



ClaimCheck® upgrade scheduled

Inside this issue

CONSUMERISM

- Blue Distinction Centers for Specialty Care®

BILLING

- Reminder: submit Coordination of Benefits information electronically

PRODUCTS

- Clarification on referrals for Keystone Direct Point-of-Service benefits plan
- Reminder: upcoming precertification changes

MEDICAL

- Reminder: enhancements made to the provider interactive voice response system
- ClaimCheck® upgrade scheduled
- Reminder: timely submission of initial maternity patient questionnaires important for early outreach
- Policy notifications posted as of March 16, 2009

NAVINET®

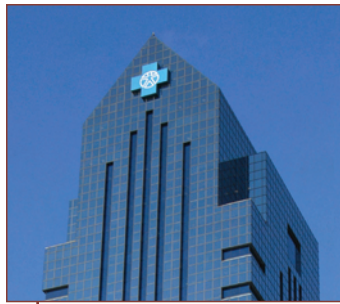
- Reminder: Clinical Alerts coming soon to NaviNet®

PHARMACY

- Reminder: new prescribing procedures for narcotic medications
- Reminder: important changes about self-injectable drug coverage coming January 1, 2010
- Reminder: NDC code submission changes effective January 1, 2009

PREVENTIVE HEALTH

- Preventing HPV and cervical cancer
- Evolving colorectal cancer screening options: helping your patients decide
- ConnectionsSM Health Management Programs: supporting our members, your patients
- Independence Blue Cross receives the 2008 AHIP recognition award for its adolescent immunization program



Dear Provider,

A message from Provider Communications

2009 — a year of change

You may have already noticed by the newly designed front cover of this month's *Partners in Health Update*SM — we are making some changes.

Our new design is just the beginning. Early in 2008, we began publishing our newsletter online, through NaviNet® Plan Central and ibx.com, to not only provide you with a more convenient way to receive information from us, but to also reduce costs. In today's economy, it is critical that we all do our share in reducing costs and introducing efficiency in the way we work and live. It is our intent to deliver information to your office that is timely, easy to navigate, and beneficial to your office.

Beginning with this month's edition, we are providing you with information to support our Consumerism initiative. Consumerism is an important direction for Independence Blue Cross and for the health care industry as a whole. With health care costs continuing to escalate, customer and member expectations of their health plan are changing. Employers are expecting members to share a greater portion of the health care costs and to take active steps to keep healthy. As consumers take on more financial and decision-making responsibility for their health care, they have a greater need for information to assist in making good decisions. We believe that empowering members with information, tools, resources, and incentives to make wiser health care decisions will help them optimize their health and help our customers manage the ever-increasing cost of providing health care coverage. It is also important that you get the information we are sharing with our members, your patients.

This year we are continuing our efforts to improve our communications to you and with you. Please take a look at our new design and content. We encourage you to share your feedback with us by emailing us at provider_communications@ibx.com. As always, we look forward to working with you and thank you for your continued dedication to serving your patients, our members.

We look forward to hearing from you.

Timothy Wadsworth, Director of Provider Communications

*Partners in Health Update*SM 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:

Provider Communications
Independence Blue Cross
1901 Market Street
35th Floor
Philadelphia, PA 19103
provider_communications@ibx.com

John Shermer
Managing Editor

Charleen Baselice
Production Coordinator

Photography
© 2009 www.dreamstime.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/or Blue Shield words and symbols, Baby BluePrints, Blue Distinction, Blue Distinction Centers, Blue Distinction Centers for Specialty Care, and BlueCard are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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

The third-party websites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs 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.

NaviMedix® and NaviNet® are registered trademarks of NaviMedix, Inc.

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

CPT® (Current Procedural Terminology) copyright 2007 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. No fee schedules, basic units, relative values, or related listings are included in CPT.

FutureScripts and FutureScripts Secure are independent companies that provide pharmacy benefit management services.

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

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



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

Consumerism

Blue Distinction Centers for Specialty Care®



The Blue Distinction® program, launched in 2006, recognizes facilities that meet objective, evidence-based thresholds for clinical quality. Those thresholds were developed in collaboration with expert physicians and medical organizers. The Blue Cross and Blue Shield Association (BCBSA), through a rigorous evaluation of nationally established criteria, chooses facilities for their notable clinical care and processes.

At the core of the Blue Distinction program are the Blue Distinction Centers for Specialty Care. These centers are facilities that are recognized for distinguished clinical care and processes.

Areas of excelled clinical quality

So far, the BCBSA has focused on four areas of specialty care in the development of Blue Distinction Centers®: bariatric surgery, cardiac care, complex and rare cancers, and transplants. Additional areas may be added in the future.

Blue Distinction Centers in the IBC network

In 2008, many participating facilities in the Independence Blue Cross network were recognized as Blue Distinction Centers, including 13 cardiac facilities, four bariatric facilities, four complex and rare cancer facilities, and two transplant facilities. Nationwide, more than 800 designations have been awarded to more than 650 facilities.

