

[www.wa.regence.com/provider](http://www.wa.regence.com/provider)*Feature:***Save time using our online tool**

Many physicians, other health care professionals and their staff are utilizing Regence Online Services for Providers for eligibility and claims status. Are you taking full advantage of this time- and cost-saving tool?

**The following information is available for your patients on these products:****Group, Individual and Regence MedAdvantage**

- Verify patient eligibility, including effective date of coverage
- View general benefits, including office visit and major medical information, pre-existing conditions and waiting periods, if any
- View copayments, and the current deductible and coinsurance maximum amounts
- Review the status of submitted claims and payment information
- Search for and view vouchers for an entire payment or for an individual claim

**Regence Innova<sup>®</sup>, Engage<sup>®</sup>, Activate<sup>SM</sup> and HSA Healthplan 2.0<sup>SM</sup>**

You can view specific benefit details, benefit summaries or a complete benefit booklet in portable data file (PDF) format sorted by category, including pre-existing and waiting periods, if any.

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## Save time by using our online tool

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Additional articles are available on our *Provider Web Site*. See page 3 for a list of online articles.

#### Federal Employee Program (FEP)

You can view the complete FEP benefit booklet by linking to the FEP Web site.

#### BlueCard® (out-of-area)

Benefits are available based on the home Plan's submission.

#### Regence Online Services for Providers also allows your office to:

- Review and respond to Regence member comments about their experiences with you
- Expand your individual profile page, including philosophy of care, practice areas of expertise, appointment availability, patient demographics, awards and other distinctions

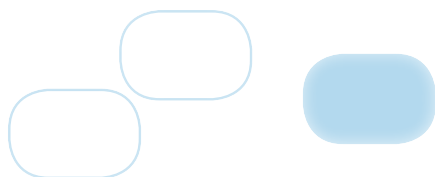
More information, including how to register, system hours and technical requirements, along with a recently revised tour is available on our *Provider Web Site*.

*Note:* Regence Online Services for Providers will be renamed Provider Center on November 1.

#### Request claim status via electronic transaction

In addition to Regence Online Services for Providers, you may request claim status via an electronic American National Standards Institute (ANSI) 276 Claim Status Inquiry transaction. Unlimited claims can be queried at one time and responses are received within minutes, saving your office valuable time.

Learn more about electronic transactions in the Claims & Billing section of our *Provider Web Site*.



## The Connection Online

The articles listed on the right are published in *The Connection Online*, our supplemental newsletter available on our *Provider Web Site* in the Provider Library section, under Newsletters.

**Articles included in *The Connection Online* are in addition to the articles found in *The Connection*; therefore, we strongly encourage you to take a few moments to review this information online.**

In addition to our newsletters, our *Provider Web Site* offers extensive information and resources to support you. You can find information about:

- Identifying members, including sample member cards (Products section)
- Pre-authorizing services or prior authorizing medications (Care Management section)
- Submitting paper or electronic claims (Claims & Billing section)
- Instructor-led and self-paced training opportunities (Educational Tools section)
- Patient Feedback, Enhanced Provider Profile and Treatment Cost Estimator information (new Cost & Quality section)

We encourage you to take a few minutes to visit our *Provider Web Site* today.

### Subscribe today to receive newsletter notifications via email

For your convenience, you can receive an email notification when new editions of our newsletters are available for viewing.

To receive newsletter notifications via email, please complete the subscription form available on our *Provider Web Site* in the Provider Library section, under Newsletters.

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Enhance your provider profile today

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Resources for Spanish-speaking members  
Patient safety tools and resources  
Personal health records help patients and you

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Generic Incentive Program  
Influenza and pneumococcal immunizations  
Updates to medication policies and list

#### TriWest

Receive communications via email  
Submit referrals and authorizations online

Notification of changes to our medical and reimbursement policies are included in this publication. Detailed policies are available in the Provider Library section of our *Provider Web Site*. The policies were reviewed due to:

- Addition, deletion or revision of codes published in the 2009 *Current Procedural Terminology (CPT®)*, *Health Care Procedure Coding System (HCPCS)* and *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* manuals
- Regularly scheduled review
- Requests from physicians, other health care professionals or facilities
- Updates from the Centers for Medicare & Medicaid Services (CMS)

Policies are reviewed using CMS' National Correct Coding Initiative (NCCI) rules and edits; language and descriptions contained in the American Medical Association's (AMA) CPT and HCPCS manuals; the AMA's *CPT Assistant*; other recognized coding publications; and state and federal regulations.

