

# Regence

## r e p o r t

A Publication for Participating Health Care Professionals, Hospitals and Facilities  
September 2003



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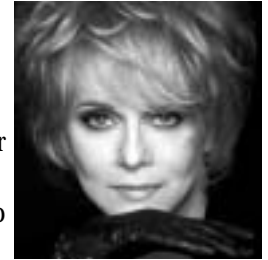
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## Caring Foundation Fundraising Gala Rescheduled

The Caring Foundation for Children's eleventh annual fundraising gala will be held November 18, 2003 at Abravanel Hall and the Grand America Hotel. This year's event will feature singer, entertainer and award-winning actress, Ann-Margret. To make your reservations, please call (801) 333-5679. The proceeds benefit the Caring Foundation for Children, which provides free dental care to uninsured Utah children.



## Reimbursement Allowances Increased

Participating Regence BlueCross BlueShield of Utah physicians were recently notified that, effective October 1, 2003, we are increasing many of our reimbursement payment allowances. This increase is in addition to the payment allowances increased in January and May of this year.

Amendments replacing Exhibit A of the Participating Physician Agreements were recently mailed to all participating BlueCross BlueShield of Utah physicians. Exhibit A provides a sample of the fee schedule. For additional information regarding the amendment or for a fee schedule containing those codes most utilized by your specialty, please contact your Professional and Provider Relations consultant.

As always, we genuinely appreciate your continued feedback, support and participation with BlueCross BlueShield of Utah. If you have any questions, you may call our Professional and Provider Relations Department (801) 333-2600, toll-free 1 (800) 621-2155, or e-mail [utahprovrel@regence.com](mailto:utahprovrel@regence.com).

## Changes to Dependent Coverage from Moment of Birth or Adoption

House Bill 373 – Insurance Law Revisions went into effect July 1, 2003. One specific part of the bill, addressing dependent coverage from moment of birth or adoption, affects our enrollment process as **there is no longer automatic 30-day coverage**.

For individual contracts where a change in premium applies, members must sign the E-27 addition form within 30 days from the date of birth or placement. Where there is no change in premiums, the member must sign the E-27 addition form within 30 days from the first notification of denial of a claim for services for that child.

If you have questions regarding this change, please contact our Customer Service Department (801) 333-2100 or toll-free 1 (800) 624-6519.

## *Administrative* and Billing Information

### Delayed Claims? Top 6 Reasons Why

The following are the most common areas where missing or incorrect information causes a delay in claims processing:

#### 1) Subscriber's information

List the subscriber's **contract number** as indicated on the member ID card. Always include the alpha prefix – Example: AGG529293939.

If a federal employee, use the **R number** on the card.

#### 2) Accident-related information

Items 10 a,b,c – complete accident information

Items 11 a-d – other insurance information

Item 14 – onset date of current illness/accident

Item 15 – onset date of ongoing illness

Item 19 – how, where, when

#### 3) Patient's diagnosis/condition – item 21 Diagnosis

Code to the highest level of specificity. May specify in column E which code relates to each procedure.

#### 4) Provider information – Item 33 Enter PIN

Provider name, address, and tax ID have to match our files.

For Medicare claims to cross over, our provider information must be the same as Medicare's.

#### 5) Request for additional information

Return requested information within 30 days from date of letter, or claim will be denied.

Claim will be processed with additional information within 20 days.

#### 6) Medicare – Cross over:

Patient signs authorization form

Doctor provides Medicare B number

Facility provides Medicare A number

### BlueCard® Program Quick Tips

The BlueCard Program provides a valuable service that lets you file all medical claims for members from other Blue Cross Blue Shield Plans to your local Utah Plan.

Here are some key points to remember:

- Make a copy of the front and back of the member's ID card.
- Look for the alpha prefixes that precede or follow the member's ID number on the ID card.
- Call BlueCard Eligibility at 1 (800) 676-BLUE (2583) to verify the patient's membership and coverage.
- Submit the paper claim to:  
Regence BlueCross BlueShield of Utah  
P.O. Box 30272  
Salt Lake City, Utah 84130-0272  
or submit electronically.

