



[www.asuris.com/provider](http://www.asuris.com/provider)

*Feature:*

**Reach patients by enhancing your profile on myAsuris.com**

This fall, Asuris Northwest Health participating physicians and other health care professionals will have the opportunity to update their individual profile pages on **myAsuris.com**—creating a unique and personalized online space to share information about their practice and to market their services directly to new and established Asuris patients.

Every week, hundreds of Asuris members use the Provider Search functionality on **myAsuris.com** to look for physicians, other health care professionals and facilities. The enhanced version of this tool, set to launch later this year, will enable Asuris members to determine whether a provider sees patients like them and to choose the provider that is right for them based on several criteria, including:

- Philosophy of care
- Practice areas of expertise
- Appointment availability
- Awards and other distinctions
- Patient demographics (e.g., average age and gender ratio)

According to Dr. Jeff Robertson, Asuris executive medical director, “Our enhanced Provider Search feature offers physicians and other health care professionals a new, high-tech venue to distinguish themselves and to reach new and established patients by providing valuable information about their expertise and practice.”

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The enhanced Provider Search function, including upgraded provider profile pages, was designed to meet the needs of our members while enabling providers to create a unique, personal space to market their services and practice. As a result, the following opportunities are available to providers who choose to submit information:

- A direct link from the provider's individual profile on **myAsuris.com** to his or her practice's Web site
- Provider Search results will display providers who have updated their individual profiles first
- Online presence for providers who may not already have a Web site for their practice

#### Watch your mailbox for more information

Asuris recognizes that your time is valuable. We have taken steps to ensure that updating your individual profile page is quick and easy.

In the coming weeks, you will receive more information about—and instructions for—updating your online profile in the mail. In addition, Asuris provider consultants will be talking to offices about the benefits of updating individual profiles. In the interim, if you have any questions about the planned enhancement of the Provider Search feature or updating your profile, please contact your provider consultant.

#### New Guest Pass code allows you to visit myAsuris.com when you want



You can now access our secure member tool **myAsuris.com** without your Guest Pass expiring. We invite you to log on to **myAsuris.com** today using the Guest Pass code PROVIDER. After registering with this code, you can login anytime with your username and password.



The policies and procedures in this section were reviewed due to:

- The addition, deletion or revision of codes published in the 2008 *Current Procedural Terminology (CPT®)* and *Health Care Procedure Coding System (HCPCS)* manuals
- A 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 the following code groupings may be found on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit:

- Cosmetic and potentially cosmetic codes
- Asuris invalid codes
- Investigational and potentially investigational codes

Medical policies are also available in the Provider Library section of our *Provider Web Site*. If you have questions about our policies, please contact Customer Service or your provider consultant. Our contact information is on pages 15 and 16 of this newsletter.

## Correct Code Editor (CCE) 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 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. Additional CCE code pair edits are added in April and October, and include any changes or additions to CPT and HCPCS codes. Updates are clearly labeled with the corresponding version of CMS' NCCI. Our CCE, updated in July, corresponds to NCCI Version 14.2. Our next update in October will correspond to NCCI Version 14.3.

## Billing for anesthesia minutes

When submitting claims for anesthesia administration, please include the actual minutes anesthesia was administered in field 24G *Days or Units* on the *CMS-1500* medical claim form. If submission is on a *UB-04* facility claim form, use **Revenue Code 0963** or **0964** in form locator 42 and include the units in form locator 46. Recording the actual minutes will ensure accurate claims processing.

## Billing for diabetic shoes

The description for diabetic shoes, fitting and modifications (**HCPCS A5500–A5513**) indicates the shoes are for diabetics only. Therefore, submit these codes only for patients with a primary or secondary diagnosis of diabetes.

### Our NPI dual-use period extended

The Health Insurance Portability and Accountability Act (HIPAA) requires physicians, other health care professionals and facilities that use electronic transactions to include a National Provider Identifier (NPI) on all electronic claims. We offered a dual-use period to allow providers to test their transactions before limiting identifiers to only the NPI.

Asuris is extending our NPI dual-use period until further notice because many entities are still in varied stages of compliance. You may continue to submit claims with only your NPI and tax identification (ID) number; or your NPI, tax ID and Asuris provider identifier. You will be notified when we will no longer accept your Asuris provider identifier on claims.