Codes that require clinical information are updated monthly. A complete list of code groupings can be found on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit.

If you have questions about our policies, please contact Provider Customer Service or your provider consultant. Our contact information is on page 12.

### Correct Code Editor updated

The Regence BlueShield Correct Code Editor (CCE) identifies code pair edits used in addition to CMS' NCCI edits. These code pair edits are compiled using CMS' NCCI written rules, CPT language and other recognized sources. The code pair edits are followed for all lines of business, including the Federal Employee Program (FEP).

Our CCE is updated quarterly (January, April, July and October) and is available on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit. Updates are clearly labeled with the corresponding version of CMS' NCCI. Our CCE, updated in July currently corresponds to NCCI Version 15.2. Our next update in October will correspond to NCCI Version 15.3.

*Note:* The incorrect version number is listed on the 2009 CCE supplement to CCI documents for January and April on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit. The supplements are correct and correspond to NCCI Versions 15.0 (January) and 15.1 (April).

### Updates to our Administrative Manual

We recently revised several sections of our *Administrative Manual*. Updated sections are listed below and are available to view and print from our *Provider Web Site* in the Provider Library section, under Manuals. For a paper copy of the updated manual sections, contact your provider consultant.

- Filing Claims
- Medicare Advantage Plans
- Payment
- Self-Managed and Consumer Directed Products

## New hospital-acquired conditions reimbursement policy effective August 1

In the May edition of *The Connection Online*, we announced our new reimbursement policy, *Hospital-Acquired Conditions and Iatrogenic Complications*. Effective August 1, Regence will no longer reimburse for these conditions or complications. This policy applies to all physicians, other health care professionals, hospitals and other facilities.

A hospital-acquired condition (HAC) is a condition that is not present when the patient is admitted to or arrives at the hospital or other facility, but develops during the stay. HACs include preventable infections and medical errors.

Iatrogenic complications are any adverse conditions that are the direct result of treatment by a physician or other health care professional. New modifiers were established by CMS to indicate when the wrong surgery or other invasive procedure is performed by a physician or other health care professional.

The following modifiers are included in the new policy:

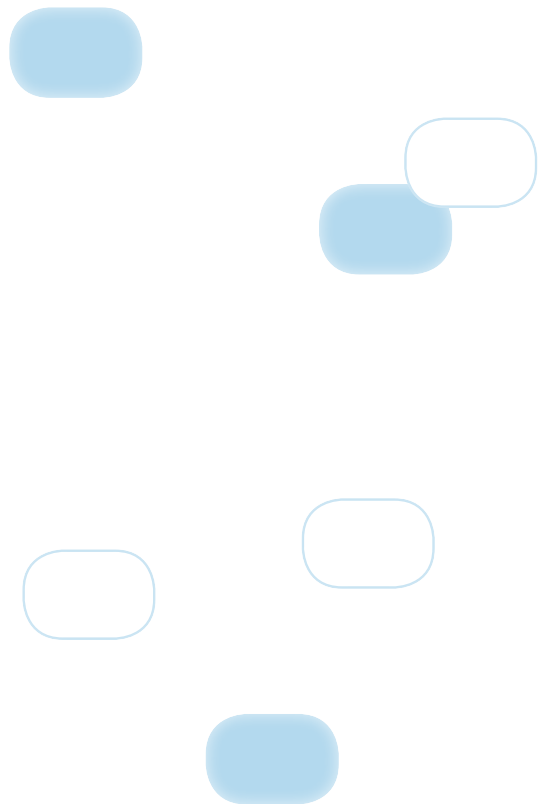
- **HCPCS Modifier –PA** is used when surgery or other invasive procedure is performed on the wrong body part.
- **HCPCS Modifier –PB** is used when surgery or other invasive procedure is performed on the wrong patient.
- **HCPCS Modifier –PC** is used when the wrong surgery or other invasive procedure is performed on a patient.

