



# PROVISIONS

## New Asuris Northwest Health VP has seen first-hand the challenges providers face

Audrey Nudd has never put on a white coat and made a medical diagnosis, and yet she said she knows a lot about the challenges physicians face *after* they've seen their patients.

"I've enjoyed 10 years working with and for physicians and other providers," she said. "I understand their business and operational issues. I am fully aware of concerns that they have with payers."

Nudd, who just became vice president of Provider Services last January, was once the chief information officer for a regional clinic in Austin, Texas. While there, new systems were installed and she was tasked, in part, with making sure the transition was smooth and that electronic interfacing was effective. She was also the executive vice president of a Management Services Organization that managed three IPAs and covered 250,000 prepaid members. There she worked as the liaison between the providers and the health plans. Prior to joining Asuris Northwest Health, she was the vice president of operations and technology for MyDocOnline, a subsidiary of Aventis Pharmaceuticals.

"Because of my background, I have empathy with the provider side, an understanding of the numbers, the operations and the systems that are necessary to do this job," she said.

She said that experience is not enough, however. She said she wants to better understand what issues are facing providers participating on Asuris Northwest Health networks.

"We want to listen to the practitioners on our networks," she said. "And we want to improve, based on what we hear."

She said Asuris Northwest Health is trying to find ways to accurately measure provider performance so that clinicians who deliver high-quality, effective care can be rewarded

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# Addressing the value deficit: Are process quality and cost efficiency measures correlated?

In past issues of *Provisions* (see issue numbers 24-28), we reviewed RAND research into widespread shortfalls in evidence-based medicine, which coupled with accelerating health care costs, we called the “value deficit.” We introduced two tools Asuris Northwest Health uses in efforts to measure this deficit: (1) Symmetry Health’s ETG® grouper for comparing resources between clinically similar care episodes, and (2) process-of-care algorithms developed by Health Benchmarks®, Inc., which are used to measure compliance with evidence-based medicine. Next, we described work by Asuris Northwest Health to combine process quality and cost-efficiency results for individual clinicians, and subsequent programs underway to share these data directly with those clinicians.

In this issue of *Provisions*, we describe some overall findings and implications from our work.

## **Process quality and cost efficiency measures show little relationship**

In our study, nearly 40 million claims records were examined for both episodic cost efficiency and evidence-based medicine compliance. We applied high data volume requirements, resulting in aggregate quality and efficiency scores for a small number of clinicians relative to the overall professional network. Though relatively few in number, these clinicians accounted for a disproportionately large share of the studied claims.

Within each specialty, individual physician quality scores were normally distributed, as were individual physician efficiency scores. Overall, though, clinicians with above-average efficiency scores were not more likely (or less likely) to have above-average quality scores. That is, efficiency was a poor predictor of quality, and *vice versa*. More rigorous statistical analysis confirmed that no significant relationship existed for many specialties. Interestingly, for a few primary care specialties, there was a significant *inverse* relationship—quality compliance tended to rise as efficiency declined. But even in these specialties, one would do poorly if trying to infer quality from efficiency.

Moreover, it would be remiss to attempt to measure efficiency of providers without also measuring quality.

(For a detailed description of the analytic methods Asuris Northwest Health employed to measure clinician performance, see “*Quality Implications of Efficiency-Based Clinician Profiling*” available for download at [www.regence.com/research](http://www.regence.com/research).)

Of course, there may be a more robust or unmeasured relationship between process quality and cost efficiency. But as measured using the dominant commercial tools, such a relationship is weak or not apparent.

It is important to recognize that several variants of quality exist beyond compliance with evidence-based medicine, such as patient satisfaction, health status, and appropriateness of selected treatment options. Our study did not examine these important variants, in large part because standardized and scalable methods for data collection and analysis are not readily available for these domains.