Remember to include your physical/rendering address along with your billing address on the claim. We strongly urge all providers, whether filing claims electronically or via paper, to obtain and use an NPI number.

For more information or to obtain an NPI, please visit the CMS Web site at [www.cms.hhs.gov/NationalProviderStand](http://www.cms.hhs.gov/NationalProviderStand). Additional information is available on our *Provider Web Site* in the Claims & Billing section, under NPI.

### Complications from non-covered procedures

Treatment for complications arising from non-covered procedures is not eligible for reimbursement (e.g., treatment of an infection resulting from a cosmetic procedure would be denied regardless of medical necessity). Non-covered services should be billed to the patient.

### Pre-authorization updates

Our *Medical* and *Medicare Pre-authorization Lists* have been reviewed and updated. In addition, the *HCPCS and CPT Code List*, which can be used to identify services that require pre-authorization, has been updated. The updated lists are effective November 1, 2008 and have been added to the Care Management section of our *Provider Web Site*. Please replace copies of current lists with the updated lists on November 1.

In May, as part of our ongoing efforts to streamline our procedures, we consolidated our pre-authorization systems. As a result of this change, the authorization numbers you receive from us are now nine digits, beginning with zero (e.g., 000001234).

### Second quarter claims processing results

Month	Claims Processed	Number in 30 Days	Percentage
April	53,158	45,730	86.0%
May	47,717	41,165	86.3%
June	39,891	37,339	93.6%
<b>Total</b>	<b>140,766</b>	<b>124,234</b>	<b>88.2%</b>

### 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 sections, contact your provider consultant.

- Addresses and Numbers You'll Need
- Billing Information
- Member Cards
- Embark<sup>SM</sup>, Vantage<sup>SM</sup> and Motivate<sup>SM</sup>

## Investigational and medical necessity reviews

The following summaries outline recent changes to Asuris medical policies and include references to the sections and policy numbers. 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.

*Note:* The Web address for our medical policies has changed. Please be sure to update your bookmarks with the new address shown above.

This list does not include medications or Medicare medical policy exceptions. For additional information related to medication updates see pages 12-13.

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

#### Durable Medical Equipment

**Continuous Passive Motion Devices (CPM)**

Durable Medical Equipment 39

Rehabilitation following stroke has been added to the list of investigational indications.

**Wearable Cardioverter-Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement and Automatic External Defibrillators for Home Use**

Durable Medical Equipment 61

Specific medical necessity criteria have been replaced with a general statement indicating that use of wearable cardioverter-defibrillators may be medically necessary as interim treatment for patients who require an implantable cardioverter-defibrillator but have a temporary contraindication, such as systemic infection, which is expected to resolve. The investigational criteria were also clarified.

#### Laboratory

**Immunochemical Fecal Occult Blood Testing**

Laboratory 38

Immunochemical fecal occult blood testing may now be considered medically necessary for colorectal cancer screening.

#### Surgery

**Reduction Mammoplasty**

Surgery 60

Policy criteria related to the following were revised: age, duration of physical symptoms and conservative treatment, application of the Schnur scale.

This policy will be effective November 1.

#### Transplant

**High Dose Chemotherapy and Autologous Stem Cell Support for Autoimmune Diseases, including Multiple Sclerosis**

Transplant 32

The number of conditions in the examples list of autoimmune diseases for which this treatment is investigational has been expanded.

## Please join our medical policy discussions

We would like your feedback as we draft our medical policies. It's easy to join our email reviewer list—simply complete an online request form at <https://www.regence.com/trg/contact>.

While we prefer to receive input as policies are developed, we also have a formal appeals process that allows physicians, other health care professionals and facilities to submit additional information, such as clinical trial results, that may warrant a policy review. The Appeals section of our *Administrative Manual* outlines our appeals process. It can be found online in the Provider Library section of our *Provider Web Site*.



## Save time when contacting us

We encourage you to follow these helpful tips to make your contact with us easy and efficient:

### Use Asuris Online Services for Providers

Asuris Online Services for Providers is a free, Web-based tool that allows you to access information for most Asuris members. The tool can save time by eliminating the need to call Customer Service for routine patient information. For more information, see the related article on page 15.

