



www.asuris.com/provider

Feature:

Progress report issued on federal efforts to adhere to four-cornerstones of value driven health care

Approximately one year after President Bush signed an Executive Order on Transparency committing to four cornerstones of value-driven care – interoperable health information technology; measuring and publishing quality data; measuring and publishing price information; and promoting quality and efficiency of care – Secretary Leavitt has issued an update on the government's progress in building a system of health care centered on value.

Key highlights of the government's progress report include:

Physician Quality Reporting Initiative (PQRI):

Centers for Medicare & Medicaid Services (CMS) began collecting quality information from participating physicians on July 1, 2007 that will become the basis for bonus payments to be paid mid-2008. In the recently proposed 2008 physician fee schedule rule, CMS also proposed expanding the PQRI measure set as well as electronic and registry based channels for reporting quality data in 2008.

Hospital quality reporting:

Since 2004, hospitals that voluntarily report specified quality measures adopted by the Hospital Quality Alliance (HQA) are entitled to receive the full payment update. In June 2007, CMS added two mortality measures for heart attack and heart failure and plans to add measures of patient satisfaction by spring 2008.

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Physician quality reporting:

Through CMS' Quality Improvement Program, six community based collaboratives are testing the most effective methods to combine private claims with Medicare claims data to produce more accurate, comprehensive measures of quality of services at the physician level. The results of these efforts, expected in October 2008, will be used to provide performance information to physicians to assist them in improving the quality of care they deliver. This information will also be shared with beneficiaries to enable them to make more-informed physician and treatment decisions.

Price transparency:

Providers, patients and payors should participate in arrangements that reward those who offer and those who purchase high-quality, competitively priced health care. Such arrangements may include implementing a pay-for-performance method of reimbursement for providers or offering consumer-directed health plan products, such as account-based plans for enrollees in employer-sponsored health benefit plans.

"As a supporter of the Executive Order on Transparency and Leavitt's four cornerstones of value-driven health care, Asuris Northwest Health believes information has the power to transform our health care system," said Mark Ganz, president and chief executive officer of Asuris. "We support the government's efforts to drive value in health care and are committed to providing our members with the tools and information necessary to assist them in making more-informed health care decisions."

Future issues of *The Connection*SM will include more information about Asuris's work to incorporate the four cornerstones of value-driven health care in its service to members.

Correct Coding Editor (CCE) updated

Our Correct Coding Editor (CCE) is updated quarterly (January, April, July and October) and is available online at www.asuris.com/provider/claims/toolkit/CCE. Additional CCE code pair edits are added in April and October, and include any changes and additions to Current Procedural Terminology (CPT) and Health Care Procedure Coding Systems (HCPCS) codes. Updates are clearly labeled with the corresponding version of the CMS' National Correct Coding Initiative (NCCI). Asuris' CCE updated in October 2007 corresponds to NCCI Version 13.3.

Credentialing criteria updated

Asuris Credentialing Criteria were recently updated and are effective on November 1, 2007. The new criteria are available on our *Provider Web Site* at www.asuris.com/provider/credentialing.

Provider Manual updated

Asuris has a team dedicated to regularly reviewing the *Provider Manual*. Updates were recently made to the following sections within the manual:

- Member Cards (new EmbarkSM and VantageSM member cards)
- Embark and Vantage NEW
- Billing Information (new Embark and Vantage vouchers)
- Asuris MedAdvantage (product name and benefit changes coming January 2008)
- Behavioral Health

You may view and print these updates using our *Provider Web Site* at www.asuris.com/provider. For a copy of the updated manual sections, contact your provider consultant.

Correction: Fax numbers for medical record requests

In the August issue of *The Connection*SM, we published an article titled "New fax number for medical record requests" (page 4). This article was published in error. There is not a new fax number available for general submission of medical records.

Medical records that have been sent to this fax number will be redirected to the appropriate Asuris Claims division; however, please do not use this fax number for general medical records submission.

Continue to use the same process for submitting medical records related to claim submissions as you have done previously. We apologize for any confusion this error may have caused.

Documentation of timed Current Procedural Terminology (CPT®) codes

Our External Audit and Investigations department has identified several instances where the appropriate documentation when billing timed Current Procedural Terminology® (CPT) codes that require direct (one-to-one) patient contact is not included. Examples of the codes, as listed in the CPT reference book, include, but are not limited to:

- Physical Medicine and Rehabilitation: **CPT 97032-97140, 97530-97546, 97750-97762**
- Medical Nutrition Therapy: **CPT 97802-97804**
- Acupuncture: **CPT 97810-97814**

Consult an up-to-date CPT reference book to ensure you are accurately documenting CPT codes in your chart notes being billed to Asuris, including beginning and ending times, along with a description of the treatment. Evaluation and Management codes as well as Psychiatric Therapeutic procedures also require an element of time and appropriate documentation. Consult the Evaluation and Management Services Guidelines in your CPT reference book for additional details regarding time documentation for these services.

