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This just in....



2009 Cumulative Index now available

The *2009 Provider Publication Cumulative Index* is included with this edition of *Partners in Health Update*. This index lists all of the 2009 articles that were published in *Partners in Health Update* and *Inside IPP* as well as the edition in which they can be found and the provider type for which the article was intended.

Go to www.ibx.com/providers/communications/cumulative_index/ for a complete archive of cumulative indexes.



Specialty Drugs that Require Precertification document updated

In December 2009, we posted an updated version of the *Specialty Drugs that Require Precertification* document to our website. That document, however, contained an omission, and as a result we have posted a corrected version online. The current version of this document is available at www.ibx.com/providers/preapproval.

We apologize for any inconvenience this may have caused.

*Partners in Health Update*SM 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, Indemnity, etc.), and/or employer groups. Providers should call Provider Services for the member's applicable benefits 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 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[®], Keystone 65 HMO, and Personal Choice 65SM 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:

-  **Professional**
-  **Facility**
-  **Ancillary**

Timely submission of Medicare Advantage HMO and PPO members' medical records

As part of the federally mandated Medicare Advantage Appeals and Grievances process, IBC is required to obtain a member's medical record in order to make a determination of coverage. Should we uphold our determination, we are required to forward the member's appeal file, which includes medical records, to an independent review entity (IRE). An IRE is contracted with the Centers for Medicare & Medicaid Services (CMS) to perform second-level independent reviews of Medicare Advantage members' appeals. Medical records must be submitted to us in a timely manner. Receiving timely medical records enables us to submit them to an IRE and ensure compliance with mandated appeal deadlines.

CMS also requires that both IBC and an IRE make their determinations within 72 hours for an expedited appeal and within 30 days for a standard appeal. If a member requests an expedited review, we will immediately send a request to the provider for medical records. We must receive the records within 24 hours for an expedited appeal and within ten days for a standard appeal. If an appeal is sent to an IRE, the IRE may request additional records, which are required to be sent under the same time frames.

Upon our request, and in accordance with your Hospital, Ancillary Facility, or Ancillary Provider Agreement, you must provide copies of a Medicare Advantage HMO or PPO member's medical records to us as requested.

Other reasons that we may require the timely submission of medical records include:

- facilitating the delivery of appropriate health care services to Medicare Advantage members;
- assisting with utilization review decisions, including those related to disease management programs, quality management, grievances (as discussed above), claims adjudication, and other administrative programs;
- complying with applicable state and federal laws and accrediting body requirements (e.g., National Committee for Quality Assurance);
- facilitating the sharing of such records among health care providers directly involved with the member's care.

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

Submitting accurate contact information reduces waste

We make every attempt to decrease waste and increase efficiency. You can help us do this each time you complete transactions through the NaviNet[®] web portal by making sure to select or enter a valid address where the confirmation letters should be sent.

We receive hundreds of returned letters every week due to incorrect address information. To ensure that your confirmation letters are not returned to us because of an incorrect address, always do the following when completing transactions through NaviNet:

- Choose your most current address — sometimes old or invalid addresses remain in the system.
- Use a specific address (e.g., use "1079 Market Street, Suite 310" instead of "10th & Market" as your street address).
- Notify us when your information needs to be updated. Contact your Network Coordinator or mail or fax us a completed *Provider Change Form*, which is available at www.ibx.com/providerforms.

By following these simple steps, you'll help us to reduce mailing costs, and you'll receive your confirmation letters in a timely manner.



Online precertification process now available for patients with Independence Administrators ID cards

Independence Administrators, which offers third-party administration services to self-funded health plans based in the Philadelphia region and has plan members throughout the U.S., is pleased to provide you with an additional online service called iEXCHANGE®, a MEDdecision product. iEXCHANGE supports the direct submission and processing of health care transactions, including inpatient and outpatient authorizations, treatment updates, concurrent reviews, and extensions.

This online service is offered through AmeriHealth Administrators, an independent company that provides medical management services for Independence Administrators.

Certain services require precertification to ensure that your patients receive the benefits available through their health benefits plan. Now, with just a click of the mouse you can log into iEXCHANGE, complete the precertification process, and review treatment updates.

Available transactions:

- inpatient requests and extensions
- other requests and extensions (outpatient and ambulatory)
- treatment searches
- treatment updates
- member searches

Top reasons to get started with iEXCHANGE:

- reduce the time and expense associated with paper, telephone, and fax processes;
- increase patient satisfaction by streamlining communication with Independence Administrators;
- implement more efficient processes, freeing up additional time to focus on patient care.