Nationwide, more than 800 designations have been awarded to more than 650 facilities.

How this helps our members

This nationwide program was designed to engage consumers to make more informed health care decisions and, in collaboration with their providers, to improve quality outcomes and affordability.

For more information about the Blue Distinction program and to locate the Centers for Specialty Care in our network, visit www.ibx.com/find_a_provider/blue_distinction.html. You may also visit www.bcbs.com/innovations/bluedistinction to view a complete listing of all of the facilities identified as a Blue Distinction Center for Specialty Care.

Blue Distinction®
Bariatric Surgery

Blue Distinction®
Cardiac Care

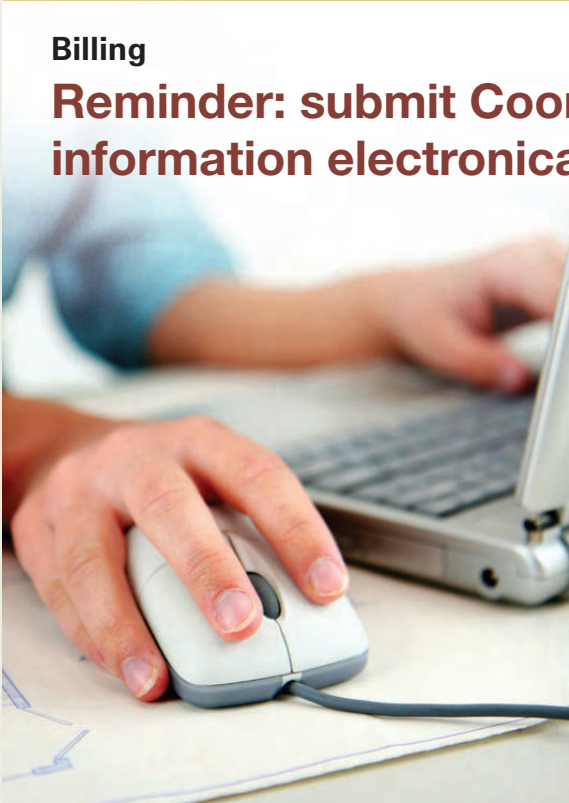
Blue Distinction®
Complex & Rare Cancers

Blue Distinction®
Transplants



Billing

Reminder: submit Coordination of Benefits information electronically



Providers and facilities can submit Coordination of Benefits (COB) information electronically for professional/facility services using the applicable 837P or 837I format. For instructions on how to bill electronically, please visit www.ibx.com/providers/claims_and_billing/edi/forms.html.

Submitting COB information electronically eliminates the need for paper claims submissions. Claims submitted electronically are processed faster and have a significantly higher “first-pass” adjudication rate, which translates into a faster payment.

For questions concerning electronic billing, please call the eBusiness Help Desk at 215-241-2305 or contact your Network Coordinator.

Products

Clarification on referrals for Keystone Direct Point-of-Service benefits plan



The Keystone Direct Point-of-Service (POS) benefits plan requires referrals for routine radiology (except mammograms), podiatry, spinal manipulation, and physical/occupational therapy services. Obtaining a referral for these services will ensure that the member receives the highest level of benefits and has the lowest out-of-pocket cost. For all other eligible specialists, members are allowed to be seen directly, *without a referral*.

Please note the following about the Direct POS benefits plan:

- A Direct POS member selects a participating primary care physician (PCP) from the Keystone Health Plan East network.
- No referrals are required for members to see participating specialists.
- Referrals are required for routine radiology (except mammograms), podiatry, spinal manipulation, and physical/occupational therapy services.
- A requisition form is required for laboratory services.
- The member is responsible for applicable cost-sharing.
- The member does not need to file claim forms when services are provided by participating specialists.

Note: For services requiring precertification through AIM (CT/CT scans, MRI/MRA, nuclear cardiology services, and PET scans), a separate PCP referral is not required. Additionally, referrals are never required for mammography.

In-network benefits underwritten or administered by Keystone Health Plan East; out-of-network benefits underwritten or administered by QCC Insurance Company, subsidiaries of Independence Blue Cross— independent licensees of the Blue Cross and Blue Shield Association.





Products



Reminder: upcoming precertification changes

This month, members will receive a mailing regarding the precertification changes listed below. These benefits clarifications go into effect July 1, 2009, for several programs in Pennsylvania.

Precertification changes for medical infusion drugs — HMO, POS, Direct POS, PPO, Flex (HMO/POS/PPO), and Personal Choice® HSA-qualified High Deductible Health Plans.

The following changes will be made to the precertification list for medical infusions:

- Additions:
 - rituximab — infusion (medical)
 - Eloxatin® — infusion (medical)
- Deletions:
 - RespiGam®
 - Genasense®
 - Avastin® (for certain ophthalmological conditions)

Precertification changes for medical injectable drugs — HMO, POS, Direct POS, and PPO.