### Be ready—preparation helps us all

Before calling Customer Service, have all pertinent information readily available, including the patient's member number, date of service and chart notes. When you are ready with the necessary information, we can help you more quickly, reducing hold times for all callers.

### Call Provider Customer Service numbers

As a provider, it's important that you call the Customer Service phone numbers that have been established for you. Calling our member Customer Service numbers will result in call transfers and prompts to complete member surveys, increasing the amount of time you're on the phone. Our phone numbers are included in the Contact Us section of this newsletter on pages 15 and 16.

You are welcome to call us any time between 8 a.m. and 6 p.m. weekdays. However, to avoid potentially lengthy hold times, the best times to call are between Wednesday and Friday before noon. Our specialists have the fewest number of calls during these times, resulting in shorter wait times for you.

## Physician and Provider Appreciation

Each year we recognize physicians and other health care professionals who deliver care to Asuris members during our Physician and Provider Appreciation Week. The week of June 9-13, Provider Services staff increased their visits to offices throughout our service area.

This week is unique to Asuris and celebrates our outstanding partnerships with and appreciation for our providers. We look forward to this special week and would like to extend our gratitude to all of our participating physicians, other health care professionals and facilities for the exceptional care you provide to our members.

## New foundation helps build a healthier community

We have a long history of giving back to communities where our members, providers and employees live and work. The new Regence Foundation, a 501(c)3 organization affiliated with Asuris, continues that philanthropic tradition in eastern Washington.

The Foundation's mission is to:

- Provide grants to aid nonprofit organizations in furthering their work in three core program areas: Building Healthier Communities, Transforming Health Care and End-of-Life Issues
- Support non-profit programs and services that encourage collaborative and innovative outcomes in health care
- Research projects, track results and award grants that provide the greatest benefits in our service area

To learn more about The Regence Foundation, visit [www.regencefoundation.org](http://www.regencefoundation.org).

## Asuris Preferred network expands

On July 1, our Preferred network expanded to include health care coverage for our members when they travel outside the Asuris service area.

This network expansion does not change your current Asuris provider agreement status or reimbursement arrangements. It simply allows our members to access network providers across the country. There is no change to the claims submission process. Please continue to submit claims for your Asuris patients as you do today.



## Introducing Motivate

We are pleased to introduce our newest product, Motivate. Designed for healthy-minded people, Motivate rewards members for being active, enabling lifestyle choices to directly impact their health care options. This new product, available to all employer groups, became effective August 1.

### Health and wellness rewarded

Motivate members are rewarded for participating in a wide variety of activities geared toward improving and maintaining health, including exercising, healthy eating, seeking preventive care and reducing stress. Reward points earned upon completion of the activities are tracked in an individual account and converted to dollars in the Member Choice Fund (MCF) on **myAsuris.com**, which can be used to pay for covered medical expenses, including deductibles and coinsurance.

### Benefits and key features

Motivate has benefits similar to our Vantage product introduced last November. Listed below are the highlights of this new product:

- The same provider networks (Preferred and Participating) that apply to Embark and Vantage apply to Motivate. Members can also seek services from non-participating providers.
- Deductible and coinsurance apply to all services (no copayments).
- Coinsurance amounts differ depending on the member's choice of provider:
  - Preferred provider (Category 1): 80%
  - Participating provider (Category 2): 60%
  - Non-participating provider (Category 3): 60%
- The same built-in and additional benefit options available with Embark and Vantage are available with Motivate.

### Other important information

- Member cards for Motivate members will look the same as the enhanced Embark and Vantage member cards. See related article on the next page.
- Submit claims for your Motivate patients electronically with other Asuris claims or mail paper claims to:

Asuris Northwest Health

P.O. Box 30271

Salt Lake City, UT 84130-0271

- Payment for Motivate members will be reported on the same *Claim Voucher* used for our Embark and Vantage members. When a Motivate member elects to use his or her MCF to pay medical deductibles or coinsurance, the payment will be noted on the *Claim Voucher* with a new explanation code of ZMO, Member Choice Account payment. See related article on the next page.

Additional information can be found in the Products section of our *Provider Web Site*. You may also contact our Provider Customer Service department for Embark, Vantage and Motivate at 1 (888) 349-6558.