### Why the findings matter

Nationally, interest in networks that emphasize highly efficient providers has been on the rise. Primarily efficiency-based networks signal a conviction that efficiency and quality go hand-in-hand. Our research suggests that compliance with evidence-based medicine is very difficult to infer from cost efficiency data; it deserves to be measured directly. In some scenarios, this type of quality may decline as efficiency increases.

There is growing research that compliance with evidence-based medicine reduces the incidence of subsequent costs that are avoidable, particularly for chronic conditions. This implies that in primarily efficiency-based networks, short-term cost savings may be offset (or exceeded) by the longer-term expense of avoidable hospital stays and surgical procedures.

Inferring quality from efficiency carries unintended consequences that are becoming more widely recognized. Asuris Northwest Health is committed to refining and improving performance measurement as purchasers increasingly look for quantitative measures of both quality and efficiency.

For more information about Symmetry Health Data Systems see [www.symmetry-health.com](http://www.symmetry-health.com). More about Health Benchmarks, Inc. is available at [www.healthbenchmarks.com](http://www.healthbenchmarks.com).▲

### Asuris Northwest Health a key player in multi-stakeholder white paper addressing provider efficiency measurement

Sponsored by The Leapfrog Group and Bridges to Excellence, and supported in part by a grant from The Commonwealth Fund, this effort brought together health plans, employers, consultants, and providers to advance a preliminary set of standards for measuring provider efficiency.

“The goal of this White Paper is to launch an ongoing process that will provide guidance to all stakeholders based on available knowledge about efficiency measurement. The guidance is provided in the form of principles and recommendations that are believed to be acceptable to—if not necessarily embraced wholesale by—multiple stakeholders.”

Download the White Paper at [www.regence.com/research](http://www.regence.com/research).

### Employers: a major driver of performance measurement initiatives

Because of their large repositories of claim and eligibility data, health plans usually play a central role in data-driven performance measurement programs. The primary impetus for major measurement initiatives, though, is often large purchasers of health care, such as self-insured employers. Recently, the employers' signature in performance measurement has become more evident:

- Employers are giving a prominent, if not central, role to “evidence-based medicine” in their health insurance proposal requests.
- Employee benefits consulting firms are facilitating efforts to aggregate insurance data from multiple plans for their large employer clients.
- Employers are increasingly partnering with local government, plans and providers to measure delivery system effectiveness and efficiency.
- Employers are interested in establishing “consumer-driven health plans,” which calls for patient-friendly measures of comparative performance.
- Employers are a sustaining force in vanguard performance measurement organizations such as The Leapfrog Group and Bridges to Excellence.

From the desk of  
John Boyes, M.D., physician ombudsman



John Boyes, M.D.

## Asuris Northwest Health medical policy

In the last issue of *Provisions* (see issue number 29), I discussed medical policy and contract language and how the two different sources describe what services are covered. In this issue, I'd like to provide more in-depth information about medical policy. Asuris Northwest Health, like every other health plan in the country, has a set of medical policies that determine whether or not your patient's policy will pay for a particular drug or professional service. As you read our policy on a particular area, you should be aware of the meaning of several terms. *Medically necessary* means that we will pay our allowed amount (minus any deductibles, copays, or coinsurance) for a particular service. *Not medically necessary and experimental and investigational (E&I)* mean your patient's policy does not cover a particular drug or service.

### **Where can I obtain a copy of Asuris Northwest Health's medical policy on a particular subject?**

Asuris Northwest Health makes this very easy for you by placing all medical policies on our Web site. Go to [www.asuris.com/provider](http://www.asuris.com/provider), select Provider Library, then Medical Policies. Select the Table of Contents link to select a section to research (Drugs, Laboratory, Maternity, Medicine etc.). Refer to page 12 for new medical policies in this issue of *Provisions*.