The following medical injectable drugs will be added to the precertification list:

- Botox®
- Synagis®
- hyaluronan agents:
 - Synvisc®
 - Hyalgan®
 - Supartz®
 - Orthovisc®
 - Euflexxa™

Medical



Reminder: enhancements made to the provider interactive voice response system

On February 23, 2009, we implemented several enhancements to the provider interactive voice response (IVR) system. These features allow you to check the status of a previously submitted authorization, cancel an existing authorization, or submit a maternity delivery notification through our speech-enabled IVR system.* These services are directly accessible through Customer Service at [1-800-ASK-BLUE](tel:1-800-ASK-BLUE), prompt 2 for Provider Services, then prompt 1 for the IVR.

An instructional guide for these enhancements, has been posted on our website at www.ibx.com/providers/ivr and will be updated periodically as we make further changes. We will announce all future enhancements in *Partners in Health Update* as they are implemented.

*For behavioral health services, providers should still call the number on the member's ID card under Mental Health/Substance Abuse.



ClaimCheck® upgrade scheduled



In an effort to maintain an enhanced level of transparency, we are issuing notification that, effective April 20, 2009, the ClaimCheck software will be upgraded from version 8.5.42 to version 8.5.43.1.

ClaimCheck is a comprehensive code-auditing tool that we use to evaluate the relationships between procedure codes submitted on the CMS-1500 form (paper or electronic formats). Claims are edited by ClaimCheck for correct coding rules and guidelines. Edits are sourced to various nationally accepted authorities, including the American Medical Association, CPT® (Current Procedural Terminology), the Centers for Medicare & Medicaid Services (CMS), and the coding and billing recommendations from national specialty societies.

Access to detailed disclosures of all ClaimCheck code edits is available through Clear Claim Connection™, which is accessible through NaviNet® 24 hours a day, 7 days a week.

This upgrade applies to all contracted providers who deliver professional services to members by way of a CMS-1500 form or equivalent electronic format. Upgrades to ClaimCheck are scheduled twice yearly, typically in the spring and fall. The release schedule for ClaimCheck upgrades is subject to modification for business reasons.

For more information about the ClaimCheck upgrade or how to access Clear Claim Connection, please contact your Network Coordinator.

Reminder: timely submission of initial maternity patient questionnaires important for early outreach



Registering maternity members into our Baby BluePrints® high-risk perinatal program is imperative for early outreach. The *Initial Maternity Patient Questionnaire* form should be mailed right after the first prenatal visit to ensure timely registration into this program. In some instances, forms are being combined and mailed together at a later date; our goal, however, is to reach out to members identified as having risk factors within the first trimester of pregnancy.

The program offers many benefits to members, such as educational materials and coupons for parenting classes, lactation consultants, and breast pumps. Additionally, our obstetric nurses offer case management to members who need help with such diagnoses as:

- gestational diabetes mellitus
- pregnancy-induced hypertension
- pre-term labor
- hyperemesis gravidarum

Please remind your staff to send in the registration forms immediately after the first prenatal visit. Member registration into the program and prenotification for delivery will be completed at the same time.

Initial Maternity Patient Questionnaire

066641736

Instructions: Please use blue or black pen only. Print clearly within the boxes.

First Name: _____ Middle Initial: _____ Last Name: _____

Your Social Security #: _____ Insurance ID#: _____

Insurance Plan: Personal Choice Kentucky (East) HMOPOS Traditional Blue Cross Blue Shield Other

Physician's name: _____ Your Date of Birth (MM/DD/YY): _____ Your Age: _____ Age of delivery: _____

State of Individual's residence (if not listed): _____ If yes, name of instance: _____ Dis: _____ Group: _____

Do you have any other insurance? (choose one) Yes No

Your Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Your Occupation: _____

Maternal Status (choose one): Married Single Divorced Widowed Deceased Unknown

Primary Language (choose one): English Spanish Other language Other (specify): _____

Your Race (choose one): White African American Hispanic Asian Pacific Islander Other

Education beyond grade 8? Yes No

Emergency Contact: _____

1) Have you ever had a baby? (choose one) No (skip to first delivery) Yes, at least 5, 1/2 last Yes, less than 5, 1/2 last Yes, greater than 5 last

2) Have you had a baby within the last year? Yes No

3) Have you had three or more miscarriages? Yes No

4) Do you, the baby's father, or any members of your family have a genetic problem or still delivery? (if yes, please describe) Yes No

5) How many children (less than 5 yrs old) are living in your home? _____

6) Do you currently smoke cigarettes? Yes No

7) Have you been drinking alcohol since your last pregnancy? Yes No

8) Have you taken any drugs during this pregnancy? Yes No

9) Have you ever had: High Blood Pressure Diabetes Kidney Problems Heart Problems Lung Problems Asthma Multiple Sclerosis (MS) Epilepsy Thyroid Problems Rheumatoid Arthritis Sickle Cell Blood Clots If yes, do you take meds by mouth? Yes No

10) Do you have access to reliable transportation? Yes No

11) Have you ever been arrested or treated for drug or alcohol abuse? Yes No

12) Do you have family or friends to provide emotional support during your pregnancy and after delivery? Yes No

13) Are you concerned about your living conditions? Yes No

Please list all medications/drugs you are taking now: _____

Please complete both columns, if applicable:

Have you ever had:	Current pregnancy	Previous pregnancy
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes during pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure before pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes before pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure after pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes after pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure during labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes during labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure during delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes during delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure after delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes after delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note, the Baby BluePrints program does not take the place of prenatal care. Prenatal care is important. Upon completing this form, please return it to your OB/GYN Doctor/Midwife who will give a copy to those who will be directly involved in managing your care.

