



## **NPI Contingency Plan**

In response to concerns over the health care industry's state of readiness for the May 23, 2007 National Provider Identifier (NPI) compliance date, the Centers for Medicare & Medicaid Services (CMS) announced that, **through May 23, 2008**, they will **not** impose penalties on covered entities that deploy contingency plans to facilitate NPI compliance of their trading partners. CMS is encouraging health plans to assess the readiness of their provider communities and determine the need to implement contingency plans to maintain the processing of payments, while continuing to work toward compliance.

In order to allow additional time for providers to register their NPIs with us, IBC is deploying a contingency plan that is in alignment with CMS' guidance. To read the complete IBC NPI Contingency Plan, [click here](#).

---



Independence  
Blue Cross

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

May 2007

## Provider Services Hours of Operation Change

Please note that as of May 1, 2007, the new hours for our Provider Services Department will be 8 a.m. to 5 p.m., Monday through Friday.

This change will allow us to better serve our provider population in a more effective manner during peak hours.

Additional copies of *Partners In Health Update* can be printed by going to our website [www.ibx.com/providers/communications](http://www.ibx.com/providers/communications).

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

-  Professional
-  Facility
-  Ancillary

# PARTNERS IN HEALTH UPDATE

*Working Together For Quality Health Care*

## INSIDE THIS ISSUE






### NATIONAL PROVIDER IDENTIFIER

-    • 10 Digits. Big Impact. The Power of NPI
-    • IBC National Provider Identifier (NPI) Dual Use Claims Submission

### ORGANIZATION ANNOUNCEMENT

-    • IBC and Highmark Agree to Combine

### BILLING

-    • Paper Referrals No Longer Accepted
-   • IBC and Quest Diagnostics Create a Diabetic Profile







### PRODUCTS

-    • New Flex Program Components

### MEDICAL

-    • Medicare Part B vs. Part D Drug Crossover Drug Policy



### PHARMACY

-    • Medicare Drug Formulary Changes
-    • Biotech/Specialty Injectables Update for Flex Series and Personal Choice® HSA-qualified High Deductible Health Plan (HDHP) Benefit Programs











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

-    • Access to Online Statement of Remittance

### PREVENTIVE HEALTH

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

### REMINDERS

-    • Now Available: Revised Companion Guides
-  • Offering Providers Council for Affordable Quality Healthcare Universal Credentialing DataSource
-    • Paper SOR: More Enhancements to Come
-    • Laboratory Services Reminder

# 10 digits. BIG IMPACT.

## The Power of NPI



The National Provider Identifier (NPI) compliance date is May 23, 2007.

Share Your NPI Now to Avoid Potential Regulatory Penalties and Impact to Cash Flow

**Get It.** Get it **NOW** from the National Plan and Provider Enumeration System (NPPES).

- Get your NPI(s): a unique 10-digit identification number. We recommend you enumerate with your current corporate ID configuration.
- Get it now. Do not wait until the May 23, 2007 compliance date.
- Get it faster on the Web at <https://nppes.cms.hhs.gov>.

**Share It.** Share it **NOW** with us, billing companies, and clearinghouses. Failure to share your NPI may result in regulatory penalties and may impact cash flow.

- Share your NPI with us before you file your next claim.
- Share it with your colleagues who rely on your NPI to submit their claims.
- Share it with your billing service, vendor, or clearinghouse.

**Use It.** Use it **NOW** to identify yourself.

- Use it now along with your existing 10-digit legacy provider identifiers on your electronic and paper claims (if you have reported your NPI(s) to IBC).
- Use it now to facilitate accurate and streamlined processing of claims.
- Use it to be HIPAA-compliant by May 23, 2007.

### 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 one of the following ways:

#### Electronic

- ▶ Complete the Web-based application online at <https://nppes.cms.hhs.gov>. It takes approximately 20 minutes to complete and is the most time-efficient method of obtaining an NPI.

#### 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
- ▶ **Email:** [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)
- ▶ **Mail:**  
NPI Enumerator  
P.O. Box 6059  
Fargo, ND 58108-6059

All the information you need is available at [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi)

Failure to prepare could result in a disruption in cash flow.  
Will you be ready to use your NPI? Time is running out.

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



IBC NPI Dual Use Claims Submission is one of many measures that we have implemented to ensure the smoothest transition possible.

We will be ready to accept NPI as the primary identifier on May 23, 2007. We will continue to accept dual use claims submissions until further notice. We will provide 60 days advance notification of the date that we will accept NPI only.