### **Who has the authority to set medical policy?**

The Medication Policy Committee sets policy for drug coverage, and the Medical Policy Committee sets all other policies. Both committees set policy for Regence Plans in Washington, Oregon, Idaho, and Utah. Both are staffed by physicians from all four states, and a sincere attempt is made to include a wide breadth of specialties. If coverage for a service is denied, this service is reviewed yearly by the committee to determine if any change in the evidence has occurred.

### **What is considered in setting these medical policies?**

Medical policies are developed based upon comprehensive research of FDA-approved data, the published scientific literature (MEDLINE, MD Consult, national practice guidelines), and the Blue Cross and Blue Shield Association Technology Evaluation Center (TEC) technology assessments. Safety and evidence-based effectiveness are the two areas of primary consideration. The medical policy drafts go through a rigorous internal review process by staff and the multi-specialty physician members from four states on the Medical Policy Committee. The policies are then distributed to community physicians and specialists before final Committee approval. Medical policies are re-evaluated and updated annually, or more often as new information becomes available.

Medical policy development requires that medical technologies meet the following five technology assessment (TEC) criteria before they are recommended for coverage.

1. The technology must have final approval from the appropriate government regulatory bodies.
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes.

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### **Contact me:**

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# Asuris Northwest Health medical policy

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3. The technology must improve the net health outcome.
4. The technology must be as beneficial as any established alternatives.
5. The improvement must be attainable outside the investigational settings.

## **What if I disagree with a medical policy?**

If you disagree with a medical policy, you must first read and evaluate the current policy, decide precisely what part of the policy you disagree with, and then find peer-reviewed, published literature that supports your position. I suggest that you write a letter that clearly states what part of the policy you disagree with, attach peer-reviewed literature that supports your position, and send it to me. I am happy to forward the information you submit to the appropriate committee for their consideration.▲

## Asuris Northwest Health offers Medicare Advantage product

We are pleased to offer Asuris Northwest Health MedAdvantage, our new Medicare Advantage preferred provider organization (PPO) option for Medicare-eligible members, beginning July 1, 2005. MedAdvantage offers coverage that expands traditional Medicare benefits by filling in Medicare deductibles and coinsurance, and provides coverage for preventive care, dental, vision, and other value-added services such as prescription drug discounts.

Asuris Northwest Health has been selected by the United States Department of Health and Human Services to offer MedAdvantage to Medicare-eligible members who are covered by Medicare Part A and B in Spokane County as part of a federal effort to strengthen Medicare. As a result, members will have access to lower cost, higher benefit coverage options. MedAdvantage provides members with richer benefits than original Medicare, with the option to choose physicians, health care professionals and facilities either in-network or out-of-network, although out-of-network benefits are reduced.

The Asuris Northwest Health MedAdvantage product will use the Asuris MedAdvantage network for in-network services with no referral requirements to access specialty care. MedAdvantage provides all Part A and B benefits with additional covered services in one plan. Most professional services are covered at 100% after a \$5 copay, or paid in full for in-network providers.

We are actively contracting with physicians, health care professionals and facilities to be included for our new MedAdvantage network. All MedAdvantage participating providers received training materials and provider manual sections with detailed information. This included a question-and-answer section and practical information on MedAdvantage benefits, member identification cards and vouchers.

With the addition of the Asuris MedAdvantage, our Medicare product portfolio now includes options to meet the budget and service needs of Washington seniors. For detailed information on these plans and all of our product offerings, including benefit summaries and frequently asked questions, visit our Provider Information Site at [www.asuris.com/provider](http://www.asuris.com/provider).▲

## Mental health parity legislation signed into law



On March 9, 2005, Governor Christine Gregoire signed into law mental health parity legislation (Substitute House Bill 1154). The bill, as passed by the Legislature, applies to large, fully insured groups (51+ employees), the state Basic Health and public employee plans. It excludes self-funded plans, small groups (2-50) and individuals.