The policy is available on our *Provider Web Site* in the Provider Library section, under Policies.

## Physical therapy panel openings

Beginning September 1, Regence BlueShield will open our physical therapy panel to new applicants. Physical therapists who are not currently participating in one of our networks are eligible to apply.

Additional details and criteria are available in the Contracts/Credentialing section of our *Provider Web Site*.



### Corrected professional claims now accepted electronically

You now have the option of electronically submitting corrected professional claims to Regence.

The correction must:

- Include code source “235” Claim Frequency Type Code
- Be submitted in an American National Standards Institute (ANSI) 837 Health Care Claim transaction
- Include the appropriate code in ANSI 837, loop 2300, CLM05-03 “Claim Frequency Type Code”

The Claim Frequency Type code specifies the frequency of the claim. The third position of the Uniform Billing Claim Form Bill Type should be used as follows:

- 1** – ORIGINAL (this is the first submission of the claim)
- 6** – CORRECTED *Adjustment of Prior Claim*
- 7** – REPLACEMENT *Replacement of Prior Claim*
- 8** – VOID *Void/Cancel of Prior Claim*

### Hospital claims

If you are submitting a correction to a hospital claim, please use code 7 *Replacement of Prior Claim* as the third digit in the Type of Bill code and indicate all changes in the remarks field.

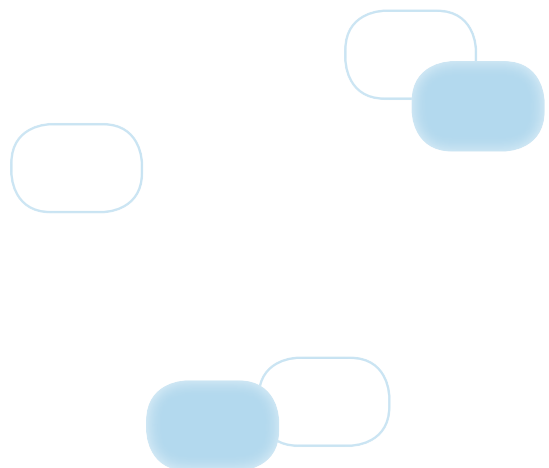
If you send your correction on paper, please help us identify the claim quickly and route it to the appropriate area for reprocessing by using the *Corrected Claim Cover Sheet*, available on our *Provider Web Site* in the Provider Library section, under Forms. Identifying the claim as a correction allows us to process it correctly and prevents it from being denied as a duplicate.

### Ovarian and internal iliac vein embolization

Effective November 1, claims for **CPT 36012** *Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)* will be considered investigational when billed with **ICD-9-CM 625.5** *Pelvic congestion syndrome* and not eligible for reimbursement.

This code will be added to our existing medical policy, *Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome* (Surgery #147) where **CPT 37204** and **75894** are currently listed as investigational when billed with **ICD-9-CM 625.5**.

Our medical policies are available on our *Provider Web Site* in the Provider Library section, under Policies. Our investigational codes are included in the *Regence Clinical Edits by Code* list available in the Claims & Billing section, under Coding Toolkit.



## Radiology Quality Initiative update

On June 1, Regence launched our Radiology Quality Initiative (RQI) for advanced diagnostic imaging performed in outpatient, non-emergent settings. Under the RQI program, Regence BlueShield providers are required to obtain an order identification (ID) number from American Imaging Management® (AIM®) before scheduling advanced diagnostic imaging procedures. This applies to procedures performed on an outpatient basis (e.g., a physician office or free-standing imaging center) or in an outpatient hospital setting.