### NPI Dual Use Claims Submission Instructions

We are asking all providers who have obtained their NPI(s) and reported them to us to **submit all electronic and paper claims with NPIs and 10-digit legacy provider identifiers (the identifiers you are currently required to use to identify yourself as an IBC participating health care provider), until otherwise notified.** We are asking that you also report your Taxonomy codes on all electronic and paper claims. Taxonomy codes identify your specialty (or specialties) and will assist us in the development of a reliable link between your NPI and 10-digit legacy provider identifier.

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

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 available online at [www.ibx.com/providers/self\\_service\\_tools/edi/forms.html](http://www.ibx.com/providers/self_service_tools/edi/forms.html). These companion guides should be used as a supplement to the HIPAA guidelines for claim submission.

- **Revised CMS 1500 and New UB-04 Claim Forms and Instructions.** These reference tools were published as enclosures with the October 2006 and February 2007 editions of *Partners in Health Update*. They provide instructions for submitting dual use claims for paper submissions. These reference tools are 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 refer to the How to Obtain an NPI sidebar, or visit [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

You may also visit 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, and other information.

#### 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, and enumeration statistics.

#### NPI Enumerator website

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

Main site to enter an NPI application.

#### 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.

## IBC and Highmark Agree to Combine



As you may have already heard, IBC's board and Highmark's board have agreed to combine the two organizations. You and your colleagues, as health care practitioners and, in some cases, as our members, are among our most valued assets, and we wanted you to hear from us directly regarding our plans.

Our organizations have worked closely together for more than 50 years and have a unified goal in making health care coverage better and more attainable for all of Pennsylvania.

The combination of our two organizations will better enable us to maintain affordable programs, meet our customers' needs, and fund essential technology and infrastructure improvements.

Here are some of the specific benefits resulting from the combination of our companies:

- The new, combined company will remain a Pennsylvania-based company, employing approximately 18,000 people and will maintain dual headquarters in Philadelphia and Pittsburgh. We will retain the same local and regional relationships throughout the state.
- We intend to expand and enhance the focused collaborations on quality and patient safety currently in place at IBC and Highmark to address the unique medical needs of our members in each region of the Commonwealth.

IBC and Highmark are committed to our social mission and to you, our valued providers. We thank you for your participation in our network and for delivery of high quality health care to our members and your patients. We will keep you informed as the process continues.

## Paper Referrals No Longer Accepted

### An Important Reminder for PCPs and Specialists



**Effective April 1, 2007**, we no longer accept paper referrals issued on or after April 1, 2007, with HMO/POS claims for payment. All paper referrals with issue dates on or after April 1 will be returned to the issuing provider. For PCPs, all referrals should be submitted through NaviNet<sup>SM</sup> or our Interactive Voice Response (IVR) system. For specialists, either NaviNet or the IVR should be checked to ensure that a referral was received for a member before services are rendered. Specialists should no longer accept paper referrals. A fax of an electronically submitted referral may be obtained by the specialist office via the IVR.

This change will help reduce errors by allowing specialists to verify, through NaviNet or the IVR, that a referral is on file in the system and has been submitted correctly, before the provider sees the member. Electronic submission will also help ensure the accuracy and timeliness of claim payments by allowing the specialist to confirm that the group provider number on the referral matches the group provider number on the claim.

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

To submit or inquire about an electronic referral through the IVR, please call [866-681-7370](tel:866-681-7370). For instructions on using the IVR, refer to the October 2006 issue of *Partners in Health Update*.

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

### Electronic Referral Submission Extension

While services should not be provided without the proper accompanying referral, from time to time we receive requests from providers for permission to resubmit a referral or provide corrected information to a referral already submitted. In such instances, it is no longer necessary for you to contact us with this request.

If you need to amend information or resubmit a referral, you may do so by submitting a new referral via NaviNet or the IVR. These systems will accept referrals up to 90 days prior to the current date. Once a valid referral has been received, follow your standard procedure for requesting a claim review.

