



www.asuris.com/provider

Feature:

The Connection is going paperless in 2010

Asuris wants to become a role model for the sustainable use of our natural resources. In order to support these efforts, we're saying farewell to the paper format of our newsletter.

Beginning next year, we will publish only *The Connection Online*SM. We will also change our publication schedule to February, April, June, August, October and December, allowing us to deliver more timely communications to you. In addition, we will begin to post many of our letters announcing new products or policy updates on our *Provider Web Site*. Prior to publication, we will mail reminder postcards listing the critical articles or other communications.

Our goal is to make the *Provider Web Site* the go-to place for information that impacts your office, such as:

- Verifying patients' eligibility, general benefits and claim status information through our secure portal, Asuris Online Services for Providers (To be renamed Provider Center on February 1, 2010)
- Submitting paper or electronic claims (Claims & Billing section)
- Viewing letters and other general communications (Coming next year)
- Learning about Patient Feedback, Enhanced Provider Profile and Treatment Cost Estimator initiatives (Cost & Quality section)

Sign up now to receive our online newsletter and other communications via email by completing the short subscription form on our *Provider Web Site*.

To do:

- Register for Asuris Online Services for Providers (Provider Center)
- Subscribe to *The Connection Online* and other communications

Contents

Subscribe to receive newsletters in your email inbox in 2010

Welcome to the last paper edition of *The Connection*. Additional articles are included in *The Connection Online*, our supplemental newsletter available on our *Provider Web Site* in the Provider Library section, under Newsletters.

Articles included in each edition are listed below. Please take a few moments to review both publications. As a reminder, next year we will only publish articles online.

Receive newsletter notifications via email

For your convenience, you can receive email notifications when new editions of our newsletter or other communications are available for viewing online.

To receive notifications via email, please complete the subscription form available on our *Provider Web Site*.

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Updates to medication list and policies

Notification of changes to our medical and reimbursement policies is 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)

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 8.

Correct Code Editor updated

The Asuris 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.

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. The October update corresponds to NCCI Version 15.3. The next update in January will correspond to NCCI Version 16.0.

Updates to our Administrative Manual

Current and upcoming changes to our *Administrative Manual* are listed below. Our manual is available to view and print from our *Provider Web Site* in the Provider Library section, under Manuals. For a paper copy of the updated sections, contact your provider consultant.

Changes effective November 1

- Filing Claims
- Fraud & Abuse
- Introduction
- Payment
- Who to Contact (Removed. Refer to the Contact Us or other sections of our *Provider Web Site*.)
- Therapy Guidelines section in the *Professional Manual*

Changes effective January 1, 2010

- Appeals
- Medicare Advantage Plans (Available online now. See related article on page 7.)

Group and Individual Products pre-authorization list updated

Our *Group and Individual Products* medical pre-authorization list has been reviewed and updated. The revised list is effective February 1, 2010. A print-friendly feature at the bottom of each page allows you to print each of the pre-authorization lists that are available in the Care Management section of our *Provider Web Site*.

Codes no longer eligible for separate reimbursement

Effective February 1, 2010, the following codes will not be reimbursed whether they are billed as a separate service or with any other code including an evaluation and management (E&M) code:

- **HCPCS Q0091** *Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory*
- **HCPCS G0101** *Cervical or vaginal cancer screening; pelvic and clinical breast examination*
- **HCPCS G0102** *Prostate cancer screening; digital rectal examination*

CMS specifically created these three codes to allow Medicare to administer limited preventive benefits.

If one or more of these services is performed during a visit, the appropriate E&M code should be used based on the level of examination and medical decision-making involved during the visit. **In addition, these services are, by definition, an integral part of a preventive E&M.** We recommend that you do not bill these codes with E&Ms. However, if your billing system requires you to bill these codes, be sure and include **Modifier -25** with the medical E&M code to prevent the denial of both codes.

Use of chemotherapy and infusion service codes

As a reminder, the CPT manual indicates the following chemotherapy and infusion service codes are not intended to be reported with physician services performed in a facility setting:

Chemotherapy administration:

- **CPT 96401 – 96402** *subcutaneous or intramuscular;*
- **CPT 96409** *intravenous, push technique, single or initial substance/drug*
- **CPT 96411** *intravenous, push technique, each additional substance/drug*
- **CPT 96413 – 96417** *intravenous infusion technique;*
- **CPT 96420 – 96423** *intra-arterial;*
- **CPT 96425** *intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump*

This also applies to **CPT 96521 – 96523** Refill/Upkeep of Drug Delivery Device.

“Facility setting” is defined with use of **Place of Service codes 21-24, 31-32, 34, 51-52, 54, 61-62** and **65**.

Physician services will be denied as a provider write-off if billed in a facility setting.

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 6.

New or updated investigational or medical necessity policy criteria

Allied Health

Biofeedback (#32) Policy revised. Biofeedback now considered medically necessary for headaches.

Medicine

Enhanced External Counterpulsation (EECP) for Chronic Stable Angina or Congestive Heart Failure (#66) EECP remains investigational for all indications. Treatment records will be requested for services reported with **CPT 92971**.

Surgery

Femoroacetabular Impingement Surgery (#160) Policy change. Open or arthroscopic surgery for femoroacetabular impingement (FAI) may be considered medically necessary when symptom and imaging criteria are met, for skeletally mature patients who are young enough to be considered inappropriate candidates for hip arthroplasty or reconstruction. Cautionary statement added advising that this surgery should be performed only by surgeons trained in FAI and other hip surgery, experienced in treating this condition and at facilities with appropriate staff.