Thank you! For more information, call 215-241-2198 or 1-800-599-BABY (2229)

Policy notifications posted as of March 16, 2009

All policies are posted prior to their effective date on our *Policy Notifications* web page. Below is a listing of the policy notifications that we have posted to the site as of March 16, 2009.

Policy effective date	Notification title	Notification issue date
April 3, 2009	07.02.16a Breath Test for Heart Transplantation Rejection <i>(This policy will be archived and no longer available on April 3, 2009.)</i>	March 4, 2009
April 3, 2009	05.00.32b Speech- and Non-Speech-Generating Devices	March 4, 2009
April 7, 2009	08.00.62c Abatacept (Orencia®)	January 7, 2009
April 7, 2009	10.06.01c Outpatient Speech Therapy	January 7, 2009
April 7, 2009	11.15.09b Radiofrequency Lesioning of the Spinal Nerves for Chronic Pain	January 7, 2009
April 8, 2009	07.03.05g Adult Sleep Disorder Testing	January 8, 2009
April 8, 2009	09.00.04c Bone Mineral Density (BMD) Testing	January 7, 2009
April 8, 2009	07.03.21d Electromyography (EMG) (Needle and non-Needle) of the Anal or Urethral Sphincter	January 8, 2009
April 8, 2009	05.00.30b Noninvasive Respiratory Assist Devices (RADs): Continuous Positive Airway Pressure (CPAP) Devices and Bi-Level Devices	January 8, 2009
May 19, 2009	11.05.11a Implantation of Intrastromal Corneal Ring Segments (INTACS)	February 18, 2009
June 2, 2009	11.15.01f Spinal Cord Stimulation (Dorsal Column Stimulation)	March 4, 2009

To access these notifications and then view the policies in their entirety, follow these instructions:

1. Visit www.ibx.com/medpolicy.
2. Select *Accept and Go to Medical Policy Online*.
3. Select *Commercial and Other Medicare Advantage policies*.
4. Select *Policy Notifications* from the Medical Policy column on the left sidebar.

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



Reminder: Clinical Alerts coming soon to NaviNet®

In the coming weeks we will be introducing Clinical Alerts, a new clinical practice tool designed to help physicians identify patient needs by providing member-specific information. This new tool will initially be available to primary care physicians (PCPs), OB/GYNs, endocrinologists, and cardiologists and will be expanded over time to include additional specialties.

What are Clinical Alerts?

Clinical Alerts are notifications, based on administrative data, that a member has not received a recommended service or medication. They are intended to assist with identifying opportunities for improving clinical quality and outcomes for our members. They do not — nor are they intended to — replace the professional, clinical judgment of the member's treating physician.

Where are Clinical Alerts located?

The alerts will be available on NaviNet through the *Member Eligibility and Benefits Inquiry* screen. When a Clinical Alert has been issued for a member, it will be clearly indicated by a flag in the "Alert" column found on the *Member Eligibility and Benefits Inquiry* response screen.

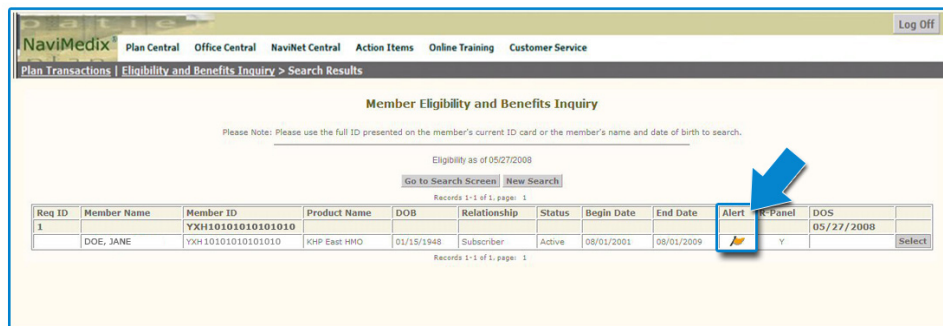
Examples of Clinical Alerts


Below are examples of Clinical Alerts that may be displayed when there has been no confirmation that certain services or medications have been provided. Note: Some claim lag time should be expected.

