



Independence  
Blue Cross

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January 2007

## IBC Wins Disease Management Association of America Award for Innovative Programs

The Disease Management Association of America (DMAA) has awarded Independence Blue Cross the 2006 Disease Management Leadership Award for Outstanding Health Plan of the Year.

Each year, the award is given to recognize one health plan in America that has demonstrated vision and leadership in its commitment to disease management, innovative program design, successful plan implementation, and outstanding performance in measuring positive, proven health outcomes.

An evaluation of first-year results completed earlier this year showed that IBC's Connections<sup>SM</sup> Health Management Programs lowered medical cost trends by 1.5 to 2 percent.

Print additional copies of *Partners In Health Update*, by going to our website [www.ibx.com/providers](http://www.ibx.com/providers).

# PARTNERS IN HEALTH UPDATE

*Working Together For Quality Health Care*

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# NPI ANNOUNCEMENTS

## IBC National Provider Identifier (NPI) Dual Use Claims Submission



The goal of IBC NPI Dual Use Claim Submission is to collect and validate your NPI(s) via claims submissions prior to the May 23, 2007 NPI compliance date. Therefore, we are asking all providers who have obtained their NPI(s) and reported them to us to **submit all electronic and paper claims with NPI(s) and legacy provider identifiers (identifiers you currently use to identify yourself as an IBC participating health care provider) until otherwise notified.** You must also report your Taxonomy Codes on all electronic and paper claims.

IBC NPI Dual Use Claims Submission is one of many preparatory measures that we will implement to prepare for the NPI compliance date in order to ensure the smoothest transition possible.

**Please note that we will not use NPI(s) to process your claims at this time. We will continue to process claims using your legacy identifiers. In addition, we will not include NPI(s) on Statements of Remittance (SORs) or any other outgoing transactions at this time.**

IBC NPI Dual Use Claims Submission will not complicate, delay, or halt your claims processing.

### NPI Dual Use Claims Submission Instructions

You can find detailed IBC NPI Dual Use Claims Submission instructions in the following locations:

- **837P and 837I Companion Guides.** The 837P Companion Guide and 837I Companion Guide provide instructions for submitting dual use claims for electronic claims submissions. The companion guides are also available online at [www.ibx.com/providers/self\\_service\\_tools/edi/forms.html](http://www.ibx.com/providers/self_service_tools/edi/forms.html).
- **Current and Revised 1500 Claim Forms and Instructions.** This reference tool was published

as an enclosure with the October 2006 edition of *Partners in Health Update*. It provides instructions for submitting dual use claims for paper submissions. This reference tool is also available at [www.ibx.com/providers/npi/forms.html](http://www.ibx.com/providers/npi/forms.html).

### Questions Regarding NPI Dual Use Claims Submission

Please contact your Network Coordinator with any questions regarding IBC NPI Dual Use Claims Submission.

If you have not yet obtained your NPI(s) and reported them to us, please see *How to Obtain an NPI* or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

You may also look to the following websites for additional information:

#### IBC Provider NPI website:

[www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Contains NPI background, FAQs, Submission Instructions, web links, etc.

#### CMS main NPI website:

[www.cms.hhs.gov/NationalProvIdentStand/](http://www.cms.hhs.gov/NationalProvIdentStand/)

Contains NPI Final Rule, FAQs, Fact Sheets, Tip Sheets, NPI Viewlet, Medicare MedLearn Articles, Enumeration Statistics.

#### NPI Enumerator website:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Main site to enter an NPI application.

#### WEDI NPI White Papers:

[www.wedi.org/snip/](http://www.wedi.org/snip/)

Industry NPI papers, including “NPI Impact on Providers”, “NPI Dual Use Strategy”, “NPI and Subparts”, etc.

#### WEDI NPI Outreach Initiative:

[www.wedi.org/npioil/index.shtml](http://www.wedi.org/npioil/index.shtml)

NPI Resource Center with information resources, Industry readiness assessment survey, etc.

