



# The Connection<sup>SM</sup>



[www.ut.regence.com/physician](http://www.ut.regence.com/physician)

## 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 and view general benefits
- 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.

[continued on page 2](#)

## Save time by using our online tool

continued from page 1

### Contents- *The Connection*

#### Feature

Save time by using our online tool 1-2

#### Online Resources

*The Connection Online*<sup>SM</sup> 3

ProClaimWin Internet connectivity available 3

#### Administrative and Billing Updates

Correct Code Editor 4

*Administrative Manual* 4

Ovarian and internal iliac vein embolization 5

Hospital-acquired conditions policy 5

Claim adjustment periods change 6

#### Policy Updates

*Genetic Testing* policy 6

Medication policies 6

Investigational and medical necessity reviews 7

#### Contact Us

We're here for you 8

### Contents - *The Connection Online*

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

### 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.

#### 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 September 1.**

### Request claim status via electronic transaction

In addition to Regence Online Services for Providers (Provider Center), 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 below are published in *The Connection Online*, our supplemental newsletter available on our *Provider Web Site* in the Provider Library section, under Newsletters.

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

### Online Resources

Enhance your provider profile today

### Administrative and Billing Updates

Adverse Determination Appeal Process  
Billing add-on codes and Modifier -59  
Category II codes increase data completeness  
The importance of accurate diagnostic coding  
Voucher deduction request form available  
*Utah Diabetes Practice Recommendations*

### Medical Policies

Join our medical policy discussions

### News

Annual provider satisfaction survey results  
Resources for Spanish-speaking members  
Patient safety tools and resources  
Personal health records help patients and you  
Regence continues to focus on hospital quality

### Medicare

Medical record reviews and documentation tips

### Pharmacy

Generic Incentive Program  
Influenza and pneumococcal immunizations  
Nasal steroid step therapy  
Bioequivalent option available for Effexor XR®  
Updates to medication policies and list

### TriWest

Receive communications via email  
Submit referrals and authorizations online

## ProClaimWin Internet connectivity now available

Electronic transactions can now be sent to Regence through your Internet connection rather than your dial-up modem.

Benefits include:

- Faster response time
- Less cost than using a dial-up modem
- Free electronic transmission through our newest version of ProClaimWin software

We are transitioning from dial-up modem access and encourage you to download the new version of ProClaimWin as soon as possible. This new version includes added functionality, including electronic eligibility requests. Your current Utah Health Information Network (UHIN) membership applies to this new version.

All users will be transitioned to Internet connections during the next few months. Take time now to make this important change and download the latest version of ProClaimWin.

If you submit to out-of-state payers (such as Cigna, Aetna, etc.), you need to subscribe to a clearinghouse option offered through UHIN. Emdeon® and Capario<sup>SM</sup> are clearinghouses that support UHIN transactions outside Utah.

To learn more about using ProClaimWin, visit the Claims & Billing section of our *Provider Web Site* or complete one of our workshops. Launch our self-paced workshop or find dates for our upcoming workshops offered via phone conference in the Educational Tools section of our *Provider Web Site*.

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 8.

### Correct Code Editor updated

The Regence BlueCross BlueShield of Utah 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.

- Medicare Advantage Plans
- Payment
- Self-Managed and Consumer Directed Products
- Who to Contact

In addition, our Regence Online Services for Providers section will be updated and renamed Provider Center on September 1.

## 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.

## 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.

## Claim adjustment periods change

The following time limits related to claim adjustment periods were enacted by House Bill 165. Please be aware of these time limits and update your billing practices accordingly.

### Effective May 12:

- Maximum 36 months, if the improper payment was due to a recovery by Medicare, Medicaid, Children's Health Insurance Pool (CHIP) or any other federal health care program
- Maximum 12 months, if the improper payment was due to any other reason (other than Coordination of Benefits [COB] as noted below)

### Effective July 1:

- Maximum 24 months, if the improper payment was due to COB

These dates apply to Utah plans recovering suspected overpayments, as well as physicians, other health care professionals and facilities recovering suspected underpayments.

These time limits are included in the Filing Claims section of our *Administrative Manual*, available on our *Provider Web Site* in the Provider Library section, under Manuals.

State legislators are examining the health care delivery system in Utah as an extension of the transformation discussions occurring throughout the nation. We will include relevant legislative updates in upcoming issues of our newsletter.

## 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.

## 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.regencex.com/learn/covered/alpha/index.html](http://www.regencex.com/learn/covered/alpha/index.html).

## 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) 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.



# Regence

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## Contact Us

### We're here for you

We are dedicated to helping you. Please see the specific contact information below. Additional resources are available on our *Provider Web Site*.

### Provider Customer Service

General: 1 (800) 537-8715  
BlueCard: 1 (800) 782-8211 or (801) 333-2370  
Federal Employee Program (FEP): 1 (877) 668-4657  
Innova, Engage, Activate, HSA Healthplan 2.0: 1 (877) 417-6222  
Regence MedAdvantage: 1 (877) 508-7362

### Provider Services

1 (800) 621-2155 or (801) 333-2600, Option 6 then Option 2

### Provider Web Site

[www.ut.regence.com/physician](http://www.ut.regence.com/physician)

*The Connection* is published quarterly by Regence Provider Communications. It contains information for Regence BlueCross BlueShield of Utah physicians, other health care professionals and facilities.