

**Billing guidelines for surgery
claims**

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This just in....

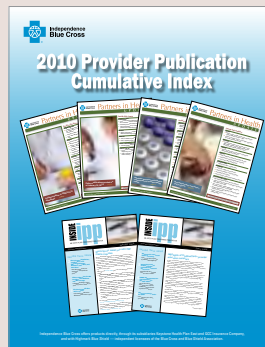
2010 Cumulative Index now available



The *2010 Provider Publication Cumulative Index* is included with this edition of *Partners in Health Update*. This index lists all of the 2010 articles that were published in *Partners in Health Update* and *Inside IPP*, the edition in which they can be found, and the provider type for which the article was intended.

Go to www.ibx.com/cumulativeindex for a complete archive of cumulative indexes.

Printed copies of the 2010 Cumulative Index can be ordered by submitting an online request at www.ibx.com/providersupplyline or by calling the Provider Supply Line at 1-800-858-4728.



Updates to the QIPS Program Manual



The following changes were recently made to the *QIPS Program Manual – Measurement year 2011*:

- A note was added in the “Reporting timeline for the Medical Cost Management incentive program” section to explain the potential difference in reporting periods between the generic drugs prescribing performance and the medical cost targets.
- Vaccine combination options were added to clarify the requirements of the rotavirus vaccine in the childhood immunization performance measure in Appendix A.

Please note that changes may be made periodically to the QIPS Program Manual. The most recent edition is posted on the NaviNet® web portal. Be sure to check back often to ensure you have the latest version.

Partners in Health Update™ 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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For articles specific to your area of interest, look for the appropriate icon:

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



Reminder: 2011 performance incentive program revisions for PCPs

As previously communicated, changes were made to the Quality Incentive Payment System (QIPS) program for measurement year 2011 for participating primary care physicians (PCP) in Pennsylvania.

The QIPS Program Manual has been updated to reflect the following:

- **QPM feedback audit.** Provider office records may be audited in order to verify information reported by the provider to the health plan in response to the Quality Performance Measure (QPM) mailing sent in the first quarter following the end of the measurement period.
- **Medical cost exclusion.** Inpatient professional services were added to the list of exclusions.
- **Generic prescribing.** Changes were made to the generic prescribing measure.
- **Medical Cost Management guidelines for combining practices.** Guidelines were added for those providers requesting to combine their practice membership for purposes of meeting member thresholds as required by the Medical Cost Management Program.
- **Changes to practice composition.** Various scenarios are outlined and describe how each would affect the provider's QIPS status.

QIPS Program Manual

The *QIPS Program Manual – Measurement year 2011* is available on the NaviNet® web portal and provides additional information about these revisions. Order a printed copy of the QIPS Program Manual by submitting an online request at www.ibx.com/providersupplyline or by calling the Provider Supply Line at 1-800-858-4728.

For additional information regarding QIPS, please contact your Network Coordinator.



Register our maternity members for Baby BluePrints® to ensure early outreach

Our award-winning Baby BluePrints maternity program is designed to complement the care that our pregnant members receive from their maternity care provider. All mothers-to-be who are registered in the program receive important information to help them start and maintain a healthy pregnancy lifestyle.

Registering our maternity members into Baby BluePrints is imperative for early outreach, particularly for high-risk pregnancies. Our goal is to reach out to members identified as having risk factors within their first trimester of pregnancy. Therefore, all IBC maternity members should complete the *Initial Maternity Patient Questionnaire* form at their first prenatal visit — and please mail the registration questionnaires to us immediately following this visit to ensure timely registration into this program. Member registration into the program and prenatal notification for delivery will be completed at the same time.

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

- gestational diabetes mellitus
- pregnancy-induced hypertension
- preterm labor
- hyperemesis gravidarum

Initial Maternity Patient Questionnaire forms and postage-paid return envelopes can be ordered by submitting an online request at www.ibx.com/providersupplyline or by calling the Provider Supply Line at 1-800-858-4728.

Note: The Baby BluePrints maternity program is offered only to IBC members. Therefore, please remind your staff to verify member eligibility *prior* to giving a patient the questionnaire to complete.



Member notification of utilization review decisions

Pennsylvania law requires that initial prospective, concurrent, and retrospective utilization review (UR) decisions of managed care plans be communicated verbally and confirmed in writing to the enrollee and the requesting health care provider within specific time frames. We ask that our participating providers inform members of our initial UR decisions upon their receipt of the communication from IBC.