### IBC and Quest Diagnostics Create a Diabetic Profile



We recently worked with Quest Diagnostics to build a Diabetic Profile — a series of tests providers can order through Quest Diagnostics. The Diabetic Profile will make it easier to order the appropriate tests required to manage and monitor your diabetic patients. The Diabetic Profile is available now and consists of the following tests:

- Fasting plasma glucose (test #484, CPT<sup>®\*</sup> [Current Procedural Terminology] code 82947)
- Lipid profile (test #7600, CPT code 80061)
- Hemoglobin A1c (test #496, CPT code 83036)
- Microalbumin, Random Urine with Creatinine (test #6517, CPT codes 82043, 82570)

The Diabetic Profile has been assigned test #19765. For those offices that utilize the Quest Diagnostics Care 360 connectivity product, the Diabetic Profile can be easily built in the custom profile screen. If you have any questions about how to build the custom profile, call the Quest Diagnostics help desk at [800-697-9302](tel:800-697-9302).

For those offices using manual test requisitions to order testing, you may request the Diabetic Profile be pre-printed on your requisition forms, or you may simply write the Profile Number in the appropriate section of the test requisition form.

For more information regarding the services offered by Quest Diagnostics, including its Care 360 connectivity solution, please visit Quest Diagnostics' website at [www.questdiagnostics.com](http://www.questdiagnostics.com) or call Quest's Client Services Department at [800-825-7320](tel:800-825-7320). You may also contact your Quest Diagnostics Account Representative or your IBC Network Coordinator with any questions.

\*Current Procedural Terminology (CPT<sup>®</sup>) is a copyright of the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in the CPT<sup>®</sup>. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT<sup>®</sup> is a trademark of the AMA.

## PRODUCTS

### New Flex Program Components



We are pleased to announce several new Flex Copay Program options for Keystone Health Plan East and Personal Choice<sup>®</sup>, which are **effective July 1, 2007**. One additional copay option, \$30 PCP/\$50 specialist, will be available for office/outpatient care and one additional copay option, \$400/day up to 5 days, for facility/ancillary care. This creates an additional 22 new standard plan designs across our HMO, POS, Direct POS, and PPO programs.

All existing features for the Flex products remain the same, such as precertification requirements, exclusions, and Biotech Specialty injectables. In addition, prescription riders and freestanding options are available.

For more information or for questions about these new options, please contact Provider Services, your Network Coordinator, or your Network Services Coordinator.

## Medicare Part B vs. Part D Drug Crossover Drug Policy



As a result of our continued review of Medicare Part D (prescription drug) benefit requirements, please note the following change to Medicare Part B vs. Part D Drug Crossover Drug Policy and the STAT Low Molecular Weight Heparin (LMWH) program.

**Effective immediately**, the drug component of the STAT LMWH program *will no longer be reimbursed as a Part B (medical) covered service*. The drug component will be reimbursed under the Part D (prescription drug) benefit. This change is in

accordance with Medicare regulations regarding self-administered drugs. As you may be aware, drugs that are usually self-administered are required to be covered under the Part D (prescription drug) benefit. We recently received confirmation from Medicare that LMWH is considered to be usually self-administered.

The STAT per diem and as appropriate, nursing services, will continue to be provided under the Part B benefit.

## PHARMACY

## Medicare Drug Formulary Changes



The IBC Medicare Drug Formulary is a list of selected U.S. Food and Drug Administration-approved medications chosen for their medical effectiveness and value. The list changes periodically as we review the formulary to ensure its continued effectiveness. You can view the Medicare Drug Formulary as well as all drugs with prior authorization at [www.site65.com](http://www.site65.com).

### Brand Update Clarification

The following brand drug is available and maintained on preferred formulary co-payment level.

Brand Drug	Formulary Chapter
Seroquel®	3. Pain, Nervous System, & Psych

### 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 co-payment.

#### *Effective Immediately*

Generic Drug	Brand Drug	Formulary Chapter
bupropion XL 300mg	Wellbutrin XL®	3. Pain, Nervous System, & Psych
camilla, nora-be, errin, jolivette	Nor-QD®	11. Female, Hormone Replacement
camilla, nora-be, errin, jolivette	Ortho Micronor®	11. Female, Hormone Replacement
clarithromycin SR 24 hr	Biaxin® XL	1. Antibiotics & Other Drugs Used For Infection
colestipol hcl	Colestid®	4. Heart, Blood Pressure, & Cholesterol
fentanyl citrate OTFC	Actiq®	3. Pain, Nervous System, & Psych
kariva	Mircette®	11. Female, Hormone Replacement