For further instructions on documenting timed codes, visit CMS' Web site at www.cms.hhs.gov/manuals/downloads/clm104c05.pdf.

Reminder: Changes to clinical editing

Asuris notified you in August about important changes we are making to a limited set of clinical edits in our claims system effective November 5, 2007. This will affect how some claims are processed. A newly developed *Clinical Edit List* is available under the Coding Toolkit in the Claims and Billing section of our *Provider Web Site* outlining the following edit categories affected by this change:

- **Asuris Invalid Codes**
CPT and HCPCS codes that are defined by Asuris as invalid codes and not reimbursable.
- **Cosmetic Codes**
CPT and HCPCS codes that are considered by Asuris to be cosmetic and ineligible for benefits. Potentially cosmetic codes are also included.
- **Investigational Codes**
CPT and HCPCS codes that are considered by Asuris to be investigational and ineligible for benefits. Potentially investigational codes are also included.

Reminder: Non-surgical, non-invasive spinal decompression is investigational

The following information appeared in our June 2007 *The Connection*SM newsletter and is included in this issue as a reminder.

There has recently been increased interest and advertisement regarding services for non-surgical spinal decompression therapy, also known as vertebral axial distraction. Asuris considers vertebral axial decompression therapy to be investigational.

For further clarification, you may find the medical policy titled Vertebral Axial Decompression in the Medicine section, at www.regence.com/trgmedpol/medicine.

Coordination of Benefits (COB) is changing

Effective for dates of service beginning January 1, 2008, Asuris Northwest Health will be changing the way claims are processed in relation to Coordination of Benefits (COB). We are making these changes to comply with a new rule issued by the Office of the Insurance Commissioner (OIC). This new rule applies to all employer groups and Individual plans. However, Employee Retirement Income Security Act (ERISA) self-funded groups are exempt. There are two significant changes to current practice when Asuris is the secondary Plan:

Highest allowable expense: Under the new rule, all health Plans processing COB claims will reimburse in the secondary payer position using the highest allowable expense among the paying Plans.

Example:

A provider charges \$150.00 for a service; one health Plan may allow \$120 while another Plan allows only \$100.00. The patient balance, if any, and the provider reimbursement will be equal to the highest allowable of \$120. Amounts over the highest allowable are considered provider write-offs.

Estimated secondary Plan payment: If the primary Plan's payment amount is unknown, Plans in the secondary position must make a reasonable estimate of the primary Plan payment and base their secondary payment on that estimated amount. Once the primary Plan payment information is available, secondary Plans can recover any excess amount paid after the primary Plan pays under the "right of recovery" provision in the plan. If the Plan underestimates their secondary payment an adjustment will be done to pay the additional amount.

This is a significant departure from our current practice where Plans are permitted to deny claims pending payment information from the primary Plan.

For more information, visit the Office of the Insurance Commissioner Web site at www.insurance.wa.gov, contact your provider consultant at 1 (800) 245-6054 or visit our *Provider Web Site* at www.asuris.com/provider. We will also be sending additional information before the end of 2007.

Third quarter claims processing results

Month	Claims Processed	Number in 30 days	Percentage
July	37,670	35,902	95.3
August	48,063	45,599	94.8
September	38,145	36,559	95.8
Total	123,878	118,060	95.3

Investigational and medical necessity reviews

The following summaries outline recent changes to Asuris medical policies.

Note: The summaries have been reformatted by section, allowing you to more easily find the medical policies you're interested in. The policy name, section and number are included for your convenience. Detailed policies are available upon request by contacting your provider consultant and online at www.regence.com/trgmedpol.

This list does not include transplants, medications or Medicare medical policy exceptions. For information about Asuris medication policies, see pages 14-15.

New or updated Investigational or Medical Necessity Policy Criteria

Allied Health

Intensive Wean Therapy for Children with Severe Feeding Disorders

Allied Health 46

New policy. Inpatient and residential intensive wean therapy is considered investigational. Outpatient feeding disorders programs for young children with feeding disorders may be considered medically necessary.

Durable Medical Equipment

Microprocessor-Controlled Knee Prosthesis

Durable Medical Equipment 68

Updated policy. Microprocessor-controlled knee prosthesis may be considered medically necessary when patient selection criteria are met.