# NPI ANNOUNCEMENTS

## Countdown to the NPI Compliance Date: The Latest News You Need



**Get It.** The May 23, 2007 compliance date for the NPI is only **5 months** away. We will require participating providers to use their NPI(s) in all electronic and paper health care transactions by the compliance date. Get your NPI(s) now so you have time to prepare. To learn more on how to apply, see *How to Obtain an NPI* or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

**Share It.** Have your NPI and don't know what to do with it? Share it. Share your NPI(s) with us and the colleagues who rely on your NPI(s) to submit claims (e.g., those who bill for, order, or refer services). We are asking you to report your NPI(s) to us **before** the May 23, 2007 compliance date so we can record them and test our systems to avoid a disruption when processing your claims. You should also share your NPI(s) with your billing service, vendor, or clearinghouse. To learn more on how to share your NPI(s) with us, contact your Network Coordinator or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

**Use It.** If you have reported your NPI(s) to us, you may begin submitting electronic and paper transactions with your NPI(s) and your legacy identifiers (identifiers you currently use to identify yourself as an IBC participating health care provider). Please see the IBC NPI Dual Use Claims Submission article on the previous page for more details. Remember, it is important to test your NPI(s) **before** May 23, 2007 to avoid a disruption in claims processing.

## How to Obtain an NPI

The National Plan and Provider Enumeration System (NPPES) is currently accepting applications for NPIs. Providers who have not yet obtained an NPI may apply for it in either of the following ways:

### Electronic

▶ Complete the web-based application online at <https://nppes.cms.hhs.gov>. This process takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI. You may also use the interactive tutorial on how to obtain your NPI at [www.cms.hhs.gov/apps/npi/npiviewlet.asp](http://www.cms.hhs.gov/apps/npi/npiviewlet.asp).

### Paper

▶ Providers may wish to obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form will be available only upon request through the NPI Enumerator. Providers who wish to obtain a copy of this form must contact the NPI Enumerator in any of the following ways:

- ▶ **Phone:** (800) 465-3203 or TTY (800) 692-2326
- ▶ **E-mail:** [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- ▶ **Mail:**  
NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

**Getting an NPI is free –  
Not having one can be costly.**

IBC strongly encourages you to obtain NPI(s) in a manner consistent with your current Corporate Provider ID configuration. Otherwise, issues may occur with your claims payments and internal business and reporting procedures. We recommend that you take a close look at your current provider number configuration when obtaining your NPIs.

### Offering Providers Council for Affordable Quality Healthcare Universal Credentialing DataSource



**Effective February 1, 2007**, we will offer our participating providers the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource (UDS) for completing their triennial recredentialing process. The CAQH UDS is a single, national process that eliminates the need for completing multiple recredentialing applications.

For more details about the CAQH UDS service, please visit [www.caqh.org](http://www.caqh.org). For more information on recredentialing, Pennsylvania, Maryland, and Delaware providers may call (215) 988-6534, and New Jersey providers may call (267) 402-1724.

We also want to remind new applicants that the CAQH UDS is also available for completing the initial credentialing process for IBC participation. For more CAQH UDS participation information on initial credentialing, Pennsylvania, providers may contact Network Credentialing Support Services at (215) 241-4120, Delaware and Maryland providers may call (302) 661-6113.

### Highmark ID No Longer Required For New Provider Set Up



Previously we required a provider to have a Highmark Blue Shield identification number before joining our network.

In order to help expedite the set up process for our network providers, **effective immediately**, we no longer require that professional providers, in Pennsylvania and the contiguous counties of New

Jersey and Delaware have a Highmark Blue Shield identification number prior to submitting their application.

If you have a Highmark number, or obtain a Highmark number, please continue to submit it to us as we will continue to incorporate it into your records with us.

## Claims Re-engineering Enhancements to Help Remedy Rejected Claims



As previously communicated in the July 2006 edition of *Partners in Health Update*, we would like to update you on the Claims Re-engineering initiative, which effective December 16, 2006. The initiative consolidates claims processing, error codes, error descriptions, and instructions on resolving issues with rejected claims into one system. It will also help you by making our processing of electronic professional claim submissions more efficient and make it easier for us to resolve questions about rejected claims.