- annual LDL-C (cardiovascular condition)
- annual serum potassium for patients on ACE inhibitors or ARBs, digoxins, and/or diuretics
- annual blood urea nitrogen or serum creatinine for patients on ACE inhibitors or ARBs, digoxins, and/or diuretics
- annual serum concentration level for each anticonvulsant drug prescribed
- annual retinal exam (diabetes)
- annual LDL-C (diabetes)
- annual nephropathy testing which includes one of the following: microalbumin test or evidence of ACE/ARB prescription or nephrologist visit (diabetes)
- annual chlamydia screening (sexually active females between the ages of 16-25)
- beta-blocker treatment (at least 135 days filled within 180 days after AMI)
- annual HbA1c (diabetes)
- breast cancer screening/mammography in the most current 2 year period (ages 42-69)
- cervical cancer screening/PAP in the most current 3 year period (ages 24-64)
- colorectal cancer screening, either fecal occult blood test (FOBT, FOBI) annually or flexible sigmoidoscopy every 5 years or double contrast barium enema every 5 years or colonoscopy every 10 years (ages 51-75)

We will provide additional information on Clinical Alerts in future editions of *Partners in Health Update*™.

As a reminder, providers should contact NaviNet Customer Care at 1-888-482-8057 for assistance with any NaviNet transactions.



Req ID	Member Name	Member ID	Product Name	DOB	Relationship	Status	Begin Date	End Date	Alert	K-Panel	DOS
1	DOE, JANE	YXH101010101010	KHP East HMO	01/15/1948	Subscriber	Active	08/01/2001	08/01/2009		Y	05/27/2008

Pharmacy

Reminder: new prescribing procedures for narcotic medications



Starting May 1, 2009, changes in narcotics prescribing procedures for all commercial plans will go into effect. Guidelines for narcotics management were added to our Safe Prescribing Procedures after ongoing reviews identified instances of inappropriate use, abuse, and fraud. While our existing pharmacy policies require prior authorization and/or quantity limits for some narcotics, many narcotic drugs do not have the necessary controls in place to prevent these issues.

The updates to narcotics prescribing focus on quality concerns associated with excessive or improper narcotic use, including an increased risk of dependence and insufficient treatment of underlying conditions. More specifically, the new narcotic prescribing procedures address quantity limits (both quantity and therapeutic drug class limits) as well as expiration of Prior Authorizations

and Quantity Limit Exceptions. We expect that these changes will significantly reduce medical costs associated with drug diversion (illegal trafficking of prescription drugs), overutilization, and off-label use, particularly for high-cost narcotics.

For more details on the new narcotic prescribing procedures and the list of drugs with quantity limits, please refer to the article that appeared in the March edition of *Partners in Health Update*SM, which you can view at www.ibx.com/providers/communications/update. Additional information regarding these new procedures for narcotic management was mailed directly to affected providers and members.

Note: These changes will not apply to members with Independence Administrators.

Pharmacy

Reminder: important changes about self-injectable drug coverage coming January 1, 2010



In an effort to provide access to self-injectable drugs with greater value for our commercial HMO, POS, Direct POS, and PPO members, we are changing the way we cover self-injectable drugs, effective January 1, 2010. These changes, in tandem with a series of billing code changes described in this section, are part of our evolving, overall approach to managing specialty pharmaceutical benefits. We will be communicating a series of additional changes during the next year, designed so that members are getting the right drug in the right setting at the right time for a good value.

Members received their first notification of these changes in January 2009 and may have questions for you. The following is a brief description of the scheduled changes to help you answer questions that your patients may have.

Starting on January 1, 2010, we no longer will provide benefits for most self-injectable drugs under our medical benefits program. However, if HMO, POS, Direct POS, or PPO members have Independence Blue Cross pharmacy coverage, their self-injectable drugs will continue to be covered under their pharmacy benefits in 2010. If members have prescription coverage from another carrier, they should check their coverage to determine whether their prescription drug plan includes coverage for self-injectable drugs.

The self-injectable drugs that no longer will be covered under medical benefits programs are those that patients typically administer themselves and do not require physician monitoring.

We *will* continue to cover those injectables, under the medical benefits program at the appropriate cost-sharing levels, that:

- cannot be administered without medical supervision;
- are mandated by law to be covered (e.g., insulin);
- are required for emergency treatment under the medical benefits program, such as self-injectable drugs that effectively counteract allergic reactions (e.g., EpiPen[®]).

If you have any questions about these impending changes, please call Customer Service at 1-800-ASK-BLUE, prompt 2 for Provider Services.



Reminder: NDC code submission changes effective January 1, 2009

We want to remind you of some changes to the National Drug Code (NDC) submission procedure that went into effect January 1, 2009, as part of our overall approach to managing specialty pharmaceutical benefits.