## Embark and Vantage updates

### Enhanced member cards issued

In the May issue of *The Connection*, we shared information with you regarding upcoming enhancements to our Embark and Vantage member cards, which include:

- Product name added to the front of the card
- Vision indicator and icon added, if applicable
- Embark cards now include:
  - Office visit copayment information
  - Total number of upfront office visits

We began issuing the enhanced cards to new and existing Embark and Vantage members in July.

### Now offered to larger groups

On August 1, Embark and Vantage became available to all employer groups. These products were previously offered only to groups with two to 99 employees.



### Claim Voucher information

When an adjustment is made to a claim for an Embark and Vantage patient, it will show as a negative payment on the *Claim Voucher* as a Balance Forward and include the previous voucher date. The negative amount is not actually subtracted from our payment. If applicable, we will send a refund request separately.

Payment amounts recovered on the voucher are now listed in the *Summary of Payment Reductions* section. Recovered amounts were previously included with all other claims.

The *Pended Claims Summary* is now included as part of the *Claim Voucher*. This summary provides information about claims we have received but have not processed because additional information or further review is required. You can check the status of pended claims for your patients on Asuris Online Services for Providers. (If you are not currently using Asuris Online Services for Providers, see the related article on page 15 for more information.)

For your convenience, the message codes that appear on our vouchers are available in the Claims & Billing section of our *Provider Web Site*.

You can find more detailed information about Embark and Vantage in the Products section of our *Provider Web Site*. If you have any questions, please contact Provider Customer Service for these products at 1 (888) 349-6558.

## Part D vaccine administration is modified

The Tax Relief and Health Care Act of 2006 modified the definition of a Medicare Part D drug to include the administration of Part D vaccines. Consequently, as of January 1, Medicare's drug benefit includes administration costs associated with Part D vaccines. This requirement recognizes the intrinsic link between a vaccine and its corresponding administration, since a beneficiary would not purchase a vaccine without the expectation that it would be administered.

By definition, Part D networks may include pharmacies only. Physicians and other health care professionals are not eligible to join a plan's Part D network. Therefore, although you may be in-network for Asuris group, Individual or Medicare products, you are considered out-of-network for Asuris' Part D plans.

Claims for vaccine administration submitted by providers will be processed at the Part D member's out-of-network pharmacy benefit; hold harmless will not apply. Providers may collect payment from the member at the time of service. The Part D plan will reimburse the member up to plan allowables.

If a beneficiary wishes to minimize out-of-pocket costs, it is recommended that Part D vaccines be obtained from and administered at a pharmacy.

As a reminder, Medicare Part B continues to cover vaccines for influenza and pneumonia. In addition, Medicare Part B covers vaccines for rabies, tetanus and Hepatitis B (if the need for the vaccine is the result of illness or injury).

## Influenza season is coming

Vaccination is the primary method for preventing influenza and its severe complications. The Advisory Committee on Immunization Practices (ACIP) recommends an annual influenza vaccination for the following groups:

- Persons at high risk for influenza-related complications and severe disease, including:
  - Children aged six months through four years
  - Pregnant women
  - People aged 50 years and older
  - People of any age with certain chronic medical conditions
  - People who live in nursing homes and other long-term care facilities
  
- Persons who live with or care for those at high risk, including:
  - Household members of those at high risk for complications from the flu (see above)
  - Household members and caregivers of infants less than six months of age (these infants are too young to be vaccinated)
  - Health care workers

More information on influenza vaccinations and the ACIP recommendations can be found at [www.cdc.gov/FLU/protect/keyfacts.htm](http://www.cdc.gov/FLU/protect/keyfacts.htm).

## Healthy Sleep program available

Pharmacy data collected over the last three years have shown a significant increase in the number of requests for sleep medications. Despite the rise in requests, insufficient sleep is still one of the top five health concerns expressed by Asuris members and employer groups.

To address this concern, we have added a Healthy Sleep program to our Health Coach<sup>SM</sup> benefit. Eligible members who request more than a 14-day supply of sedative hypnotics are referred to an Asuris health coach. Prior authorization is also required for requests of more than a 14-day supply. Health coaches contact members to offer personalized guidance to improve sleep habits. They review members' lifestyle choices and help create plans to reduce or eliminate the use of sleep medications while improving sleep quality.

