



**SMART<sup>®</sup> Registry release  
scheduled for June 2009**

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*This just in...*

## Introducing shorter, reader-friendly web addresses

We are now featuring short, easy-to-remember web addresses for some of our frequently referenced web pages throughout this publication.

For example, on page 16, the reference to [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections) is the shorter web address for [www.ibx.com/providers/resources/connections.html](http://www.ibx.com/providers/resources/connections.html). The shorter web addresses will still take you to the existing web pages on our website and do not replace the original web pages. So, if you previously bookmarked a web page, it will continue to work.

Please contact us at [provider\\_communications@ibx.com](mailto:provider_communications@ibx.com) if you have any questions about the new, shorter web addresses.

*Partners in Health Update*<sup>SM</sup> is a publication of Independence Blue Cross and its affiliates (IBC) created to provide valuable information to the IBC participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures which are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with IBC. This publication is the primary method for communicating any such changes. Suggestions are welcome.

### Contact Information:

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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.

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

## Local study helps gauge attitudes and behaviors among health care consumers

The health care industry is changing. The role of health care consumers has become a prominent theme as health care costs continue to increase. Health plans and employer groups are working to develop solutions to address the challenge of providing cost-effective, quality health care.

IBC is committed to providing the products, tools, and incentives to empower consumers to take an active role in their health care decisions. To help gauge attitudes and behaviors among health care consumers, IBC conducts an annual study with consumers in the Philadelphia region. The study includes members of both high deductible health plans (HDHPs) and traditional managed care health plans. The following are highlights from this study of more than 1,000 health care consumers conducted in August 2008.

### Health plan selection

Local consumers continue to have fairly rich benefits plans

Unlike other markets, local consumers enrolled in group plans continue to have fairly rich benefits plans with modest cost-sharing, and, as a result, are less aware of the cost of health care services.

Compared to consumers nationally, members in the local market are less likely to report having an in-network deductible (23% vs. 48%). HDHP penetration follows a similar pattern, with less than 10% of local members having an HDHP compared to more than 20% of national members.

Current economic conditions may speed up the adoption of HDHPs as employers and consumers look for ways to contain health care costs.

### Health plan perception

Consumers believe health plans care about their health

The majority, 74%, of consumers feel their health plan wants to help them improve or maintain their health. This opinion was particularly true for IBC members versus those in competitive plans (81% vs. 67%).

When asked why they felt this way, consumers pointed to coverage for preventive care and incentives for healthy behavior. IBC members were more likely than members of other plans to mention key wellness programs available to them—reminders for screenings and tests like mammography, fitness club reimbursement, and incentives to lose weight or quit smoking.

### Decision-making

Consumers not yet confident in their ability

In general, consumers are not yet confident in their ability to make health care decisions, an opinion unchanged from last year, and they continue to look for guidance from family/friends and their doctor on health care decisions. However, consumers reporting health plans as a viable source for information are increasing, particularly when they are looking for information on treatment options or the cost of care.

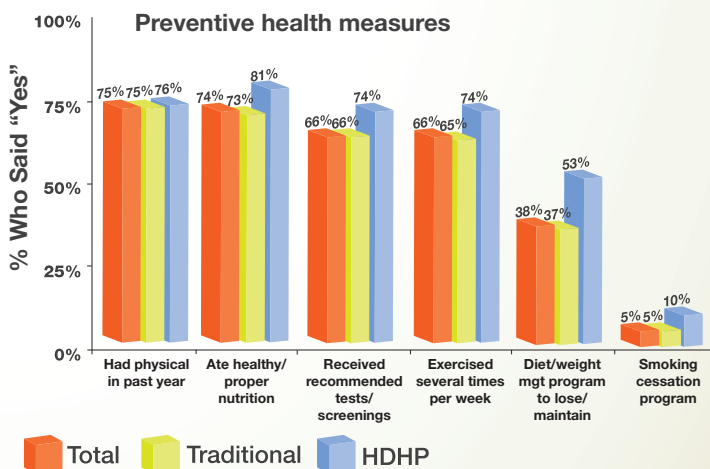
Both nationally and locally, the majority of consumers do not ask questions regarding price before they seek services—even those in HDHPs who pay 100% of cost until reaching their deductible.

### Healthy behavior

Consumers are assuming accountability for their health

Most consumers are taking an active role in changing behaviors to optimize their health. More than half of those surveyed consider themselves to be in excellent or very good health and report taking preventive measures such as having a physical, eating properly, and getting recommended tests.

Overall, consumers value services such as member incentives, member tools, and more convenient access to care, but not at the expense of increased premiums.



Consumerism is an important direction for IBC and for the health care industry. By providing members with online cost estimators, 24/7 Health Coaches, rewards for healthy behaviors, and other self-help tools, we are empowering members to optimize their health and get the best for their health care dollars.

## Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2009

**Effective July 1, 2009**, we will be implementing a quarterly update to our Injectable and Vaccine Fee Schedule. These updates reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables. You will be able to view these changes starting July 1, 2009, using the *Fee Schedule Lookup Tool* through the NaviNet® web portal.

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

## Reminder: Upcoming precertification changes

In April of 2009, members received a letter regarding the precertification changes listed below. This is a reminder that 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, and PPO.**

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

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

*Note: The Specialty Drugs Requiring Precertification document provides a complete list of infusion therapy and injectable drugs that require precertification and is included with this issue of Partners in Health Update.*



## Appeals



# Medicare Private Fee-for-Service: Member and provider appeals and grievances

On January 1, 2008, we introduced Select Advantage, a Medicare Private Fee-for-Service (PFFS) plan. This Medicare Advantage PFFS plan is a non-network, nonmanaged care product that does not include utilization management or require referrals. However, all services must meet Original Medicare guidelines for coverage and are subject to retrospective review audit.

Except in emergency-care situations, providers have the right to decide whether to treat Select Advantage PFFS members on a patient-by-patient and visit-by-visit basis. A decision to treat a specific member does not require the provider to treat other Select Advantage PFFS members.

Select Advantage members have the right to file appeals and grievances when they have concerns or problems related to their coverage or care. Members may appeal a decision that was made by Select Advantage to deny coverage or payment for a service or benefit that they believe should be covered or paid. Members should file a grievance for all other types of complaints.

A provider may appeal decisions on behalf of a member or appeal in his or her own right using the member's appeal process by signing a waiver of liability promising to hold the member harmless regardless of the outcome. There must be potential member liability (e.g., a claim is denied as not medically necessary or denied as not covered) in order for a provider to appeal using the member's appeal process. If you appeal in your own right, you agree to abide by the statutes, regulations, standards, and guidelines applicable to the Medicare PFFS member appeals and grievance process.

The *Select Advantage Member Evidence of Coverage* provides more detailed information about the member appeal and grievance process. You can contact Select Advantage Customer Service at 1-800-331-0017 for more information on our member appeals and grievance policies and procedures.

Please visit our website at [www.ibx.com/pffs](http://www.ibx.com/pffs) for additional information. Also, be sure to check future editions of *Partners in Health Update* for additional information about this Medicare Advantage Private Fee-for-Service plan.



## Contracting



# Important notice regarding Independence Blue Cross affiliates

Keystone Mercy Health Plan (KMHP) and Vista Health Plan are corporate affiliates of IBC that currently offer or administer Medicaid health care benefits to Medicaid enrollees in Pennsylvania. While these affiliates have been referenced in some of IBC's hospital, professional provider, and/or ancillary provider agreements, KMHP and Vista Health Plan do not currently access covered services for their members under terms of IBC's agreements. To the extent necessary, KMHP and Vista Health Plan rely on their own provider contracts for their Medicaid business.

This notice is to inform you that any and all references to KMHP and Vista Health Plan as affiliates that may be listed under your provider agreement, and any references to Medicaid members in the definition of Beneficiary or elsewhere in your agreement or to Medicaid benefit programs or products, are hereby removed. This removal of references is a clarification of the current practices for IBC and its affiliates and will have no impact on your current agreement.



**Independence  
Blue Cross**

# Reminder: Submitting the BlueCard Coordination of Benefits Questionnaire for out-of-area members

In January 2009, we updated the BlueCard *Coordination of Benefits Questionnaire* for out-of-area members and streamlined the submission process. Out-of-area members are HMO, Traditional Hospitalization, and PPO members of other Blue Cross® and Blue Shield® plans who travel or live in the IBC five-county service area.\* This BlueCard *Coordination of Benefits Questionnaire* should not be used for local IBC members or Federal Employees Program (FEP) members.

To avoid processing delays in claims payments, the provider or office staff must complete the first two fields on the questionnaire: the provider name and NPI. The provider or office staff should ask the out-of-area member to complete the remaining sections of the questionnaire before he or she leaves the office.

If the member chooses to complete the questionnaire outside of the office, he or she should be instructed to return the completed questionnaire to the provider's office. The provider or office staff should *immediately* forward the completed questionnaire to:

P.O. Box 69356  
Harrisburg, PA 17106-9356

Providers should not delay submission of the BlueCard *Coordination of Benefits Questionnaire* to coordinate with the claim submission. Claims should continue to be sent through your standard submission methods, which are separate from the submission of the BlueCard *Coordination of Benefits Questionnaire*.

The BlueCard *Coordination of Benefits Questionnaire* is available at [www.ibx.com/providers/blue\\_card/index.html](http://www.ibx.com/providers/blue_card/index.html), as well as in the *Reference Material and Reports* section on the NaviNet® web portal.

If you have any questions about these important instructions, please contact your Network Coordinator.