The July *Update* also contained the Claims Preprocessing Edits Claims Resolution document that highlighted rules that are applied to claims and a comment on how to remedy rejected claims. Please refer to that edition of *Update* for the Claims Resolution document as it will help you determine why a claim was rejected and provide a basis for resubmitting a clean claim. The claims document may be updated to reflect new error codes and claim resolution instructions.

### Electronic Claims Submitters

If you submit claims electronically, you will continue to receive the U277 for notification of both accepted and rejected claims. The error description on the U277 will aid you in correcting and resending files to ensure an expedited remittance.

### Paper Claims Submitters

If you submit paper claims, you will continue to receive the rejected claim report. If you are using a clearinghouse and are not receiving these reports, please contact your vendor to arrange to receive these reports.

You may also refer to [www.ibx.com/providers/self\\_service\\_tools](http://www.ibx.com/providers/self_service_tools) or contact your Network Coordinator for more information. To view the Claims Preprocessing document, please visit [www.ibx.com/providers](http://www.ibx.com/providers) and look in the July edition of *Update*.

## Medical Policies Regarding Contrast Agents



On **January 1, 2007**, we will publish medical policies clarifying and memorializing our position on the following four types of contrast agents: MRI, high osmolar, low osmolar, and echocardiography.

Contrast agents are chemicals that are introduced into the body during radiography or other imaging techniques to enable visualization of tissues or organs.

### MRI Contrast Agents

We cover MRI contrast agents; however, the service is considered to be an integral part of the diagnostic procedure and is, therefore, not eligible for separate reimbursement consideration.

Codes	Descriptions
Q9952	Injection, gadolinium-based magnetic resonance contrast agent, per ml
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml
Q9954	Oral magnetic resonance contrast agent, per 100 ml

### High Osmolar Contrast Agents

We cover high osmolar contrast agents; however, the service is considered to be an integral part of the diagnostic procedure and is, therefore, not eligible for separate reimbursement consideration.

Codes	Descriptions
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml

Codes	Descriptions
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml

### Low Osmolar Contrast Agents

We cover and consider for reimbursement low osmolar contrast agents when used in conjunction with a covered procedure.

- Low osmolar contrast agents are only eligible to be reimbursed to the professional provider when the diagnostic procedure is performed in the office setting.
- Low osmolar contrast agents administered in the facility setting are not eligible for separate reimbursement from the diagnostic procedure.

Codes	Descriptions
Q9945	Low osmolar contrast material, up to 149 mg/ml iodine concentration, per ml
Q9946	Low osmolar contrast material, 150-199 mg/ml iodine concentration, per ml
Q9947	Low osmolar contrast material, 200-249 mg/ml iodine concentration, per ml
Q9948	Low osmolar contrast material, 250-299 mg/ml iodine concentration, per ml
Q9949	Low osmolar contrast material, 300-349 mg/ml iodine concentration, per ml
Q9950	Low osmolar contrast material, 350-399 mg/ml iodine concentration, per ml
Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml

## Medical Policies Regarding Contrast Agents *(continued)*

### Echocardiography Contrast Agents

We cover and consider for reimbursement echocardiography contrast agents when used in conjunction with a covered procedure.

- Echocardiography contrast agents are only eligible to be reimbursed to the professional provider when the diagnostic procedure is performed in the office setting.
- Echocardiography contrast agents administered in the facility setting are not eligible for separate reimbursement from the diagnostic procedure.

Please visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) for more information.

Codes	Descriptions
A9700	Supply of injectable contrast material for use in echocardiography, per study
Q9955	Injection, perflerone lipid microspheres, per ml
Q9956	Injection, octafluoropropane microspheres, per ml
Q9957	Injection, perflutren lipid microspheres, per ml

## NAVINET<sup>SM</sup> NEWS

### Enhancements to NaviNet<sup>SM</sup>

We have redesigned and reorganized NaviNet<sup>SM</sup> Plan Central and the *Plan Transactions* menu to streamline and simplify the site for you. Below are some of the enhancements you will find.

#### NaviNet Toolbar

The NaviNet toolbar (located along the top of the NaviNet Plan Central page) has been reorganized, and a new *NaviNet Central* drop-down menu has been added.