If you have patients who may benefit from the Healthy Sleep program, please contact a health coach at 1 (800) 856-8543.

## Food and Drug Administration (FDA) safety alerts now available through email

A new electronic service, the Health Care Notification Network (HCNN), sends FDA patient safety alerts to registered provider offices at no cost. HCNN replaces the current paper-based alerts sent to providers via mail. This secure online service is governed by the iHealth Alliance and managed by Medem<sup>TM</sup>, a health information technology firm founded by the American Medical Association and state medical societies.

When you register for this service, FDA patient safety alerts including product recalls and warnings are sent to you via email. The service is optional and you can opt out at any time. To learn more about HCNN or to sign up for the alerts, visit their Web site at [www.hcnn.net](http://www.hcnn.net).

## E-prescriptions are efficient and secure

Many physicians, other health care professionals and clinics use Electronic Medical Records (EMR) systems to create prescriptions electronically. These prescriptions are printed and given to the patient to take to a pharmacy.

When a provider or clinic uses e-prescribing software, he or she can create and electronically transmit the prescription to a participating e-prescribing pharmacy, eliminating the use of paper.

E-prescribing is efficient, improves the quality of patient care and increases patient safety. Our pharmacy benefit manager, RegenceRx<sup>®</sup>, works with RxHub<sup>®</sup>, SureScripts<sup>®</sup> and RelayHealth<sup>®</sup> to ensure formulary information, benefit detail and member history are available for providers as they create electronic prescriptions.

E-prescribing allows you to use any Internet application with a computer, including a personal pocket computer, handheld device such as a personal digital assistant (PDA) or cell phone. This technology allows you to access e-prescribing Web sites such as TouchWorks Rx<sup>TM</sup>, Rcopia<sup>TM</sup> and MedManager; and view drug interaction information, medication histories and formularies.

For more information about e-prescribing, please contact our Pharmacy Services department at 1 (800) 732-9157.



## Asuris medication policy updates

Summaries of recent medication policy changes are listed below. Detailed policies and the complete *Medication Policy Manual* are available online at <http://blue.regence.com/policy/medication>.

*Note:* The Web address for the Asuris medication policies has changed. Please be sure to update your bookmarks with the new address shown above.

Medication policy name and number	Summary of changes
<b>Kuvan™</b> Policy #dru152	New policy allowing coverage of Kuvan for treatment of phenylketonuria when blood phenylalanine levels are not adequately controlled by diet alone.
<b>Luvox® CR</b> Policy #dru153	New policy allowing coverage of Luvox CR following inadequate treatment with generically available immediate-release fluvoxamine.
<b>Pristiq™</b> Policy #dru154	New policy allowing coverage of Pristiq following inadequate treatment with at least two generic or preferred brand antidepressants.
<b>Aciphex®</b> Policy #dru101_MedPtD	New policy maintaining previous coverage criteria of Aciphex. Applies to Medicare Part D members only.
<b>Protonix®</b> Policy #dru102	Criteria updated to allow coverage following unsuccessful therapy with either a generic proton pump inhibitor or Prilosec OTC™.
<b>Prevacid®</b> Policy #dru098	
<b>Aciphex®</b> Policy #dru101	Criteria updated to allow coverage following unsuccessful therapy with Prevacid and either a generic proton pump inhibitor or Prilosec OTC.
<b>Aranesp®</b> Policy #dru076	Aranesp may be covered for anemia related to myelodysplastic syndrome, which is consistent with Policy #dru012.
<b>Epogen®, Procrit®</b> Policy #dru012	Criteria updated to include provisions for coverage of anemia of chronic kidney disease; hematocrit levels were updated for azidothymidine (AZT)-related anemia.  Effective October 2008: Hematocrit and hemoglobin levels will be updated for AZT-related anemia and re-authorization.
<b>Immune Globulin Replacement Therapy (intravenous immunoglobulins, subcutaneous immune globulin)</b> Policy #dru020 <b>Carimune NF®, Gammagard S/D®, Gamunex®, Privigen®, Flebogamma®, Gamastan®, Iveegam®, Polygam SD®, Baygam®, Octagam®, Vivaglobin®</b>	Policy title updated to include both intravenous and subcutaneous immunoglobulin replacement products. Simplified coverage criteria for multifocal motor neuropathy by removing requirement of prior conventional treatment.