SHB 1154 directs a carrier offering insurance coverage of mental health services to offer them at parity with medical or surgical benefits. "Mental health services," as defined in the bill, are: medically necessary outpatient and inpatient services provided to treat mental disorders covered under the most current version of the diagnostic and statistical manual of mental disorders (DSM). "Mental health services" do not include substance-related disorders, life transition problems ("V" codes), skilled nursing facility services, home health care, residential treatment, custodial care and court-ordered treatment unless it is determined to be medically necessary by a plan medical director.

The legislation established this schedule for a phased-in implementation by 2010.

- For new and renewing groups on or after January 1, 2006, copays and coinsurance must be consistent with medical and surgical coverage. Prescription drugs for mental health services must be provided to the same extent and condition as other prescription drugs under the plan.
- For new and renewing groups on or after January 1, 2008, an out-of-pocket or stoploss level must be inclusive of medical, surgical and mental health services.
- For new and renewing groups on or after July 1, 2010, mental health services must be included along with medical and surgical services for meeting the deductible requirements. Visit limitations may be established only if they are consistent with medical and surgical services.

Asuris Northwest Health is still analyzing the legislation to determine how we will integrate the new requirements into our ongoing and new product offerings. We will provide you with additional information as it becomes available.▲

## New Asuris Northwest Health VP has seen first-hand the challenges providers face



**Audrey Nudd**

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properly. She said it's vital that Asuris Northwest Health have ongoing input from physicians and other providers about where the focus should be and how such approaches should be structured.

"This is not just Asuris Northwest Health that is considering these issues of evidence-based medicine," she said. "It's throughout our industry. The employers are demanding it. We need to know the best way to measure performance. We need physicians' help to develop a valid and accurate approach."

She said the company is launching a physician outreach program that will seek direct input and ideas on a variety of issues from physicians and the office staffs that support them. In addition to more one-on-one contact with providers, the company is forming physician advisory groups that can give Asuris Northwest Health suggestions on better ways to measure provider performance. The company also plans to continue acting on feedback that a group of office-staff representatives has been offering.▲

# New product lets members invest in their health

*Patients may use new debit card to pay for services*

Asuris Northwest Health is excited to introduce the Asuris Health Savings Account. It's a new tool for employer groups and individual members who want to manage rising health care costs and keep down the cost of health care coverage.

These accounts are available for effective dates beginning June 1, 2005.

The Asuris Health Savings Account pairs an affordable, high-deductible health plan with a bank account where members set aside pre-tax funds for qualified medical expenses (such as deductibles and coinsurance). Funds can roll over, year after year. Members choose how to invest those funds with Wells Fargo, our preferred financial services company, or the financial institution of their choice.



## How it works

A high-deductible Asuris Northwest Health health plan and the pre-tax account complement each other:

- Asuris Northwest Health provides broad coverage through our PPO network and responsive local service—all without referrals or copays.
- The savings account allows members to set aside pre-tax, interest-earning funds to help cover qualified medical expenses. By rolling over unused funds from year to year, consumers also enjoy investment and retirement-planning options. Wells Fargo also provides a free debit card to give members easy access to their funds.

The plan design encourages prudent use of health care services. Members are rewarded through reduced income tax and savings accumulated each year in their account.

## Watch for the Wells Fargo debit card

Your office may already be seeing patients using a Wells Fargo debit card for their out-of-pocket costs. This card allows them to pay for qualified expenses straight out of their health savings accounts. Since some patients may choose to submit paper claims for reimbursement from their savings accounts, you may also be seeing more patients asking for receipts.

## Resources available

If a patient asks you whether a service is a qualified medical expense, please direct them to the bank where they manage their savings account.▲

## How the Asuris Health Savings Account helps your patients

It's one more step we're taking to keep health care and health care coverage affordable. It gives your patients choices and control over how they use their health care dollars and allows them to prepare for their future.

## How it helps you and your staff

By enhancing affordability, it's designed to get—and keep—more people covered. It also helps them get the care they need, when they need it. And it's designed to make payment of qualified medical expenses, including deductibles and copays, convenient and easy.