#### Security Officer Enhancements

Security Officers can now use the *NaviNet Central* drop-down menu to access the following NaviNet administration functions:

- User Management — Create new users, manage user status, view a list of users able to access NaviNet, and manage transaction access.
- Office Management — View and adjust the NaviNet timeout setting and view office transaction access.



In addition, Security Officers can now grant and restrict access to specific NaviNet transactions based on individual permission settings.

#### End-user Enhancements

End-users are now able to contact their Security Officers directly for new permission updates without having to contact NaviMedix®. In addition, *My Profile* has been moved under the new *NaviNet Central* drop-down menu — making it easier to find.

#### Log Off Button

A new *Log Off* button is now located at the top right corner of your screen (next to the *Messages* and *Action* items icons). You can now end your session with a single click.

Additional enhancements can be found on the NaviNet Plan Central page. If you have any questions, please call NaviNet Customer Care at (888) 482-8057.

### Supporting Our Members, Your Patients: Connections<sup>SM</sup> Health Management Programs



Contact the Connections<sup>SM</sup> Health Management Programs to:

- Refer a member for disease management or decision support. Reminder: Connections now includes 22 chronic conditions with the addition of Crohn's disease on December 1, 2006.
- Ask questions, provide feedback, or request information about a member who is participating in the Connections programs.
- Request information about the three programs for use at your office.

Contact the **Connections<sup>SM</sup> Health Management Program** Provider Support Line at (866) 866-4694.

Contact the **Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program** at (866) 398-8761.

Contact the **Connections<sup>SM</sup> Kidney Program** at (866) 303-4CKP [4257].

### Substance Use Disorders Overview Guide: New for 2007



For 2007, IBC, in conjunction with Magellan Behavioral Health, Inc., is providing the Substance Use Disorders Overview Guide. This guide includes information on substance use behavioral health issues.

The Substance Use Disorders Overview Guide provides resources that support clinical practices consistent with nationally recognized standards of care. This guide was developed in collaboration with Magellan Behavioral Health, Inc. and is consistent with the *Substance Use Disorder Clinical Practice Guidelines*.

Providers may request this information by calling our toll-free Provider Supply Line at (800) 858-4728, or by downloading a copy from our website: [www.ibx.com/providers/resources](http://www.ibx.com/providers/resources).

*Please note:* This information does not constitute a statement of benefits. Individual coverage will need to be verified by IBC.

## New Improvements to the Umbilical Cord Banking Industry



Discounted fees for umbilical cord blood (UCB) stem cell preservation have been offered to our members since 1997 through the CorCell® *Saving Baby's Cord Blood*® Program. CorCell, a national private UCB bank based in Philadelphia, has set a new industry quality standard for processing adult stem cells found in umbilical cord blood.

PurePath™ processing is a patent-pending, sterile closed connection technique that exceeds current U.S. Food and Drug Administration Good Manufacturing Practice guidelines. PurePath assures providers and parents that a newborn's cord blood undergoes the safest handling. It is designed to preserve the original purity of a newborn's cord blood stem cells, protecting them from the possibility of contamination.

As you may know, UCB stem cells may be used to treat more than 70 diseases, including leukemia, bone marrow disorders, aplastic anemia, Hodgkin's disease, non-Hodgkin's lymphoma, genetic disorders and tumors of the plasma cells, nerve cells, and the retina. Medical researchers are also exploring new uses for these stem cells in treatments for conditions

such as Alzheimer's, Parkinson's, heart attack, diabetes, stroke, and spinal cord injury.

### CorCell Offers:

- Reimbursement up to \$100 for provider services rendered for cord blood collection.
- Patient education materials and 365-days-a-year and 24-hours-a-day/7-days-a-week customer service support.
- Assurance of pure and safe handling of a newborn's cord blood with PurePath™ processing.
- Continuing education program credits for physicians, nurse practitioners, and nurses.
- \$350 discount for our members for cord blood collection.\*

For more information contact CorCell at (888) 326-7235 or visit [www.corcell.com](http://www.corcell.com).