## Medication policy updates (continued)

Medication policy name and number	Summary of changes
<b>Botox®</b> Policy #dru006	Effective October 2008: Coverage criteria for migraine headaches will be removed; Botox will no longer be covered for the treatment of migraine headaches.
<b>Byetta®</b> Policy #dru120	Criteria updated to allow coverage of Byetta when metformin and one other generic or preferred medication have been inadequate in controlling patient A1c.
<b>Symlin®</b> Policy #dru121	Quantity limitations updated to reflect new dosage forms.
<b>Off-Label Use of FDA-Approved Medications</b> Policy #dru031	Clarified criteria for coverage of services associated with the use of an investigational medication.
<b>Tysabri®</b> Policy #dru111	Criterion added allowing coverage of Tysabri for Crohn's disease after other therapies (immunosuppressants, tumor necrosis factor [TNF]-alpha inhibitors) have been ineffective.
<b>Humira®</b> Policy #dru081	Provisions for coverage of Crohn's disease and plaque psoriasis were added. The requirement of previous Enbrel® treatment was removed. Provisions for coverage of weekly Humira administration for patients with rheumatologic disease were removed.
<b>Amevive®</b> Policy #dru088 <b>Remicade®</b> Policy #dru036 <b>Raptiva®</b> Policy #dru104	Clarified psoriasis criteria by removing requirement of previous topical therapy and to allow coverage for patients with less than 10% body surface area involvement when documentation of significant functional impairment is provided. Medical billing codes updated.
<b>Enbrel</b> Policy #dru035	Updated psoriatic arthritis criteria to add dermatologists as approved prescribers. Clarified psoriasis criteria by removing requirement of previous topical therapy and to allow coverage for patients with less than 10% body surface area involvement when documentation of significant functional impairment is provided. Medical billing codes updated.
<b>Ambien®</b> Policy #dru062 <b>Sonata®</b> Policy #dru061	Prior treatment with another medication is no longer required due to the availability of generic zolpidem and zaleplon.
<b>Self-Administered Injectables</b> Policy #dru11	Added Follistim AQ® and Ovidel® to the list of self-administered injectables. Removed Lupron Depot®. Updated medical billing codes.
<b>Prilosec®, Zegerid®</b> Policy #dru100 <b>Exubera®</b> Policy #dru136 <b>Prozac Weekly®</b> Policy #dru051	Policies archived.

## Expanded autism benefit

In March, TRICARE expanded the Extended Care Health Option (ECHO) benefit to a broader population of TRICARE beneficiaries with autism spectrum disorder by allowing additional categories of Applied Behavior Analysis (ABA) providers, including tutors.

This demonstration project allows reimbursement for behavioral-based tutoring services from providers, including non-certified educational intervention service providers, tutors and tutors-in-training who offer ABA services.

You can find more information about the project, including answers to frequently asked questions, definitions and provider roles and responsibilities, on the TriWest Web site at [www.triwest.com/provider](http://www.triwest.com/provider).

## Helpful claim submission tips

Helpful tips to facilitate accurate processing when submitting claims for your TRICARE beneficiaries are listed below:

- Always include the sponsor's Social Security number on claims for all covered beneficiaries.
- If the beneficiary is covered by other health insurance, please reference the name of the health plan and not the employer's name.
- Use the appropriate preventive diagnosis code. Certain preventive care services, such as mammograms, are covered while others are not.
- If the beneficiary has Medicaid, please reference Medicaid rather than the name of the state Medicaid plan.

Additional details about these tips and several others can be found in the Claims/Reimburse section of the TriWest Web site at [www.triwest.com/provider](http://www.triwest.com/provider).

## Office Ally makes claims submission easy

Over the past year, monthly electronic claims submissions by offices using Office Ally have steadily increased. If you aren't already using Office Ally via OneHealthPort™, we encourage you to take advantage of this free claims submission service.

Office Ally, a full-service clearinghouse, submits claims to more than 2,000 health plans, including Asuris. Advantages of using Office Ally include:

- Available 24 hours a day, seven days a week
- No need for additional software—use your existing Internet connection
- Simple to learn and easy to use
- Faster claims processing
- Real-time claims status
- HIPAA-compliant transactions

Best of all, Office Ally services are available at no cost to you.