Please be advised that an edit is now in place to validate the NDC on any paper or electronic claims submitted with an unlisted and/or non-specific drug code. Please review the billing requirements listed below for your applicable provider type. By requesting this detailed drug billing information, we can provide greater transparency for our members and providers. Certain claims for unlisted and non-specific drug codes that are not accompanied by an NDC in the correct format and location will not be processed and will be returned to you for correction and resubmission. Please note that this requirement is applicable to the claim processing date and not the date of service.

For professional providers: Effective January 1, 2009, claims for all unlisted and non-specific drug codes (CPT® or HCPCS) require submission of an NDC in the correct format and location. If the NDC is not submitted in the correct format or is missing, the claim will not be processed and will be returned to you for correction. The complete list of unlisted and non-specific codes that require the submission of an NDC can be found in the January 2009 *Partners in Health Update*.

For home infusion providers: Effective January 1, 2009, all drug claims (not just the unlisted and non-specific CPT or HCPCS codes listed in the January 2009 *Partners in Health Update*) require the submission of an accompanying 11-digit NDC. This includes claims for hemophilia factor products that are currently submitted with specific J codes.

For institutional providers: Scheduled for future release in 2009, all claims for outpatient services containing the following pharmacy revenue codes and an unlisted and/or non-specific (CPT or HCPCS) code will require a valid NDC when submitted: 250-259, 262, 263, 331, 332, 335, 343, 344, and 631-637.

NDC billing information

Please submit the NDC using the 5-4-2 format when billing with hyphens (e.g., 12345-1234-12). NDC numbers without hyphens (e.g., 12345678911) will also be accepted. Please do not include spaces, decimals, or other characters in the 11-digit string, or the claim will be returned for correction prior to processing.

For information on claims submission resolution, please refer to the *Claims Preprocessing Edits Claims Resolution Document* at www.ibx.com/providers/self_service_tools/edi/forms.html.

If you have questions, please contact your Network Coordinator.

Preventive Health

Preventing HPV and cervical cancer



Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States, and the Centers for Disease Control and Prevention (CDC) estimates that at least half of sexually active women and men will acquire HPV.¹ There are over 100 different strains of the HPV virus, and more than 30 of them are transmitted sexually, causing genital warts and cervical cancer. The American Cancer Society (ACS) reports that approximately 99 percent of all cervical cancers are related to HPV.²

The HPV vaccine

In June 2006, the U.S. Food and Drug Administration approved Gardasil[®], a non-infectious recombinant HPV vaccine, for use in females 9 to 26 years old. Gardasil is a 3-dose series vaccine that protects against infection from four strains of HPV — types 6, 11, 16, and 18. Two of these strains, types 16 and 18, are responsible for 70 percent of cervical cancers. The other two strains, types 6 and 11, cause 90 percent of benign genital warts.

The Advisory Committee on Immunization Practices, an organization of the CDC, recommends that the HPV vaccine be administered to females 11 – 12 years old, which should allow time for vaccination before they become sexually active. Females 13 – 26 years old and those who are already sexually active should still receive a “catch-up” vaccination series; even females with a previous history of HPV can benefit from the vaccine as it will prevent infection from HPV strains that they have not contracted. The vaccine can be administered to females as young as 9 years old.

It is important to remember that the best way to detect changes in the cervix — including those that are caused by HPV — is with routine Pap tests. Early detection

and treatment of precancerous lesions are essential in preventing the development of cervical cancer.³ Gardasil does not protect against all types of HPV.

For more information about the HPV vaccine, please visit the CDC’s website at www.cdc.gov/vaccines/vpd-vac/hpv.

Our cervical cancer screening reminder program

In 2009, Independence Blue Cross’s cervical cancer screening program will remind certain female members to schedule their routine Pap tests and annual examinations.

We also encourage providers to use office visits as an opportunity to remind female patients about the importance of regular Pap tests and cervical cancer prevention.

Female members are encouraged to visit the women’s health pages in the *Healthy Lifestyles* section of www.ibxpress.com for detailed information about women’s health issues and the recommendations for cervical cancer screenings. There, women can also link to the College of American Pathologists’ website to sign up for a free email reminder to schedule their routine Pap tests — a simple step that can prevent cancer and save lives.

Note: This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Plan (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified through Customer Service.

¹The Centers for Disease Control and Prevention (CDC) Human Papillomavirus: HPV Information for Clinicians Section 1: Genital HPV Infection. Why is it Important to Know About HPV; November 2006.

²Human Papillomavirus (HPV), Cancer, and HPV Vaccines – Frequently Asked Questions. Article date January 7, 2009. Retrieved from www.cancer.org/docroot/CRI/content/CRI_2_6x_FAQ_HPV_Vaccines.asp?sitearea=

³The Centers for Disease Control and Prevention (CDC) Human Papillomavirus: HPV Information for Clinicians Section 1: Genital HPV Infection. Why is it Important to Know About HPV; November 2006.



The American Cancer Society reports that approximately 99 percent of all cervical cancers are related to HPV.