After registering, you can also access iEXCHANGE through the NaviNet® web portal for Independence Administrators.

For more information or to get iEXCHANGE for your office, please visit www.ibxtpa.com/providers or contact the iEXCHANGE help desk at Independence Administrators by calling 1-888-444-4617.



Claims submission process for members with the Federal Employees Program PPO product

As you may already know, effective January 1, 2010, the Federal Employees Health Benefits Program no longer offers Keystone Health Plan East HMO. However, members may have selected the Federal Employee Program (FEP) PPO benefits plan.

To ensure prompt payment of claims for FEP members, please submit to the appropriate address indicated below:

Professional claims	Facility claims
Highmark Blue Shield	Independence Blue Cross
P.O. Box 898854	Attention: FEP 1500 SG/Front End
Camp Hill, PA 17089-8854	1901 Market Street
	Philadelphia, PA 19103
Additional information: 1-866-763-3608	Additional information: 215-241-4400

Policy notifications posted as of January 19, 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 January 19, 2010.

Policy effective date	Notification title	Notification issue date
February 5, 2010	07.00.21c Allergy Immunotherapy	January 6, 2010
February 5, 2010	11.15.16f Vagus Nerve Stimulation (VNS)	January 7, 2010
February 9, 2010	07.03.07d Evaluation and Management of Autism Spectrum Disorders (ASD)	January 11, 2010
February 10, 2010	05.00.60c Pressure Reducing Support Surfaces	November 12, 2009
February 12, 2010	11.01.02i Cochlear Implant	January 13, 2010
February 12, 2010	05.00.47e Knee Braces	January 13, 2010
February 12, 2010	05.00.15h Nebulizers	January 13, 2010
February 23, 2010	06.03.04e Apheresis Therapy	November 25, 2009
February 23, 2010	11.05.02e Blepharoplasty with or without Repair of Blepharoptosis and/or Repair of Brow Ptosis	November 25, 2009
February 23, 2010	10.00.02 Day Rehabilitation	November 25, 2009
February 23, 2010	11.08.04e Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)	November 25, 2009
March 9, 2010	05.00.54d Power Wheelchairs (PWCs), Power-Operated Vehicles (POVs), and Push-Rim Activated Power-Assist Devices	December 9, 2009
March 23, 2010	08.00.47d Nesiritide (Natrecor®)	December 23, 2009
March 23, 2010	11.14.02f Trigger Point Injections	December 23, 2009
April 1, 2010	00.10.39 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 6, 2010	11.08.03g Lipectomy and/or Liposuction	January 6, 2010
April 13, 2010	08.00.81 Bendamustine hydrochloride (Treanda®)	January 13, 2010
April 13, 2010	08.00.55b Omalizumab (Xolair®)	January 13, 2010
April 13, 2010	08.00.76a Oxaliplatin (Eloxatin®)	January 13, 2010
April 13, 2010	08.00.44h Zoledronic Acid (Zometa®, Reclast®)	January 13, 2010

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 *Policy Notifications*.

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

Policy regarding trigger point injections

On December 23, 2009, we posted a policy notification on www.ibx.com/medpolicy regarding an update to medical policy #11.14.02f: Trigger Point Injections.

Trigger point injections are used in the management of chronic pain. The diagnosis of trigger points requires a detailed history and a thorough physical examination as the goal is to treat the cause of the pain, not just the symptom. Various agents may be injected, such as local anesthetics or steroids. Occasionally, the technique of dry needling is used, which, as its name indicates, does not include the injection of any agent. Dry needling differs from acupuncture, in which the needling itself stimulates distant points or meridians.

Symptoms indicating the presence of a trigger point hyperirritative focus include the following:

- history of onset of the painful condition and its presumed cause (e.g., injury or sprain);
- restriction of range of motion;
- pattern of pain distribution consistent with the referral pattern of trigger points;
- reproduction of referred pain pattern upon stimulation of trigger point;
- focal tenderness of a trigger point;
- muscular deconditioning in the affected area.

Trigger point injections are medically necessary and, therefore, are covered for myofascial pain syndrome when at least one of the following situations is present:

- Noninvasive medical management is not successful (e.g., use of analgesics, passive physical therapy, ultrasound, range of motion, and active exercises).
- As a bridging therapy to relieve pain while other treatments are initiated, such as medication or physical therapy.
- Joint movement is mechanically blocked, as is the case of the coccygeus muscle.

The medical necessity criteria for dry needling of trigger points are the same as those for trigger point injections.

Billing for trigger point injections

When billing for trigger point injections, use either CPT® code 20552 or 20553 and one of the following six ICD-9 diagnosis codes: 723.1, 723.9, 724.1, 724.2, 726.19, 729.1.