Providers should document that they provided this verbal notification. IBC provides written notification of determinations to providers and members within the required time frames.

Note: For retrospective determinations, in situations where the member is held harmless, this communication is not required.

PRODUCTS



Reminder: New maximum out-of-pocket limit for Medicare Advantage HMO and PPO members

The new maximum out-of-pocket (MOOP) limit, mandated by the Centers for Medicare & Medicaid Services, is now in effect for Medicare Advantage HMO and PPO members.

For 2011, the following MOOP amounts apply*:

- HMO members: \$6,700.
- PPO members: \$6,700 for in-network services, and \$10,000 for in-network and out-of-network services combined.

The following deductible, copayment, and coinsurance amounts are included in the MOOP:

- medical (Medicare Part A and B services);
- mental health (Medicare Part A and B services);
- pharmacy (Medicare Part B drugs only; Part D drugs will continue to be part of the existing true out-of-pocket costs [TROOP] limit).

Once Medicare Advantage HMO and PPO members reach their MOOP limit, they will have no liability for the remainder of the calendar year for Medicare Part A and B claims.

Please use the accumulator on the NaviNet[®] web portal at every Medicare Advantage HMO and PPO members' visit to determine their current year-to-date out-of-pocket expenses. Once members reach their MOOP limit, they should not be charged any deductible, copayment, or coinsurance amounts for the remainder of the calendar year for Part A and Part B medical and mental health services or for Part B drugs.

To ensure that all member claims and provider payments are correct, providers should always submit claims for Medicare Advantage HMO and PPO members showing provider charges and member payment amounts (even if the member payment is \$0).

**Group members who have coverage through an employer group or union may or may not be impacted by these changes. Therefore, some group members may have a different MOOP amount than what is listed above. Please be sure to verify member eligibility and benefits through NaviNet.*

About NaviNet

For your convenience, NaviNet is available to all participating providers Monday through Saturday, 5 a.m. to 10 p.m., and Sunday, 9 a.m. to 9 p.m. If your office location has not yet registered for NaviNet, please sign up now at www.navinet.net.

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

Discontinuation of the adultBasicSM plan

As you may know, effective February 28, 2011, the Commonwealth of Pennsylvania informed us that they are ending the adultBasic program due to a lack of funding. Keystone Health Plan East is a vendor to the program and provides adultBasic coverage to individuals in Southeastern Pennsylvania. After February 28, 2011, members enrolled in the adultBasic program will no longer have health coverage under the program. We will work with members and their physicians on a case-by-case basis to identify the appropriate transition of care plans. We will also provide information to providers about adultBasic members who were precertified for services on or after March 1, 2011.

In addition to our other commercial products, we will be offering these members Special Care, our limited-benefits product for low-income individuals. The Blue Cross and Blue Shield contractors who offer Special Care have agreed to waive the pre-existing condition requirement for adultBasic members who enroll directly from adultBasic into Special Care.

If you have questions regarding the discontinuation of the adultBasic program, please contact your Network Coordinator.

BILLING

Billing guidelines for surgery claims

Providers are required to follow the appropriate billing procedures as they relate to multiple surgeries, assistant surgery, and co-surgery.

Multiple surgeries

Performed on the same date of service

Surgeons must bill multiple surgical procedures for the same date of service on a single claim.

Example:

Correct way to bill multiple surgeries for the same date of service:

1	24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. BRIDGE (Firm) Per	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION
	From MM DO YY	To MM DO YY	Modifier			CPT/HCPCS								
1	1	19	10	1	19	10	21		29888	RT				NPI
2	1	19	10	1	19	10	21		29881	51 RT				NPI
3	1	19	10	1	19	10	21		29877	59 RT				NPI
4														NPI
5														NPI
6														NPI

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For int. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED _____ DATE _____		a. NPI b. _____		a. NPI b. _____		

Performed on different dates of service

To avoid claim underpayments, surgeons must bill multiple surgical procedures for different dates of service as separate claims.

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Billing guidelines for surgery claims (continued)

Assistant and co-surgery

For surgical procedures performed by both a primary surgeon and an assistant or co-surgeon, separate claim submissions are required. The primary surgeon and assistant or co-surgeon must report separate claims.