## Would it work for you?

If you are interested in learning more about the Asuris Health Savings Account, go to our Web site, [www.asuris.com](http://www.asuris.com), to download a free white paper from a leading expert on the advantages of HSAs, or take our interactive FAQ, "HSA 101."



# What's Changing

This section captures all of the important changes that are being implemented at Asuris Northwest Health (e.g., reimbursement policy, administrative simplification and new products and markets).

## Strategies for increasing well child visits and immunization rates

During 2003 and 2004, the Washington State Medical Assistance Administration and their External Quality Review Organization, OMPRO, brought together a group of individuals from clinics and health plans to collaborate on strategies for increasing well-child visits and immunization rates for Medicaid children. Clinic staff received technical assistance from OMPRO staff on developing and sustaining their own quality improvement projects. The 2003 and 2004 Children's Preventive Healthcare Initiative reports, including strategies and lessons learned, can be reviewed at [www.ompro.org/cphi](http://www.ompro.org/cphi). All tools, materials, and resources used in the project are also available on the Web site to assist providers in developing their own quality improvement projects.

## Claim processing information printed on both sides of your voucher

Effective April 2005, Asuris Northwest Health began printing vouchers with information on both sides of document. We first brought this change to your attention in November 2004 but delayed the implementation for a few months. This new process will reduce volume and save postage costs. We continually look for ways to reduce costs, and reducing the amount of paper necessary to produce vouchers is also good for the environment. Be sure to look for claims payment information on both sides of your paper vouchers.

## Informative Web site available regarding child and adolescent psychiatry

In their March 4, 2005, newspaper, the American Psychiatric Association, along with the American Academy of Child and Adolescent Psychiatry, unveiled a new Web site to serve as a primary resource for parents of children with depression. The highlights of the Web site are two medication fact sheets: "ParentsMedGuide," which uses basic, straightforward language for parents and

other family members of children and adolescents being treated for depression; and "PhysiciansMedGuide," which includes a referenced discussion of the evidence base on the use of antidepressant medications by primary care and family practice physicians to treat children and adolescents for depression. The Web address is [www.aacap.org](http://www.aacap.org).

## National provider identifier enumerator named

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates that Health and Human Services (HHS) adopt a standard, unique health identifier for physicians, health care professionals and facilities. The final rule adopting the National Provider Identifier (NPI) was issued in January 2004. The ruling includes a two-year implementation period beginning May 23, 2005. The NPI format is a numeric 10-digit identifier. The assigned NPI does not expire and will be used in all standard transactions for all carriers, including Medicare and Medicaid.

Effective May 23, 2005, physicians, health care professionals and facilities began applying for their own unique identifiers. The Centers for Medicare and Medicaid Services (CMS) has selected Fox Systems as the 'enumerator,' which will process applications and issue the NPIs. As the enumerator, Fox Systems will carry out a number of functions, including entering, maintaining and identifying information about a health care provider into the National Plan System (NPS). They will also be responsible for assisting providers in completing applications, furnishing updates, resolving problems and answering questions.

Although physicians, other health care professionals and facilities can apply and be assigned an NPI as early as May 2005, the compliance date for larger health plans such as Asuris Northwest Health is not until May 23, 2007. Small health plans have until May 2008. At this time, continue to submit your claims (paper or electronic) with your Asuris Northwest Health provider number.

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# What's Changing

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If you want to know more about implementation, visit the CMS Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For background information, NPI 101, Acceptance Calendar, FAQ and links to other NPI resources, visit the Washington Healthcare Forum at [www.wahealthcareforum.org/npi](http://www.wahealthcareforum.org/npi). We will continue to provide you with updates, including how to apply for an NPI, throughout the implementation period.

## Facility workshop coming to Spokane

Asuris Northwest Health will be holding a workshop designed for facility providers, such as hospitals and ambulatory surgery centers. The workshop is in Spokane on September 21. Invitations will be sent to offices in surrounding geographic locations.