Always include the patient's complete identification number, which includes the three-character alpha prefix. The only two exceptions to submitting BlueCard claims to BlueCross BlueShield of Utah are as follows:

- 1) a member presents an ID card without a BlueCard suitcase icon on the card. In this case, please use the filing instructions on the back of the card.
- 2) a member presents you with an ID card without an alpha prefix. This may indicate an account or product (for example, FEP or Medicare+Choice) that may be exempt from the BlueCard Program, or the ID card may be outdated.

**For BlueCard claims inquiries, call (801) 333-2370 or toll-free at 1 (800) 782-8211.**

# Administrative and Billing Information

## Quick Tips for Easy Reference

### Claims Coding Tips

#### Common X12 Transactions

- 148 — First Report of Injury
- 169 — Payer to Payer COB Verification
- 270 — Eligibility Request
- 271 — Eligibility Response
- 275 — Attachment
- 276 — Claim Status Inquiry
- 277 — Claim Status Response/Request for Additional Info
- 277u — New Error Report
- 278 — Authorizations, Referrals Request/Response/Notification/Inquiry
- 811 — Premium Invoice
- 820 — Premium Payment
- 834 — Enrollment
- 835 — Claim Payment/Remittance
- 837 — Claim or Encounter
- 864 — Unformatted Error Report
- 997 — Acknowledgement

### Helpful Web sites

Go to these links to find info you need to know:

#### Medical Policy

[www.regence.com/trgmedpol/](http://www.regence.com/trgmedpol/)

#### Preferred Drug List

[www.ut.regence.com/dh/dh\\_PreferredDrug.html](http://www.ut.regence.com/dh/dh_PreferredDrug.html)

#### Provider Directory

[www.ut.regence.com/dh/dh\\_DirectOnline.html](http://www.ut.regence.com/dh/dh_DirectOnline.html)

#### Provider Administrative Manual

[www.ut.regence.com/dh/dh\\_administrativeManual.html](http://www.ut.regence.com/dh/dh_administrativeManual.html)

### Credentialing Tips

Don't forget to submit all of the following items:

- Application and Release form
- Utah State License
- DEA Registration
- Professional Liability insurance (face sheet)
- Evidence of Board Certifications – two letters from board-certified physicians per specialty if not board certified
- Resume or CV

## Call Us if You Need Us

### Provider Relations (801) 333-2600

#### Telephone menu options:

- 1 Claims Status and Benefits
- 2 Credentialing
- 3 TRICARE/CHAMPUS
- 4 Provider Relations fax number, e-mail and Web site address
- 5 Hospital reimbursement, pricing issues or home health
- 6 Provider Relations menu (more options)
  - #1 Fee schedule, Provider Agreements, status of contracts
  - #2 Address or tax ID changes
  - #3 All other Provider-related issues

### EDI Support

Electronic Data Interchange (EDI) is an electronic claims submission and funds transfer system that allows the providers to receive payment from BlueCross BlueShield of Utah. Please call the following numbers if you have problems or questions regarding your payments from BlueCross BlueShield of Utah.

#### EDI support center (801) 333-2900

**Joel Trujillo (EDI support person)**  
**(801) 333-5481.**

### Helpful EDI Web sites

[www.wpc-edi.com](http://www.wpc-edi.com) (Washington Publishing Co.)

[www.cms.com](http://www.cms.com)

[www.uhin.com](http://www.uhin.com)

## Medical Policy Updates

### Medicare B Appeals: Quick Reference Guide

The Customer Service Respondents (CSRs) at the Medicare Part B Carrier of Utah can provide solutions to the vast majority of customer concerns. If your call is not answered to your satisfaction, please feel free to speak to a supervisor or manager. For claims not resolved to your satisfaction by a CSR or supervisor or manager, there is an appeals process in place as follows:

#### Appeals Process for Claims

Appeals on claims may be initiated by a beneficiary, a beneficiary's representative payee, a participating provider, or a non-participating provider if the denial is a medically necessary (waiver of liability) denial.

