



Participation in Healthways  
SilverSneakers<sup>®</sup> Fitness Program  
shown to lower risk of depression  
in Medicare Advantage HMO  
and PPO members

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## IBC statement on the House passage of health care reform

March 22, 2010

Legislation passed by the House begins to address the urgent need to reform our nation's health care system. Independence Blue Cross strongly favors comprehensive reform and believes that every American, regardless of health or economic status, should have the peace of mind that comes with having health insurance coverage. In fact, a number of the key provisions in the legislation are changes we have been advocating in Pennsylvania for years, such as eliminating exclusions for pre-existing conditions.

While this historic legislation has taken progressive steps to expand access to health insurance to many who have not been covered, unfortunately it does not do enough to address the underlying problems that are causing the cost of health care to increase at twice the rate of inflation.

As the country moves into implementing reform, it's time to focus on making coverage affordable for consumers by attacking the primary cost drivers, such as higher priced medical technology, more costly drugs, and the increased use of health services due to a rise in chronic illness. It's also important to slow the growth of health care costs by emphasizing wellness and preventive care and by aligning incentives to improve health care quality and efficiency.

For 71 years, Independence Blue Cross has focused our efforts on the health and well-being of our customers and the community. We will continue to work closely with all of our stakeholders in health care as we prepare for the changes that lie ahead.

You may learn more about health care reform and how it can affect you as we continue to update IBC's Health Care Reform web page at [www.ibx.com](http://www.ibx.com).

*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 that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with IBC. This publication is the primary method for communicating such general changes. Suggestions are welcome.

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This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, etc.), and/or employer groups. Providers should call Customer Service for the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number 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 are presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

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

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

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

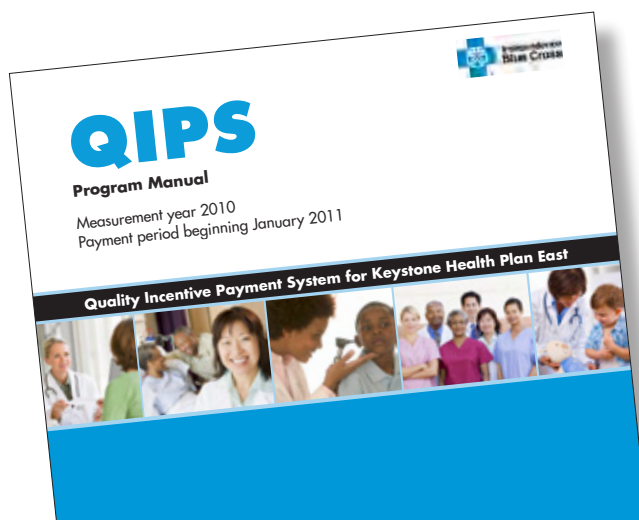
## 2010 performance incentive program revisions for PCPs

We have made significant revisions to the Quality Incentive Payment System (QIPS) program for the measurement year 2010 for participating Pennsylvania primary care physicians (PCPs). Revisions include changes to quality measures and terms, as well as the addition of new medical cost management and administrative measures. The program provides a balanced rewards model for delivering high-quality, cost-effective care to our HMO and POS members.

### Updates to the QIPS Program Manual

A revised *QIPS Program Manual* highlighting the new 2010 measurements is now available on the NaviNet® web portal. We have also updated the *QIPS Program Manual*, for the 2008/2009 measurement year, to reflect new metrics.

Visit NaviNet Plan Central to view or download the *QIPS Program Manuals*. Also posted is the QIPS Program Comparison Chart for your reference. Paper copies are also available by calling the Provider Supply Line at 1-800-858-4728. For additional information regarding QIPS, please contact your Network Coordinator.



## Changes to home health authorization requests

In order to more effectively process home health authorizations, beginning June 1, 2010, all home health agencies that are registered with NaviNet, our secure online portal, must use NaviNet to submit their home health requests. Requests for service lengths up to and including four weeks of care can be submitted, and in most cases, requests for medically necessary care are authorized immediately. After June 1, 2010, callers to the Health Resource Center (HRC) and IBC discharge planners will be referred to NaviNet for authorization submission.

For home health agencies affiliated with hospitals that use discharge planners, the discharge planners will need to communicate with the home health agency so the information can be entered by the home health agency into NaviNet.

NaviNet submissions that result in a pended status can take up to two business days to be completed. These may include requests for home care services that extend beyond 60 days as well as those requests that may result in a duplication of services. If the authorization remains pended beyond two business days, providers should contact the HRC for assistance.

