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

P Professional
F Facility
A Ancillary

Professional Injectable and Vaccine Fee Schedule updates effective April 1, 2010

Effective April 1, 2010, we will be implementing a quarterly update to our Professional 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 April 1, 2010, using the Fee Schedule Lookup Tool through the NaviNet® web portal.

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



Guidelines for in vitro allergy testing

In vitro allergy testing detects antigen-specific immune globulin E (IgE) antibodies in serum. This type of testing may be required when direct skin testing is not possible for inhalant allergens (e.g., pollens, molds, dust, mites, animal dander), foods, insect stings, or other allergens. In vitro allergy testing is appropriate for individuals who have skin reactions or conditions such as severe dermatographism, ichthyosis, or generalized eczema. It is also appropriate for uncooperative individuals (young children or individuals with mental or physical handicaps), individuals with a high risk of anaphylaxis from skin testing, or individuals for whom direct skin testing has been inconclusive.

Although there are other methods of in vitro allergy testing, the most frequently used is the laboratory-based ImmunoCAP technology. A small sample of blood is tested to determine the precise amount of IgE antibodies present in the blood for each specific allergen.

In vitro allergy testing (enzyme-linked immunosorbent assay [ELISA], ImmunoCAP radioallergosorbent test [RAST], fluoroallergosorbent test [FAST], and multiple antigen simultaneous test [MAST]) for the measurement of serum IgE is considered medically necessary and, therefore, covered for determining if an individual's serum contains IgE antibodies. In vitro allergy testing is covered up to a maximum of 30 tests per calendar year per individual. To report this testing, use CPT® code 86003.

Ordering in vitro allergy tests

Remember, when completing the laboratory requisition form, there may be more than 30 individual tests listed in the panel on the form. We have determined that only 30 are medically necessary and therefore reimbursable. For panels containing more than 30, please consider checking off individual tests to stay within the maximum of 30 because members may be held financially responsible for those additionally ordered tests. For more information, please visit www.ibx.com/medpolicy and search for Policy # 06.02.26b: In Vitro Allergy Testing.

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

Policy notifications posted as of February 15, 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 February 15, 2010.

| Policy effective date | Notification title | Notification issue date |
|-----------------------|--|-------------------------|
| March 5, 2010 | 08.00.82 Ustekinumab (Stelara™) for Subcutaneous Injection | February 3, 2010 |
| 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 1, 2010 | 07.10.05 Noncontraceptive Use of the Levonorgestrel-Releasing Intrauterine System (Mirena®) | February 1, 2010 |
| 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.

Select Drug Program® Formulary updates

The Select Drug Program Formulary is a list of medications approved by the U.S. Food and Drug Administration 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 most recent changes are listed below.

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 level of cost-sharing:

| Generic drug | Brand drug | Formulary chapter | Effective date |
|-------------------------------|---------------------|---|-------------------|
| azelastine HCl drops | Optivar® | 12. Eye Medications | November 24, 2009 |
| buprenorphine | Subutex® | 16. Diagnostic & Misc. Agents | October 12, 2009 |
| ciclopirox shampoo | Loprox® shampoo | 5. Skin Medications | December 9, 2009 |
| fexofenadine-PSE ER | Allegra-D® 12 Hour | 13. Allergy, Cough & Cold, Lung Meds | November 2, 2009 |
| ketorolac ophthalmic solution | Acular®/Acular LS® | 12. Eye Medications | November 5, 2009 |
| lansoprazole 30mg caps | Prevacid® 30mg caps | 8. Stomach, Ulcer, & Bowel Meds | November 11, 2009 |
| perindopril | Aceon® | 4. Heart, Blood Pressure, & Cholesterol | November 12, 2009 |
| phenytoin sodium | Phenytek® | 3. Pain, Nervous System, & Psych | November 18, 2009 |
| pramipexole | Mirapex® | 3. Pain, Nervous System, & Psych | January 5, 2010 |
| tramadol ER | Ultram® ER | 3. Pain, Nervous System, & Psych | November 17, 2009 |
| valacyclovir tabs | Valtrex® | 1. Antibiotics & Other Drugs Used for Infection | November 30, 2009 |

Brand additions

These brand drugs are covered at the appropriate brand formulary level of cost-sharing:

Effective: April 1, 2010

| Brand drug | Formulary chapter |
|--------------|--|
| Humatrope® | 7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones |
| Multaq® | 4. Heart, Blood Pressure, & Cholesterol |
| Norditropin® | 7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones |

This brand drug was previously added to the formulary and covered at the appropriate brand formulary level of cost-sharing:

| Brand drug | Formulary chapter | Effective Date |
|------------|----------------------------------|-------------------|
| Astepro® | 6. Ear, Nose, Throat Medications | February 15, 2010 |

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Select Drug Program® Formulary updates (continued)

Brand deletions

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

Effective: April 1, 2010

| Brand drug | Generic drug | Formulary chapter |
|--------------------|-------------------------------|---|
| Acular®/Acular LS® | ketorolac ophthalmic solution | 12. Eye Medications |
| Loprox® shampoo | ciclopirox shampoo | 5. Skin Medications |
| Mirapex® | pramipexole | 3. Pain, Nervous System, & Psych |
| Optivar® | azelastine HCl drops | 12. Eye Medications |
| Valtrex® | valacyclovir tabs | 1. Antibiotics & Other Drugs Used for Infection |
| Zantac® syrup | ranitidine syrup | 8. Stomach, Ulcer, & Bowel Meds |

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

| Brand drug | Formulary therapeutic alternatives | Formulary chapter |
|------------------|------------------------------------|--|
| Humalog® | Novolog® | 7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones |
| Humulin® | Novolin® | 7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones |
| ReliOn®/Novolin® | Novolin® | 7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones |

There are no generic equivalents available for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate brand formulary level of cost-sharing.



Prescription drug updates

For members enrolled in an IBC prescription drug program, there are 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 below.

Drugs requiring prior authorization

The prior authorization requirement for the following non-formulary drugs was effective at the time the drugs became available in the marketplace:

| Brand drug | Generic drug | Drug category | Effective date |
|------------|---------------|-------------------------------|--------------------|
| Bepreve™ | Not available | Eye Medication | September 17, 2009 |
| Colcrys™ | Not available | Bones, Joints, & Muscles | August 13, 2009 |
| Fanapt™ | Not available | Pain, Nervous System, & Psych | December 16, 2009 |
| Intuniv™ | Not available | Pain, Nervous System, & Psych | September 14, 2009 |
| Oforta™ | Not available | Cancer | November 18, 2009 |
| Sumavel™ | Not available | Pain, Nervous System, & Psych | December 16, 2009 |
| Twynsta® | Not available | Heart & Blood Pressure | October 27, 2009 |
| Votrient™ | Not available | Cancer | November 2, 2009 |

The following non-formulary drugs will be added to the list of drugs requiring prior authorization for new prescriptions:*

Effective: April 1, 2010

| Brand drug | Generic drug | Drug category |
|-------------------|---------------|---------------|
| Apidra® | Not available | Diabetes |
| Apidra® SoloSTAR® | Not available | Diabetes |
| Humalog® | Not available | Diabetes |
| Humulin® | Not available | Diabetes |
| ReliOn®/Novolin® | Not available | Diabetes |

*For members currently taking these drugs, the prior authorization requirement will be effective July 1, 2010. See the article on [page 9](#) for more information.

Requirements for billing NDCs in an 11-digit format

We began communicating important changes regarding National Drug Code (NDC) submissions in the January 2009 edition of *Partners in Health Update*. This is a reminder that there are new guidelines in place for billing NDCs in an 11-digit format, and you should adhere to these guidelines to ensure that your claims are processed.

Using the 11-digit NDC format for billing

The 11-digit format is 5-4-2 and is found on most drug packaging. This format serves a functional purpose: The first segment of the NDC identifies the labeler/manufacturer; the second segment identifies the product, strength, dosage form, and formulation; and the third segment identifies the package size of the drug.

If the NDC on the drug packaging is in any format other than 5-4-2, it is essential that you update the numbers accordingly, using zeros as placeholders. Always use placeholders (zeros) in *front* of the number that is missing digits. Please do not include spaces, decimals, or other characters in the 11-digit string. See the table below for examples (this is not a comprehensive list):

| Examples of incomplete NDCs | Conversion to 5-4-2 format | Explanation |
|-----------------------------|---|--|
| 1234-5678-91 | <u>0</u> 1234-5678-91 | Add a zero to the front of the first segment so it has five digits. |
| 12345-678-91 | 12345- <u>0</u> 678-91 | Add a zero to the front of the second segment so it has four digits. |
| 123-456-1 | <u>00</u> 123- <u>0</u> 456- <u>0</u> 1 | Add two zeros to the front of the first segment so it has five digits, add one zero to the front of the second segment so it has four digits, and add one zero to the front of the third segment so it has two digits. |

Certain claims for unlisted and nonspecific 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 the effective date of the NDC requirement is applicable to the claim processing date and not the date of service.

