ACEI/ARBs can often be used safely and will improve renal outcomes in stable patients with diabetes, even if they have poor renal function (GFR < 30mL/min).

Please consider the potential advantages of ACEI/ARBs for your hypertensive patients who have diabetes. Most ACEI/ARBs are available generically. In mid-June we will be adding a new Clinical Alert to assist you in identifying members who may benefit from ACEI/ARB therapy. For instructions on how to access Clinical Alerts for your patients, please review our *Clinical Alerts Overview*, which is available in the Administrative Tools & Resources section of IBC NaviNet® Plan Central. If you have any questions, please contact your Network Coordinator.

References

Angiotensin Converting Enzyme Inhibitors. J Clin Hypertension. 2011; 13(9): 667.

Efficacy and Safety of Benazepril and Advanced Chronic Renal Insufficiency. N Eng J Med 2006; 354:131.

Executive Summary: Standards of Medical Care in Diabetes — 2013. Diabetes Care, Volume 36, Supplement 1, January 2013.

Renoprotective Effects of the Angiotensin Receptor Antagonist Irbesartan in Patients with Nephropathy Due to Type 2 Diabetes. N Eng J Med 2001; 345(12): 851.

Pharmacy

CMS requires an individual NPI on all prescriptions for members covered under Medicare Part D

Supported by the Patient Protection and Affordable Care Act of 2010 and as required by the Centers for Medicare & Medicaid Services (CMS), prescribing providers must include their individual (Type 1) National Provider Identifier (NPI) on all prescriptions for Medicare Advantage HMO and PPO members who are covered under the Medicare Part D program.

Prescriber identifiers are valuable Part D program safeguards. These identifiers are the only data on Part D drug claims to indicate that legitimate practitioners have prescribed drugs for Medicare enrollees. Without valid prescriber identifiers, efforts made by CMS to determine the validity, medical necessity, or appropriateness of Part D prescriptions and drug claims may be limited.

Select Drug Program® Formulary updates

The Select Drug Program Formulary is a list of medications approved by the U.S. Food and Drug Administration that were chosen for formulary coverage based on their medical effectiveness, safety, and value. The list changes periodically as the Pharmacy and Therapeutics Committee reviews the formulary to ensure its continued effectiveness. The most recent changes are listed below.

Generic additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
betamethasone valerate	Luxiq®	5. Skin Medications	January 4, 2013
candesartan/ hydrochlorothiazide	Atacand HCT®	4. Heart, Blood Pressure, & Cholesterol	December 7, 2012
diclofenac sodium/ misoprostol	Arthrotec® 50, Arthrotec® 75	3. Pain, Nervous System, & Psych	November 2, 2012
fenofibrate nanocrystallized	Tricor®	4. Heart, Blood Pressure, & Cholesterol	November 19, 2012
griseofulvin, microsize	Grifulvin V®	1. Antibiotics & Other Drugs Used for Infection	December 7, 2012
griseofulvin ultramicrosize	Gris-PEG®	1. Antibiotics & Other Drugs Used for Infection	November 16, 2012
lamotrigine	Lamictal® XR™	3. Pain, Nervous System, & Psych	January 11, 2013
nitroglycerin	Nitromist™	4. Heart, Blood Pressure, & Cholesterol	December 7, 2012
oxymorphone hcl	Opana ER®	3. Pain, Nervous System, & Psych	December 28, 2012
phenytoin, chewable tablets	Dilantin®, chewable tablets	3. Pain, Nervous System, & Psych	December 28, 2012
pioglitazone/glimepiride	Duetact™	4. Heart, Blood Pressure, & Cholesterol	January 11, 2013
rizatriptan benzoate	Maxalt®, Maxalt MLT®	3. Pain, Nervous System, & Psych	January 3, 2013
sildenafil citrate	Revatio®	4. Heart, Blood Pressure, & Cholesterol	November 9, 2012
tranexamic acid	Lysteda®	11. Female, Hormone Replacement, & Birth Control	January 11, 2013

continued on the next page

Select Drug Program® Formulary updates (continued)

Brand additions

These brand drugs were added to the formulary and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Combivent Respimat®	6. Ear, Nose, Throat Medications	June 1, 2013
Delzicol™	8. Stomach, Ulcer, & Bowel Meds	May 1, 2013
Dulera®	13. Allergy, Cough & Cold, Lung Meds	June 1, 2013
Myrbetriq®	14. Urinary & Prostate Meds	June 1, 2013

Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

Effective July 1, 2013.