To date, provider participation with the RQI program has been high, and we appreciate the steps offices have taken to comply with this program.

Based on feedback from providers, we have identified a few technical issues in the transfer of Regence data to AIM. A number of these issues have been resolved, and we continue to diligently resolve the others. We appreciate your patience as we make these improvements.

Additional information about the program, including answers to frequently asked questions, is available in the Care Management section of our *Provider Web Site*.

If you have additional questions, difficulty obtaining order ID numbers or suggestions for improving this process, please contact your provider consultant.

Ordering physicians are responsible for requesting order ID numbers from AIM:

- Online at [www.americanimaging.net/goweb](http://www.americanimaging.net/goweb) or
- By phone at 1 (877) 291-0509

Imaging providers are strongly encouraged to verify that an order ID number has been obtained before scheduling and performing diagnostic imaging procedures.

## Medicare medical record reviews and documentation tips

### Medical record reviews continue

We recently began reviewing medical records to support compliance with Medicare standards. These reviews will continue through the fall. Regence and Secure Document Imaging, LLC staff are contacting offices to collect data using Health Insurance Portability and Accountability Act (HIPAA)-compliant processes.

Participation in this quality assurance and improvement activity is a contract requirement for Regence MedAdvantage physicians, other health care professionals and facilities. Your cooperation during this data collection period is appreciated.

### Documentation and coding tips

We compiled a variety of tips that can help you ensure accurate medical coding and billing compliance for reporting chronic conditions, based on current CMS requirements for Medicare Advantage plans.

Please review the complete list of tips in the Medicare Advantage Plans section of our *Administrative Manual*.

## Investigational and medical necessity reviews

Recent changes to our medical policies are listed below. Detailed policies and the complete *Medical Policy Manual* are available online at <http://blue.regence.com/trgmedpol/index.html> or upon request by contacting your provider consultant. This list does not include medications or Medicare medical policy exceptions. For additional information related to medication policy updates, see the related article on page 11.

### New or updated investigational or medical necessity policy criteria

#### Allied Health

**Biofeedback** (#32) Multiple individual biofeedback policies were consolidated into this single policy, which addresses biofeedback for numerous conditions.

#### Laboratory

**Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer** (#42) New medical necessity criteria for Oncotype DX™ include: for patients who will be treated with adjuvant endocrine therapy, (e.g., tamoxifen or aromatase inhibitors); and for use in patients when chemotherapy may be an option, and when the test result will aid the patient in making the decision regarding whether to undergo chemotherapy. Added language stating the use of Oncotype DX to determine patient risk in those who have already made the decision to undergo chemotherapy is considered not medically necessary. Two additional gene expression profile tests were added to the investigational criteria: Mammostrat™ and Molecular Grade Index (Aviara MGISM).

#### Medicine

**Autologous Blood-Derived Growth Factors as a Treatment for Wound Healing and Other Miscellaneous Conditions** (#77) Injection into ligaments added to list of investigational indications.

#### Surgery

**Autologous Chondrocyte Implantation (ACI)** (#87) New medical necessity criteria for selected patients in lieu of total knee arthroplasty. ACI remains investigational for all other indications.

**Reduction Mammoplasty** (#60) Policy change. Liposuction as an additional procedure to breast reduction surgery is considered not medically necessary. Minor wording change to criterion 2D.

**Stereotactic Radiosurgery and Stereotactic (SRS) Body Radiation Therapy** (#16) Clarification of a previous policy change: SRS for essential tremors or Parkinson's disease was changed from medically necessary to investigational.

**Surgeries for Snoring, Obstructive Sleep Apnea (OSA) Syndrome and Upper Airway Resistance Syndrome (UARS) in Adults** (#166) Two individual OSA/UARS surgery policies were combined into one new policy. New policy consolidates information from conventional surgeries and minimally invasive surgeries. Individual policies on conventional surgeries (#49) and minimally invasive surgeries (#142) were archived.