Moreover, when reporting these separate claims, multiple surgical procedures performed on the same date of service must be reported on a single claim (i.e., one claim for each surgeon).

Example:

Correct way to bill multiple surgical procedures for co-surgeries for the same date of service:

Surgeon 1

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EM3	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OFF WORK	H. POC Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM DD YY	To MM DD YY	MM	DD	YY	MM			DD	YY						
1	1	20	10	1	20	10	21		22600	62					NPI	
2	1	20	10	1	20	10	21		22614	62					NPI	
3	1	20	10	1	20	10	21		22842	62					NPI	
4	1	20	10	1	20	10	21		20936						NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (If not, please see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED	DATE	a. NPI	b.	a. NPI	b.	

Surgeon 2

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EM3	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OFF WORK	H. POC Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM DD YY	To MM DD YY	MM	DD	YY	MM			DD	YY						
1	1	20	10	1	20	10	21		22600	62					NPI	
2	1	20	10	1	20	10	21		22614	62					NPI	
3	1	20	10	1	20	10	21		22842	62					NPI	
4															NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (If not, please see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED	DATE	a. NPI	b.	a. NPI	b.	

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Billing guidelines for surgery claims (continued)

Example:

Correct way to bill multiple surgical procedures for assistant surgeries for the same date of service:

Primary surgeon

1	24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMB3	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS ON UNITS	H. EPDS Family Tier	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER										
1	2	1	10	2	1	10	21	22558						
2	2	1	10	2	1	10	21	22851						
3	2	1	10	2	1	10	21	22585						
4														
5														
6														

25. FEDERAL TAX ID. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For opt. contracts, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED		DATE	a. NPI	b. NPI	a. NPI	b. NPI	

Assistant surgeon

1	24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMB3	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS ON UNITS	H. EPDS Family Tier	I. ID. QUAL.	J. RENDERING PROVIDER ID #
	From MM DD YY	To MM DD YY	CPT/HCPCS	MODIFIER										
1	2	1	10	2	1	10	21	22558	80					
2	2	1	10	2	1	10	21	22851	80					
3	2	1	10	2	1	10	21	22585	80					
4														
5														
6														

25. FEDERAL TAX ID. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For opt. contracts, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	\$
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED		DATE	a. NPI	b. NPI	a. NPI	b. NPI	

To the extent that a surgeon, assistant surgeon, or co-surgeon performs multiple surgical procedures on different dates of service, each date of service must be reported on its own claim.

Inappropriate billing may result in erroneous claim payments.

For more information regarding assistant surgery, co-surgery, and multiple surgery guidelines, please refer to their respective claim payment policies:

- Policy #00.10.18e: Modifiers for Assistant-at-Surgery Services
- Policy # 00.10.11f: Modifier 62: Two Surgeons
- Policy# 11.00.10g: Multiple Surgical Reduction Guidelines

These claim payment policies are available at www.ibx.com/medpolicy. If you have any questions, contact your Network Coordinator.

Policy notifications posted as of January 19, 2011

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, 2011.

Policy effective date	Notification title	Notification issue date
January 21, 2011	06.02.04c Fetal Fibronectin Enzyme (fFN) Immunoassay	December 22, 2010
January 21, 2011	03.00.17b Modifier GC: This Service has been Performed in Part by a Resident Under the Direction of a Teaching Physician	December 22, 2010
January 21, 2011	05.00.01f Pneumatic Compression Therapy Devices	December 22, 2010
January 21, 2011	08.00.54c Radioimmunotherapy with Tositumomab and Iodine I-131 Tositumomab (the Bexxar® Therapeutic Regimen)	December 22, 2010
January 21, 2011	11.17.04h Sacral Nerve Stimulation (SNS) for the Control of Urinary and Fecal Incontinence	December 22, 2010
January 21, 2011	07.07.09a Stem-Cell Therapy for Orthopedic Applications and Autologous Platelet-Derived Growth Factors (PDGFs)/ Platelet-Rich Plasmas (PRPs) for Acute or Chronic Wound Healing and Other Miscellaneous Conditions	December 22, 2010
January 25, 2011	11.02.06f Catheter Ablation of Cardiac Arrhythmias	October 27, 2010
January 26, 2011	07.03.07f Evaluation and Management of Autism Spectrum Disorders (ASD)	October 28, 2010
February 4, 2011	09.00.39 Scintimammography	January 5, 2011
February 4, 2011	05.00.64a Transtympanic Micropressure Applications for the Treatment of Meniere's Disease	January 5, 2011
February 9, 2011	11.14.11d Arthroscopic Electrothermal Joint Repair	November 11, 2010
February 14, 2011	07.05.02h Wireless Capsule Endoscopy (WCE) using the Given® Diagnostic Imaging and PillCam™ Capsule Systems	January 14, 2011
February 16, 2011	06.02.27e Assays of Genetic Expression in Tumor Tissue for Breast Cancer Prognosis	January 18, 2011
February 18, 2011	11.07.01g Hematopoietic Stem Cell Transplantation (Bone Marrow Transplant)	January 19, 2011
February 18, 2011	05.00.47f Knee Braces	January 19, 2011
February 18, 2011	07.10.02c Speculoscopy	January 19, 2011
March 1, 2011	00.03.01i Podiatry Services Included in Capitation for Pennsylvania Based Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products	November 23, 2010