Medicine

Prediabetes and Diabetes Care

Medicine 129
(formerly Laboratory 52)

Updated policy and name change. Previously addressed only hemoglobin A1C testing. Policy considers glucometers medically necessary for any patient with a confirmed diagnosis of diabetes. Glucometers are not considered medically necessary for patients with prediabetes; also known as metabolic syndrome. Dietary and exercise counseling may be considered medically necessary for patients with prediabetes.

Radiology

Dynamic Spinal Visualization

Radiology 53

New investigational policy. The use of dynamic spinal visualization is considered investigational for all indications.

Magnetic Resonance Imaging (MRI) of the Breast

Radiology 43

Updated policy. Based on new published data. Changed high-risk definition from two or more first degree relatives to >20 percent lifetime risk per family history models. Added evaluation of contralateral breast as medically necessary indication for MRI in patient with confirmed breast cancer. Added to investigational list, assessment of response to chemotherapy and evaluation for residual tumor following lumpectomy with positive margins.

Investigational and medical necessity reviews (continued)

Radiology (continued)	
Miscellaneous Applications of Positron Emission Tomography (PET) Scanning Radiology 35	Updated policy. PET scan for the diagnosis of chronic osteomyelitis may be considered medically necessary. PET scan for the diagnosis of giant cell arteritis is considered investigational.
Surgery	
Occlusion of Uterine Arteries Using Transcatheter Embolization or Laparoscopic Occlusion to Treat Uterine Fibroids Surgery 97	Updated policy. Initial uterine artery embolization may be considered medically necessary for the treatment of uterine fibroids. Laparoscopic and subsequent uterine artery embolizations are considered investigational.
Thermal Capsulorrhaphy as a Treatment of Joint Instability Surgery 100	Updated policy. Thermal capsulorrhaphy of all joints, including, but not limited to, the shoulder, knee and elbow, is considered investigational.
Total Hip Resurfacing Surgery 113	Updated policy. Metal-on-metal total hip resurfacing with a fully Food and Drug Administration (FDA)-approved total hip resurfacing device (e.g., the Cormet 2000 and Birmingham Hip Resurfacing Systems) may be considered medically necessary for patients who otherwise require a total hip arthroplasty and are likely to outlive a total hip arthroplasty prosthesis. All other total hip resurfacing devices and applications are considered investigational.

Join our medical policy discussions

Asuris would like to hear from you as we develop our medical policies. If you are interested in providing feedback on policies in draft form, please join our e-mail reviewer list. You may complete an online request form at <https://www.regence.com/trg/contact/>.

While we'd prefer to receive input as policies are being developed, we also have a formal provider appeals process that allows you to submit additional information, such as clinical trial results, that may warrant a policy review. The Appeals section of your *Provider Manual* outlines the appeals process. It can be found online in the Provider Library section of our *Provider Web Site* at www.asuris.com/provider/library/manual.



Physician and Provider Appreciation Week celebrated in September

Asuris designated the last week of September as Physician and Provider Appreciation Week. Provider Services staff visited many provider offices and delivered small tokens of appreciation. In addition, all Asuris employees were given the opportunity to recognize the care they or their family members have received from providers by sending personal notes of appreciation.

This event is intended to distinguish Asuris' outstanding partnerships with and appreciation of our providers. Asuris looks forward to this annual event. We would like to extend our thanks to all of our participating physicians, other health care professionals and facilities for the exceptional care you provide to our members.



Members stay connected with myAsuris.com Message Center and newsletter

Message Center

Asuris recently launched a Message Center section on **myAsuris.com**, providing members with secure e-mail access to our Customer Service and Health Care Services departments. The Message Center allows members to communicate directly with Asuris to get answers to questions about coverage, receive advice about their health and find resources to better understand and navigate the health care system. All questions and correspondence submitted through the Message Center are addressed within two business days.

Newsletter

Members registered on **myAsuris.com** can now receive an online newsletter. This semimonthly HTML newsletter has up-to-date information about health-related topics, as well as information on any new programs or tools available on **myAsuris.com**.

A demonstration of **myAsuris.com** is available on our *Provider Web Site* at **www.asuris.com/provider**.

Reminder: National Provider Identifier (NPI)

Continue to submit your electronic claims using only your Asuris provider number or your Asuris provider number and your National Provider Identifier (NPI). **Do not submit electronic claims with only an NPI at this time.** We will update you when this option is available. We need to have 100 percent of our electronic submitters' NPIs received and loaded into our claims system before we can accept only NPIs.