The following home health services can be requested through NaviNet:

- skilled nursing
- physical therapy
- speech therapy
- occupational therapy
- home health aide
- social work
- dietitian

Requests for additional services or more visits can also be requested through NaviNet. For your convenience, NaviNet is available seven days a week. If you have not yet signed up for NaviNet, please complete an online inquiry form at [www.ibx.com/navinet](http://www.ibx.com/navinet) or contact the eBusiness Provider Inquiry Line at 215-640-7410.

*Note:* Please remember that when Medicare Advantage HMO and PPO members are to be discharged from home care services, they must be issued a Notice of Non-Coverage at least 48 hours prior to the discharge. Additional information will be available in a future edition of *Partners in Health Update*. If you have any questions, please contact Customer Service at 1-800-ASK-BLUE.

## Updated Provider Services instruction guide available

The Provider Services instruction guide has been revised to reflect changes made to some of the voice prompts you'll hear when calling Provider Services at 1-800-ASK-BLUE. The updated guide is posted on our website at [www.ibx.com/providerautomatedsystem](http://www.ibx.com/providerautomatedsystem) and gives step-by-step instructions on how to complete transactions within Provider Services, including the Provider Automated System and precertification/maternity request prompts.

## CMS compliance training for 2010

In accordance with a requirement from the Centers for Medicare & Medicaid Services (CMS), all network providers and their staff who treat our Medicare Advantage HMO and PPO members must complete annual Medicare Advantage and Part D compliance training in an effort to combat fraud, waste, and abuse.

### Completing the training requirement

To complete this required training, visit [www.ibx.com/compliancetraining](http://www.ibx.com/compliancetraining), where you will find training materials. To confirm that you have completed the training, you will also need to provide your electronic signature using the Compliance Certification Form.

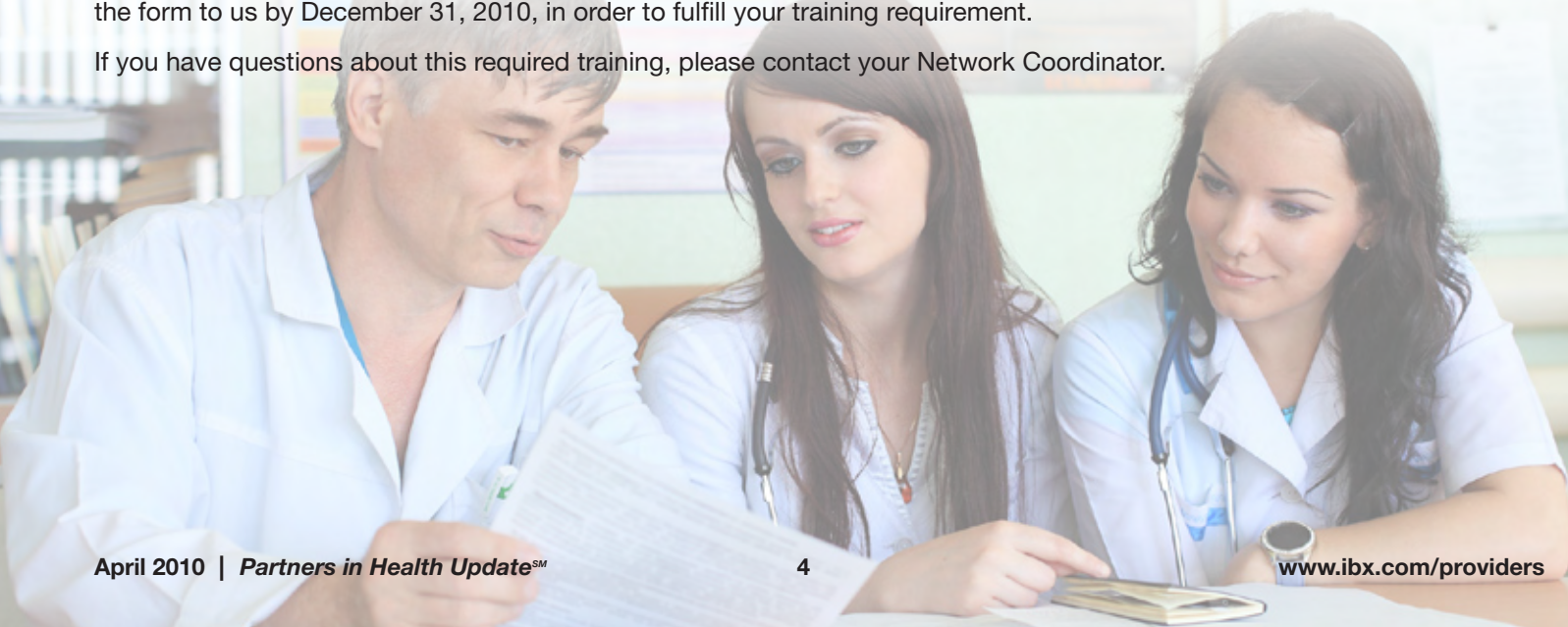
To provide an electronic signature for completion of your 2010 CMS compliance training, follow these steps:

1. Select the *Compliance Certification Form* link on [www.ibx.com/compliancetraining](http://www.ibx.com/compliancetraining).
2. Enter your corporate ID number or tax ID number, and select *Find*.
3. If the number of practices exceeds 25, you will have the option of narrowing your search by using your NPI. Please follow the prompts.
4. Choose whether you are attesting for all applicable practices under the corporate ID number or tax ID number you entered or whether you'd like to select particular practices. Select *Continue*. (If you chose to attest for select practices, check off those for which you wish to attest. Then select *Continue*.)
5. Complete the required fields on the form and select *Submit*. Print the confirmation screen and keep for your records.

We recognize that other organizations may also require you to complete this annual training. If you complete the CMS compliance training for 2010 through another organization, we still need your electronic signature for confirmation — go to [www.ibx.com/compliancetraining](http://www.ibx.com/compliancetraining) and follow the steps previously listed to provide your signature.

If you do not have access to the Internet, call the Provider Supply Line at 1-800-858-4728 for a paper copy of the training materials and/or Compliance Certification Form. Please note that you will be responsible for mailing or faxing the form to us by December 31, 2010, in order to fulfill your training requirement.

If you have questions about this required training, please contact your Network Coordinator.



## Policy notifications posted as of March 18, 2010

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of March 18, 2010.

Policy effective date	Notification title	Notification issue date
April 1, 2010	<b>00.10.39</b> Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus	December 31, 2009
April 1, 2010	<b>07.10.05</b> Noncontraceptive Use of the Levonorgestrel-Releasing Intrauterine System (Mirena®)	February 1, 2010
April 6, 2010	<b>11.08.03g</b> Lipectomy and/or Liposuction	January 6, 2010
April 13, 2010	<b>08.00.81</b> Bendamustine hydrochloride (Treanda®)	January 13, 2010
April 13, 2010	<b>08.00.55b</b> Omalizumab (Xolair®)	January 13, 2010
April 13, 2010	<b>08.00.76a</b> Oxaliplatin (Eloxatin®)	January 13, 2010
April 13, 2010	<b>08.00.44h</b> Zoledronic Acid (Zometa®, Reclast®)	January 13, 2010
May 18, 2010	<b>09.00.23b</b> Therapeutic Radiology Port Films	February 17, 2010

To view these notifications, as well as 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.



Our Medical Policy website is your source for all information regarding our medical and claim payment policies. Visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy) often for news and announcements as well as recently released policy information.

## Clarification of criteria required for billing with modifiers -25 and -59

As a result of the widely varying usage trends found during routine audits performed by our Corporate and Financial Investigations Department Professional Provider Audit area, we are reminding providers of the specific criteria that must be met in order to use modifiers -25 and -59.

### Modifier -25

The following criteria must be used for evaluation and management (E&M) codes when billed with CPT® modifier -25 at the time of an office visit:

- Physicians and qualified non-physician practitioners (NPPs) should use modifier -25 to designate a significant, separately identifiable E&M service provided by the same physician or qualified NPP to the same patient on the same day as another procedure or other service with a global fee period.
- Modifier -25 can be used when the E&M service is beyond the usual pre- and post-operative care associated with the procedure.
- Different diagnoses are not required for reporting the E&M service on the same date as the procedure or other service with a global fee period. Modifier -25 should be added to the E&M code on the claim.

Although you are not required to submit documentation with the claim, the E&M service and the procedure must be both appropriately and sufficiently documented by the physician or qualified NPP in the patient's medical record to support the need for modifier -25 on the claim for these services.

### Modifier -59

Under certain circumstances, a physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 is used to identify procedures and services that are not normally reported together but are appropriate under the circumstances. One of the following may represent circumstances that are not ordinarily encountered or performed on the same day by the same physician:

- different session or patient encounter
- different procedure or surgery
- different site or organ system
- separate incision/excision
- separate lesion
- separate injury (or area of injury in extensive injuries)

Modifier -59 should be used **only** if no other modifier more appropriately describes the relationships of two or more procedure codes performed at different anatomic sites or in different patient encounters.