*continued on page 8*

## Medicare Drug Formulary Changes (continued)

Generic Drug	Brand Drug	Formulary Chapter
leena, aranelle	Tri-Norinyl®	11. Female, Hormone Replacement
levonorgestrel/ethinyl estradiol	Seasonale®	11. Female, Hormone Replacement
levora, Portia	Nordette®	11. Female, Hormone Replacement
low-ogestrel, cryselle	Lo/Ovral®	11. Female, Hormone Replacement
lutera, lessina	Alesse®	11. Female, Hormone Replacement
metoprolol succinate	Toprol-XL® 25mg	4. Heart, Blood Pressure, & Cholesterol
metronidazole lotion	MetroLotion®	5. Skin Medications
microgestin, junel	Loestrin®	11. Female, Hormone Replacement
microgestin Fe, junel Fe	Loestrin® Fe	11. Female, Hormone Replacement
necon, nortrel	Modicon®	11. Female, Hormone Replacement
necon, nortrel	Ortho-Novum®	11. Female, Hormone Replacement
oxybutynin chloride	Ditropan XL®	14. Urinary & Prostate Meds
paroxetine HCL susp	Paxil® susp	3. Pain, Nervous System, & Psych
pilocarpine hydrochloride	Salagen®	16. Diagnostics & Miscellaneous
potassium citrate	Urocit®-K	14. Urinary & Prostate Meds
sertraline hcl	Zoloft®	3. Pain, Nervous System, & Psych
solia, apri, reclusen	Ortho-Cept®	11. Female, Hormone Replacement
sprintec, mononessa, previfem	Ortho-Cyclen®	11. Female, Hormone Replacement
tranylcypromine sulfate	Parnate®	3. Pain, Nervous System, & Psych
tri-sprintec, trinessa, tri-previfem	Ortho Tri-Cyclen®	11. Female, Hormone Replacement
trivora, enpresse	Triphasil®	11. Female, Hormone Replacement
velivet, cecia	Cyclessa®	11. Female, Hormone Replacement
zovia, kelnor	Demulen®	11. Female, Hormone Replacement

### Brand Addition

This drug is covered at the appropriate brand formulary copayment:

Brand Drug	Formulary Chapter
Prezista™	1. Antibiotics & Other Drugs Used For Infection

### Brand Deletions

These brand drugs are covered at the appropriate non-preferred copayment. The generic drugs for all of these brand drugs are on our formulary and available at the generic preferred copayment.

*Effective July 1, 2007*

Brand Drug	Generic Drug
Actiq®	fentanyl citrate OTFC
Alesse®	lutera, lessina

Medicare Drug Formulary Changes (*continued*)

Brand Drug	Generic Drug
Biaxin® XL	clarithromycin SR 24 hr
Colestid®	colestipol hcl
Ditropan XL®	oxybutynin chloride
MetroLotion®	metronidazole lotion
Parnate®	tranylcypromine sulfate
Paxil® susp 10mg/5ml	paroxetine HCL susp 10mg/5ml
Salagen®	pilocarpine hydrochloride
Seasonale®	levonorgestrel/ethinyl estradiol
Toprol-XL® 25mg	metoprolol succinate
Urocit®-K	potassium citrate
Wellbutrin XL® 300mg	bupropion XL
Zoloft®	sertraline (HCL)

**Additional Brand Deletions**

These oral contraceptive brand drugs are covered at the appropriate non-formulary copayment:

*Effective July 1, 2007*

Brand Drug	Generic Drug
Cyclessa®	velivet, cecia
Demulen®	zovia, kelnor
Lo/Ovral®	low-ogestrel, cryselle
Loestrin®	microgestin, junel
Loestrin® Fe	microgestin Fe, junel Fe
Mircette®	kariva
Modicon®	necon, nortrel
Nordette®	levora, portia
Nor-QD®	camilla, nora-be, errin, jolivette
Ortho-Cept®	solia, apri, reclusen
Ortho-Cyclen®	sprintec, mononessa, previfem
Ortho Micronor®	camilla, nora-be, errin, jolivette
Ortho-Novum®	necon, nortrel
Ortho Tri-Cyclen®	tri-sprintec, trinessa, tri-previfem
Tri-Norinyl®	leena, aranelle
Triphasil®	trivora, enpresse

*continued on page 10*

## Medicare Drug Formulary Changes *(continued)*

### Additional Brand Deletions

*Effective July 1, 2007*

Brand Drug	Generic Drug	Formulary Therapeutic Alternative (available at the Formulary copy)
Ambien®	Not available	Sonata®
Glycolax® Powder	Not available	Now available without prescription
Effexor XR®	Not available	bupropion, fluoxetine, paroxetine
Prilosec® 40mg	Not available	omeprazole, Prevacid®, Nexium®
Ortho Tri-Cyclen Lo®	Not available	tri-sprintec, trinessa, tri-previfem
Rhinocort Aqua®	Not available	Nasonex®, Nasacort AQ®, fluticasone
Yasmin®	Not available	portia, junel, levora, microgestin
Zaditor®	Not available	Now available without prescription

### Drugs Requiring Prior Authorization

The following preferred drugs have been added to the list of drugs requiring prior authorization for new prescriptions.