*Note: Do not use the P.O. Box/ mailing address listed on the BlueCard Coordination of Benefits Questionnaire for any other correspondence. Only completed questionnaires for out-of-area members should be sent to this address.*

*\*The IBC five-county service area includes Philadelphia, Bucks, Montgomery, Chester, and Delaware counties.*

**This mailing address is prominently printed on the front page of the questionnaire.**

## Inside IPP provider web survey coming soon

Your opinions are important to us as we plan future editions of *Inside IPP*, our publication intended to improve provider satisfaction with the BlueCard program. We are developing a survey to assess how *Inside IPP* meets your needs and how we can serve you better. The survey will be posted in early June on [www.ibx.com/providers/blue\\_card](http://www.ibx.com/providers/blue_card) and will only take a few minutes to complete.

By simply completing the survey and submitting feedback, providers and office staff are eligible to win one of four Visa® gift cards.\*

\*Refer to website for complete terms and conditions.



## Clarification for billing fluids with injections and infusions



IBC performs routine audits on injectable and infusion drugs. Audits performed over the last two years revealed widely variable usage trends. As a result of these findings, our Corporate and Financial Investigations Department (CFID) would like to remind providers of the following criteria for billing hydration.

The fluid used to prepare drugs or facilitate the infusion or injection is included for the following Healthcare Common Procedural Codes (HCPCS): J7030, J7040, J7042, J7050, J7060, and J7070.

According to the CPT® (Current Procedural Terminology) guidelines, “The fluid used to administer the drug is considered incidental hydration and is not separately reportable.” However, fluid administered separately from the infusion is reportable. Please refer to the coding examples below:

### Scenario 1

A 40-year-old female with breast cancer comes in for a scheduled visit for a Herceptin® infusion. The patient receives 680 mg of reconstituted Herceptin diluted in 250 cc of normal saline IV over 95 minutes.

Fluid is used to dilute the drug and, therefore, is *not* paid separately.

### Scenario 2

A 65-year-old male with esophageal cancer comes in for a scheduled visit for a cisplatin infusion. The patient receives 2 liters of normal saline IV over 1 hour, followed by 60 mg of reconstituted cisplatin diluted in 2 liters 5% Dextrose in ½ normal saline, over 1 hour.

Saline is administered separately and, therefore, *may* be billed separately.

### Scenario 3

A 77-year-old female with rheumatoid arthritis comes in for a scheduled visit for an infliximab infusion. The patient receives 520 mg of reconstituted infliximab diluted in 250 cc of normal saline IV over 2 hours and 30 minutes.

Fluid is used to dilute the drug and, therefore, is *not* paid separately.

CFID’s Provider Audit will continue to review and audit providers with questionable billing practices. If you suspect health care fraud, waste, and abuse against IBC, we urge you to report it. All reports are confidential. You have three options to submit your report.

- Submit the *Fraud & Abuse Tip Referral Form* electronically at [www.ibx.com/antifraud](http://www.ibx.com/antifraud).
- Call the confidential anti-fraud and corporate compliance toll-free hotline at 1-866-282-2707 (TTY/TDD: 1-888-789-0429).
- Mail your allegation with a description and supporting documentation to:

Independence Blue Cross  
 Corporate and Financial Investigations Department  
 1901 Market Street, 15th floor  
 Philadelphia, PA 19103

## Mandated coverage for autism spectrum disorders



In July 2008, the Commonwealth of Pennsylvania passed a law that requires health insurers to cover the diagnosis and treatment of autism spectrum disorders (ASD) for members under 21 who are in commercial groups with 51 or more employees. ASD includes autistic disorder, Asperger's Syndrome, Rett Syndrome, childhood disintegration disorder, and pervasive development disorder. Coverage for ASD in accordance with this mandate will be effective July 1, 2009. We will begin to include coverage for eligible new members who begin coverage on or after July 1, 2009. We will also apply this coverage over the next year to eligible existing members on their benefits plan renewal date, beginning with July 1, 2009, renewals.

Covered services under the mandate will be capped at \$36,000\* per benefits period, and they include:

- evaluations and tests needed to diagnose ASD;
- medically necessary prescribed treatments, such as applied behavioral analysis and rehabilitative care, psychiatric and psychological services, physical therapy, occupational therapy, speech/language therapy, and pharmacy care.

Covered services may be subject to a review for medical necessity, and coverage is subject to the copayment, deductible, and coinsurance provisions of the member's benefits plan, as well as any applicable referral or prescription requirements. Under this mandate, services with a primary diagnosis of ASD will not be subject to limits on the number of provider visits.

Services not covered under the mandate include those provided by an individualized education program and delivered in a school and services in excess of the \$36,000 benefits period maximum. Once a member reaches the \$36,000 benefits period maximum for approved services that have a primary diagnosis of ASD, additional services may be eligible for coverage through a government agency, which for Pennsylvania residents would be the Pennsylvania Department of Public Welfare (DPW).

Look for more information about coverage for ASD in upcoming issues of *Partners in Health Update*. You can also refer to Policy #07.03.07c: Medical Evaluation and Management of Autistic Spectrum Disorders (ASD), which will soon be available on our website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) prior to July 1, 2009.