*\*This is not a covered benefit.*

*Independence Blue Cross has a minority ownership interest in CorCell, Inc.'s parent company.*

## Healthy Lifestyles<sup>SM</sup> Reimbursement Programs News



Beginning last month, Healthy Lifestyles<sup>SM</sup> participants in the Fitness, Weight Management, and Smoking Cessation programs will no longer have to wait until their one-year anniversary date after fitness program enrollment to receive their Healthy Lifestyles reimbursement.\*

Once a member has completed the requirements of the program and has submitted the proper documentation, a reimbursement check will be processed.

After a reimbursement is earned and issued, fitness members will not need to document further

workouts until they are automatically re-enrolled on their anniversary date. Re-enrollment in the Weight Management and Smoking Cessation programs is optional.

For a complete list of program guidelines, visit us at [www.ibxpress.com](http://www.ibxpress.com) or call the Health Resource Center at (800) ASK-BLUE (275-2583) Monday through Friday, 8 a.m. to 6 p.m.

*\* Healthy Lifestyles programs require enrollment in order to participate. Only one reimbursement will be issued per member per 365-day program enrollment period.*

# Transition to All-Electronic Authorization Inquiry and Submission



To maintain accuracy and speed of processing for the millions of transactions we complete yearly, we will be transitioning to an all-electronic format for authorization inquiry and authorization submission, with the exception of behavioral health authorizations, which are still authorized by Magellan Behavioral Health, Inc.

Our electronic authorizations initiative is divided into two phases. The first phase is the NaviNet<sup>SM</sup> portal. The second phase includes the addition of two enhancements to the provider Interactive Voice Response (IVR) system — Authorization Status Inquiry and Authorization Submission.

Providers are able to access the status of any authorizations associated with their Corporate Provider ID via the IVR. The IVR can provide you with the most current authorization on file and allows you to search for your authorizations using a date range of 30 days or a specific service date. The IVR will provide status for all authorized services, including MRI and CT scans. We encourage you to call the IVR directly to access Authorization Status

Inquiry by calling (866) 681-7370 or (267) 299-2270, and saying “Authorization” or choosing option 7 on the main menu. You must enter your Corporate Provider ID and the last four digits of your tax ID in order to access the IVR Authorization Status Inquiry and satisfy HIPAA requirements.

We are currently developing the second enhancement — Authorization Submission. Look for more details regarding our electronic authorizations initiative in upcoming editions of *Partners in Health Update*.

To get connected to the NaviNet portal, please call the eBusiness Provider Hotline at (215) 640-7410, or complete our Online Inquiry Form at [www.ibx.com/providers/navinet](http://www.ibx.com/providers/navinet).

*Please note:* Minimum requirements must be met to obtain access to the NaviNet portal. Please contact the eBusiness Provider Hotline to determine eligibility.

## New Aligning Managed Care Precertification List



As previously communicated in the November 2006 *Partners in Health Update* and as part of our ongoing effort to streamline administrative processes we are working toward creating a uniform precertification list for most managed care products (including Medicare Advantage). These changes should simplify the process for you and your staff, in addition to creating greater consistency within our managed care products.

**The affected managed care products are listed below:**

- Keystone Health Plan East (KHPE) HMO
- KHPE POS
- Personal Choice® PPO
- Flex (HMO, POS, Direct POS and PPO)
- Personal Choice HSA-qualified High Deductible Health Plans (HDHPs)
- Keystone 65
- Personal Choice 65<sup>SM</sup>
- adultBasic
- CHIP

**The first phase of this initiative is effective January 1, 2007.** The affected services are listed in the chart below. There will be no further changes in our precertification list at this time.

Prosthetics and Orthotics Supplies	Purchase items (including repairs and replacements) over \$500 (except Ostomy supplies, which do not require precertification at all)
Durable Medical Equipment	Purchase items (including repairs and replacements) over \$500 and ALL rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizers, which do not require precertification at all)
Listed drugs that are given by infusion therapy, when such infusion therapy is provided in an outpatient facility or in a professional provider's office, require precertification.	Aldurazyme®, Aredia®, Avastin®, Boniva®, Ceredase®, Cerezyme®, Elaprase™, Erbitux®, Fabrazyme®, Genasense®, Herceptin®, IVIg®, Myozyme®, Orendia®, Remicade®, RespiGam®, and Tysabri® (Infusion drugs that are newly approved by the U.S. Food and Drug Administration during the effective term of the contract are considered new and emerging technology and will be subject to precertification, pending notification of IBC.)