*Effective July 1, 2007*

Brand Drug	Generic Drug
Avalide® 12.5/150mg	hydrochlorothiazide & irbesartan
Gleevec® 100mg	imatinib mesylate
Ranexa®	ranolazine
Zyvox®	linezolid

The following non-preferred drugs have been added to the list of drugs requiring prior authorization for new prescriptions.

Brand Drug	Generic Drug
Avapro® 75mg	irbesartan
BiDil®	hydralazine hcl/isosorbide dinitrate
Caduet®	amlodipine besylate & atorvastatin calcium
Noxafil®	posaconazole
Oracea™	doxycycline monohydrate
Zelapar®	selegiline hcl

Medicare Drug Formulary Changes (continued)

Change in Quantity Limit

A quantity limit will be added for the following drugs:

Effective July 1, 2007

Brand Drug	Generic Drug	Quantity Limit
Actonel® 35mg	Not available	4 tablets per 30 days
Fosamax® 35mg, 70mg	Not available	4 tablets per 30 days
Fosamax Plus D®	Not available	4 tablets per 30 days
Prozac® Weekly™ 90mg	Not available	4 tablets per 30 days

Drug with Age Edit

An age edit will be added for the following drug:

Effective July 1, 2007

Brand Drug	Generic Drug	Edit
Ziana™ Gel	Not available	Prior authorization required for members aged 36 and older

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



Effective July 1, 2007, two new drugs, Omnitrope™ and Zorbitive™ will be added to, and Rebtron® will be deleted from, the Biotech/Specialty Injectables List for all Flex Series (HMO, POS, Direct POS, and PPO) and Personal Choice® HSA-qualified HDHP options. An updated Biotech/Specialty Injectables List is included. Injectables listed should be ordered through the Direct Ship Program administered by FutureScripts™.

For Flex Series and Personal Choice HSA-qualified HDHP members in Pennsylvania, *all injectables shown on the enclosed Biotech/Specialty Injectables List require preauthorization.* In addition, some injectables (e.g., Botox® and Amevive™) are subject

to medical necessity review during preauthorization. Please refer to the list for all other injectables that require medical necessity review.

Standard office-based injectables *not* shown on the Biotech/Specialty Injectables List *should not* be ordered through the Direct Ship Program. You may continue to bill standard injections, such as antibiotics and steroids, through the member's medical plan (HMO, POS, PPO, or Direct POS).

If you have any questions concerning ordering injectables for members enrolled in these products, please call the Direct Ship Program administered by FutureScripts at 888-678-7012, option 3.

## Access to Online Statement of Remittance



You can use the NaviNet<sup>SM</sup> Statement of Remittance (SOR) Inquiry transaction to view all the remittances issued to providers in your group. SOR information can be viewed for a 13-month rolling calendar. The setup is a two-step process; first the Security Officer sets the permissions, then registration follows.

### Security

The appropriate security level can be set by your office's security officer to limit the ability of specific NaviNet users to access and view online SORs. The Security Officer can easily set the permission by using the *User Permissions Manager Transaction*.

### Registration

The purpose of NaviNet SOR Registration is to allow you to notify us that your office wants to view IBC SORs online. Once your registration has been processed, you will be able to view reports from this date forward. The SOR data will be available to view for a period of 13 months. Processing takes approximately five business days.

Online SORs have several advantages: you can search for specific SORs (by patient account number, statement date, or statement number), access greater detail within individual remittances, and easily access each claim's summary and line-level detail.

### Inquiries

The Online SOR Inquiry transaction will provide you with access to the online versions of the remittance statements you currently receive on paper. The SOR Inquiry transaction also includes searching and sorting features — making the remittance information more flexible to use than the paper version.

*Note:* You will continue to receive paper SORs.