#### Appeals Process for Local Medical Review Policies

Local Medical Review Policies (LMRPs) reconsiderations can be initiated by interested parties (beneficiaries residing or receiving care in the carrier's jurisdiction or providers doing business in the carrier's jurisdiction) on any portion of a finalized LMRP.

If modifications to the LMRP conflict with a Centers for Medicare & Medicaid Services' National Coverage Determination (CMS' NCD), the request for an LMRP reconsideration is considered invalid. Interested parties are referred to [www.cms.hhs.gov/coverage/8a1.asp](http://www.cms.hhs.gov/coverage/8a1.asp) to view the NCD reconsideration process.

Requestors must submit LMRP reconsideration requests in writing to:

**Regence BlueCross BlueShield of Utah**  
**Attn: LMRP Reconsideration Administrator**  
**P.O. Box 30269**  
**Salt Lake City, UT 84130-0269**

Fax: (801) 333-6505

E-mail: [utah\\_medb\\_lmrp@regence.com](mailto:utah_medb_lmrp@regence.com)

#### **The following is a quick-reference guide to the appeals process for claims under Medicare Part B:**

##### **Review**

Time Limit: 120 days from the date the claim was processed  
Amount in Dispute: No minimum  
Jurisdiction: Carrier

##### **Hearing**

Time Limit: Six months from the date the review was processed  
Amount in Dispute: \$100+  
Jurisdiction: Carrier

##### **Administrative Law Judge**

Time Limit: 60 days from the date the fair hearing was processed  
Amount in Dispute: \$100+  
Jurisdiction: Bureau of Hearings and Appeals (BHA)

##### **Judicial Review (Federal Court System)**

Time Limit: 60 days from the date the Administrative Law Judge disposition was processed  
Amount in Dispute: \$1,000+  
Jurisdiction: United States District Court

The request must identify the language that the requestor wants added or deleted from an LMRP. Requestors must also include a justification supported by new evidence, which may materially affect the LMRP's content. Copies of the published evidence must be included with the reconsideration request.

The level of evidence required for LMRP reconsideration is the same as is required for new/revised LMRP development.

Within 30 days of receipt of the reconsideration request, the carrier must determine the validity of the request. If the request is considered invalid, the carrier will respond in writing as to the reason the request is considered invalid.

Within 90 days of receipt of a valid request for reconsideration, the carrier will make a final LMRP reconsideration decision and notify the requestor of the decision, with its rationale.

**For a further description of the carrier's LMRP reconsideration process, see our Web site at [utmedicare.regence.com](http://utmedicare.regence.com).**

# Medical Policy Updates

## The Regence Group Medical Policy

### Summary of Medical Policy Criteria for PET Scans — September 1, 2003

The following is a summary of medical policy criteria related to Positron Emission Tomography (PET) scanning. Please refer to the appropriate policy for details. The Regence Group Medical Policies are available online at [www.regence.com/trgmedpol/](http://www.regence.com/trgmedpol/).

Oncologic Applications of PET scanning; Radiology, No. 14

- FDG Using Camera-Based Imaging (FDG-SPECT); Radiology, No. 33
- Cardiac Applications of PET scanning; Radiology, No. 34
- Miscellaneous Applications of PET scanning; Radiology, No. 35

FDG-SPECT may be considered medically necessary as a technique to evaluate myocardial viability in patients with known coronary artery disease. All other indication for FDG-SPECT are considered investigational.

PET scanning associated with cancer treatment may be considered medically necessary in carefully selected patients when the clinical management is dependent upon results.

Cardiac PET scanning may be considered medically necessary to assess myocardial perfusion, or to assess myocardial viability in order to determine candidacy for a transplant versus revascularization procedure.

PET scanning is considered medically necessary in the assessment of selected patients with epileptic seizures who are candidates for surgery.