As of August 24, 2007, we have received NPIs for 80 percent of our physicians and other health care professionals and 55 percent of our facilities. If you haven't already done so, share your NPI with us as soon as possible so we may enter it into our systems. You can submit your NPI using one of the three submission methods below:

- Online submission is available in the Provider Library section, under Forms on our *Provider Web Site* at **www.asuris.com/provider**. Complete the electronic *Provider Information Update Form* and submit it electronically.
- Call your provider consultant.
- Mail your NPI to:
 - Asuris Northwest Health
 - Attn: Provider Network Management
 - PO Box 21276, M/S 916
 - Seattle, WA 98111-3267

The latest NPI information, including a frequently asked questions document and an online workshop, is available on our *Provider Web Site* at **www.asuris.com/provider**. If you have any questions, contact your provider consultant.

Holiday office closure schedule

The following holidays will be observed by the closure of all Asuris offices:

Thanksgiving

Thursday and Friday, November 22-23, 2007

Christmas

Monday and Tuesday, December 24-25, 2007

New Year's Day

Tuesday, January 1, 2008

President's Day

Monday, February 18, 2008

Memorial Day

Monday, May 26, 2008

Independence Day

Friday, July 4, 2008

Labor Day

Monday, September 1, 2008

Thanksgiving

Thursday and Friday, November 27-28, 2008

Christmas

Thursday and Friday, December 25-26, 2008

New Year's Day

Thursday, January 1, 2009

New Asuris Health Savings Account (HSA) Healthplan debuts

Asuris is pleased to announce Asuris Health Savings Account (HSA) Healthplan, an innovative approach to coverage that provides our members with more flexibility and ownership of their health care dollars and decisions. The expanded Asuris HSA Healthplan will help members control their out-of-pocket expenses by providing complete coverage on preventive services, solid protection from the unexpected and the ability to spend tax-free dollars on an expanded list of qualified medical expenses.

The Asuris HSA Healthplan is currently being sold to individuals as well as large and small employer groups and will be effective January 1, 2008.

Features of the new product include the following covered preventive services:

- Deductible waived; no limit on benefits or frequency
- Well-baby care (including hospital exam at birth, all related laboratory and X-ray services)
- Well-child care (including all related laboratory and X-ray services)
- Adult routine physical exams (including all related laboratory and X-ray services)
- Women's annual health care (including pelvic exams, Pap tests and mammograms)
- Men's annual health care (including digital rectal exams and Prostate-Specific Antigen [PSA] tests)
- Routine immunizations for adults and children (including annual flu shots)

The Asuris HSA Healthplan is an ideal solution for individuals and families looking for ways to fully participate in their health care planning. If you have questions regarding our HSA Healthplan or any Asuris product, contact your provider consultant.

Highlights of benefit changes due to recent legislation

Benefit changes from Washington state legislation, effective January 1, 2008, are summarized below:

- Chemical dependency benefits limits have been raised to a \$14,000 maximum benefit every two calendar years.
- Mental health will be covered as any other medical/illness condition, subject to deductible and coinsurance on our Individual and small employer-group products. Benefit limitations still apply.

New small employer-group products launch

EmbarkSM and VantageSM, our new products for smaller employer groups, were successfully launched on our new claims system November 1, 2007. Embark and Vantage offer members choices of providers, benefit levels and services. In addition, these products offer members the tools and resources they need to make more-informed health care decisions.

In October, we mailed a *The ConnectionSM Special Edition* newsletter dedicated to these products and our new claims system. The newsletter highlighted changes you will see for Embark and Vantage members, including different member cards, vouchers and Customer Service phone numbers. A copy of this newsletter is available in the Products section of our *Provider Web Site* at www.asuris.com/provider.

The following additional resources for Embark and Vantage are also available on our *Provider Web Site*:

- *Provider Manual* updates
(see related article on page 3)
- Product information, including comprehensive *Summaries of Benefits*
- Online workshop

Effective January 1, 2008, the following changes will be made to these products for new and renewing employer groups:

Chemical dependency:

Dollar maximum will increase to \$14,000 every two calendar years.

Mental health:

Outpatient payment level for employer groups with two to 50 employees will increase from 50 percent to “paid as any other medical condition.” Benefits will accumulate toward the coinsurance maximum.

We will continue to communicate information about these products to you in *The Connection* and on our *Provider Web Site*. If you have any questions, contact Asuris Provider Customer Service for these products at 1 (888) 349-6558 or your provider consultant at 1 (800) 245-6024.



Asuris MedAdvantage service area expanded

Asuris is pleased to announce that the service area for Asuris MedAdvantage expanded to new counties within the state.