For more details, go to the *Customer Service* drop-down menu at the top of the NaviNet Portal screen. Select *NaviNet Customer Care*, then select the appropriate *User Guide*. For registration information, select *Online Statement of Remittance Registration* under the *Submission* heading. To learn more about the *Online Statement of Remittance (SOR) Inquiry*, select the *Online Statement of Remittance (SOR) Inquiry* under the heading entitled *Inquiry*, and follow the instructions.

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

*Note:* Minimum requirements must be met to obtain access to the NaviNet Portal.

Please contact the eBusiness Provider Hotline to determine eligibility.

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



Call the Provider Support Line at [866-866-4694](tel:866-866-4694) to refer a patient to the Connections<sup>SM</sup> Health Management Program for Health Coaching. Health Coaches provide disease management for asthma, diabetes, COPD, CHF, and CAD, as well as decision support for numerous issues.

Call [866-398-8761](tel:866-398-8761) to refer patients with the following diseases to the Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program:

- Seizure Disorders
- Rheumatoid Arthritis
- Multiple Sclerosis
- Crohn's Disease
- Parkinson's Disease
- Systemic Lupus Erythematosus (SLE)

- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis
- Hemophilia
- Scleroderma
- Polymyositis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Amyotrophic Lateral Sclerosis (ALS)
- Dermatomyositis
- Gaucher Disease

Contact the Connections<sup>SM</sup> Kidney Program at [866-303-4CKP \(4257\)](tel:866-303-4CKP) to refer a member with end-stage renal disease.

## REMINDERS

### Now Available: Revised Companion Guides



Our Companion Guides to EDI Transactions provide our trading partners with guidelines for submitting electronic batch transactions. We have revised our Companion Guides to accommodate the National Provider Identifier (NPI). The changes are **effective May 23, 2007**. The following Companion Guides are now available for your reference:

- 276/277: Health Care Claim Status Request and Response Transactions
- U277: Unsolicited Claim Status
- 835: Health Care Remittance Advice

You can access these revised Companion Guides by visiting our website at the following location: [www.ibx.com/providers/self\\_service\\_tools/edi/forms.html](http://www.ibx.com/providers/self_service_tools/edi/forms.html).

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



We are now offering 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](tel:215-988-6534), and New Jersey providers may call [267-402-1724](tel: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](tel:215-241-4120); Delaware and Maryland providers may call [302-661-6113](tel:302-661-6113).

### Paper SOR: More Enhancements To Come



We are continuing to test and develop an enhanced, easier-to-use, SOR that we plan to introduce in the next few months. These enhancements, that were developed with input from the provider community, include:

- adapting an easy-to-read “landscape” format;
- adding remark codes after each claim to make posting easier for billing offices;
- summarizing inpatient facility claims on the paper SOR (when there is only one payment reimbursement) for ease of posting;

- suppressing lines on adjustments when changes do not affect the payment;
- changing the sorting and subtotaling for ease of posting;
- redefining the “Allowed Amount” column to contain the “Contract Amount”; and
- including contact phone numbers on the SOR.

Again, these enhancements are scheduled to be implemented within the next few months. If you have any questions, please contact your Network Coordinator, your Network Services Coordinator or Provider Services.

## Laboratory Services Reminder



We encourage providers to set up accounts with designated laboratory sites to accommodate testing needs, improve record keeping, promote communication between the laboratory and the physician, and facilitate timely receipt of laboratory supplies. Keep in mind that any referral to a non-participating laboratory or non-participating provider requires prior authorization from IBC.

For more information, please look in the *Provider Manual* under Specialty Programs and Laboratory Services in the Administrative section.

You can find laboratory indicators on the member identification card next to the ID number, via NaviNet<sup>SM</sup> and/or the IVR. Please refer to the following list of participating contracted laboratories for outpatient services:

Laboratory Name	Laboratory Indicator	Phone Number
Abington Memorial Hospital Laboratory	A	215-481-2331
Health Network Laboratories	N	877-402-4221
Hospital of the University of Pennsylvania Laboratory*	H	800-789-7366
Laboratory Corporation of America	L	866-297-3210
Mercy Health Laboratory	M	610-237-4175
Quest Diagnostics, Inc.	Q	800-825-7320
Seneca Medical Lab, Inc.	Z	877-373-6322
SMA Medical Laboratories	F	215-322-6590
Thomas Jefferson University Laboratory*	T	215-955-6545