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Policy notifications posted as of January 19, 2011 (continued)

Policy effective date	Notification title	Notification issue date
March 22, 2011	11.01.07 Cataract Surgery	December 22, 2010
April 1, 2011	00.03.06 Physical Medicine and Rehabilitation Services Eligible for Reimbursement Above Capitation to Physical and Occupational Therapy (PT/OT) Providers for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products	December 30, 2010
April 6, 2011	07.05.06c Transcatheter Arterial Chemoembolization (TACE) of Hepatic Malignancies	January 6, 2011
April 6, 2011	11.14.10h Vertebroplasty and Kyphoplasty	January 6, 2011
April 19, 2011	11.02.16i Ventricular Assist Devices (VADs)	January 19, 2011

To view the policy notifications, go to www.ibx.com/medpolicy, select *Accept and Go to Medical Policy Online*, and then click on the *Policy Notifications* box. You can also view policy notifications using the NaviNet® web portal by selecting *Reference Materials and Reports* from the Plan Transactions menu and then *Medical Policy*. Once these policies are in effect, they will be available by using the Search box on the Medical Policy homepage. Be sure to check back often, as the site is updated frequently.

More news about NCQA's PCMH program



As previously announced, effective January 1, 2011, IBC's Quality Incentive Payment System (QIPS) program will reward offices that have been recognized by the National Committee for Quality Assurance (NCQA) for achieving the Physician Practice Connections® – Patient-Centered Medical Home Program™ (PPC-PCMH) standards of health care delivery. These standards require enhanced access and communication, patient tracking, care management, patient self-management support, electronic prescribing, test tracking, performance reporting and improvement, and advanced electronic communication.

In addition, it is important to remember that IBC is recognized by NCQA as a sponsor for PPC-PCMH. As a program sponsor, NCQA offers a 20 percent discount on the Full Survey price to practices participating with IBC.

For detailed information on PPC-PCMH, visit the NCQA website at www.ncqa.org/tabid/631/default.aspx. Details on the QIPS program can be found in the QIPS Program Manual, which is available on the NaviNet® web portal.

IBC and PCMH in the news

We were recently mentioned in the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) newsletter regarding our PCMH initiative.

Below is an excerpt from the September 2010 newsletter:

“NCQA – Patient-Centered Medical Home: This month the PA AAP offered a 3-part teleconference series, given by pediatricians who have achieved Level 3 certification, on how to navigate the application process. This series was offered to pediatric practices in Southeast PA in response to Independence Blue Cross's offer of increased per member/per month reimbursement under Keystone Health Plan East. The series was digitally recorded and is available as Mp3s with all of the handouts on the website under the Education and Events tab.”

The materials provided during this series are available at no cost through the PA AAP website at www.paaap.org/show_event.php?eventid=aap_ncqa_09142010 for practices interested in learning more about becoming a medical home.

QIPS reminder for electronic connectivity requirements and transaction prerequisites

To participate in the Quality Incentive Payment System (QIPS) program, eligible Pennsylvania primary care physicians must be NaviNet-enabled at each practice site and use the NaviNet® web portal as the primary mechanism for claims status inquiries, adjustment requests, referrals, and initiation of applicable preauthorizations.