Brand drug	Generic drug	Formulary chapter
Dilantin®, chewable tablets	phenytoin, chewable tablets	3. Pain, Nervous System, & Psych
Grifulvin V®	griseofulvin, microsize	1. Antibiotics & Other Drugs Used for Infection
Gris-PEG®	griseofulvin ultramicrosize	1. Antibiotics & Other Drugs Used for Infection
Maxalt®, Maxalt MLT®	rizatriptan benzoate	3. Pain, Nervous System, & Psych
Tricor®	fenofibrate nanocrystallized	4. Heart, Blood Pressure, & Cholesterol
VoSpire ER®	albuterol sulfate er	13. Allergy, Cough & Cold, Lung Meds

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

This brand drug will be covered at the appropriate non-formulary level of cost-sharing:

Effective July 1, 2013.

Brand drug	Formulary therapeutic alternative	Formulary chapter
Maxair®	ProAir® HFA, Proventil® HFA	13. Allergy, Cough & Cold, Lung Meds

There is no generic equivalent for the above brand drug; however, there are therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing.

PFA

Prescription drug updates

For members enrolled in an IBC prescription drug program, prior authorization requirements will be applied to certain drugs. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. The most recent updates are reflected below.

Drugs requiring prior authorization

The prior authorization requirement for the following non-formulary drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Drug category	Effective date
Cometriq™	Not available	Cancer & Organ Transplant Drugs	January 17, 2013
Eliquis®	Not available	Heart, Blood Pressure, & Cholesterol	January 4, 2013
Gattex®	Not available	Stomach, Ulcer, & Bowel Meds	January 25, 2013
Iclusig™	Not available	Cancer & Organ Transplant Drugs	December 28, 2012
Juxtapid™	Not available	Heart, Blood Pressure, & Cholesterol	January 17, 2013
Xeljanz®	Not available	Bone, Joint, & Muscle	November 30, 2012

The following non-formulary drugs have been added to the list of drugs requiring prior authorization. Members taking these drugs prior to the effective date are not affected:

Effective July 1, 2013.

Brand drug	Generic drug	Drug category
Actoplus Met® XR	Not available	Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Dolophine®	Not available	Pain, Nervous System, & Psych
Vascepa®	Not available	Heart, Blood Pressure, & Cholesterol

Putting ICD-10 into Practice: Coding exercises and scenarios

The coding exercises and scenarios 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: OB/GYN

Coding exercises

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

1. Rupture of fallopian tube due to pregnancy
2. Positive culture findings in specimens from female genital organs
3. Newborn affected by breech presentation before labor
4. Pregnancy of 43-year-old complicated by hypertension (2nd trimester)
5. Urinary tract infection and urinary tract infection, neonatal
6. Endometriosis of ovary
7. Chronic vulvovaginitis
8. Uterine prolapse, 1st degree and 3rd degree
9. Female infertility due to tubal block
10. Venereal warts due to HPV

Coding scenario

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

During a night out drinking with friends, 26-year-old Jane gave birth at 30 weeks to a female infant in a taxi cab. Jane drank alcohol throughout her pregnancy despite her family and physician's counsel. Although not confirmed, Jane's family suspected she was abusing drugs as well. The infant was born with fetal alcohol syndrome and showed signs of drug withdrawal. The infant's weight at birth was 3.5 pounds.