*\*Available to specific practices only*

Specialized pathology testing is offered by the designated laboratories as well as by the following specialized *participating* laboratory providers:

Laboratory Name	Specialty	Phone Number
Ameripath New York, Inc.	Dermatopathology only	800-553-6621
Dianon	Dermatopathology/pathology	800-328-2666
Genzyme Genetics	Reproductive/Genetic testing	800-848-4436
Institute for Dermatopathology	Dermatopathology only	610-260-0555
Penn Cutaneous Pathology	Dermatopathology only	866-337-6522

Home phlebotomy may be available when members are homebound. Services may be arranged by contacting a contracted home phlebotomy provider. Some designated labs also offer home phlebotomy for patients living in assisted living or non-skilled nursing homes. This service is covered only as defined by Medicare Guidelines. Medicare Guidelines are used for all members regardless of coverage.

Our contracted home phlebotomy provider is Professional Technicians. Professional Technicians performs the home draw only and delivers the

sample to a participating designated laboratory (HMO) or participating lab/hospital (PPO). You may contact Professional Technicians at [215-364-4911](tel:215-364-4911). In addition, DeJohn Medical Lab is contracted as a home draw provider for Keystone 65 Complete members. DeJohn Medical Lab can be contacted at [610-626-2112](tel:610-626-2112).

*HMO/POS: All routine Laboratory Services for HMO/POS members must be directed to and processed by the PCP's designated laboratory site.*

*This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), contract or employer group. Individual member coverage will need to be verified with IBC. Please contact Provider Services for more information on specific benefit coverage.*



*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.

**CONTACT INFORMATION:**

Caroline Crispino  
*Managing Editor*

Charleen Baselice  
*Production Coordinator*

**Provider Communications**  
**Independence Blue Cross**  
**1901 Market Street**  
**35th Floor**  
**Philadelphia, PA 19103**  
*provider\_communications@ibx.com*

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—independent licensees of the Blue Cross and Blue Shield Association.

© The Blue Cross and Blue Shield words and symbols, and BlueExchange are registered trademarks of the Blue Cross and Blue Shield Association, and association of independent Blue Cross and Blue Shield Plans.

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.

CPT® (Current Procedural Terminology) is a copyright of the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DEARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.

Investors in NaviMedix®, Inc. include an affiliate of IBC, which has a minority ownership interest in NaviMedix®, Inc.



# 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>FutureScripts<sup>TM</sup></b>	
Prescription Drug Authorization	888-678-7012
Toll Free Fax	888-671-5285
Direct Ship Injectable	888-678-7012
Fax	215-761-9165
Blood Glucose Meter Hotline	888-494-8213 (option 2)
<b>FutureScripts<sup>TM</sup> Secure</b>	
Medicare Part D	888-678-7015
<b>HEALTH RESOURCE CENTER</b>	215-241-3367
Healthy Lifestyles <sup>SM</sup>	800-275-2583*
Precertification	215-241-2100 800-227-3116*
<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 MEDICAL POLICY WEB PAGE</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>PROVIDER PHARMACY WEB PAGE</b>	<a href="http://www.ibx.com/provider_rx">www.ibx.com/provider_rx</a>
<b>PROVIDER SERVICES (Policies/Procedures/Claims)</b>	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/communications](http://www.ibx.com/providers/communications)



**Independence  
Blue Cross**

The Biotech/Specialty Injectables for Flex Series and Personal Choice HSA-qualified High Deductible Health Plan (HDHP) Benefit Programs Communication was published along with this edition of *Partners in Health Update*.

The file has been added to this PDF for your convenience.

---

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

For Flex Series and Personal Choice HSA-qualified HDHP members, *all injectables shown on the attached Biotech/Specialty Injectables List require preauthorization*. Additionally, certain Biotech/Specialty injectables require medical necessity review. Please reference the Biotech/Specialty Injectables List to determine which injectables require medical necessity review.

### **Procedures for Ordering and Billing Biotech/Specialty Injectables:**

- *All injectables shown on the enclosed Biotech/Specialty Injectables List must be preauthorized* through the Direct Ship Program administered by FutureScripts<sup>™</sup>. Please complete the Direct Ship Injectable form, and fax it to [215-761-9165](tel:215-761-9165).
- The Direct Ship Program administered by FutureScripts will facilitate shipping of the Biotech/Specialty injectable to your office for administration or to the member's home for self-administration.
- Biotech/Specialty injectables provided in the physician's office from a physician's supply are subject to applicable member cost-sharing, as follows:
  - o For Flex Series products (HMO, POS, Direct POS, PPO) programs, a copayment applies as described in the member's benefits.
  - o For Personal Choice HSA-qualified HDHP members, deductible and coinsurance apply as described in the member's benefits.