The Asuris MedAdvantage service area was expanded to the following counties in October: Benton, Ferry, Franklin, Kittitas, Stevens and Whitman. The product will be effective in the new areas on January 1, 2008.

Also effective January 1, 2008 are benefit changes to Asuris MedAdvantage and Asuris Medicare Script plans, which include new copayments and changes to the out-of-network benefits. The Asuris MedAdvantage information in our *Provider Manual*, available on our *Provider Web Site* or by contacting your provider consultant, will be updated in January to reflect these changes.

Asuris MedAdvantage gets a new name

Effective January 1, 2008, Asuris Northwest Health MedAdvantage plans will be known as Asuris TruAdvantage™. TruAdvantage includes the same benefits and provider network as Asuris MedAdvantage.

Between now and January 1, you may see the new name on materials as we begin communicating with our members. New member cards will be issued to existing Asuris MedAdvantage members. TruAdvantage will replace MedAdvantage on your payment voucher, too. For more information on other changes to TruAdvantage, see article above.

CMS charges penalty for late member enrollment

In August, Asuris notified Medicare Part D members of how the Centers for Medicare & Medicaid Services' (CMS) late enrollment penalty (LEP) may affect their premium. CMS charges an LEP to Part D members who didn't enroll in or maintain enrollment in a Part D plan or other creditable coverage when they were first eligible to do so. By definition, creditable coverage is coverage through a different Plan that is considered to be equivalent to Medicare coverage.

CMS states: "Under Section §1860D-13(b) of the Social Security Act, and 42 CFR §423.46 423.56(g), Medicare beneficiaries may incur a late enrollment penalty (LEP) if there is a continuous period of 63 days or more at any time after the end of the individual's Part D initial enrollment period during which the individual was eligible to enroll, but was not enrolled in a Medicare Part D plan and was not covered under any creditable prescription drug coverage."

There is a 1 percent penalty for every month the member did not have creditable coverage. The penalty is not based on the premium the member pays the Plan, but it is based on the Part D-base beneficiary premium amount, which is determined by CMS. The LEP is collected by Asuris with all LEP funds given directly to CMS.

For example, if the member waited 11 months to enroll, the penalty would be 11 percent - 1 percent for every month he or she waited to join. Eleven percent of \$27.35 is \$3.00. If the plan's premium is \$20 per month, the member would have to pay a total of \$23 per month as opposed to \$20 per month. This penalty percentage may change from year to year, impacting the member's penalty amount, depending on when he or she joins the plan.

If you have additional questions, contact our Asuris MedAdvantage Customer Service department at 1 (800) 541-8981 or visit www.cms.hhs.gov.

Synagis® for upcoming respiratory syncytial virus (RSV) season

The respiratory syncytial virus (RSV) season generally occurs November through April depending on location. Asuris provides resources to assist you and your infant patients with treatment of RSV with Synagis®.

This year, Asuris has contracted with McKesson Specialty Pharmacy and Option Care as Synagis distributors. These contracts allow us to provide your eligible patients with Synagis at a reduced rate. McKesson Specialty is our preferred specialty pharmacy provider for all specialty medications.

Synagis can be ordered by contacting McKesson Specialty at 1 (877) 222-4138 or Option Care at 1 (888) 276-0820.

If Synagis is ordered from McKesson Specialty or Option Care; you do not have to submit a claim to Asuris, you will need to bill only for the appropriate administration fee. Choosing an Asuris Synagis distributor may save your office time as these companies will:

- Verify member benefits and coverage
- Obtain prior authorization for Synagis from Asuris
- Deliver Synagis to your office (packaged appropriately for temperature control)
- Bill Asuris directly

If you decide to obtain Synagis from another source, bill us directly and:

- Obtain prior authorization from Asuris
 - Contact 1 (800) 732-9157 or fax information to 1 (800) 884-1053
 - Submit a *Pharmacy Prior Authorization Request Form* online at **www.regencerx.com**
- Submit claims on a CMS-1500 claim form using **CPT 90378**
- Provide National Drug Code (NDC) numbers using a separate line on the claim for each NDC used. (NDC numbers should be entered in Box 24D under "Procedures, Services, or Supplies," either above or below **CPT 90378**.)

Asuris will not cover home health care visits for Synagis administration unless the member meets Asuris homebound medical necessity criteria detailed on our Web site at **www.regence.com/trgmedpol/um/um02.html**.

Contact your provider consultant or Customer Service, if you have any questions.