To learn more about this option or to enroll, contact Office Ally at 1 (949) 464-9129 or visit their Web site via OneHealthPort at [www.OneHealthPort.com](http://www.OneHealthPort.com). Information about Office Ally can also be found on our *Provider Web Site* in the Claims & Billing section, under Electronic Transactions.

## Online Resources

## Asuris Online Services for Providers saves you time

Asuris Online Services for Providers is a free, Web-based tool that allows physicians, other health care professionals and facilities to access information for most Asuris members. The tool can save your office time by eliminating the need to call Customer Service for routine patient information. It's easy to learn and use.

The online tool allows you to:

- Verify patient eligibility and general benefits (including copayment and deductibles)
- Create new referrals or verify existing referrals
- View deductible and coinsurance maximum amounts
- Review the status of submitted claims and payment information
- View payment vouchers for specific claims
- Review and respond to feedback Asuris members have shared about their experiences with you
- Access A.D.A.M. QuickSheets—illustrated patient education materials, customized with your practice logo and individual notes
- Search for providers

For Embark, Vantage and Motivate patients you can also:

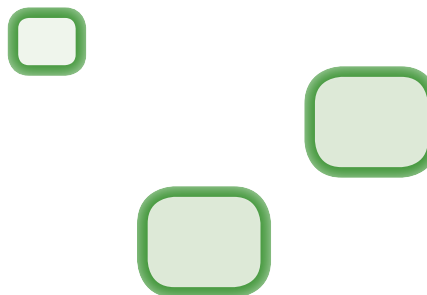
- View some benefit limitations and accumulations
- Search for vouchers by provider name, voucher number or check number
- View entire payment vouchers

For more information, visit our *Provider Web Site* and click on the Asuris Online Services icon or contact your provider consultant.

## Contact Us

<b>Asuris TruAdvantage Customer Service</b>	1 (800) 541-8981
<b>Behavioral Health</b>	1 (800) 780-7881
<b>Healthy Options</b>	1 (866) 240-9560
<b>Embark, Vantage and Motivate Provider Customer Service</b>	1 (888) 349-6558
<b>Pharmacy Services</b>	1 (800) 732-9157
<b>TriWest</b>	1 (888) TRIWEST (874-9378)
<b>Washington Health Forum Web site</b>	<a href="http://www.wahealthcareforum.com">www.wahealthcareforum.com</a>
<b>Claims address</b> Asuris Northwest Health P.O. Box 30271 Salt Lake City, UT 84130-0271	<b>Spokane office</b> Asuris Northwest Health P.O. Box 13368 Spokane, WA 99213-3368

Provider Services contact information is listed on the next page.



#### Executive Oversight

Joseph Gifford, MD  
Senior Medical Director, Medical Services

Vicki McCarron  
Manager, Provider Services

Kathy Neys Hove  
Manager, Provider Communications

#### Editors

Sara Perrott, Managing Editor

Paula Russell, Issue Editor and Designer

Jayne Drinan, Writer

Janice Farley, Writer

Margaret Jester Haining, Writer

Carolyn Steele, Writer

Laura Stevenson, Writer

Darce Vassar, Writer

### Contact Us

#### We're here for you

Contact our Customer Service teams or Provider Services with your questions or concerns. Find additional resources on our *Provider Web Site*.

#### Provider Customer Service

Toll-free: 1 (800) 462-5680

Fax: (509) 526-5347

#### Provider Services

1 (800) 562-2156

#### Provider Web Site

[www.asuris.com/provider](http://www.asuris.com/provider)

*The Connection* is published quarterly by Asuris Provider Communications. It is written to keep our participating physicians, other health care professionals and facilities aware of our programs, guidelines and policies. Customer Service numbers listed on pages 15 and 16 are for claims and benefit inquiries only. For information not related to claims or benefits, contact your provider consultant. A complete listing of contact information is available on our *Provider Web Site* at [www.asuris.com/provider/contact](http://www.asuris.com/provider/contact) and in the Addresses and Numbers You'll Need section of your *Administrative Manual*.



Mail Station S918 - MM #970A  
P.O. Box 21267  
Seattle, WA 98111

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