You must notify the Direct Ship Program administered by FutureScripts prior to the administration of any Biotech/Specialty injectable.

- For Flex Series products, do not collect a copayment for Biotech/Specialty injectables ordered through the Direct Ship Injectable Unit. The injectable vendor will bill the member for their Biotech/Specialty injectable copay. The physician must collect the Biotech/Specialty applicable copayment when providing any of the Biotech/Specialty injectables from their own supply.
- Failure to preauthorize any of the Biotech/Specialty injectables on the attached list will result in a claims denial. *Claims denied for failure to preauthorize are not billable to the member.*

Standard office-based injectables *not* shown on the Biotech/Specialty Injectables List should *not* be ordered through the Direct Ship Program. You may continue to bill standard injections, such as antibiotics and steroids, through the patient's medical plan (HMO, POS, Direct POS, or PPO).

If you have any questions concerning ordering injectables for members enrolled in these products, please call the Direct Ship Program administered by FutureScripts at [888-678-7012](tel:888-678-7012), option 3.

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

*Investors in NaviMedix<sup>®</sup>, Inc. include an affiliate of IBC, which has minority ownership interest in NaviMedix<sup>®</sup>, Inc.*

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—*independent licensees of the Blue Cross and Blue Shield Association.*

**Biotech/Specialty Injectables List (list subject to change),**

**Effective July 1, 2007**

All injectables require preauthorization

<b>Injectable Product</b>	<b>Medical Necessity Review Required</b>
<b>MULTIPLE SCLEROSIS AGENTS/INTERFERON BETA AGENTS</b>	
Avonex®	No
Betaseron®	No
Copaxone®	No
Rebif®	No
<b>BOTULINUM TOXIN AGENTS</b>	
Botox®	Yes
Myobloc®	Yes
<b>MIGRAINE AGENTS</b>	
Imitrex Injection®	No
<b>IMMUNOLOGICAL MODIFIERS</b>	
Amevive™	Yes
Enbrel®	Yes
Humira®	Yes
Kineret®	Yes
Raptiva®	Yes
<b>HEPATITIS/INTERFERON AGENTS</b>	
Actimmune®	No
Alferon®	No
Infergen®	No
Intron-A®	No
Pegasys®	No
PEG-Intron®	No
Roferon-A®	No
<b>ANTICOAGULANT/LOW MOLECULAR WEIGHT HEPARIN AGENTS</b>	
Arixtra®	No
Fragmin®	No
Innohep®	No
Lovenox®	No
<b>ENDOCRINE/METABOLIC AGENTS</b>	
Eligard®	No
Faslodex®	No
Lupron®	No

Injectable Product	Medical Necessity Review Required
<b>ENDOCRINE/METABOLIC AGENTS (cont.)</b>	
Sandostatin®	No
Trelstar®	No
Vantas®	No
Viadur®	No
Zoladex®	No
<b>HYALURONATE AGENTS</b>	
Euflexxa®	Yes
Hyalgan®	Yes
Orthovisc®	Yes
Supartz®	Yes
Synvisc®	Yes
<b>GROWTH HORMONES and RELATED AGENTS</b>	
Genotropin®	Yes
Humatrope®	Yes
Increlex™	Yes
Iplex™	Yes
Norditropin®	Yes
Nutropin®	Yes
Nutropin AQ®	Yes
<b>Omnitrope®*</b>	<b>Yes</b>
Saizen®	Yes
Serostim®	Yes
Tev-Tropin®	Yes
<b>Zorbtive®*</b>	<b>Yes</b>
<b>HEMATOPOIETIC AGENTS</b>	
Aranesp®	No
Epogen®	No
Leukine®	No
Neulasta®	No
Neumega®	No
Neupogen®	No
Procrit®	No

continued on page 4

Injectable Product	Medical Necessity Review Required
<b>RESPIRATORY AGENTS</b>	
Synagis®	Yes
Xolair®	Yes
<b>MISCELLANEOUS</b>	
Apokyn™	No
Forteo®	Yes
Fuzeon®	No
Somavert®	No
Thyrogen®	No

*\*Added to the Biotech/Specialty Injectable list effective July 1, 2007.*