For all products that have a precertification requirement in the outpatient setting, precertification will continue for all infusion therapy. All home infusion continues to require precertification.



*Partners in Health* monthly Update is a publication of the Provider Communications department for the exchange of information and ideas among the IBC Provider community. Suggestions are welcome.

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This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the number on the back of their identification card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party Web sites 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 presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

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# IMPORTANT RESOURCES

View our online provider directories at [www.ibx.com](http://www.ibx.com)

<b>CARE MANAGEMENT AND COORDINATION</b>	(215) 567-3570
Case Management	(800) 313-8628*
Baby BluePrints®	(215) 241-2198 (800) 598-BABY [2229]*
<b>CONNECTIONS<sup>SM</sup> HEALTH MANAGEMENT PROGRAMS</b>	
Connections Health Management Program Provider Support Line	(866) 866-4694
Connections <sup>SM</sup> Kidney Program	(866) 303-4CKP [4257]
Connections <sup>SM</sup> AccordantCare <sup>TM</sup> Program	(866) 398-8761
<b>CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT</b>	(866) 282-2707
Anti-Fraud and Corporate Compliance Hotline	<a href="http://www.ibx.com/anti-fraud">www.ibx.com/anti-fraud</a>
<b>CREDENTIALING VIOLATION HOTLINE</b>	(215) 988-6534 <a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
<b>eBUSINESS</b>	
Help Desk	(215) 241-2305
eBusiness Provider Hotline	(215) 640-7410
<b>HEALTH RESOURCE CENTER</b>	(215) 241-3367
Healthy Lifestyles <sup>SM</sup>	(800) 275-2583*
Precertification	(215) 241-2100 (800) 227-3116*
<b>PHARMACY SERVICES</b>	
Prescription Drug Authorization	(888) 678-7012
Toll Free Fax	(888) 671-5285
Direct Ship Injectable	(267) 402-1711 (888) 678-7012
Fax	(215) 761-9165
Blood Glucose Meter Hotline	(888) 494-8213 (option 2)
<b>PROVIDER ELECTRONIC DATA INTERCHANGE SERVICES WEB PAGE</b>	<a href="http://www.ibx.com/edi">www.ibx.com/edi</a>
<b>PROVIDER INFORMATION and TOOLS WEB PAGE</b>	<a href="http://www.ibx.com/providers">www.ibx.com/providers</a>
<b>PROVIDER SERVICES</b> (Policies/Procedures/Claims)	(215) 567-3590
HMO	(800) 227-3119*
PPO	(215) 567-3694 (800) 332-2566*
<b>PROVIDER SUPPLY LINE</b>	(800) 858-4728

\* Outside 215 area code

Visit our website at [www.ibx.com/providers](http://www.ibx.com/providers)





**Independence  
Blue Cross**

*ENCLOSURE*

The following documents mailed with the January edition of *Partners in Health Update*.  
These have been combined into one PDF file for your convenience.

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# Starting January 1st: **No Pay Copay**

Providing Independence Blue Cross Members with generic drugs at no cost to them.

## **Promotion Effective January 1 through March 31, 2007**

We are pleased to announce that for the first time ever, Independence Blue Cross will offer **“No Pay Copay.”** This means generic prescription drug copayments and coinsurance for members who have an Independence Blue Cross prescription drug program will be waived, from January 1 through March 31, 2007.

## **What does this mean for you and your patients?**

We encourage you to discuss with your patients the benefits of generic options and therapeutic alternatives, and to prescribe them, where appropriate, to help them save money.

No Pay Copay will help increase awareness and use of generic drugs, and ultimately lower costs for members. To take advantage of No Pay Copay, all a member needs to do is present her ID card and a prescription authorizing the dispensing of a generic drug to a participating pharmacy or by mail.

No Pay Copay applies to both new prescriptions and refills. The promotion applies primarily to members in the five-county Southeastern Pennsylvania area (Chester, Bucks, Delaware, Philadelphia, Montgomery), New Jersey, and Delaware.

If you have any questions regarding this program, please call FutureScripts at **1-888-678-7012**.