Asuris medication policy updates

Asuris uses medication policies for coverage decisions within the member's written benefits. Summaries of recent changes to our medication policies, including policy numbers, are listed below. Detailed policies and the complete *Medication Policy Manual* are available online at www.regence.com/policy/medication/contents.html.

Medication Policy Name and Number	Summary of changes
Aranesp® , Policy #dru076; Epogen® , Procrit® , Policy #dru012	Clarified definition for anemia related to kidney failure and cancer; clarified maximum weekly doses considered medically necessary; aligned criteria with Medicare recommendations allowing coverage for chemotherapy-related anemia, but not for cancer-related anemia not associated with chemotherapy.
Growth Hormone , Policy #dru015: Genotropin® , Humatrope® , Norditropin® , Nutropin® , Nutropin AQ® , Nutropin Depot® , Omnitrope® , Saizen® , Serostim® , Serostim LQ® , Tev-Tropin® , Zorbtive®	Clonidine allowed as acceptable stim test; defined multiple hormone deficiency in children as growth hormone plus two other pituitary hormones; stim tests are not required for neonatal hypoglycemia; allowed coverage for neonatal hypoglycemia without short stature.
Humira® , Policy #dru081	Coverage for psoriatic arthritis when prescribed by a dermatologist; Crohn's disease added as approved indication; psoriasis added as investigational indication; use with other TNF inhibitors considered investigational.
IVIG , Policy #dru020: Carimune NF® , Flebogamma® , Gamimune N® , Gammagard S/D® , Gammar IV® , Gammar-P IV® , Gamunex® , Iveegam® , Octagam® , Panglobulin® , Polygam S/D® , Venoglobulin® , Vivaglobin®	Added solid organ transplant as approved indication; removed criteria for relapsing/remitting multiple sclerosis; treatment duration/reauthorization criteria table added; approved doses specified for each indication.
Pegasys® , Policy #dru044 PEG-Intron® , Policy #dru144	Table 1 updated to include genotype, HIV status and ribavirin indication/contraindication for each patient characteristic.
Tykerb® , Policy #dru145	New policy. Covered for HER2 positive advanced or metastatic breast cancer.
Nexavar® , Policy #dru134	Investigational uses defined.
Tarceva® , Policy #dru118	Added criteria allowing coverage for patients with terminal/end-stage non-small cell lung cancer without prior chemotherapy treatment.
Cymbalta® , Policy #dru147; Effexor XR® , Policy #dru146; Lexapro® , Policy #dru148; Paxil CR® , Policy #dru149	New policies. Establish requirement of treatment with generic/preferred antidepressant options prior to coverage.

Asuris medication policy updates (continued)

Medication Policy Name and Number	Summary of changes
Actos®-Containing Medications , Policy #dru131; Avandia®-Containing Medications , Policy #dru132; Januvia® , Policy #dru140	May be covered when patient A1C is above 7 percent and treatment with metformin is ineffective, not tolerated or contraindicated.
Byetta® , Policy #dru120	Requires prior treatment with insulin or a sulfonylurea.
Exubera® , Policy #dru136	Covered when injectable insulin is ineffective, not tolerated or contraindicated.
Symlyn® , Policy #dru121	May be covered when patient A1C is above 7 percent and treatment with insulin is ineffective, not tolerated or contraindicated.
Levitra® , Policy #dru096	Clarified conditions considered “not medically necessary” versus “investigational.”
Lamisil® , Policy #dru065; Sporanox® , Policy #dru066	Simplified criteria for non-onychomycosis indications.
Viagra® , Policy #dru024	Added pulmonary arterial hypertension (PAH) as medically necessary condition; clarified “not medically necessary” versus “investigational” conditions.
Ambien® , Policy #dru062	Criteria aligned with Ambien CR® , Lunesta® and Rozerem® policies.
Ambien CR® , Policy #dru062; Lunesta® , Policy #dru114; Orencia® , Policy #dru129; Forteo® , Policy #dru085; Cialis® (Part D Only) , Policy #dru099_Med Pt D; Levitra® (Part D only) , Policy #dru096_Med Pt D; Viagra® (Part D only) , Policy #dru024_Med Pt D; Compounded Medications , Policy #dru135; Penlac® , Policy #dru070; Self-Administered Injectables , Policy #dru110; Topical Tretinoin , Policy #dru067; Xolair® , Policy #dru087	No criteria changes.

Reduce your workload and receive faster payments from TriWest

By taking some simple steps, you can expedite the processing of your TRICARE West Region claims, reduce the time spent on tracking claims status and eliminate the need to submit duplicate or tracer claims.