*\*Beginning in 2012, the benefits maximum for ASD coverage is subject to adjustment annually for inflation.*

*Note: Only members of Pennsylvania commercial groups with 51 or more employees who are under 21 are eligible under this mandate. Before you provide recommendations or treatment to members diagnosed with ASD, we ask that you verify their eligibility. You can do so through the NaviNet® web portal or by calling Customer Service at 1-800-ASK-BLUE, prompt 2 for Provider Services.*



## Medical

# CMS compliance training required for all providers



In accordance with the Centers for Medicare & Medicaid Services' (CMS) new regulations, we are required to provide compliance training on fraud, waste, and abuse as it pertains to Medicare Advantage and Medicare Advantage Prescription Drug Plans. All network providers who provide services to our Medicare Advantage members are required to complete the training annually. Under this new regulation, you must complete the initial training by the end of 2009.

Look for information on how to complete this new training requirement in future editions of *Partners in Health Update*.

## Medical

# Reminder: Timely submission of Initial Maternity Patient Questionnaire 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 to IBC right after the first prenatal visit to ensure timely registration into this program. In some instances, questionnaires are being combined and mailed 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
- preterm labor
- hyperemesis gravidarum

Please remind your staff to send in the registration questionnaires 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**

By completing this questionnaire, you will be enrolled in the Baby BluePrints® program. You may be contacted by your health plan regarding this program.

0686411756

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Your Social Security #: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Insurance Plan:  Personal Choice  Keystone (East) HMO/POS  Traditional Blue Cross Blue Shield  Other \_\_\_\_\_

Patient/Member Name: \_\_\_\_\_ Your Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Age: \_\_\_\_\_ Age of baby's pregnancy: \_\_\_\_\_

State of Pennsylvania's enrollment (if address): \_\_\_\_\_ Your Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Your Occupation: \_\_\_\_\_

Marital Status (choose one):  Married  Single  Divorced  Widowed  Other (please specify) \_\_\_\_\_

Primary Language (choose one):  English  Spanish  Sign Language  Other (please specify) \_\_\_\_\_

Your Race (choose one):  Caucasian/White  Hispanic/Latino  African American/Black  Asian  Other (please specify) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

1) Have you ever had a baby? (choose one)  Yes, this is my first delivery  Yes, at least one 5'12" or less  No, I don't plan to have a baby

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 families have a genetic problem or birth defect?  Yes  No

5) How many children (less than 5 yrs old) are living in your home?  Yes  No

6) Do you currently smoke cigarettes?  Yes  No

7) Have you been drinking alcohol since you became pregnant?  Yes  No

8) Have you taken any drugs (including this pregnancy) or been prescribed by a doctor?  Yes  No

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

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

11) Have you ever been referred to prenatal support during your pregnancy and/or after delivery?  Yes  No

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

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

Please list all medicines/drugs you are taking now: \_\_\_\_\_

Have you ever had:	Yes	No	Please complete both columns, if applicable:	Current	Pregnancy	Ever
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Bag of water broke before 36 weeks of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Chromosomal or genetic problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed with weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed with pregnancy-induced hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	History of abortion or miscarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	History of stillbirth or neonatal death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# Policy notifications posted as of May 18, 2009

All policies are posted prior to their effective date. Below is a listing of the policy notifications we have posted to the site as of May 18, 2009.

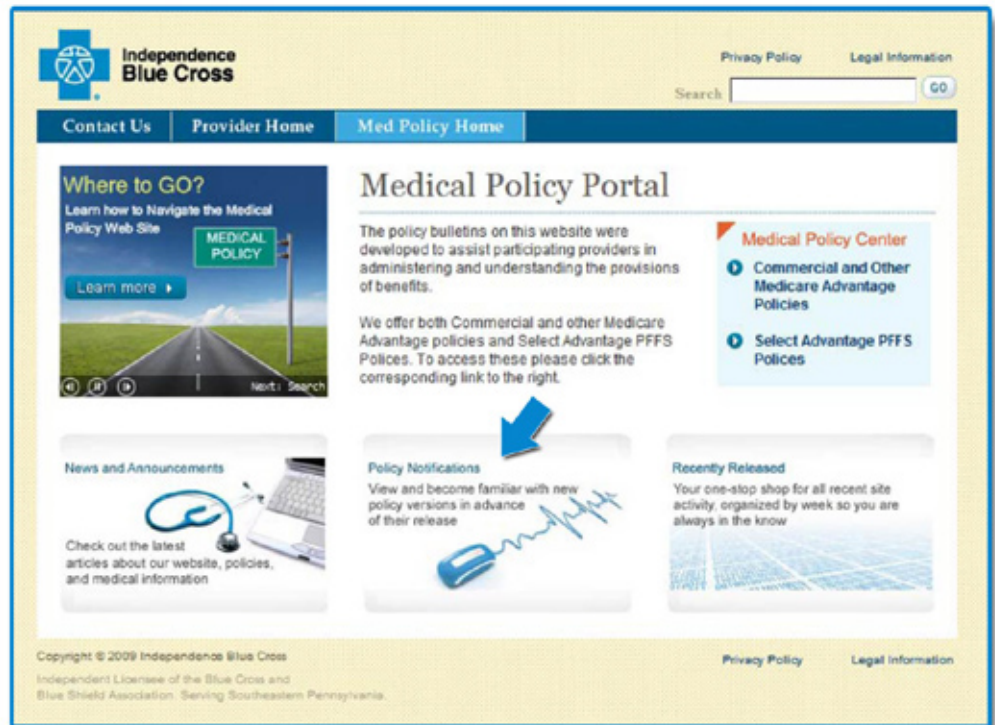
Policy effective date	Notification title	Notification issue date
June 2, 2009	<b>11.15.01f</b> Spinal Cord Stimulation (Dorsal Column Stimulation)	March 4, 2009
June 10, 2009	<b>00.09.01d</b> Direct Access Obstetrics/Gynecology (OB/GYN)	May 11, 2009
June 10, 2009	<b>07.13.06d</b> Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	May 11, 2009
June 12, 2009	<b>11.02.06e</b> Catheter Ablation of Cardiac Arrhythmias	May 13, 2009
July 14, 2009	<b>11.16.03d</b> Lung Volume Reduction Surgery	April 15, 2009
July 27, 2009	<b>11.06.04f</b> Uterine Artery Embolization for the Treatment of Fibroids	April 28, 2009
July 28, 2009	<b>11.17.06g</b> Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)	April 29, 2009