Practices must also register for electronic funds transfer (EFT) for non-capitated reimbursement and complete the following transactions electronically:

- member eligibility
- claims submissions
- encounters

Please review the QIPS Program Manual, which is available on NaviNet, for additional information about these new requirements for measurement year 2010. Printed copies of the QIPS Program Manual can be ordered by submitting an online request at www.ibx.com/providerupplyline or by calling the Provider Supply Line at 1-800-858-4728.

For additional information regarding QIPS, please call 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 | ■ coronary heart disease (CHD) | ■ hypertension |
| ■ diabetes | ■ migraine headache | ■ gastroesophageal reflux disease (GERD) |
| ■ chronic obstructive pulmonary disease (COPD) | ■ heart failure | ■ peptic ulcer disease (PUD) |

Health Coaches also provide decision support for numerous health-related issues, including back pain, fall prevention, depression, cardiometabolic risk, weight loss surgery, breast or prostate cancer, and chronic pain.

Information about our Connections Health Management Programs is available at www.ibx.com/providerconnections.

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)*
ConnectionsSM Health Management Programs	
Connections SM Health Management Program Provider Support Line	1-866-866-4694
Connections SM Complex Care Management Program	1-800-313-8628
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
Direct Ship Injectable Program (Medical Benefit)	www.ibx.com/directship
eBusiness Help Desk	215-241-2305
FutureScripts® (Pharmacy Benefits)	
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.ibxmedicare.com
Medical Policy website	www.ibx.com/medpolicy
NaviNet® portal registration	www.navinet.net
Provider Supply Line	1-800-858-4728 www.ibx.com/providersupplyline

* Outside 215 area code

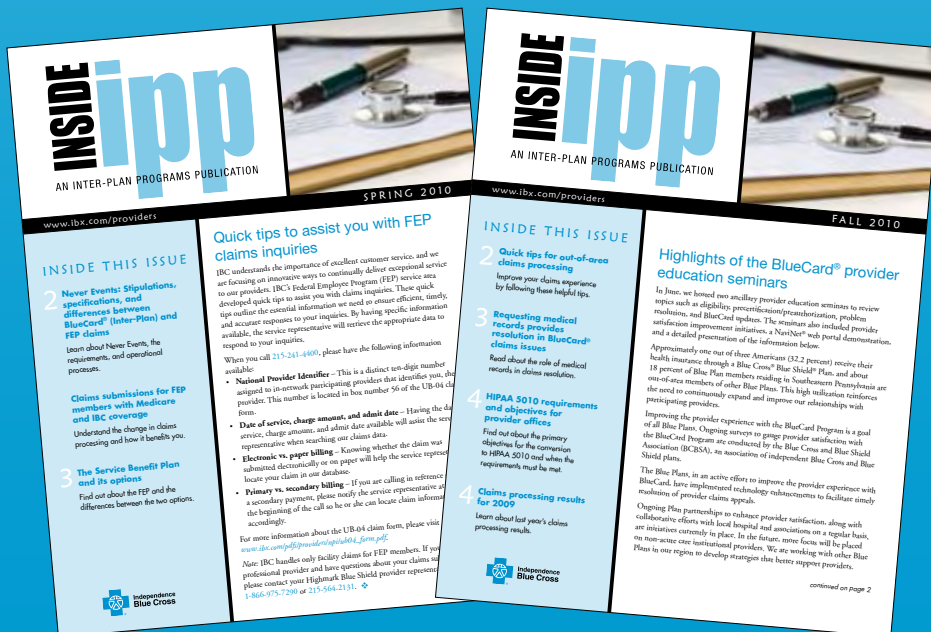


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Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and OCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

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Note: Partners in Health Update articles are specific to a provider type. The audience is identified by the following indicators:

- P – Professional
- F – Facility
- A – Ancillary

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ADMINISTRATIVE

Additional HMO/PPO Flex products requiring precertification for comprehensive outpatient pain management January 2010	P
Call 1-800-ASK-BLUE: One number for all of your needs January 2010	P, F, A
Changes to CMS compliance training for 2010 January 2010	P, F, A
Changes to home health authorization requests April 2010	A
ClaimCheck[®]: Upgrade scheduled and edit clarification June 2010	P, A
ClaimCheck[®] update and edit clarification scheduled December 2010	P
CMS compliance training for 2010 April 2010	P, F, A
CMS compliance training no longer required July 2010	P, F, A
Get important information delivered right to your email March 2010 <i>Reminder article was posted in:</i> <i>June 2010</i>	P, F, A
Online precertification process now available for patients with Independence Administrators ID cards February 2010	P, F, A
Please complete all prior authorization forms in their entirety October 2010	P, F, A
Provider Services user guide now available January 2010	P, F, A
Provider Supply Line: For office supplies and resources August 2010	P, F, A
Reminder to provide notice of Medicare non-coverage May 2010	A