If you would like to attend this workshop or would like more information, please contact your professional relations representative at 1 (800) 245-6024.

## Members to be empowered with Healthcare Advisor™

We are pleased to share our plans to partner with Subimo®, a provider of comprehensive, Web-based decision tools and information, to give our members a resource for making informed health care choices. As employers and health plans move toward consumer-directed health plans, we recognize the growing need for easy access to information and tools that members and

employers need in managing costs. We are also sensitive to the need to complement rather than replace the role of physicians, health care professionals and facilities.

Subimo's Healthcare Advisor gives online access to information about conditions or recommended procedures. If care is needed for a condition, consumers can view information related to their specific condition, treatment options, common questions to ask the health care professional and possible outcomes. We are researching options available for professional providers to view this important information.

Hospital data are available for determining which facilities offer various procedures, technology, and types of care. Hospitals that are profiled will have access to view and adjust their data to ensure the information consumers are viewing is up-to-date and accurate. The data included are from objective sources, and Subimo does not receive any funding from hospitals, other health care providers or pharmaceutical companies. These resources will help our members understand key issues related to their condition or procedure and feel confident that they and their physician are making the best choices for their health care needs.

We are working to have the Subimo Healthcare Advisor available to our members by late summer and will continue to share our progress in upcoming newsletters and on our Web site.



This section contains the latest news about our eBusiness developments. We continue to work hard to make our online resources as useful and easy-to-use as possible.

## Paper claim submitters: Office Ally, a free Web-based electronic claims submission tool, is now available

Office Ally offers a Web-based, HIPAA-compliant transmission and tracking tool for CMS-1500 and UB-92 claims. Office Ally is an ideal solution for provider offices that submit claims on paper and currently are unable to submit claims electronically. You can access Office Ally with the same OneHealthPort password you use today to access Asuris Online Services.

### It's easy to use

Log on to the Office Ally Web site and use the online claim entry form. Once submitted, Office Ally can deliver the claims electronically to more than 500 participating payers.

Office Ally also accepts electronic submission of a claims file via the Internet from your office. Just log on to Office Ally's Web site and upload your claims files. Claims from all claim processing software packages are accepted. You will receive an e-mail immediately following the upload to let you know your claims have been received, followed by a status e-mail showing the processing results.

### Money and time savings

Office Ally is free to providers. Plus, you will realize savings in the cost of claim forms, postage and printing expenses. You will also save time--no more stuffing envelopes or waiting for printing to be completed. Claims are received sooner, so claims turnaround and payment are expedited.

Look for additional information regarding Office Ally in future issues of *Provisions* and on our Web site at [www.asuris.com/provider](http://www.asuris.com/provider). You can also visit Office Ally's Web site by going to [www.onehealthport.com](http://www.onehealthport.com) and clicking on the Office Ally link.

You will need to register for Office Ally by going to the OneHealthPort site and going to "register," then to "Office Ally Registration." If you have questions, call Jeri Gilstrap, eBusiness marketing and support specialist, at (253) 382-7786.

## Electronic submitters try something new

If you currently send ANSI 837 x12 transactions (electronic claims), why not try adding a new transaction? Asuris Northwest Health can receive and send the following transactions:

- 270/271 Eligibility Request/Response
- 276/277 Claim Status Inquiry/Response
- 278 Referral Request
- 835 Claim Payment/Remittance Advice

Check with your software vendor to ensure that your system can support these transactions. To enroll for additional transactions, send an e-mail to [ebusiness\\_support@regence.com](mailto:ebusiness_support@regence.com) for an enrollment form or call the eBusiness EDI Support Center at 1 (800) 373-1477 or (206) 464-3822.





# Pharmacy Information

Our pharmacy services department is committed to partnering with you to provide members with comprehensive prescription benefits at an affordable price. This section is dedicated to keeping you informed of pharmacy-related programs and policies that affect you and our members.