On May 11, we launched a new design for our Medical Policy Portal homepage. The updated design makes important policy information more accessible for users. From the homepage, you now can directly access the medical and claim payment policies, news and announcements, policy notifications, and recently released pages of the Medical Policy Portal.

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

1. Visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).
2. Select *Accept and Go to Medical Policy Online*.
3. Select *Policy Notifications*.

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



## Pharmacy



# Precertification changes for Avastin® in ophthalmological use

Avastin (bevacizumab) is a drug typically used in oncology to enhance the benefits of chemotherapy for certain cancers. However, in the last few years, many ophthalmologists have used Avastin off label, and with success, to treat certain eye conditions, namely age-related macular degeneration (AMD).

Avastin is comparable to Lucentis® (ranibizumab) and Mucagen® (pegaptanib sodium), which are labeled by the U.S. Food and Drug Administration for use in treating AMD. These drugs can be injected into the eye's retina to halt the abnormal blood vessel growth that contributes to advanced macular degeneration and scarring that causes blindness. However, the cost of one Avastin treatment is considerably lower than Lucentis or Mucagen.

We are taking the necessary steps to consider cost-effective treatment options. In an effort to make the less expensive drug more accessible, we will remove precertification requirements for Avastin effective

July 1, 2009, when used in treating the following ophthalmological conditions:

- wet AMD;
- ischemic retinal vein occlusions;
- proliferative diabetic retinopathy when used to decrease vascularity prior to vitreous surgery.

Intravitreal injection of Avastin must be reported using both of the following codes:

- J9035: Injection, bevacizumab, 10 mg
- ICD-9 diagnosis code representing the above vascular diseases of the eye (please refer to coding table in the policy for specific codes)

For more information about the precertification changes for Avastin, contact your Network Coordinator. You can also refer to the updated medical policy, #08.00.66c: Bevacizumab (Avastin®), which will be posted on our website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) before July 1, 2009.

## 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. These changes are designed to help members get 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 IBC 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 will no longer be covered under medical benefits programs are those that patients typically administer themselves and do not require physician monitoring.

We *will* continue to cover the following types of injectables under the medical benefits program at the appropriate cost-sharing levels:

- injectables that cannot be administered without medical supervision;
- injectables that are mandated by law to be covered (e.g., insulin);
- injectables that 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 to you 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/ediforms](http://www.ibx.com/ediforms).

If you have questions, please contact your Network Coordinator.

## Select Drug Program® Formulary changes

The Select Drug Program Formulary is a list of FDA-approved medications that were chosen for their medical effectiveness, safety, and value. The list changes periodically as the FutureScripts® Pharmacy and Therapeutics Committee reviews the formulary to ensure its continued effectiveness. The following are the most recent changes:

### 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 cost-sharing:

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
amphetamine asp/ amphetamine sulf/ dextroamphetamine	Adderall XR®	3. Pain, Nervous System, & Psych	March 25, 2009
divalproex sodium ER	Depakote ER®	3. Pain, Nervous System, & Psych	February 2, 2009
divalproex sodium sprinkle cap	Depakote® Sprinkle Capsules	3. Pain, Nervous System, & Psych	February 2, 2009
liothyronine	Cytomel®	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones	March 27, 2009
risperidone ODT	Risperdal® M-Tab	3. Pain, Nervous System, & Psych	February 25, 2009
stavudine solution	Zerit® for oral solution	1. Antibiotics & Other Drugs Used for Infection	March 27, 2009
tinidazole	Tindamax®	1. Antibiotics & Other Drugs Used for Infection	January 30, 2009
topiramate	Topamax®	3. Pain, Nervous System, & Psych	March 30, 2009
topiramate sprinkle cap	Topamax® Sprinkle Capsules	3. Pain, Nervous System, & Psych	April 24, 2009