The use of PET for all other indications is considered investigational, including, but not limited to:

- CNS diseases, cerebrovascular diseases
- Degenerative motor neuron diseases
- Dementias
- Demyelinating diseases, such as multiple sclerosis
- Developmental, congenital, or inherited disorders
- Nutritional or metabolic diseases and disorders
- Psychiatric diseases and disorders
- Pyogenic infections
- Pulmonary diseases
- Substance abuse
- Trauma
- Viral infections
- Anorexia nervosa
- Cerebral blood flow in newborns
- Vegetative versus “locked-in” state

### Pulse Oximetry Reminder

It is BlueCross BlueShield of Utah's policy that procedure codes 94760 (noninvasive ear or pulse oximetry for oxygen saturation, single determination) and 94761 (noninvasive ear or pulse oximetry for oxygen saturation, multiple determinations [e.g., during exercise]) are not eligible for separate reimbursement when billed with another payable procedure code by the same provider. These codes are only eligible for reimbursement when billed as stand-alone procedures.

Code 94762 (noninvasive ear or pulse oximetry for oxygen saturation, by continuous overnight monitoring [separate procedure]) is eligible for separate reimbursement when billed with another payable procedure code when medical necessity can be established. Reimbursement for code 94762 includes all supplies, equipment and services related to the continuous overnight monitoring.

If you have any questions regarding this reimbursement policy, please contact your Provider Relations consultant.

## Medical Policy Updates

### Changes to Regence Medical Policies

The Regence Group and its affiliated Plans use medical policies as guidelines for coverage decisions within the member's written benefits. Below are summaries of recent changes to The Regence Group's medical policies. The detailed policies and complete Medical Policy Manual are available online at [www.regence.com/trgmedpol/](http://www.regence.com/trgmedpol/).

We have included the section and policy number for your convenience.

POLICY NAME	POLICY CHANGE	POLICY #
Sacral Nerve Stimulation for Urinary Incontinence	Reference to pre-implantation testing with temporary electrodes previously included in the policy description is now also included in a reformatted policy criteria section.	DME 53
Salivary Hormone Testing for Menopause and Aging	This new policy considers these tests to be investigational.	Laboratory 36
Hyperbaric Oxygen Pressurization	Headache is added as an investigational indication for hyperbaric oxygen treatment. Necrotizing fasciitis severe enough to require multiple surgical procedures is added as a medically necessary indication.	Medicine 14
Sleep Studies in Adults	Risk for complications of anesthesia associated with obstructive sleep apnea has been added as an additional indication for a sleep study.	Medicine 22
Trigger Point Therapy	Trigger point injections with substances other than local anesthetics are considered investigational.	Medicine 39
Electrothermal Coagulation	Electrothermal coagulation of any joint other than the shoulder is considered investigational.	Surgery 100
Biofeedback as a Treatment of Urinary Incontinence in Adults; Biofeedback as a Treatment of Headache; Biofeedback as a Treatment of Chronic Pain; Biofeedback for Miscellaneous Indications	Four renewed policies consider biofeedback investigational for all conditions. These policies will be effective November 1, 2003. Please note that subscriber contract language regarding biofeedback will govern when contract coverage and medical policies differ.	Allied Health 26, 27, 28, 29
Patient Lifts	The policy criteria have been updated, and now more closely match Medicare coverage.	DME 23
Intra-arterial Brachytherapy for Prevention and Management of Restenosis after Percutaneous Transluminal Angioplasty (PTA)	An additional policy statement has been added clarifying that endovascular brachytherapy with PTA of the femoropopliteal artery is considered investigational.	Medicine 76