## **Exclusions:**

- Medicare Part D program members
- Members covered under integrated prescription drug plan such as Major Medical, Comprehensive Major Medical and Personal Choice® HSA-Qualified
- HMO members who belong to the Federal Employee Health Benefits Program

Note: Members whose prescription drug plans have deductibles must meet the requirement before they are eligible for No Pay Copay.



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**Independence  
Blue Cross**

# **PARTNERS IN HEALTH**

2006 Cumulative Index: January - December  
*Partners in Health Monthly Update & Quarterly Clinical Update*

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Current and archived monthly issues of *Partners in Health Update*, quarterly *Clinical Update*, and quarterly *Coding Guidelines and Policy Update (CGPU)*, are available in PDF format via NaviNet<sup>SM</sup> and on our website at [www.ibx.com/providers](http://www.ibx.com/providers).

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## American Imaging Management (AIM)

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**Transactions: Your Quick Reference to Billing,  
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**Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Provider Reports**

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November *Update*

### **Credentialing Compliance Hotline and Web Page**

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### **Notice of Changes to Credentialing Requirements**

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October *Update*

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### **IBC and Informatics**

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### **Providers Required to Use NaviNet<sup>SM</sup> or Telephonic Interactive Voice Response System to Obtain Prior Authorization Criteria and Forms for Pharmacy-Related Services**

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### **How to Order Estimated Glomerular Filtration Rate (e-GFR) From Participating Laboratories**

March *Update*

### **Laboratory Services Updated List**

May *Update*

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November *Update*

### **Annual Notice of Change for Medicare Beneficiaries**

October *Update*

### **Frequently Asked Questions About Medicare Drug Coverage (Enclosure)**

May *Update*

### **IBC Participating in National Oncologic PET Registry for Medicare Patients**

October *Update*

### **Independence Blue Cross Offers Brown Bag Drug Education Program for Medicare Members**

February *Update*

### **Important Information Regarding Dual Eligible Keystone 65 Complete Members (Buckslip)**

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### **Health Care Plans for Medicare Beneficiaries: New Benefits in 2007**

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### **Medicare Drug Formulary Changes**

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### **Medicare Part D Formulary Changes Effective January 1, 2007 Enclosed**

October *Update*

### **Medicare Part D Formulary Changes Effective January 1, 2007**

October *Update*

### **Medicare Part D Formulary (Enclosure)**

October *Update*

### **Medicare Part D Vaccines Ordering Instructions**

September *Update*

### **Medicare Parts B and D Clarification**

May *Update*

## NaviNet<sup>SM</sup> News

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### **Access to Online Statement of Remittance**

October *Update*

### **BlueExchange<sup>®</sup> Out-of-Area Transaction Now Available on NaviNet<sup>SM</sup>**

November *Update*

## **Information at Your Fingertips**

September *Update*

## **Keep Your Information Current**

July *Update*

## **NaviNet<sup>SM</sup>: Get Connected**

March *Update*

## **NaviNet<sup>SM</sup> Portal Expands Claims Services**

June *Update*

## **New Fee Schedule Inquiry Tool Accessible Through the NaviNet<sup>SM</sup> Provider Portal**

December *Update*

## **PCP Newborn Encounters**

August *Update*

## **Providers Required to use NaviNet<sup>SM</sup> or Telephonic Interactive Voice Response (IVR) System to Obtain Prior Authorization Criteria and Forms for Pharmacy-Related Services**

November *Update*

## **Referral Inquiries Through NaviNet<sup>SM</sup>**

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## **Tips for Submitting Electronic Referrals**

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## **Transition to All-Electronic Authorization Inquiry and Submission**

July *Update*

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July *Update*

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November *Update*

### **National Provider Identifier (NPI): Will You Be Ready?**

December *Update*

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### **First Trimester Screening Coverage**

Spring *Clinical Update*

### **IBC Provides Coverage for First Trimester Screening**

March *Update*

### **ICD-9-CM Diagnosis Codes Change for Routine Gynecological Exams**

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### **Practitioner Office Site Visits by Your Network Coordinator**

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### **Prior Authorization Will No Longer Be Needed for Outpatient Lactation Consultation Visit**