### Brand Deletions

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

*Effective: July 1, 2009*

Brand Drug	Generic Drug	Formulary Chapter
Adderall XR®	amphetamine asp/amphetamine sulf/ dextroamphetamine	3. Pain, Nervous System, & Psych
Cytomel®	liothyronine	7. Diabetes, Thyroid, Steroids, & Other Misc Hormones
Depakote ER®	divalproex sodium ER	3. Pain, Nervous System, & Psych
Depakote® Sprinkle Capsules	divalproex sodium sprinkle cap	3. Pain, Nervous System, & Psych
Risperdal® M-Tab	risperidone ODT	3. Pain, Nervous System, & Psych
Zerit® for oral solution	stavudine solution	1. Antibiotics & Other Drugs Used for Infection

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

## Prescription drug changes



For members enrolled in an IBC prescription drug program, there will be additional drugs requiring prior authorization. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. These updates are reflected below.

### Drugs Requiring Prior Authorization

The prior authorization requirements for the following drugs were effective at the time the drugs became available in the marketplace.

Brand Drug	Generic Drug	Drug Category	Effective Date
Afinitor <sup>®</sup>	Not available	Cancer & Organ Transplant Drugs	April 3, 2009
Kapidex <sup>™</sup>	Not available	Stomach Ulcer & Bowel Meds	February 6, 2009
Prilosec <sup>®</sup> Suspension	Not available	Stomach Ulcer & Bowel Meds	January 30, 2009
Ryzolt <sup>™</sup>	Not available	Pain, Nervous System, & Psych	April 17, 2009
Savella <sup>™</sup>	Not available	Pain, Nervous System, & Psych	April 24, 2009
Uloric <sup>®</sup>	Not available	Bones, Joints, & Muscles	February 20, 2009
Vimpat <sup>™</sup>	Not available	Pain, Nervous System, & Psych	March 20, 2009

The following drugs will be added to the list of drugs requiring prior authorization for new prescriptions. Members taking these drugs immediately prior to the effective date are not affected.

*Effective: July 1, 2009*

Brand Drug	Generic Drug	Drug Category
Banzel <sup>™</sup>	Not available	Pain, Nervous System, & Psych
NutriDox <sup>™</sup>	Not available	Antibiotics & Other Drugs Used for Infection
Renvela <sup>®</sup>	Not available	Urinary & Prostate Meds
Xenazine <sup>™</sup>	Not available	Pain, Nervous System, & Psych

# SMART<sup>®</sup> Registry release scheduled for June 2009

The next SMART Registry will be mailed to IBC providers in June. The SMART Registry provides information to doctors with Connections-eligible patients who have asthma, diabetes, heart failure, coronary heart disease, and chronic obstructive pulmonary disease.

The June 2009 SMART Registry will feature a new security measure to protect our members' health information. Practices with 11 or more Connections-eligible patients with a chronic condition automatically receive the SMART Registry on CD. These CDs will be encrypted with unique passwords. A letter containing the password assigned to that provider practice will be mailed about one week before the SMART Registry is sent. Providers will also be able to look up their password on the NaviNet<sup>®</sup> web portal in the *Reference Material and Reports Transaction* list under the Plan Transactions menu. As in the past, practices with 10 or fewer Connections-eligible patients will receive a hard-copy version of the SMART Registry.

If you have any questions about the SMART Registry CD or the encryption process, please contact a Provider Service Specialist (PSS) by calling the Connections Program Provider Support Line at 1-866-866-4694. A PSS will work with you and your clinical office staff to provide the information that is most important to you.

PSSs can also meet with you and your staff to review the SMART Registry reports and to help with making referrals to the Connections<sup>SM</sup> Health Management Program.

To speak with a PSS about the SMART Registry or any other aspect of the Connections Program, call the Provider Support Line at 1-866-866-4694.

**PATIENT-SPECIFIC REPORTS**

Patient-specific reports give you a whole-person view of your patients with chronic conditions. The reports are designed to be removed from the SMART<sup>®</sup> Registry and filed in individual patient records. If you wish to update or correct any information in these reports or would like to have a Health Coach contact a patient, simply write in the appropriate information and fax it to the number provided on the report.