Answers to coding exercises:

1) O00.1 **2)** R87.5 **3)** P01.7 **4)** O13.2, O09.522 **5)** N39.0, P39.3 **6)** N80.1 **7)** N76.1 **8)** N81.2, N81.3 **9)** N97.1 **10)** A63.0

Answer to coding scenario:

Z38.1, P04.3, Q86.0, P07.16*, P07.33, P96.1

*When both birth weight and gestational age of the newborn are available, both should be coded with birth weight sequenced before gestational age.

continued on the next page

Putting ICD-10 into Practice: Coding exercises and scenarios (continued)

Narratives

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

ICD-10 code	Code narrative
Exercises	
O00.1	Tubal pregnancy
R87.5	Abnormal microbiological findings in specimens from female genital organs
P01.7	Newborn (suspected to be) affected by malpresentation before labor
O13.2	Gestational (pregnancy-induced) hypertension without significant proteinuria, 2nd trimester
O09.522	Supervision of elderly multigravida, 2nd trimester
N39.0	Urinary tract infection, site not specified
P39.3	Neonatal urinary tract infection
N80.1	Endometriosis of ovary
N76.1	Subacute and chronic vaginitis
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N97.1	Female infertility of tubal origin
A63.0	Anogenital (venereal) warts
Scenario	
Z38.1	Single liveborn infant, born outside hospital
P04.3	Newborn (suspected to be) affected by maternal use of alcohol
Q86.0	Fetal alcohol syndrome (dysmorphic)
P07.16	Other low birth weight newborn, 1500-1749 grams
P07.33	Preterm newborn, gestational age 30 completed weeks
P96.1	Neonatal withdrawal symptoms from maternal use of drugs of addiction

Please visit the ICD-10 section of our website at *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.

PFA

Retirement of three NaviNet transactions

As early as the fourth quarter of 2013, the following transactions will be removed from the Plan Transactions menu due to low utilization:

- **Rejected Claim Status Inquiry.** We will continue to provide a claim level acknowledgement of claims received electronically or via paper. If you currently use this transaction, you can inquire within your organization to obtain reporting on claims that IBC has rejected.
- **Request A/R Aging Report and View A/R Aging Reports.** These A/R Aging Report transactions will be replaced with a new transaction called Claims Dashboard. More information on the Claims Dashboard transaction will be provided in future editions of *Partners in Health Update*.

If you have any questions about these changes, please call the eBusiness Provider Hotline at 215-640-7410.

PFA

Reminder: Provider self-service requirements

As previously communicated, we have instituted a number of provider self-service requirements where providers must use the NaviNet web portal or the Provider Automated System to obtain certain information. These requirements pertain to participating providers, facilities, Magellan-contracted providers, and billing agencies that support provider organizations.

Eligibility and claims status

All participating providers and facilities are required to use NaviNet (or call the Provider Automated System) to verify member eligibility and check IBC claims status information. The claim detail provided through either system includes specific information, such as check date, check number, service codes, paid amount, and member responsibility.

Claim adjustments

Participating providers who call Customer Service to question a claim payment or to request a claim adjustment will be directed to submit the request via NaviNet using the Claim INFO Adjustment transactions.

*Authorizations**

All participating providers and facilities must use NaviNet in order to initiate the following authorization types:

- medical/surgical procedures
- chemotherapy/infusion therapy
- durable medical equipment
- emergency hospital admission notification
- home health (dietitian, home health aide, occupational therapy, physical therapy, skilled nursing, social work, speech therapy)
- home infusion
- outpatient speech therapy

All office locations were required to register for NaviNet by April 1, 2013. If you have not yet done so, visit NaviNet at *www.navinet.net* and select *Sign Up* from the top right. If your office is currently NaviNet-enabled but would like training on these self-service requirements, please contact our eBusiness Provider Hotline at 215-640-7410.

**This information does not apply to providers contracted with Magellan Behavioral Health, Inc. (Magellan). Magellan-contracted providers should contact their Magellan Network Coordinator at 1-800-866-4108 for authorizations.*

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most IBC members.

Encourage preventive care with the SilverSneakers® Fitness Program

Individuals who practice more preventive medicine, such as well-care visits and exercising, are more likely to perceive their health to be "good" or "excellent." Preventive care leads to lower health care costs. Those who practice less preventive medicine are more likely to perceive their health as "poor."[1] They tend to have higher health care costs due to frequent emergency room and hospital visits and fewer well-care visits.