## All pharmacy prior authorizations now use single form

To streamline the prior authorization process, Pharmacy Services made a single form available on the RegenceRx™ Web site at [www.regencerox.com](http://www.regencerox.com). In the past, there were multiple forms available for different medications. Having only one form will reduce confusion for providers and members. This new form can be used by any member for any medication.

The form can be accessed on the RegenceRx Web site in the physician area – select “Use Physician Resources,” then “Download Forms.” To fill out the form, select the box for Asuris Northwest Health and then use the tab button on your keyboard to move through the remaining fields. It can be completed electronically and then printed or printed and manually completed. Old forms will be archived and no longer available for use.

If you have questions about submitting medication prior authorization requests or have difficulty accessing or using this new form, please call our Pharmacy Services customer service line at 1 (800) 643-5918.

## Prior authorization required for five medications effective July 1

Effective for dates of service July 1, 2005, and after, we have added the following medications to our prior authorization list. Please note, prior authorization is not required for members who were using Gleevec® or PenLac® prior to July 1, 2005.

- Aranesp® (darbepoetin alfa)
- Epogen® (epoetin alfa)
- Gleevec® (imatinib)
- PenLac® (ciclopirox)
- Procrit® (epoetin alfa)



# Medical Policy

Provided below are summaries of new or revised medical policies. Complete medical policies can be found at [www.asuris.com/provider/library/medicalPolicy](http://www.asuris.com/provider/library/medicalPolicy). There may be member contract or administrative exceptions to some medical policies. For complete benefit information, please contact Customer Service (telephone numbers are listed on the back page of *Provisions*).

## Medical Policy Rationale Statement:

Asuris Northwest Health medical policies are developed through consideration of medical necessity, generally accepted standards of medical practice, a review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medical policy is to provide a guide to coverage. Medical policies are not intended to dictate to practitioners how to practice medicine. Practitioners are expected to exercise their medical judgment in providing the most appropriate care.

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## Durable Medical Equipment (DME)

### Dynamic orthotic cranioplasty as a treatment of non-synostotic plagiocephaly

*Revised policy effective January 7, 2005*

Deleted criterion related to helmets when used as adjuncts to surgery for the treatment of synostotic plagiocephaly.

### Electrical stimulation for the treatment of arthritis

*New policy effective January 7, 2005*

The BioniCare BIO-1000 device is purported to regenerate cartilage; however, there is no clinical trial evidence to document this effect.

## Wheelchairs

*Revised policy effective January 7, 2005*

Criteria additions:

- Foot and leg rests may be medically necessary for patients with significant edema of lower extremities.
- Power seat elevation features are not medically necessary.
- Up to two batteries may be medically necessary at any one time.
- An electronic interface to allow a speech-generating device to be operated by the power WC may be medically necessary, but electronic interfaces for other electronic devices and lights are not medically necessary.
- Power assist devices are not medically necessary.

## Electric breast pumps

*Revised policy effective February 1, 2005*

Criteria revised to state that standard electric breast pumps (E0603) may be considered medically necessary. Deluxe electric breast pumps (E0604) remain not medically necessary.

## Ultrasound-accelerated fracture healing

*Revised policy effective March 1, 2005*

Clarified discrepancy in criteria: Low-intensity ultrasound treatment may be considered medically necessary in patients with nonunion (not delayed union) of bones, excluding the skull and vertebrae, when specific criteria are met.

## Laboratory

### Fecal analysis in the diagnosis of intestinal dysbiosis

*Revised policy effective February 1, 2005*

Added the diagnosis of malabsorption as an investigational indication for fecal analysis.

## Maternity

### Preimplantation genetic diagnosis

*Revised policy effective January 7, 2005*

Added statement that HLA matching without preimplantation genetic diagnosis for potential stem cell donation is considered not medically necessary, and PGD for recurrent abortion is considered investigational.