**SMART<sup>®</sup> REGISTRY**

Release Date: June 2009  
 Dates of Service: TBD  
 Members Covered: Commercial HMO, POS, and PPO members  
 Medicare HMO and PPO members

**Connections<sup>SM</sup> Program Provider Support Line**  
 Phone: 1-866-866-4694 Fax: 1-800-276-3075

**SMART<sup>®</sup> REGISTRY / JUNE 2009**

Name: SAMPLE PROVIDER  
 ID: P1

**DEMOGRAPHICS**

Patient Name: LNAME100, FNAME100 Gender: F  
 Date of Birth: 01/14/1951 Address: 999 ANYSTREET  
 Age: 57 ANNTOWN, ZN 99999  
 Phone: (999) 999-9999

**CHRONIC CONDITIONS**

Asthma	CHD	HF	COPD	Diabetes	Hypertension
<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> YES

**SERVICES RECEIVED (DATES OF SERVICE 00/00/00 THROUGH 00/00/00)**

Emergency Room Visits	Hospitalizations	Specialist Visits	One or More PCP Visits	Health Coach Contacts
3	0	0	YES	0

**EFFECTIVE CARE OPPORTUNITIES (DATES OF SERVICE 00/00/00 THROUGH 00/00/00)**

Test/Treatment	Lab Test Results	Most Recent	Date Source or Reason	Number in Last 12 Months	Medication Persistence	Patient Not a Candidate
<input type="checkbox"/> Lipid-lowering agent						<input type="checkbox"/>
<input type="checkbox"/> Beta Blocker						<input type="checkbox"/>
<input checked="" type="checkbox"/> ACE/ARB						<input type="checkbox"/>
<input type="checkbox"/> Lipid test		2/3/08	Claims	12	99%	<input type="checkbox"/>

**PHYSICIAN NAME:** \_\_\_\_\_  
**PATIENT PHONE #:** \_\_\_\_\_

**COMMENTS:**

Refer to a Connections Health Coach: Check here if you would like a Health Coach to call this patient to assist with your treatment plan and to provide education. Please confirm your name and the patient's current phone number, and indicate the specific reason for referral in the comments section.

**Please fax this page to Connections at 1-800-276-3075**

**CONFIDENTIAL:** Contains protected health information. **AUTHORIZED ACCESS ONLY**  
 This report contains confidential member protected health information from the Connections<sup>SM</sup> Health Management Program. Only persons with a business need to know should view this information. The information should be handled in a manner so as to protect it at all times from unauthorized use or access.

## Connections<sup>SM</sup> Health Management Programs: Supporting our members, your patients

### Connections<sup>SM</sup> 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, including weight loss surgery, migraines, depression, and breast or prostate cancer.

### Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program

Call the Connections AccordantCare Program at **1-866-398-8761** to refer a member who has 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 Program information is available by visiting [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections).

# Important Resources

Updated  
web sites

<b>American Imaging Management (AIM)</b> Call for CT, MRI/MRA, PET, and Nuclear Cardiology	1-800-ASK-BLUE
<b>Care Management and Coordination</b> Case Management	215-567-3570 1-800-313-8628*
Baby BluePrints®	215-241-2198 1-800-598-BABY (2229)*
Healthy Lifestyles <sup>SM</sup> Keys to Wellness	215-567-3570 1-800-313-8628*
<b>Connections<sup>SM</sup> Health Management Programs</b> Connections <sup>SM</sup> Health Management Program Provider Support Line	1-866-866-4694
Connections <sup>SM</sup> AccordantCare <sup>TM</sup> Program	1-866-398-8761
<b>Corporate and Financial Investigations Department</b> Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.ibx.com/antifraud
<b>Credentialing</b> Credentialing Hotline	215-988-6534 www.ibx.com/credentials
Credentialing Violation Hotline	215-988-1413
<b>Customer Service</b> (Policies/Procedures/Claims) HMO and PPO	1-800-ASK-BLUE, prompt 1 for Member Services 1-800-ASK-BLUE, prompt 2 for Provider Services
<b>eBusiness</b> Help Desk	215-241-2305
<b>FutureScripts®</b> 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
<b>FutureScripts® Secure</b> Medicare Part D	1-888-678-7015
Formulary updates	www.site65.com
<b>Health Resource Center</b> Healthy Lifestyles <sup>SM</sup>	1-800-ASK-BLUE
Precertification	1-800-ASK-BLUE
<b>Interactive Voice Response (IVR) system</b>	1-800-ASK-BLUE, prompt 2
<b>NaviNet® Portal Registration</b>	www.ibx.com/navinet
<b>Provider Medical Policy Web Page</b>	www.ibx.com/medpolicy
<b>Provider Pharmacy Web Page</b>	www.ibx.com/rx
<b>Provider Supply Line</b>	1-800-858-4728

\* Outside 215 area code



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

# Specialty Drugs Requiring Precertification

All listed brand injectables and their generic equivalents require precertification.  
(This list is subject to change.)

## INFUSION THERAPY DRUGS AND MEDICAL INJECTABLE DRUGS

Precertification requirements apply only to members enrolled in all PPO, POS, DPOS, and HMO plans.