As IBC makes changes for the better — for our providers and our members — we look to lead more members toward "good" or "excellent" perception of their health. One resource we use to improve our Medicare-eligible members' health and well-being is the Healthways SilverSneakers Fitness Program, the national leader in older-adult fitness programming. SilverSneakers includes a fitness membership with access to more than 11,000 fitness locations nationwide, use of all amenities, specially designed classes, and social and educational opportunities.

Each year SilverSneakers surveys program members on their health status and program participation. On the 2012 Annual Member Survey for IBC members, 56 percent of respondents reported that their health care provider advised them to exercise compared to 61 percent from 2011.[2] We encourage you to discuss fitness with your IBC patients; they listen to you. Here are some key points for those discussions:

- IBC respondents' scores on the SF-12® survey, which measures generic health concepts relevant across age, disease, and treatment groups, were well above those of national seniors. The SF-12 measures physical functioning, role limitations due to physical health problems, bodily pain, general health, vitality (energy/fatigue), social functioning, role limitations due to emotional problems, and behavioral health (psychological distress and psychological well-being). Results are expressed in terms of two constructs: the physical component summary (PCS) score and the mental component summary (MCS) score. The standardized results can be compared across populations.[2]
- The latest independent study, conducted in 2008, compared health care costs for SilverSneakers members (study group) to members of the same age and gender who were not enrolled in the program (control group). SilverSneakers participants had fewer hospital admissions, lower inpatient care costs, and significantly lower overall health care costs than those in the control group. Program members also showed increased commitment to preventive health care services; in both the first and second years of SilverSneakers membership, the study group had more primary and specialty care visits than control group members.[3]

Enrolling in SilverSneakers

Enrolling in SilverSneakers is easy. IBC Medicare Advantage HMO and PPO members receive their personal SilverSneakers ID card in a special mailing. They simply need to take the SilverSneakers ID card to their closest SilverSneakers location to sign up and get started. (Members who don't have a SilverSneakers ID card can call SilverSneakers to have it mailed.) Your patients can visit *www.silversneakers.com* or call 1-888-423-4632 for more information on the program and to find their closest participating location.

Help your patients experience positive changes in their lives by practicing preventive care — refer them to SilverSneakers today.

Note: SilverSneakers is offered to Keystone 65 Select HMO, Keystone 65 Preferred HMO, and Personal Choice 65℠ PPO members at no cost.

References

[1]*Idler, E. & Benyamini, Y. (1997). Self-Rated Health & Mortality. A Review of Twenty-Seven Community Studies. Journal of Health and Social Behavior.*

[2]*2012 SilverSneakers Annual Member Survey*

[3]*Nguyen, H.Q., Ackermann, R.T., Maciejewski, M., Berke, E., Patrick, M., Williams, B., LoGerfo, J.P. (2008). Managed-Medicare Health Club Benefit and Reduced Health Care Costs Among Older Adults. Preventing Chronic Disease, 5(1), 1-10. www.cdc.gov/pcd/issues/2008/jan/07_0148.htm.*

Important Resources

Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.ibx.com/antifraud
Care Management and Coordination	
Case Management	1-800-ASK-BLUE
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
Connections℠ Health Management Program	1-800-ASK-BLUE
Credentialing	215-988-1413
Credentialing Violation Hotline	www.ibx.com/credentials
Customer Service/Provider Services • Provider Automated System (eligibility/claims status/referrals) • Connections Health Management Program • Precertification — Imaging services (CT, MRI/MRA, PET, and nuclear cardiology) — Authorizations	1-800-ASK-BLUE (275-2583)
Provider Services user guide	www.ibx.com/providerautomatedsystem
eBusiness Help Desk	215-241-2305
FutureScripts® (pharmacy benefits)	
Prescription drug prior authorization	1-888-678-7012
Fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	1-888-671-5285
Mail order program toll-free fax	1-877-228-6162
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.ibxmedicare.com
Mail order program toll-free fax	1-877-344-1318
IBC Direct Ship Injectables Program (medical benefits)	www.ibx.com/directship
Medical Policy	www.ibx.com/medpolicy
NaviNet® portal registration	www.navinet.net
Provider Supply Line	1-800-858-4728 www.ibx.com/providersupplyline

** Outside 215 area code*

Independence

Visit our website:
www.ibx.com/pnc