To report dry needling, use the appropriate codes for trigger point injection.

Please visit www.ibx.com/medpolicy for more information and to view the full policy.

If you have any questions, contact your Network Coordinator.



Provider quality ratings now available to members

Information is now available on our consumer website to assist members in finding the provider who best suits their needs. The site offers the following three resources, which can be used together or independently:

- The *Find a Provider* tool includes information on more than 34,000 providers and 160 hospitals.
- The *Hospital Quality Information from the Pennsylvania Health Care Quality Alliance* outlines performance of Pennsylvania acute care hospitals in the following areas: heart attack, heart failure, pneumonia, infection prevention, appropriate care, and patient experience.
- IBC's *Practice Quality Assessment Score Program* provides a list of primary care practices that are ranked number one in the program. The program recognizes practices with the highest ratings in quality and member satisfaction. A full explanation of the program and how it works is also available.

To access this information, registered members should follow these steps:

1. Log on to www.ibxpress.com.
2. Select *Find a Provider* from the top navigation menu.
3. Select *Provider Quality Ratings*.

Also available to members is information on Blue Distinction Centers®. These facilities are selected by the Blue Cross and Blue Shield Association through a rigorous evaluation of clinical data that provides insight into the facility's structures, processes, and outcomes of care. Through the Blue Distinction Center designation, consumers can identify facilities that have demonstrated experience in certain services, meet rigorous quality standards, and consistently demonstrate positive results.

If you have questions regarding the information listed for your practice, please contact your Network Coordinator.

HEALTH AND WELLNESS

ConnectionsSM 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, and breast or prostate cancer.

Visit www.ibx.com/providerconnections for more information about the Connections Health Management Programs.

Help to educate your patients about back pain with health coaching

Well-informed patients can help you make the most of every office visit. Patients have questions, and with the right information, many of those questions can be answered before their appointment with you. Imagine if your patients with back pain understood why they don't always need an X-ray or MRI right away, why exercise is so important, and why surgery is not always a quick and easy fix. If that sounds good to you, refer your back pain patients to a ConnectionsSM Health Coach.

The ConnectionsSM Health Management Program Health Coach

Health Coaches are health care professionals such as nurses, dietitians, and respiratory therapists. They are trained in helping patients understand the different treatment options for their condition that will allow them to become more informed and make the most of each doctor's visit. Health Coaches can send your patients educational material about back pain from the Shared Decision-Making[®] program library, such as:

- *Acute Low Back Pain: Managing your pain through self-care*
- *Chronic Low Back Pain: Managing your pain and your life*
- *Herniated Disc: Choosing the right treatment for you*
- *Spinal Stenosis: Choosing the right treatment for you*

Shared Decision-Making[®] education tools

Shared Decision-Making[®] video and booklet programs are educational tools designed to help patients understand their condition and their treatment options, so they can be prepared to have productive discussions with their doctors. The programs are based on medical evidence researched and evaluated by the Foundation for Informed Medical Decision Making, a nonprofit organization dedicated to improving the quality of medical decisions. The programs are regularly reviewed and updated to ensure that they contain the most current and accurate information.

The video components of these programs feature explanations from respected clinicians who speak in clear, easy-to-understand terms about these conditions and their treatment options. They also include on-camera interviews with real patients who

explain how they handled their condition and how they chose their particular treatment. This helps patients understand their own role in managing their condition and in electing treatment.

The booklets that accompany the videos are written versions of the material presented on-screen and also include:

- anatomical illustrations that help readers understand how the different components of the back and spine can develop pain;
- drawings of the basic stretching and strengthening exercises that can help with back pain and explanations of when it is safe to do each exercise;
- lists of the different NSAIDs, steroids, and narcotics that can be used to manage back pain and the main side effects of each;
- graphics summarizing the main findings from studies, such as the Spine Patient Outcomes Research Trial¹, which compared the benefits of surgery with those of conservative care for a number of back conditions, including herniated disc, spinal stenosis, and spondylolisthesis.

Once a patient has had some time with a Shared Decision-Making[®] program, he or she will get a call back from the same Health Coach who sent the program. The Health Coach will then offer to answer any questions the patient may have about the material and offer support to those patients who are grappling with a treatment decision.

In the end, patients come away more educated about their diagnosis, treatment options, and the risks and benefits of those options, and they are better prepared for discussions with their clinicians.

To learn more about the health coaching services available to your practice, call a Provider Service Specialist at **1-866-866-4694**.