#### Transplant

**Allogeneic Hematopoietic Stem Cell Transplant (SCT)** (#43) The following changes were made: new medical necessity criteria added for reduced intensity conditioning (RIC) allogeneic SCT for Non-Hodgkin's Lymphoma, Myelodysplastic disorders/Myeloproliferative Neoplasms and Acute Myeloid Leukemia (AML); policy criteria table revised to add information on RIC allogeneic SCT under each disease category; medical necessity criteria revised for AML to allow for those relapsing after an autologous SCT (removed six-month requirement); AML criterion expanded for those in remission to those with poor to intermediate risk AML in remission (i.e., abnormal cytogenetics); language added to policy criteria section stating allogeneic stem cell transplant is investigational for any indications not listed in the criteria table.

**Autologous Hematopoietic Stem Cell Transplant** (#42) and **Tandem Hematopoietic Stem Cell Transplant** (#44) Language added to the policy criteria section to state autologous stem cell transplant is investigational for any indications not listed in the criteria table.

## Genetic Testing policy updated

Effective November 1, the policy regarding genetic testing is being updated to include general criteria for determining medical necessity, as well as specific criteria for individual tests. The updated policy, *Genetic Testing* (Laboratory #20), replaces the separate policies for individual tests.

The following CPT codes will be reviewed for:

### Potentially investigational

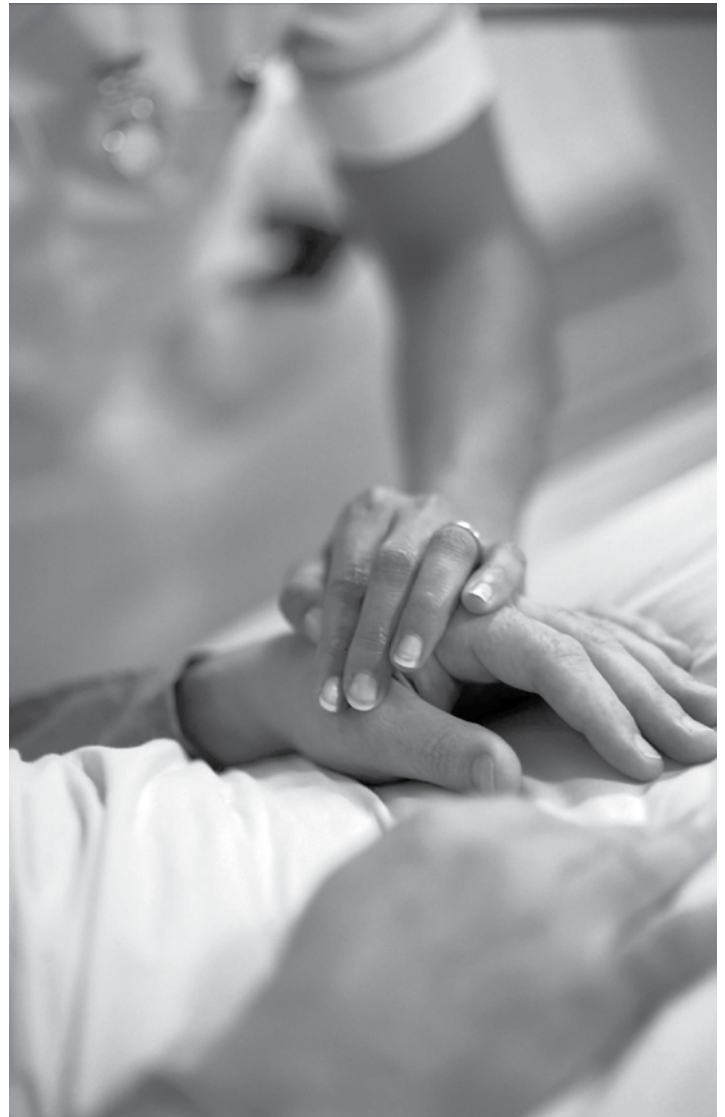
83890, 83891, 83892, 83893, 83894, 83896, 83897, 83898, 83900, 83901, 83902, 83903, 83904, 83905, 83906, 83907, 83908, 83909, 83912, 83913, 83914, 88384, 88385, 88386, S3800, S3843, S3844, S3845, S3846, S3847, S3848, S3849, S3850, S3851

### Medical necessity

S3818, S3819, S3820, S3822, S3823, S3828, S3829, S3830, S3831, S3833, S3834, S3840, S3860, S3861, S3862, S3865, S3866, S3870

The member's medical and treatment history for the condition and/or diagnosis should be supplied with any of the above CPT codes.

