



www.asuris.com/provider

Feature:

Save time by using our online tool

Many physicians, other health care professionals and their staff are utilizing Asuris 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, including effective date of coverage
- View general benefits, including office visit and major medical information, pre-existing conditions and waiting periods, if any
- 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

Asuris EmbarkSM, VantageSM, MotivateSM and HSA Healthplan 2.0SM

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*SM 3

Administrative and Billing Updates

Correct Code Editor 4

Administrative Manual 4

Ovarian and internal iliac vein embolization 5

Hospital-acquired conditions policy 5

Radiology Quality Initiative 6

Policies

Medication policies updated 6

Genetic Testing policy updated 6

Investigational and medical necessity reviews 7

Contact Us

We're here for you 8

Asuris Online Services for Providers also allows your office to:

- Review and respond to Asuris 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*.

Request claim status via electronic transaction

In addition to Asuris Online Services for Providers, 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*.

Contents - *The Connection Online*

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

The Connection Online

The articles listed on the right are published in *The Connection Online*, our supplemental newsletter available on our *Provider Web Site* in the Provider Library section, under Newsletters.

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

In addition to our newsletters, our *Provider Web Site* offers extensive information and resources to support you. You can find information about:

- Identifying members, including sample member cards (Products section)
- Pre-authorizing services or prior authorizing medications (Care Management section)
- Submitting paper or electronic claims (Claims & Billing section)
- Instructor-led and self-paced training opportunities (Educational Tools section)
- Patient Feedback, Enhanced Provider Profile and Treatment Cost Estimator information (new Cost & Quality section)

We encourage you to take a few minutes to visit our *Provider Web Site* today.

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.

Contents - *The Connection 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
Fee schedule update
Second quarter claims processing results
The importance of accurate diagnostic coding
Voucher deduction request form available

Medical Policies

Join our medical policy discussions

Medicare

Medical record reviews and documentation tips

News

Resources for Spanish-speaking members
Patient safety tools and resources
Personal health records help patients and you

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

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 Asuris Correct Code Editor (CCE) identifies code pair edits used in addition to CMS' NCCI edits. These code pair edits are compiled using CMS' NCCI written rules, CPT language and other recognized sources. The code pair edits are followed for all lines of business.

Our CCE is updated quarterly (January, April, July and October) and is available on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit. Updates are clearly labeled with the corresponding version of CMS' NCCI. 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

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 *Asuris 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, Asuris 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.

Radiology Quality Initiative update

On June 1, Asuris launched our Radiology Quality Initiative (RQI) for advanced diagnostic imaging performed in outpatient, non-emergent settings. Under the RQI program, Asuris providers are required to obtain an order identification (ID) number from American Imaging Management® (AIM®) before scheduling advanced diagnostic imaging procedures. This applies to procedures performed on an outpatient basis (e.g., a physician office or free-standing imaging center) or in an outpatient hospital setting.

To date, provider participation with the RQI program has been high, and we appreciate the steps offices have taken to comply with this program.

Based on feedback from providers, we have identified a few technical issues in the transfer of Asuris data to AIM. A number of these issues have been resolved, and we continue to diligently resolve the others. We appreciate your patience as we make these improvements.

Additional information about the program, including answers to frequently asked questions, is available in the Care Management section of our *Provider Web Site*.

If you have additional questions, difficulty obtaining order ID numbers or suggestions for improving this process, please contact your provider consultant.

Ordering physicians are responsible for requesting order ID numbers from AIM:

- Online at www.americanimaging.net/goweb or
- By phone at 1 (877) 291-0509

Imaging providers are strongly encouraged to verify that an order ID number has been obtained before scheduling and performing diagnostic imaging procedures.

Updates to medication policies are online

Summaries of recent changes to our medication policies are available online. Detailed policies and the complete *Medication Policy Manual* are available at <http://blue.regence.com/trgmedpol/drugs/PolicyUpdates.pdf>.

Our *Preferred Medication List/Formulary* (PML) is also available online at www.regencerox.com/learn/covered/alpha/index.html.

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.

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.



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Provider Web Site	www.asuris.com/provider
Asuris TruAdvantage	1 (877) 508-7362
Behavioral Health	1 (800) 780-7881
Healthy Options	1 (866) 240-9560
Embark SM , Vantage SM , Motivate SM and HSA Healthplan 2.0 SM	1 (888) 349-6558
Pharmacy Services	1 (800) 732-9157
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