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

¹<http://www.dartmouth.edu/sport-trial/publications.htm>

IMPORTANT RESOURCES

Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.ibx.com/antifraud
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* www.ibx.com/providerkeystowellness
ConnectionsSM Health Management Program - Provider Support Line	1-866-866-4694
Credentialing Credentialing Hotline	215-988-6534 www.ibx.com/credentials
Credentialing Violation Hotline	215-988-1413
Customer Service/Provider Services <ul style="list-style-type: none">• Provider Automated System (eligibility/claims status/referrals)• Connections Health Management Programs• Precertification/maternity requests<ul style="list-style-type: none">– Imaging services (CT, MRI/MRA, PET, and nuclear cardiology)– Authorizations	1-800-ASK-BLUE
Provider Services user guide	www.ibx.com/providerautomatedsystem
eBusiness Help Desk	215-241-2305
FutureScripts® Prescription drug authorization Toll-free fax	1-888-678-7012 1-888-671-5285
Direct Ship Specialty Pharmacy Program Fax	1-888-678-7012 215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	www.ibx.com/rx
FutureScripts® Secure Medicare Part D	1-888-678-7015
Formulary updates	www.site65.com
Medical Policy website	www.ibx.com/medpolicy
NaviNet® portal registration	www.ibx.com/navinet
Provider Supply Line	1-800-858-4728

* Outside 215 area code



Visit our website: www.ibx.com/providercommunications



**Independence
Blue Cross**

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- P – Professional
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Retail health clinics offer convenient access to care February 2009	P, F, A
Take Care Clinics now available to Personal Choice[®] PPO members September 2009	P, F, A
The Preventable Serious Adverse Events Act update August 2009	P, F, A
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Clinical Alerts – Helping providers identify gaps in care November 2009	P

NAVINET[®] (CONTINUED)

Clinical Alerts coming soon to NaviNet February 2009 <i>Reminder article was posted in:</i> April 2009	P, F, A
Clinical Alerts now available on the NaviNet web portal May 2009	P, F
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Providers must use the NaviNet web portal or the IVR system for all member eligibility inquiries August 2009	P, F, A
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Easy online access to new and updated policy information August 2009	P, F, A
Good 2 B Me website educates adolescents and their parents on health and wellness September 2009	P, F, A
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PREVENTIVE HEALTH / HEALTH AND WELLNESS

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Cancer screening initiative July 2009	P
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Shared decision-making legislation may shape informed consent and help doctors collaborate with patients August 2009	P, F, A
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- Updated overview guides now available for substance-use disorders, depression, and suicide** **P, F, A**
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- Clarification on referrals for Keystone Direct Point-of-Service benefits plan** **P, F, A**
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- Discontinuation of the Keystone 65 Complete plan for special needs members** **P, F, A**
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- Get your Medicare Advantage patients moving with the SilverSneakers[®] fitness program** **P, F, A**
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- Medicare Advantage plan offerings for 2010** **P, F, A**
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Aged claims affect plans and their partner plans

Fall 2009

Blue Cross and Blue Shield Association regulations for member ID cards

Summer 2009

Blue Distinction[®] designation for delivering quality health care

Winter 2009

BlueExchange[®] enhances the BlueCard[®] business process

Summer 2009

BlueSquared[®] facilitates Inter-Plan business processes and messaging services for Home and Host plans

Fall 2009

Complete and submit the *Inside IPP* web survey before time runs out

Summer 2009

Eligibility, benefits verification, and claims processing tips

Winter 2009

Factors determining pre-existing medical condition exclusions

Winter 2009

***Inside IPP* provider survey coming soon**

Spring 2009

***Inside IPP* survey findings and suggestions**

Fall 2009

Inter-Plan escalation process assists with timely and efficient resolution of BlueCard[®] claims

Winter 2009

Line, dollar, and unit expansion for claims

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NDC submission changes for institutional providers

Fall 2009

New federal Mental Health Parity and Addiction Equity Act effective October 3, 2009

Fall 2009

New initiatives: Coordination of Benefits processing changes

Spring 2009

One-year anniversary of *Inside IPP*

Spring 2009

Precertification/preauthorization required for diagnostic imaging services

Winter 2009

Quick tips on claims inquires from Provider Services

Summer 2009

Reminder: Blues move to automatic crossover for all Medicare claims

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

Summer 2009

Requesting medical records provides resolution in BlueCard® claims issues

Winter 2009

State and federal mandates affect benefits

Summer 2009

Submitting the BlueCard® *Coordination of Benefits Questionnaire* for out-of-area members

Spring 2009

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American Specialty Health, Inc. is an independent company that administers its Quit&Fit smoking cessation program for Independence Blue Cross members.