### INFUSION THERAPY DRUGS

Aldurazyme <sup>®</sup>	Eloxatin <sup>®1</sup>
Aredia <sup>®</sup>	Erbix <sup>®</sup>
Avastin <sup>®1</sup>	Fabrazyme <sup>®</sup>
(except for certain	Herceptin <sup>®</sup>
ophthalmological	Remicade <sup>®</sup>
conditions)	IVIG
Boniva <sup>®</sup>	Myozyme <sup>®</sup>
Ceredase <sup>®</sup>	Orencia <sup>®</sup>
Cerezyme <sup>®</sup>	rituximab <sup>1</sup>
Elaprase <sup>®</sup>	Tysabri <sup>®</sup>

### MEDICAL INJECTABLE DRUGS<sup>1</sup>

#### BOTULINUM TOXIN AGENTS<sup>1</sup>

Botox<sup>®</sup>

#### HYALURONATE AGENTS<sup>1</sup>

Euflexxa <sup>™</sup>	Supartz <sup>®</sup>
Hyalgan <sup>®</sup>	Synvisc <sup>®/</sup>
Orthovisc <sup>®</sup>	Synvisc-One <sup>™1</sup>

#### RESPIRATORY AGENTS<sup>1</sup>

Synagis<sup>®</sup>

## BIOTECH/SPECIALTY INJECTABLE DRUGS

Precertification requirements apply to members enrolled in all Flex products including Personal Choice<sup>®</sup> and Keystone Health Plan East Flex Copay and Flex Deductible; Flex High Deductible PPO and HSA-Qualified High Deductible PPO health plans.  
All biotech speciality injectable drugs listed are subject to applicable cost-sharing.

### ANTICOAGULANT/LOW-MOLECULAR-WEIGHT HEPARIN AGENTS

Arixtra <sup>®</sup>	Innohep <sup>®</sup>
Fragmin <sup>®</sup>	Lovenox <sup>®</sup>

### ANTIRETROVIRAL AGENTS

Fuzeon<sup>®</sup>

### BOTULINUM TOXIN AGENTS

Botox <sup>®</sup>	Myobloc <sup>®</sup>
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### CENTRAL NERVOUS SYSTEM AGENTS

Apokyn <sup>®</sup>	Vivitrol <sup>®</sup>
Imitrex <sup>®</sup> injection	

### ENDOCRINE/METABOLIC AGENTS

Eligard <sup>®</sup>	Supprelin <sup>®</sup> LA
Faslodex <sup>®</sup>	Thyrogen <sup>®</sup>
Forteo <sup>™</sup>	Trelstar <sup>®</sup>
Lupron <sup>®</sup>	Vantas <sup>®</sup>
Sandostatin LAR <sup>®</sup>	Viadur <sup>®</sup>
Somatuline <sup>®</sup> Depot	Zoladex <sup>®</sup>
Somavert <sup>®</sup>	

### GROWTH HORMONES AND RELATED AGENTS

Genotropin <sup>®</sup>	Omnitrope <sup>®</sup>
Humatrope <sup>®</sup>	Saizen <sup>®</sup>
Increlex <sup>™</sup>	Serostim <sup>®/</sup>
Norditropin <sup>®</sup>	Serostim <sup>®</sup> LQ
Nutropin <sup>®/</sup>	Tev-Tropin <sup>®</sup>
Nutropin AQ <sup>®</sup>	Zorbtive <sup>®</sup>

### HEMATOPOIETIC AGENTS

Aranesp <sup>®</sup>	Neumega <sup>®</sup>
Epogen <sup>®</sup>	Neupogen <sup>®</sup>
Leukine <sup>®</sup>	Procrit <sup>®</sup>
Neulasta <sup>®</sup>	

### HEPATITIS/INTERFERON AGENTS

Actimmune <sup>®</sup>	Pegasys <sup>®</sup>
Alferon N <sup>®</sup>	PEG-Intron <sup>™</sup>
Infergen <sup>®</sup>	Roferon <sup>®</sup> -A
Intron <sup>®</sup> A	

### HYALURONATE AGENTS

Euflexxa <sup>™</sup>	Supartz <sup>®</sup>
Hyalgan <sup>®</sup>	Synvisc <sup>®/</sup>
Orthovisc <sup>®</sup>	Synvisc-One <sup>™1</sup>

### IMMUNOLOGICAL MODIFIERS

Amevive <sup>™</sup>	Kineret <sup>®</sup>
Enbrel <sup>®</sup>	Raptiva <sup>®</sup>
Humira <sup>®</sup>	

### INTRAOCULAR AGENTS

Lucentis <sup>®</sup>	Vitraser <sup>®</sup>
Macugen <sup>®</sup>	

### MULTIPLE SCLEROSIS AGENTS/ INTERFERON BETA AGENTS

Avonex <sup>®</sup>	Copaxone <sup>®</sup>
Betaseron <sup>®</sup>	Rebif <sup>®</sup>

### RESPIRATORY AGENTS

Synagis <sup>®</sup>	Xolair <sup>®</sup>
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<sup>1</sup>Added to the specialty drug list effective 7/1/09.



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