Evolving colorectal cancer screening options: helping your patients decide

This article was prepared in collaboration with Health Dialog and the Foundation for Informed Medical Decision Making, based in Boston. The Foundation provides evidence-based decision-support content to the Independence Blue Cross ConnectionsSM Health Management Program. To find out more about shared decision-making and the Foundation, visit www.informedmedicaldecisions.org.

Colorectal cancer screening recommendations for *average-risk* individuals are evolving. The U.S. Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) currently have differing recommendations. The most recent USPSTF Clinical Guidelines on Colorectal Cancer Screening, released in October 2008¹, recommend against screening in people older than 85 and recommend against screening in people aged 76 to 85 unless individual considerations support screening.

The USPSTF guidelines note that the benefits of screening decline after age 75 due to a substantial lag between the time of screening and the mortality benefit. In that age group, the risk of death from other causes increases, and it is less likely that the person will realize any benefit, particularly if he or she is in fair or poor health.

For people aged 50 to 75, the USPSTF continues to support screening with fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy. However, the 2008 guidelines indicate there is insufficient evidence to support CT colonography and fecal DNA testing as routine screening methods. The guidelines also do not consider barium enema in the 2008 update, "because it has substantially lower sensitivity than modern test strategies, it has not been subjected to screening trials, and its use as a screening test for colorectal cancer is declining."²

While new guidelines recognize the convincing evidence that FOBT, sigmoidoscopy, and colonoscopy find early-stage cancers and polyps, the Task Force notes that although colonoscopy is the reference standard against which other tests' accuracy is measured, it is not perfect. Indeed, new data published in January 2009 suggest that colonoscopy may miss more cancers and polyps than previously thought and may, therefore, reduce colorectal-cancer specific mortality by 60 to 70 percent instead of the frequently-cited 90 percent reduction³.

The ACS recommends screening for colorectal cancer beginning at age 50 for both men and women at average risk for developing colorectal cancer. ACS recommends that men and women talk with their doctor about which test is best for them. The ACS screening options for colorectal cancers include: flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double-contrast barium enema every 5 years, CT colonography (virtual colonoscopy) every 5 years, FOBT or fecal immunochemical test (FIT) every year, or stool DNA test (interval uncertain).

Currently, the stool DNA test is not FDA approved and the interval is uncertain, which provides challenges in recommending this screening option to your patients. Below is a summary of the colorectal cancer screening options listed in our Medical Policy # 11.03.12g and *Member Wellness Guidelines* to discuss with your average-risk patients.

Colon cancer screening options for average-risk persons age 50 and older

- Colonoscopy, every 10 years;
- Flexible sigmoidoscopy, every 5 years*;
- Double-contrast barium enema, every 5 years*; or
- CT colonography/Virtual colonoscopy, every 5 years*.
- Fecal testing, including
 - FOBT, annually*, †; or
 - FIT, annually*, †.

* Colonoscopy should be done if test results are positive.

† For FOBT or FIT used as a screening test, the take-home multiple method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening



Comparing screening options

continued on page 13

Evolving colorectal cancer screening options: helping your patients decide (continued)

Differences among screening methods include the ability to prevent colorectal cancer or death; chance of generating false-positive results, which require follow-up; invasiveness and need for sedation; amount of preparation required; frequency — in general, less invasive tests are done more often, and more invasive tests are done less often; and risk of complications.

With so many screening options, it can be challenging to estimate the impact of screening on colon cancer incidence and mortality because of the lack of large, long-term, population-based clinical trials. The ranges in the table below show relative risk reduction in colon cancer incidence and mortality. This data is taken from cost-effectiveness analyses that use models to generate estimates comparable across all screening strategies.^{4,5}

Decision support available for your patients at 1-800-ASK-BLUE

Screening strategy	Reduction in colon cancer incidence	Reduction in colon cancer mortality
Colonoscopy (every 10 years)	52 – 80%	65 – 84%
Flexible sigmoidoscopy (every 5 years)	47 – 59%	59 – 62%
FIT (annually)	47 – 71%	65 – 80%
FOBT (annually, 3 samples)	37 – 57%	55 – 69%
FOBT + flexible sigmoidoscopy (every 5 years)	51 – 72%	66 – 79%
Barium enema (every 5 years)	Unknown	47%
CT colonography/Virtual colonoscopy (every 5 years)	Unknown	Unknown

The ConnectionsSM Health Management Program offers your patients access to Health Coaches — health professionals such as nurses, dietitians, and respiratory therapists — who can offer guidance and support to patients interested in taking steps to screen for and prevent cancer. If appropriate, Health Coaches will send to your patients who are IBC members Shared Decision-Making[®] programs at no charge. These programs include DVDs, printed booklets, and online content that provide evidence-based, unbiased information on screening and treatment options and condition management. A specific DVD is available on the topic of colorectal screening options. To learn more about the Shared Decision-Making[®] services available to you and your patients, call a Provider Service Specialist at 1-866-866-4694.

Please note: Information about colorectal cancer screening is rapidly evolving and may lead to changes in recommendations. As changes occur, please update your practice accordingly.