ADMINISTRATIVE (CONTINUED)

Request your office supplies online September 2010 <i>Reminder article was posted in:</i> October 2010	P, F, A
Requirements for submitting changes to your office information June 2010 <i>Reminder article was posted in:</i> July 2010	P
Submit the <i>Initial Maternity Patient Questionnaire</i> for early outreach to our pregnant members October 2010	P
Submitting accurate contact information reduces waste February 2010	P, F, A
Timely submission of Medicare Advantage HMO and PPO members' medical records February 2010 <i>Reminder articles were posted in:</i> May 2010 August 2010 November 2010	P, F, A
Updated Provider Services instruction guide available April 2010	P, F, A

ANNOUNCEMENTS

2009 Cumulative Index now available February 2010 <i>Enclosure – 2009 Provider Publication Cumulative Index</i>	P, F, A
IBC announces early extension of dependent care coverage May 2010 <i>Reminder article was posted in:</i> June 2010	P, F, A
IBC statement on the House passage of health care reform April 2010	P, F, A
Catalyst Health Solutions and IBC announce agreement on sale of FutureScripts® September 2010	P, F, A

BILLING

Billing for office-based services January 2010	P, F
Billing guidelines for observation services May 2010	P
Change in claims submission process for FEP members with Medicare/Medicaid and IBC coverage January 2010	F
Change to member copayment applicability for second inpatient admissions within ten days October 2010	F
Claims preprocessor enhancements December 2010	P, F, A
Claims submission process for Federal Employees Health Benefits Program PPO product February 2010	P, F, A
Emergency room follow-up care reminder October 2010	P, F
Enhancements to the interest payment process begins mid-October 2010 October 2010	P, F, A
Implementation of HIPAA 5010 standards January 2010	P, F, A
Inpatient facility condition code change for Federal Employee Program claims June 2010	F
Laboratory services reminder October 2010	P
Mental health and substance abuse benefit changes for Federal Employee health program December 2010	P, F, A
New professional fee schedules and revised reimbursement for all Delaware and Maryland PCPs October 2010	P
Options for submitting claims overpayment requests August 2010	P, F, A

BILLING (CONTINUED)

Process for requesting claims adjustments and/or retractions January 2010	F, A
Professional Injectable and Vaccine Fee Schedule updates effective April 1, 2010 March 2010	P
Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2010 June 2010	P
Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2010 September 2010	P
Revenue codes that require a HCPCS/CPT[®] code January 2010	F
Revised capitation rates and \$0 dollar copayment for certain preventive services September 2010 <i>Reminder articles were posted in:</i> October 2010 November 2010	P
Updated payer ID grids now available May 2010 July 2010 August 2010 September 2010 November 2010	P, F, A
Updates to inpatient facility condition code change for Federal Employee Program claims July 2010	F
Updated UB-04 claim form and instructions available January 2010	F, A
Upcoming CFID provider audits November 2010	P, F, A

BLUECARD[®]

Fall 2010 edition of <i>Inside IPP</i> now available October 2010	F, A
Spring edition of <i>Inside IPP</i> now available April 2010	F, A
Winter 2009 edition of <i>Inside IPP</i> now available January 2010	F, A

CONSUMERISM

Enhanced Personal Health Record allows members to track claims and lab data online August 2010	P, F, A
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CREDENTIALING

Independence Healthcare Management certified as a Credentials Verification Organization July 2010	P, F
New credentialing procedure January 2010	P
New credentialing procedure went into effect January 1, 2010 August 2010	P, F, A
New email address replaces the Network Credentialing Support Services Hotline October 2010	P

HEALTH AND WELLNESS

Case management: Helping you care for your patients March 2010	P, F, A
Clinical Practice Guidelines now available December 2010	P, F, A
Clinical Insights now available December 2010	P, F, A

HEALTH AND WELLNESS (CONTINUED)