The complete medical policy regarding genetic testing can be viewed in the *Medical Policy Manual* available on our *Provider Web Site* in the Provider Library section, under Policies.



## Regence BlueShield continues to focus on hospital quality

As part of our commitment to information transparency and empowering our members to make more informed health care decisions, we are continuing to collaborate with The Leapfrog Group (Leapfrog).

Leapfrog has created several initiatives that encourage hospitals to adhere to evidence-based quality and safety practices. To promote transparency, Leapfrog provides information to the public that will assist patients and providers with the hospital selection process when inpatient care is required.

Leapfrog encourages health plans and employers to implement incentives and rewards for hospitals that demonstrate safe, high-quality health care by using one or more of their programs. We support the initiative by including incentives to meet program criteria in several of our hospital agreements. Hospitals can find valuable information on the Leapfrog Web site, [www.leapfroggroup.org](http://www.leapfroggroup.org), in the For Hospitals section, under Hospital Resources.

Hospitals that participate in the Leapfrog Hospital Quality and Safety Survey are rated in the following areas known as “Leaps”:

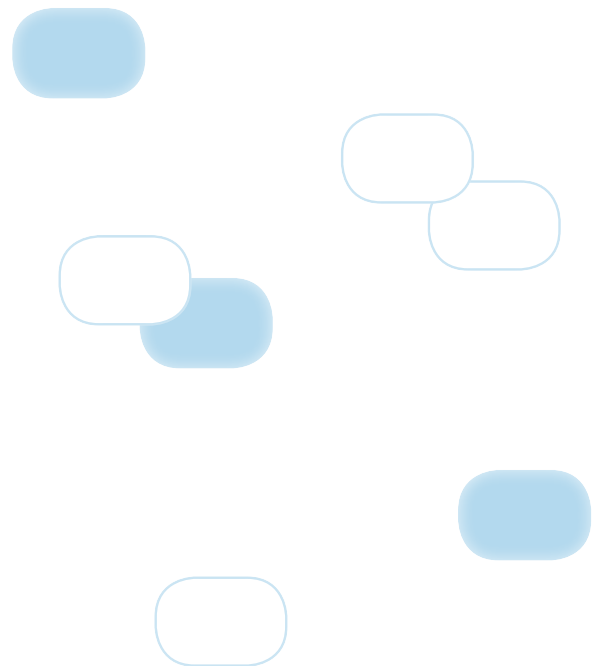
- High Risk Treatments
- Leapfrog Safe Practices Score
- Computer Physician Order Entry
- Intensive Care Unit (ICU) Physician Staffing

In 2008, Virginia Mason Medical Center was recognized by Leapfrog as one of the top hospitals in the United States for patient safety and quality. “Top hospitals demonstrate an exceptional level of performance and serve as a model for other hospitals,” said Leah Binder, chief executive officer of The Leapfrog Group.

We appreciate the network hospitals that participate in the Leapfrog survey and encourage those who have not previously participated to complete the 2009 Leapfrog survey. In addition, we would like to recognize the following hospitals that met three or more Leaps in 2008:

Hospital	Leaps completed
Virginia Mason Medical Center	4
Harborview Medical Center	3
Mary Bridge Children's Hospital & Regional Medical Center	3
Providence Everett Medical Center	3

To view other Washington hospital ratings and learn more about the program, visit the Leapfrog Web site.



## Updates to medication policies are online

Summaries of recent changes to our medication policies are available online. Detailed policies and the complete *Medication Policy Manual* are available at <http://blue.regence.com/trgmedpol/drugs/PolicyUpdates.pdf>.