Shoulder Resurfacing (#169) New policy. Shoulder resurfacing as an alternative to total shoulder arthroplasty or hemiarthroplasty is considered investigational. No specific CPT codes are available to identify shoulder resurfacing; therefore, claims for this procedure should report **CPT 23929** *Unlisted procedure, shoulder*. **CPT 23470** *Arthroplasty, glenohumeral joint; hemiarthroplasty*, or **CPT 23472** *Arthroplasty, total shoulder (glenoid and proximal humeral replacement) (e.g., total shoulder)* should not be used to report shoulder resurfacing.

Effective February 1, 2010, medical records will be requested for claims reporting **CPT 23470** and/or **CPT 23472** for review as potentially investigational.

Surgical Treatments for Hyperhidrosis (#165) Additional examples of significant medical complications added to criteria. Added lumbar sympathectomy and subdermal laser-assisted axillary hyperhidrosis treatment to list of investigational procedures. Added tympanic neurectomy as a medically necessary procedure for gustatory hyperhidrosis.

Varicose Vein Treatment (#104) Clarifications of the following criteria were added: additional treatment sessions, activities of daily living and occupational tasks, clinical documentation requirement and conservative therapy requirement.

Investigational or medical necessity policy criteria effective February 1, 2010

Medicine

Manipulation Under Anesthesia for the Treatment of Chronic Pain (#130) New investigational policy addressing manipulation while under anesthesia for the treatment of chronic pain. Policy does not address manipulation under anesthesia for fractures, completely dislocated joints, adhesive capsulitis (e.g., frozen shoulder) and/or fibrosis of a joint that may occur following total joint replacement.

New Telemedicine policy

Effective January 1, 2010, a new reimbursement policy for *Telemedicine* (Administrative #112) will be added. Telemedicine is defined as two-way video communication between a provider and patient. The telemedicine service can originate at a hospital, rural health clinic, provider's office, etc. It must include audio and video communication between the provider and the patient.

Note: Coverage for telemedicine is subject to the member's benefits.

More information on our reimbursement policies is available on our *Provider Web Site* in the Provider Library section, under Policies.

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.

Message from Asuris President and CEO Mark Ganz

By the time this is printed, we may have a clearer idea about the direction of health care reform. I hope the goals of achieving universal coverage, and improving affordability and quality of health care will be achieved for the uninsured and for those currently with coverage.

One thing for certain is that Asuris remains devoted to sustainable health care reform, which must include finding solutions to the fundamental cost drivers that make coverage increasingly unaffordable for too many Americans.

I believe now more than ever that we must transform the health care system. As the son of a primary care physician in Spokane, I saw the tremendous impact my father had on the lives of his patients and their families, serving them with honesty, care and compassion. We believe in these same values at Asuris, and we know that they must exist throughout the system to achieve meaningful and sustainable health care reform.

I invite you to learn more about our company, our values and our thoughts on health system reform by visiting the Advocate for Health Care Reform section of our *Provider Web Site*.

On behalf of our members—and the employees who serve them—I thank you.

2010 Asuris TruAdvantage product changes

On January 1, we are making changes to Asuris TruAdvantage, including our product offerings, member benefits, cost sharing and member premium amounts. The primary drivers of the upcoming changes are the reduction in government reimbursement for Medicare Advantage plans combined with rising claims costs.

Asuris TruAdvantage Core plan eliminated

CMS asked us to simplify our Medicare Advantage portfolio. After carefully evaluating which plans are meeting the majority of our members' needs, we chose to close the Asuris TruAdvantage Core plan and move members into the Asuris TruAdvantage + Rx Classic plan.

Cost sharing increases and benefit changes

To enable us to keep the benefits our Medicare Advantage and Medicare Part D members value, it became necessary to increase the members' cost-sharing.

Most copayments and coinsurance will increase for:

- Office visits
- Hospital stays
- Home health care
- Radiology services
- Skilled nursing facilities
- Prescription medications
- Other outpatient services

On the Asuris TruAdvantage + Rx Enhanced plan, some benefits will have a decreased coinsurance, such as durable medical equipment, Medicare-covered medications and Medicare-covered immunosuppressive medications. The vision hardware benefit on this plan is increasing to \$200 every two years.

In addition to copayment changes, out-of-pocket maximums are increasing on all Asuris TruAdvantage products and an annual deductible is added to the Asuris TruAdvantage + Rx Classic plan for Medicare-covered services. We have also made changes to our Medicare Part D prescription medication formulary to better control drug costs and align our formulary with those of our competitors.

New member cards will be issued to reflect the changes. More information and summaries are available in the Products section of our *Provider Web Site*.

To do:

- Review the 2010 benefits on our *Provider Web Site*
- Ask for member cards next year to verify copayment amounts



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Asuris TruAdvantage	1 (877) 508-7362
Behavioral Health	1 (800) 780-7881
Healthy Options	1 (866) 240-9560
Embark SM , Vantage SM , Motivate SM and HSA Healthplan 2.0 SM	1 (888) 349-6558
Pharmacy Services	1 (800) 732-9157
TriWest	1 (888) TRIWEST (874-9378)
Washington Health Forum Web site	www.wahealthforum.com
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