Visit www.triwest.com

As a registered TRICARE provider, you can take advantage of self-service features on TriWest's secure provider Web site. The site allows you to:

- Confirm beneficiary eligibility and benefits
- Check status of referrals and authorizations
- Update consult tracking feedback reports
- Check the status of submitted claims
- View detailed Explanation of Benefits (EOB) for processed claims

Submit claims electronically

If you are not already submitting claims electronically, as a registered TRICARE provider, you can submit your professional and institutional claims online and receive real-time processing results. Currently, online claims are being processed within the following timeframes:

- 71 percent of clean claims are processed immediately
- 97 percent of clean claims are processed in 15 days or less
- 99.7 percent of clean claims are processed in 30 days or less

Note: A clean claim is one that has no defects requiring investigation or development prior to adjudication.

Wait 30 days before resubmitting claims

Second submissions and tracer claims can delay claims processing, impact the accuracy of claims payment and cost your practice valuable time. You can help avoid these problems by allowing at least 30 days from the date the claim is received at Wisconsin Physicians Service (WPS) before generating second submissions or tracers. This timeframe allows WPS time to receive the claim from your office or billing service, process all clean claims and send your payment.

In addition, some providers may continue to count the time that the original claim was submitted to the primary payer or from the last date of service on the account as the submission date to WPS when TRICARE is the secondary payer. Due to the high number of secondary payments involved in TRICARE compared to other programs, WPS often receives a tracer claim from a provider at the same time that the initial claim is received showing the primary payer information. This results in increased denials due to duplicate claims and additional work for your office.

Find more information

For additional information on becoming a registered provider, submitting your claims online and signing up to receive Electronic Remittance Advices, refer to the Provider Connection area of www.triwest.com or contact TriWest's Electronic Data Interchange Help Desk at 1 (800) 782-2680.

TriWest Patient Referral/Authorization Form and Prior Authorization List updated

TriWest Healthcare Alliance (TriWest) has recently updated the *TRICARE Patient Referral/Authorization Form*, which should be submitted when you refer patients for specialty care or request authorization for medical or surgical services. The revised form may be found in the Medical/Surgical section of the Find a Form page on the TriWest Web site.

TriWest has also updated the *Prior Authorization List* effective November 1, 2007. The updated list and supporting list of codes can be viewed online in the Referral and Authorization section of the Provider Connection area on the TriWest Web site at www.triwest.com.

TriWest Healthcare Alliance contract update

The current TRICARE contract, administered by TriWest Healthcare Alliance (TriWest), expires on March 31, 2009, and will soon be open for bid to competitors. As a local not-for-profit health care company and a TRICARE network subcontractor in Washington, we believe in reinvesting in our community, which includes supporting TriWest as our TRICARE plan administrator. We have every confidence that the next contract will be awarded to TriWest. The new contract will likely be awarded in June 2008 with a contract effective date of April 1, 2009. Current TRICARE providers do not need to take any action during this time.

As TriWest works toward the successful award of a third TRICARE contract, you will still have local TRICARE representatives and the uninterrupted service that you deserve. TriWest will continue to provide process improvements such as instant online registration to improve your experience as a TRICARE provider. Updates will be posted to the Provider Connection pages of www.triwest.com throughout the bid process.

TRICARE online provider directory improved

Searching for participating TRICARE physicians and other health care professionals just got easier for beneficiaries and providers alike. TriWest Healthcare Alliance has added the following new features and functions to www.triwest.com:

- Find a Military Treatment Facility (MTF) link is now on TriWest's home page
- Urgent Care Extended Hours Directories link is now on the main Provider Directory page
- Search by Specialty is now a main search function
- Practice Capabilities has been added as optional information criteria
- Search by Island has been added for finding a provider on a specific Hawaiian island

"These changes were based on suggestions and recommendations from providers, beneficiaries, network subcontractors, military treatment facility staff and TriWest employees to improve the provider directory application," said Carri Kelly, director of Provider Data Management. "They also are intended to help users search more quickly through an extensive database of over 120,000 health care providers."

Note: The online directory does not include all network providers. Emergency room physicians, urgent care physicians and other hospital-based providers may not be listed.

It is essential for the directory to include up-to-date demographic information for providers so TriWest can provide accurate information to TRICARE beneficiaries and ensure that claims payments are sent to the correct address. Visit the online provider directory to review your individual listing at www.triwest.com. If your information is not current, complete the online *Suggest a Change* form, located on each individual provider information page or contact your Asuris provider relations representative.

Coding Toolkit offers resources for billing staff

The Coding Toolkit is a new online resource that was developed to provide billing staff with detailed information about coding, documentation requirements and Asuris clinical edits, including the Correct Code Editor (CCE) and *Clinical Edit List*.