### Medical policies for modifiers -25 and -59

Please review the following medical policies for more detailed information about modifiers -25 and -59:

- **Policy #03.00.06f:** Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service;
- **Policy #03.00.08c:** Modifier 59: Distinct Procedural Service.

These medical policies are available on our website at [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy). Please note that our medical policies are consistent with CPT guidelines.

## Spring edition of *Inside IPP* now available

*Inside IPP: An Inter-Plan Programs Publication* is intended to increase provider awareness of and satisfaction with the BlueCard Program. The publication introduces new initiatives related to BlueCard processing and highlights plans for improvement.

The spring 2010 edition of *Inside IPP* is now available and features the following articles:

- *Quick tips to assist you with FEP claims inquiries*
- *Never Events: Stipulations, specifications, and differences between BlueCard (Inter-Plan) and FEP claims*
- *Claims submissions for FEP members with Medicare and IBC coverage*
- *The Service Benefit Plan and its options*

Visit [www.ibx.com/insideipp](http://www.ibx.com/insideipp) to read the latest edition of *Inside IPP* as well as access a complete archive of past editions. Paper copies of *Inside IPP* are available through the Provider Supply Line upon request.



## HEALTH AND WELLNESS



### Get moving on National Walk@Lunch Day®

On April 28, 2010, tens of thousands across the United States will lace up their sneakers during their lunch break and hit the pavement for National Walk@Lunch Day. An annual event locally sponsored by IBC, National Walk@Lunch Day was created by the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans, to encourage Americans to live healthier lives by incorporating walking into their daily activities.

So gather up your colleagues and venture out for a walk on Wednesday, April 28, for this year's National Walk@Lunch Day. In doing so, you will be joining walkers across all 50 states who get moving during their lunch break for better health.

#### Get involved!

Want to host a 2010 National Walk@Lunch Day event at your workplace? Go to [www.ibx.com/news\\_events/events/walk\\_at\\_lunch](http://www.ibx.com/news_events/events/walk_at_lunch) for the materials necessary to plan a successful program.



## Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program will transition to IBC Care Management and Coordination department

**Effective May 1, 2010**, we will transition the Connections AccordantCare Program, currently offered through Accordant Health Services, an independent company, to the new Connections Complex Care Management Program, which will be facilitated by our Care Management and Coordination department. This affects IBC members in fully insured groups, including Keystone Health Plan East and Personal Choice<sup>®</sup>. We will work with Accordant Health Services to seamlessly transition this program, which will occur by December 31, 2010, for members in self-insured groups.

Members in this program may be contacted by an IBC registered nurse who will work, by telephone, to provide support, education, and the coordination of necessary services and resources available under the members' health plan benefits. Members can continue to take advantage of the many health resources available to them, including Health Coaches from the Connections<sup>SM</sup> Health Management Program, the Healthy Lifestyles<sup>SM</sup> reimbursement programs, and our enhanced member website available at [www.ibxpress.com](http://www.ibxpress.com).

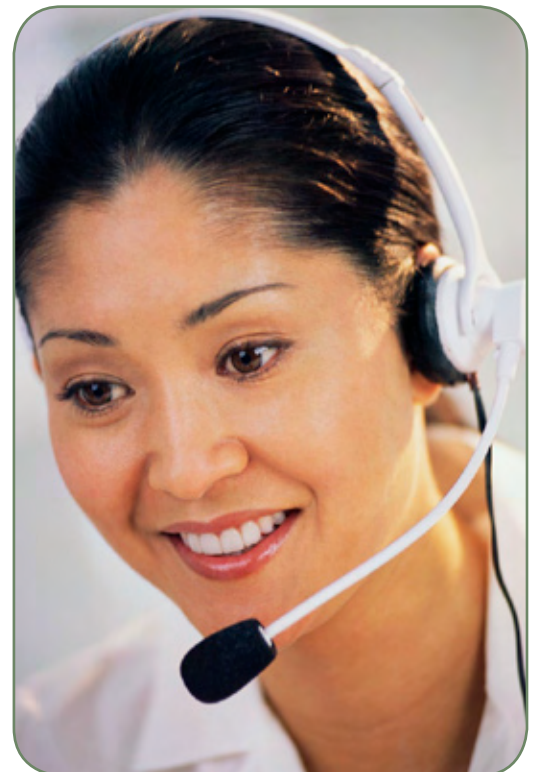
Members supported by the program may have any of the following complex, chronic conditions:

- amyotrophic lateral sclerosis (ALS)
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Crohn's disease
- cystic fibrosis
- dermatomyositis
- Gaucher disease
- hemophilia
- multiple sclerosis
- myasthenia gravis
- Parkinson's disease
- polymyositis
- rheumatoid arthritis
- scleroderma
- seizure disorders
- sickle cell disease
- systemic lupus erythematosus (SLE)

Please call your Network Coordinator with any questions about the transition.