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September *Update*

### **Annual Synagis<sup>®</sup> (palivizumab) Distribution Program**

September *Update*

### **Biotech/Specialty Injectables Information for Flex Series and Personal Choice HSA-qualified High Deductible Health Plan (HDHP) Benefit Programs (Enclosure)**

August *Update*

### **Biotech/Specialty Injectables Update for Flex Series and Personal Choice HSA-qualified High Deductible Health Plan (HDHP) Benefit Programs**

August *Update*

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### **Caremark Enrollment Form (RSV) (Enclosure)**

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### **Changes to Pharmacy Services**

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### **Changes to the Select Drug Program<sup>®</sup> Formulary and Procedures that Support Safe Prescribing**

August *Update*

**Flex Series and Personal Choice® HSA-qualified High Deductible Health Plan (HDHP) Options Biotech/Specialty Injectables Update**

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**FutureScripts™ is Our New Pharmacy Benefits Manager**

*October Update*

**FutureScripts™ Secure: The Pharmacy Benefits Management Company for Medicare**

*December Update*

**Gardasil® Approved by the FDA**

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*December Update*

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*February Update*

**Medicare Drug Formulary Changes**

*July Update*

**Medicare Part D Formulary Drug Changes Effective January 1, 2006**

*October Update*

**Medicare Part D Formulary (Enclosure)**

*October Update*

**Medicare Part D Vaccines Ordering Instructions**

*September Update*

**Medicare Parts B and D Clarification**

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**Prescription Drug Updates**

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*November Update*

**Select Drug Program® Formulary Changes**

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*April Update*

**Select Drug Program® Formulary List Enclosed**

*October Update*

**Select Drug Program® Formulary Updates (Enclosure)**

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**2005 Coding Guidelines and Policy Update (CGPU) Compendium (Enclosure)**

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**Nonemergency Medical Ambulance Coverage Policy Clarifications**

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**Cervical Cancer Prevention**

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**Cholesterol Management, Obesity and Proper Nutrition, Immunization Recommendations, Abdominal Aortic Aneurysm Screening, and Prostate Cancer Screening**

*Summer Clinical Update*

**Clinical Practice Guidelines Study Results for Asthma and Diabetes**

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**CorCell® Offers Education and Cord Blood Banking Services**

*December Update*

**Current Adolescent Immunization Recommendations: Including HPV**

*Fall Clinical Update*

**Encourage Members to Receive Colorectal Cancer Screening**

*March Update*

**Healthy Lifestyles<sup>SM</sup> Provider Support Tools for Member Education (Enclosure)**

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**Healthy Lifestyles<sup>SM</sup> Provider Support Tools for Member Education**

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**IBC Colorectal Cover Letter and ACS IBC Order Form (Enclosures)**

March *Update*

**Influenza and Pneumococcal Awareness and Intervention**

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**Newborn and Pediatric Immunization Schedules**

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**Osteoporosis Prevention and Screening**

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**Preparing for an Influenza Pandemic**

September *Update*

**Preventing West Nile Virus**

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**Using the Estimated Glomerular Filtration Rate to Track and Diagnose Impaired Kidney Function Early**

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**Coming in 2007: Independence Administrators**

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**Keystone 65 Direct (Open Access POS) Product Booklet (Enclosure)**

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**Keystone Health Plan East and Personal Choice<sup>®</sup> Earn Top NCQA Top Ratings**

March *Update*

**Keystone Health Plan East Individual HMO Benefit Programs Booklet (Enclosure)**

April *Update*

**(Correction:) Keystone Health Plan East Individual HMO**

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**New Aligning Managed Care Precertification List**

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**New Product Effective January 1, 2006: Keystone 65 Direct (Open Access POS)**

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**Personal Choice/Personal Choice 65 Conversion Finalization**

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**2006 Provider Manual Now on CD**

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**November 2006 Transactions Enclosed**

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**Transactions: Your Quick Reference to Billing, Referrals, and e-Connectivity (Enclosure)**

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**How are We Doing? Provider Satisfaction Survey to be Mailed this Month**

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**Improving Compliance with Our Medical Record-Keeping Standards**

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**More Information on Blue Distinction<sup>SM</sup>**

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