The CCE lists additional code pair edits used as a supplement to CMS' NCCI. NCCI is used as the basis for Asuris clinical edits. For more information about the CCE, see the related article on page 3.

The *Clinical Edit List* is a complete list of investigational, cosmetic and Asuris invalid codes. It includes the differences that will apply to both our current claims system and our new claims system (excluding our Medicare claims system). The *Clinical Edit List* also includes the documentation that is required in support of various CPT and HCPCS codes, such as patient chart notes, operative reports and medical and treatment history. The *By Report Procedure Codes* have been replaced with the *Clinical Edit List*. *Status B Codes* have been incorporated into *Asuris Invalid Codes*, found on the *Clinical Edit List*.

The Coding Toolkit can be found in the Claims and Billing section of our *Provider Web Site* at www.asuris.com/provider. We hope this information helps you understand our documentation requirements and clinical editing rules.

EmbarkSM, VantageSM and other product information at your fingertips

A new Products section on our *Provider Web Site* offers extensive information on our various commercial and Medicare products. Resources include benefit summaries, sample member cards, pre-authorization requirements and online workshops. Learn more about EmbarkSM, VantageSM and our other commercial and Medicare products on our *Provider Web Site* at www.asuris.com/provider.

Electronic claim submissions move from THIN[®]

A recent joint venture with The Health Information Network[®] (THIN) now allows Availity[®] to offer greater expertise, resources and overall value to its customers through the use of their secure Internet exchange – the Availity Health Information Network. The Availity platform will soon replace the THIN platform, which will be retired. **As of December 31, 2007, providers and their offices will no longer be able to transmit to the THIN platform.**

In an effort to assist THIN submitters with this transition, Availity has pre-registered all THIN submitters for access to the Availity Health Information Network. This access will allow you to transmit your electronic claims to Availity using the same submitter identification number and password that you currently use with THIN. If you currently submit claims through the THIN platform, you must contact an Availity Client Services representative at 1 (800) AVALITY (282-4548) or confirm your pre-registration on their Web site at www.availity.com.

Availity is currently working with practice management system vendors to ensure the transition to the Availity Health Information Network occurs as seamlessly as possible. Contact your software system vendor to better understand your transition from the THIN platform to Availity.

Provider Relations department update

Recently the Provider Relations department made some changes to the assigned provider territories. We understand that changes may be disruptive and that your relationship with your provider relations representative is important to you and your office. We remain committed to providing the highest level of service to our physicians, other health care professionals and facilities and are confident these changes will enable more face-to-face interactions with you. In addition, the provider relations representative title has changed to provider consultant.

Provider consultants are currently contacting provider offices to introduce themselves. A list of provider consultants and the physicians, other health care professionals and facilities they support can be found on our *Provider Web Site*, www.asuris.com/provider, in the Contact Us section. You can also call our Provider Relations department at 1 (800) 245-6024.

Provider consultants are our primary external contact with your office to provide assistance and support. They are available for office staff orientations, education regarding new policies, processes and products, and to assist you with resolving complex issues.

For claim status, benefit information, eligibility and routine questions, continue to contact Provider Customer Service at 1 (800) 322-1737. Behavioral Health and Chemical Dependency providers should contact the Behavioral Health department at 1 (800) 780-7881.

We're here for you

Idaho Regence BlueShield of Idaho P.O. Box 1106 Lewiston, ID 83501 1 (800) 632-2022 (208) 746-2671	Correspondence Submission Asuris Northwest Health P.O. Box 21267 Seattle, WA 98111-3267
Portland Regence Life and Health P.O. Box 1071 Portland, OR 97207 1 (800) 621-3330	Pre-Authorization (Medical/Surgical) Fax: 1 (866) 297-8001 Go to www.asuris.com for Pre-Authorization forms
Spokane Asuris Northwest Health P.O. Box 12268 Spokane, WA 99213-3368 1 (800) 245-6024 (509) 922-8072	Prior Authorization Drug/Medication Fax: 1 (800) 884-1053 Go to www.regencerx.com for Pharmacy Prior Authorization forms
TriWest 1 (888) 874-9378	Healthy Options 1 (866) 240-9560 Fax: (253) 573-3270
Asuris Provider Customer Service 1 (800) 462-5680 Fax: (509) 526-5347	Asuris Provider Web Site www.asuris.com/provider
Claims/Member Customer Service 1 (888) 344-5587 Fax: (509) 526-5347	Provider Relations department 1 (800) 245-6024 Fax: (509) 926-3056
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