Our *Preferred Medication List/Formulary* (PML) is also available online at [www.regencerox.com/learn/covered/alpha/index.html](http://www.regencerox.com/learn/covered/alpha/index.html).

## New bioequivalent option now available for Effexor XR®

Venlafaxine is a bioequivalent option for Effexor XR capsules. Venlafaxine extended-release tablets are now available at the generic copayment. This option is available as a tablet, not a capsule; therefore, prescribers will need to write a new prescription for extended-release tablets.

Information about new and existing prescriptions for Effexor XR:

- As of March 1, all new and existing prescriptions for Effexor XR are covered at the non-formulary/non-preferred copayment.
- Effexor XR capsules require prior authorization.

Advantages of venlafaxine extended release tablets:

- No prior authorization needed
- Available in the same strengths as Effexor XR capsules and are also available in 225 mg tablet strength
- Covered by Regence at a generic copayment, lowering out-of-pocket costs for members

For more information, please contact Pharmacy Customer Service at 1 (800) 732-9157.

## Nasal steroid step therapy

As of June 1, prior authorization is required for all brand-name nasal corticosteroids.

Generic flunisolide (Nasarel®, Nasalide®) and fluticasone (Flonase®) have proven track records and are available without prior authorization to treat allergy symptoms. These generics can reduce patients' copayments for nasal corticosteroids.

If flunisolide or fluticasone are ineffective or not tolerated, the following brand-name medications may be covered after prior authorization:

- Nasacort AQ® may be covered at the preferred copayment.
- More costly brand-name nasal corticosteroids, including Nasonex®, Omnaris®, Patanase®, Rhinocort Aqua® and Veramyst®, provide no additional clinical value. They will be covered at the non-preferred copayment.

Regence's coverage policy was developed to encourage the use of generic flunisolide and fluticasone.

Prior authorization is required for new prescriptions only. Due to significant cost savings, we encourage you to consider prescribing generic flunisolide or fluticasone for patients currently using brand-name nasal corticosteroids.

If you have any questions, please contact Pharmacy Customer Service.



# Regence

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Seattle, WA 98111

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## Contact Us

<b>Provider Services</b>	1 (800) 562-2156
<b>Provider Customer Service</b>	1 (800) 322-1737
<b>Provider Web Site</b>	<b><a href="http://www.wa.regence.com/provider">www.wa.regence.com/provider</a></b>
Behavioral Health	
• Federal Employee Program (FEP)	1 (866) 873-9743
• All other products	1 (800) 780-7881
BlueCard	1 (800) 206-1244
Boeing	1 (800) 422-7713
FEP	1 (877) 668-4651
Healthy Options Basic Health	1 (800) 669-8791
Innova, Engage, Activate and HSA Healthplan 2.0	1 (800) 253-0838
Pharmacy Services	1 (800) 732-9157
Regence MedAdvantage	1 (877) 508-7362
TriWest	1 (888) TRIWEST (874-9378)
Washington Health Forum	<b><a href="http://www.wahealthforum.com">www.wahealthforum.com</a></b>
Claims address: Regence BlueShield PO Box 30271 Salt Lake City, UT 84130-0271	FEP claims address: Federal Employee Program PO Box 31207 Salt Lake City, UT 84131-0207

### Executive Oversight

Beth Johnson  
Vice President, Provider Services

Joseph Gifford, MD  
Senior Medical Director

Vicki McCarron  
Manager, Provider Services

Kathy Neys Hove  
Manager, Provider Communications

### Editors

Sara Perrott, Managing Editor and Writer  
Paula Russell, Issue Editor and Designer

Jayne Drinan, Writer  
Janice Farley, Writer  
Sheryl Johnson, Writer

Carolyn Steele, Writer  
Laura Stevenson, Writer  
Darce Vassar, Writer

*The Connection* is published quarterly by Regence Provider Communications. It is written to keep our participating physicians, other health care professionals and facilities aware of our programs, guidelines and policies.