ConnectionsSM AccordantCareTM Program transition to IBC care management department will be completed by December 31, 2010	P
November 2010	
ConnectionsSM AccordantCareTM Program will transition to IBC Care Management and Coordination department	P
April 2010	
ConnectionsSM Complex Care Management Program seeks panelists for Physician Advisory Board	P
June 2010	
ConnectionsSM Health Management Programs: Supporting our members, your patients	P
January 2010 April 2010 July 2010 November 2010	
February 2010 May 2010 August 2010 December 2010	
March 2010 June 2010 October 2010	
ConnectionsSM wants to hear from you	P, F
October 2010	
Educational tools can help your patients understand breast cancer treatments	P
May 2010	
Get moving on National Walk@Lunch Day[®]	P, F, A
April 2010	
Healthways SilverSneakers[®] Fitness Program proven to reduce health care costs of members with diabetes	P
June 2010	
Healthy LifestylesSM and Blue365[®]: Offering valuable discounts to members	P, F
September 2010	
Help to educate your patients about back pain with health coaching	P
February 2010	
Importance of dilated retinal eye exams in patients with diabetes	P
December 2010	
New fall prevention and chronic pain programs	P, F
September 2010	
Overview guides available for substance-use disorders, depression, and suicide	P, F
September 2010	

HEALTH AND WELLNESS (CONTINUED)

Participation in Healthways SilverSneakers[®] Fitness Program shown to lower risk of depression in Medicare Advantage HMO and PPO members April 2010	P, F, A
Pediatric obesity and diabetes prevention kit now available online September 2010	P
Promoting self-care for patients with heart failure August 2010	P
PSA testing to detect prostate cancer: A patient's decision August 2010	P
Seasonal flu vaccine recommendations October 2010	P, F
SilverSneakers[®] Fitness Program helps Medicare Advantage HMO and PPO members stay healthy and independent – even with chronic conditions December 2010	P, F, A
SMART[®] Registry release for January 2010 January 2010	P
SMART[®] Registry release for June 2010 June 2010	P
The ConnectionsSM Health Management Programs 2010 Annual Update is now available September 2010 <i>Enclosure – Connections Health Management Program 2010 Annual Update</i>	P

MANUAL UPDATE

A revised <i>Provider Manual</i> is now available May 2010	P
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MEDICAL

Changes for Independence Administrators pregnancy and delivery admission notifications November 2010	P, F
Changes to our self-injectable drugs policy December 2010	P

MEDICAL (CONTINUED)

Choosing the most appropriate site of service September 2010 <i>Reminder article was posted in:</i> November 2010	P, F, A
Clarification of criteria required for billing with modifiers -25 and -59 April 2010	P
Coverage for home blood pressure cuffs November 2010	P, A
Coverage position change on ESWT for musculoskeletal conditions October 2010	P, F
Guidelines for in vitro allergy testing March 2010	P, F, A
Guidelines for spinal surgical procedure requests January 2010	P
Medical necessity evaluation for certain elective surgical procedures May 2010	P, F
Medicare Advantage HMO and PPO members must receive notice of noncovered/excluded services and member payment responsibility January 2010 <i>Enclosure – Notice of Denial of Medical Coverage</i>	P, F, A
New customer allergy testing panel September 2010	P
New requirements for precertification and user guide available December 2010	P, F, A
Our policy on concierge-style practices November 2010	P, F
Our policy on private duty nursing October 2010 <i>Reminder article was posted in:</i> November 2010	P, F, A
Policy notifications posted as of December 18, 2009 January 2010	P, F, A
Policy notifications posted as of January 19, 2010 February 2010	P, F, A

MEDICAL (CONTINUED)

Policy notifications posted as of February 15, 2010 March 2010	P, F, A
Policy notifications posted as of March 18, 2010 April 2010	P, F, A
Policy notifications posted as of April 15, 2010 May 2010	P, F, A
Policy notifications posted as of May 20, 2010 June 2010	P, F, A
Policy notifications posted as of June 17, 2010 July 2010	P, F, A
Policy notifications posted as of July 19, 2010 August 2010	P, F, A
Policy notifications posted as of August 18, 2010 September 2010	P, F, A
Policy notifications posted as of September 20, 2010 October 2010	P, F, A
Policy notifications posted as of October 28, 2010 November 2010	P, F, A
Policy notifications posted as of November 17, 2010 December 2010	P, F, A
Policy regarding trigger point injections February 2010	P, F, A
Policy reminder regarding utilization review decisions October 2010	P, F, A
Prescription and documentation requirements for physical and occupational therapy services December 2010	P
Two new components for precertification October 2010	P, F, A
Use of modifier -25 when reporting E&M services with chemotherapy administration and dialysis codes October 2010	P