*Note:* In the December 2009 issue of *Partners in Health Update*, we announced that this program would no longer be available to Medicare Advantage HMO and PPO members.

Accordant Health Services is an independent company that administers certain disease management services for IBC members.



## Participation in Healthways SilverSneakers® Fitness Program shown to lower risk of depression in Medicare Advantage HMO and PPO members

*Study: Depression and Use of a Health Plan-Sponsored Physical Activity Program by Older Adults*

According to the study published in the *American Journal of Preventive Medicine*<sup>1</sup>, depression affects between 5 and 10 percent of Medicare beneficiaries seen in primary care and is associated with decreased adherence to exercise, diet, and taking medication. This is the first study to examine the association between depression and participation in a health plan-sponsored physical activity program for Medicare beneficiaries in a non-research environment.

The study shows that greater participation in the SilverSneakers Fitness Program is associated with a lower risk of depression among Medicare-eligible members.

The study, published in 2008, examined Medicare Advantage data gathered from 1998 through 2003 from nearly 5,000 SilverSneakers participants. Researchers assessed the association between depression and the likelihood of enrollment in SilverSneakers, patterns of program participation over two years, and the association between level of participation and risk of depression. A secondary assessment examined the association between participation and depression risk.

The major findings are as follows:

- Members with a history of depression were just as likely to participate in SilverSneakers as non-depressed members.
- For members without a diagnosis of depression in the first year of the program, those with two or more visits per week were less likely to be diagnosed with depression in the second year than members with fewer than two visits per week.

To obtain more information about this study, please visit [www.healthways.com](http://www.healthways.com) and enter *Depression and Use of a Health Plan-Sponsored Physical Activity Program by Older Adults* in the search field.

For more information on the SilverSneakers Fitness Program, visit [www.silversneakers.com](http://www.silversneakers.com) or call 1-888-423-4632.

<sup>1</sup>Huong, N.Q., Koepsell, T., Unutzer, J., Larson, E., & LoGerfo, J.P. (2008). *Depression and Use of a Health Plan-Sponsored Physical Activity Program by Older Adults*. *American Journal of Preventive Medicine*, 35(2), 111-117. [www.ajpm-online.net/article/S0749-3797\(08\)00381-4/abstract](http://www.ajpm-online.net/article/S0749-3797(08)00381-4/abstract).

*SilverSneakers is a registered mark of Healthways, Inc., an independent company.*

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



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

- asthma
- diabetes
- cardiometabolic risk
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- issues with medication persistence
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including chronic pain, weight loss surgery, depression, breast or prostate cancer, and end-of-life decisions.

Visit [www.ibx.com/providerconnections](http://www.ibx.com/providerconnections) for more information about the Connections Health Management Programs.

# IMPORTANT RESOURCES

<b>Anti-Fraud and Corporate Compliance Hotline</b>	1-866-282-2707 <a href="http://www.ibx.com/antifraud">www.ibx.com/antifraud</a>
<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* <a href="http://www.ibx.com/providerkeystowellness">www.ibx.com/providerkeystowellness</a>
<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>Credentialing</b>	215-988-6534
Credentialing Hotline	<a href="http://www.ibx.com/credentials">www.ibx.com/credentials</a>
Credentialing Violation Hotline	215-988-1413
<b>Customer Service/Provider Services</b>	
<ul style="list-style-type: none"> <li>• Provider Automated System (eligibility/claims status/referrals)</li> <li>• Connections Health Management Programs</li> <li>• Precertification/maternity requests                             <ul style="list-style-type: none"> <li>– Imaging services (CT, MRI/MRA, PET, and nuclear cardiology)</li> <li>– Authorizations</li> </ul> </li> </ul>	1-800-ASK-BLUE
Provider Services user guide	<a href="http://www.ibx.com/providerautomatedsystem">www.ibx.com/providerautomatedsystem</a>
<b>eBusiness Help Desk</b>	215-241-2305
<b>FutureScripts®</b>	
Prescription drug authorization	1-888-678-7012
Toll-free fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	<a href="http://www.ibx.com/rx">www.ibx.com/rx</a>
<b>FutureScripts® Secure</b>	
Medicare Part D	1-888-678-7015
Formulary updates	<a href="http://www.site65.com">www.site65.com</a>
<b>Medical Policy website</b>	<a href="http://www.ibx.com/medpolicy">www.ibx.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.ibx.com/navinet">www.ibx.com/navinet</a>
<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)