## Medical Policy Updates

<b>POLICY NAME</b>	<b>POLICY CHANGE</b>	<b>POLICY #</b>
Full-field Digital Mammography	The revised policy states that full-field digital mammography may be equivalent, but not superior, to standard screen film mammography for both screening and diagnosis.	Radiology 39
Stereotactic Radiosurgery of Central Nervous System Lesions	The policy no longer addresses stereotactic radiotherapy, but instead focuses solely on stereotactic radiosurgery. Fractionated stereotactic radiotherapy of extra CNS lesions may be considered medically necessary.	Surgery 16
Surgical Management of Obstructive Sleep Apnea Syndrome and Upper Airway Resistance Syndrome	Radiofrequency volumetric tissue reduction (somnoplasty) remains investigational in the treatment of obstructive sleep apnea. Patient selection criteria have been clarified to better define CPAP failure.	Surgery 49
Radiofrequency Facet Joint Denervation	This policy has been archived.	Surgery 72
Deep Brain Stimulation for Movement Disorders	The treatment of chronic, intractable dystonia is added as a covered indication for deep brain stimulation.	Surgery 84
Implantable Bone Conduction Hearing Aid	This new policy contains medical necessity criteria for implanted hearing aids, including the BAHA®, when member benefits are available for these devices.	Surgery 121
Minimally Invasive Total Hip Arthroplasty	This new policy concludes that new arthroscopic techniques for total hip arthroplasty are considered investigational.	Surgery 125

The following Medication Policies are recently revised or updated:

<b>POLICY NAME</b>	<b>POLICY #</b>
Imglucerase (Cerezyme)	Dru 2
Botulinum Toxin Type A Injection (Botox)	Dru 6
Epoprostenol (Flolan)	Dru 11
Gonadotropin-releasing hormone analogs (Lupron, Lupron Deport, Zoladex, Trelstar LA, Trelstar Depot, Synarel, Supprelin)	Dru 14
Intravenous immunoglobulins (IVIG)	Dru 20
Sildenafil (Viagra)	Dru 24
Oseltamivir (Tamiflu)	Dru 38
Antineoplaston Cancer Therapy	Dru 80

# Medical Policy Updates

## Reimbursement for Trigger Point Injections

In 2002, CPT revised the coding for trigger point injections and similar procedures to read as follows:

- CPT 20550 Injection; tendon sheath, ligament, ganglion cyst
- CPT 20551 Injection; tendon origin/insertion
- CPT 20552 Injection; single or multiple trigger point(s), one or more muscle groups
- CPT 20553 Injection; single or multiple trigger point(s), three or more muscle groups

Please note that CPT 20550 and 20551 are no longer used to describe trigger points. Claims for CPT 20550 or 20551 that are not consistent for services described by the revised definition of these codes will be denied.

As always, guidance and localization procedures related to trigger point injections are considered inclusive and are not eligible for separate reimbursement. Dry needle stimulation and trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid is considered investigational.

If you have questions regarding reimbursement for trigger point injections, please contact your Provider Relations consultant.

### Clarification on UDOH Poster Information

The Utah Department of Health (UDOH) has issued a poster titled “The Performance Quality of Utah’s Health Plans 2002.” The poster presents an overview of Utah’s five commercial HMOs – Regence HealthWise, Altius, Cigna, IHC and UnitedHealthcare.

There are some inaccuracies in this publication, specifically: the percentage of board certification among Regence HealthWise providers is comparable to that of our competitors. The wrong percentages were printed due to an internal auditing error, which is being corrected and certified by independent external auditors. Also, since Regence HealthWise is comprised of only 4 percent of the company’s overall medical membership, the reliability of the HEDIS data listed in the UDOH publication is skewed.

BlueCross BlueShield of Utah is working with UDOH to ensure that future publications reflect accurate information. Please share this information with providers or members who may have questions about this publication.

*Regence Report* is published by the Corporate Communications department of Regence BlueCross BlueShield of Utah, 2890 East Cottonwood Parkway, Salt Lake City, Utah 84121-7035. It contains information for Regence BlueCross BlueShield of Utah providers. Information is provided by the Professional and Provider Relations Department, (801) 333-2600, toll free 1 (800) 621-2155, or e-mail [utahprovrel@regence.com](mailto:utahprovrel@regence.com). Or contact Corporate Communications, (801) 333-5574. Editors: Marge Allen and Stephanie Bird, Graphic Design: Cheryl Bosh.

Return Service Requested



Salt Lake City, UT 84130-0270

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