Note: This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Plan (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified through Customer Service.

Further Reading: Ries L, Melbert D, Krapcho M, et al. SEER Cancer Statistics Review, 1975-2005, Bethesda, MD: National Cancer Institute; 2007.

¹www.ahrq.gov/clinic/uspstf/uspstfcoloco.htm

²*ibid*

³Baxter NN, Goldwasser MA, Paszat LF, Saskin R, Urbach DR, and Rabeneck L. Association of colonoscopy and death from colorectal cancer. *Ann Intern Med.* 2009;150(1):1-8

⁴Zauber AG, Lansdorp-Vogelaar I, Knudsen AB, Wilschut J, van Ballegooijen M, and Kuntz KM. Evaluating test strategies for colorectal cancer screening: a decision analysis for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2008;149(9):659-669.

⁵Pignone M, Saha S, Hoerger T, and Mandelblatt J. Cost-effectiveness analyses of colorectal cancer screening: a systematic review for the U.S. Preventive Services Task Force. *Ann Intern Med.* 2002;137(2):96-104.

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

ConnectionsSM Health Management Programs: supporting our members, your patients

ConnectionsSM Health Management Program

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

- asthma
- diabetes
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- peptic ulcer disease (PUD)

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

ConnectionsSM AccordantCareTM Program

Call the Connections AccordantCare Program at **1-866-398-8761** to refer a member with any of the following diseases:

- 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
- dermatomyositis
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- amyotrophic lateral sclerosis (ALS)
- Gaucher's disease

Call our Care Management and Coordination department at **1-800-313-8628** to refer a member with end-stage renal disease on outpatient dialysis.

Connections Health Management Programs information, handouts, and brochures are available by visiting www.ibx.com/providers/resources/connections.html.

Independence Blue Cross receives the 2008 AHIP recognition award for its adolescent immunization program

Every year, America's Health Insurance Plans (AHIP) recognizes member health insurance plans that have had the greatest improvement in immunization rates through their Immunization Recognition Program. Late last year, AHIP recognized nine plans with the greatest improvement in immunization rates in three categories: three in childhood immunization, three in adolescent immunization, and three in adult influenza.

In November 2008, we received the Adolescent Immunization Recognition Award at the 2008 AHIP Medical Leadership Forum in Naples, Fla., based on the following:

- HEDIS® rates for adolescent immunizations increased from 70.0% in 2005 to 81.4% in 2006, a 16.3% increase.
- Adolescent well-child visits increased from 51.4% in 2005 to 56.3% in 2006, a 9.5% improvement.
- Visits to our GenY Health ClubSM website increased from 29,569 in 2005 to 54,919 in 2006, an 85.7% increase.



To increase immunization rates, well-child visits, and website use, we implemented the following:

- annual reminder mailing to more than 78,000 families with adolescents 11 to 13 years old;
- adolescent immunization incentive program to increase compliance with immunization recommendations;
- GenY Health Club website for parents/guardians and their children;
- intensive program targeting various audiences and sectors, including internal data sources, physician outreach, community collaboration, member outreach, GenY Health Club expansion, and school programs.

We would like to thank you, our valued providers, for your continued support of our immunization outreach.

For more information, please visit the AHIP *Innovation in Immunization Practices* website at www.ahip.org/healthandmedicine/InnovationinImmunizationPractices.



Important Resources

American Imaging Management (AIM) Call for CT, MRI/MRA, PET, and Nuclear Cardiology	1-800-ASK-BLUE
Care Management and Coordination Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
Healthy Lifestyles SM Keys to Wellness	215-567-3570 1-800-313-8628*
ConnectionsSM Health Management Programs Connections SM Health Management Program Provider Support Line	1-866-866-4694
Connections SM AccordantCare TM Program	1-866-398-8761
Corporate and Financial Investigations Department Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.ibx.com/anti-fraud
Credentialing Credentialing Hotline	215-988-6534 www.ibx.com/credentials
Credentialing Violation Hotline	215-988-1413
Customer Service (Policies/Procedures/Claims) HMO and PPO	1-800-ASK-BLUE, prompt 1 for Member Services 1-800-ASK-BLUE, prompt 2 for Provider Services
eBusiness Help Desk	215-241-2305
FutureScripts® Prescription Drug Authorization Toll Free Fax	1-888-678-7012 1-888-671-5285
Direct Ship Injectable Fax	1-888-678-7012 215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
FutureScripts® Secure Medicare Part D	1-888-678-7015
Formulary updates	www.site65.com
Health Resource Center Healthy Lifestyles SM	1-800-ASK-BLUE
Precertification	1-800-ASK-BLUE
NaviNet® Portal Registration	www.ibx.com/providers/navinet/index.html
Provider Medical Policy Web Page	www.ibx.com/medpolicy
Provider Pharmacy Web Page	www.ibx.com/provider_rx
Provider Supply Line	1-800-858-4728

* Outside 215 area code



Visit our website: www.ibx.com/providers/communications