NAVINET[®]

Clarification: Authorization submission requirements through NaviNet October 2010	P, F, A
EFT registration requirement for QIPS-eligible PCPs July 2010	P
Enhancements made to the NaviNet web portal December 2010	P, F, A
Enhancements to the NaviNet web portal now available November 2010	P, F, A
How referrals affect KPOS members' coinsurance for services requiring preauthorization October 2010	P, F, A
Preauthorization submission requirements through NaviNet start October 1 July 2010 <i>Reminder article was posted in:</i> August 2010 September 2010	P, F, A

PHARMACY

Addendum to the Annual Synagis[®] (palivizumab) distribution program November 2010	P, F, A
Annual Synagis[®] (palivizumab) distribution program September 2010 October 2010	P, F, A
Changes to our specialty pharmacy network July 2010	P
Formulary changes for basal insulin September 2010	P, F, A
New prior authorization requirements for insulin March 2010 <i>Reminder article was posted in:</i> June 2010	P, F, A

PHARMACY (CONTINUED)

Prescription drug updates	P, F, A
March 2010	
June 2010	
September 2010	
Requirements for billing NDCs in an 11-digit format	P, F, A
March 2010	
Select Drug Program[®] Formulary updates	P, F, A
March 2010	
June 2010	
September 2010	
December 2010	
Specialty Drugs that Require Precertification document updated	P, F, A
February 2010	
Updates to Safe Prescribing Procedures for opioid withdrawal drugs	P, F, A
July 2010	
Zostavax[®], Gardasil[®], and Menactra[®]/Menomune[®] vaccines now available through the Direct Ship Specialty Pharmacy Program	P
May 2010	

PRODUCTS

Important information about the new Blue Cross[®] Blue Shield[®] Medicare Advantage PPO Network Sharing program effective January 1, 2011	P, F, A
September 2010	
<i>Reminder articles were posted in:</i>	
October 2010	
November 2010	
December 2010	
Introducing MedigapSecurity, our new Medicare supplement product	P, F, A
July 2010	
<i>Reminder article was posted in:</i>	
August 2010	
Medicare Advantage PPO claims processing changes for 2011	P, F, A
June 2010	
Member benefits changes	P, F, A
December 2010	

PRODUCTS (CONTINUED)	
Member benefits changes and clarifications November 2010	P, F, A
New \$25 copayment option and PCP capitation rate for Medicare Advantage HMO members December 2010	P
New maximum out-of-pocket limit for Medicare Advantage HMO and PPO members November 2010	P, F, A
New product portfolio for small group customers December 2010	P, F, A
New Student PPO plan available to colleges and universities July 2010	P, F, A
Reminder: Medicare Advantage HMO and PPO plan offerings for 2010 January 2010	P, F, A
Upcoming 2011 Medicare Advantage HMO and PPO benefits changes October 2010 November 2010	P, F, A
QUALITY MANAGEMENT	
IBC sponsors the NCQA Patient-Centered Medical HomeTM program August 2010	P
Making quality measure results available to members January 2010	P
Our Quality Management Program promotes quality of care and service December 2010	P, F, A
Provider quality ratings now available to members February 2010	P, F
Quality ranking for primary care physician offices October 2010	P

REIMBURSEMENT

2010 performance incentive program revisions for PCPs April 2010 <i>Reminder article was posted in:</i> June 2010	P
2011 performance incentive program revisions for PCPs December 2010	P

Inside IPP

Note: The Summer 2010 edition was not published.

Claims processing results for 2009
Fall 2010

Claims submissions for FEP members with Medicare and IBC coverage
Spring 2010

Highlights of the BlueCard[®] provider education seminars
Fall 2010

HIPAA 5010 requirements and objectives for provider offices
Fall 2010

Never Events: Stipulations, specifications, and differences between BlueCard[®] (Inter-Plan) and FEP claims
Spring 2010

Quick tips to assist you with FEP claims inquiries
Spring 2010

Quick tips for out-of-area claims processing
Fall 2010

Requesting medical records provides resolution in BlueCard[®] claims issues
Fall 2010

The Service Benefit Plan and its options
Spring 2010