Refer to the *Claims Preprocessing Edits Claims Resolution Document* at www.ibx.com/ediforms for information on claims submission resolution. If you have questions, please contact your Network Coordinator.

Note: Changes in NDC submissions went into effect January 1, 2009, for professional and home infusion providers and September 21, 2009, for institutional providers. Please see both the January 2009 and September 2009 editions of *Partners in Health Update* for more information about those changes. The January 2009 edition contains the complete list of unlisted and nonspecific drug codes.



New prior authorization requirements for insulin

Effective April 1, 2010, Novolin® and Novolog® will be the preferred brands of insulin for all prescription drug programs, and they will be the only brands of insulin available on the Select Drug Program® Formulary.

In addition, all new prescriptions for Humulin®, Humalog®, ReliOn®/Novolin®, and Apidra® insulin will require prior authorization. Prior authorization requests will be reviewed in accordance with our established criteria, and, if approved, non-preferred insulin will be covered at the highest level of cost-sharing. If denied, non-preferred insulin will not be a covered benefit. To learn more about our pharmacy policy and prior authorization criteria for insulin, visit the Pharmacy Policy section of our website at www.ibx.com/rxpolicy. The policy will be available by April 1, 2010.

Please note that members who are currently taking Humulin®, Humalog®, ReliOn®/Novolin®, and Apidra® insulin will be required to obtain prior authorization effective July 1, 2010.

Why we made this change

Controlling overall health care costs for everyone — employer groups, members, and the community — and improving the lives of those affected by conditions such as diabetes is our top priority. By selecting Novolin® and Novolog® as the preferred insulin brands, we are better positioned to control costs while still providing your patients, our members, with access to effective medications.

If you have any questions about these changes, please contact FutureScripts, our pharmacy benefits management company, at 1-888-678-7012.

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.

Case management: Helping you care for your patients

Case management is a collaborative process that provides members with health management support through coordinated programs and outreach that reinforces your treatment plan. It is a confidential and free program offered to any IBC member who is experiencing complex health issues or challenges in meeting his or her health care goals.

How case management works

Through telephone-based outreach, our registered nurse case managers provide education to members about a disease, condition, or medication and offer resources and information to help them better understand how to manage their health. Case managers are available to help members navigate the health care and social service systems to optimize their ability to use those resources effectively. Case managers are also able to refer members to other plan programs or benefits-related resources such as nutrition counseling or mental health services. In addition, our case managers can link our members to available community resources for additional assistance and support.

When a member is referred to us, our case managers reach out to your office to offer support, with the goal of helping the member reach the treatment goals you have established. The case manager may ask questions about the treatment plan, offer information on what services are available through the member's benefits plan, or alert you to situations about the member's health and well-being. They will also incorporate any information you provide into the case management plan of care and will support your treatment plan by maintaining contact with the member between office visits. In doing so, our case managers become a partner in the health of your patient.

What types of patients should be referred to case management?

Refer any patients experiencing complex medical issues, including, but not limited to:

- a chronic condition or disease with multiple comorbidities;
- medication issues, including nonadherence;
- nutritional deficits;
- frequent hospital admissions for the same or similar conditions;
- non-healing wounds;
- complications that may affect the outcome of a pregnancy;
- end-stage renal disease;
- cancer patients in active treatment;
- complex pediatric medical conditions;
- frequent falls or safety issues;
- patients requiring multiple services in the home.

How to refer a patient to case management

Follow these easy steps from www.ibx.com/providers to refer your patients for case management:

- Select *Resources for Patient Management* from the left navigation menu.
- Click on the *Case Management* header.

You will be directed to the case management referral page and will be able to refer your patient using the online referral form. Alternatively, you may print, complete, and fax the referral form to the number at the top of the form. You may also refer a patient by calling us at [1-800-313-8628](tel:1-800-313-8628) or [215-567-3570](tel:215-567-3570).

A case manager will call your office to discuss the referral with you — it's that simple. A referral to case management provides both you and your patient with additional support when it is needed most.

When your patient has met all of the case management goals that you helped to establish, case management will end. The case manager will notify you when this has been achieved.

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 Programs | |
| Connections SM Health Management Program Provider Support Line | 1-866-866-4694 |
| Connections SM AccordantCare TM Program | 1-866-398-8761 |
| Credentialing | 215-988-6534 |
| Credentialing Hotline | 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 | 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) | 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