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## Medicine

### Heartsbreath test for detection of heart transplant rejection

*New policy effective January 7, 2005*

Ideally, the Heartsbreath test will assist in determining appropriate patient management and avoid over-or underuse of treatment with steroids and other immunosuppressants that can occur with false negative and false positive biopsy reports. However, while the Heartsbreath test appears to be technically feasible, there are no studies to demonstrate that its use will result in better patient management and improvements in health outcomes.

### Monitoring of regional cerebral blood flow using an implanted cerebral thermal perfusion probe

*New policy effective January 7, 2005*

No published studies were identified that used data from a cerebral thermal perfusion probe to guide treatment decisions.

### Non-invasive of Left Ventricular End Diastolic Pressure (LVEDP) in the outpatient setting

*New policy effective January 7, 2005*

The VeriCor device is FDA-approved; however, there is a paucity of evidence supporting that indirect, non-invasive measurements in the outpatient setting impacts management of patients with CHF or improves their health outcomes.

### Temporary prostatic stent

*New policy effective January 7, 2005*

The Spanner stent is not yet fully FDA-approved; available only in a FDA Investigational Device Exemption clinical trial.

### Photodynamic therapy for the treatment of actinic keratoses and other skin lesions

*Revised policy effective March 1, 2005*

Policy update to include acne vulgaris in list of the investigational indications. There are no randomized clinical trials comparing PDT to standard therapies for the treatment of acne.

## Radiology

### Bone density studies

*Revised policy effective February 1, 2005*

Policy criteria revised: serial measurements of BMD to monitor treatment response to pharmacologic therapy in patients who are also receiving long-term (greater than six months) glucocorticoid treatment may be considered medically necessary when performed no more frequently than 12 months apart and when a change in treatment plan may be made based on BMD results.

### Single Photon Emission Computed Tomography (SPECT) for the diagnosis of ADD/ADHD, dementias and other psychiatric conditions

*New policy effective April 5, 2005*

Use of SPECT for ADD/ADHD, dementias and other psychiatric conditions is considered investigational.

## Surgery

### Bone Morphogenetic Protein (BMP) allograft

*Revised policy effective January 7, 2005*

Policy criteria expanded to include BMP use in fresh tibial shaft fractures and long bone nonunions

### Varicose vein treatment

*Revised policy effective February 1, 2005*

Added definitions for large varicose veins, small reticular veins and telangiectasias.

### Blepharoplasty and brow ptosis repair

*Revised policy effective February 1, 2005*

Policy criteria are clarified with the statement that frontal and lateral photographs demonstrate visual field limitation consistent with the visual field examination.

### Ventricular assist devices and total artificial hearts

*New policy effective April 5, 2005*

FDA-approved total artificial hearts may now be considered medically necessary as a bridge to heart transplantation for patients with biventricular failure who are currently listed as heart transplantation candidates and who are not considered candidates for a left ventricular assist device.

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# Medical Policy

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## Vagus nerve stimulation

*New policy effective April 5, 2005*

Implanted vagus nerve stimulation (VNS) may be considered medically necessary for intractable seizures. VNS is considered investigational for all other indications, including but not limited to Alzheimer's disease, depression, anxiety disorders, and bulimia.

## Percutaneous Intradiscal Electrothermal Annuloplasty (IDET) and Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)

*Revised policy effective June 1, 2005*

Policy change from investigational with individual consideration criteria for IDET to investigational for all indications for IDET and PIRFT.

## Transplant

### Pancreas transplant

*Revised policy effective January 7, 2005*

Added statement that pancreas transplant is considered investigational in HIV-positive recipients; added definition of labile diabetes (erratic blood glucose levels and HgA1c  $\geq$  8%).

### Small bowel transplant

*Revised policy effective January 7, 2005*

Added clarification that small bowel transplant is considered investigational in HIV-positive recipients.

### Small bowel/liver and multivisceral transplant

*Revised policy effective January 7, 2005*

Added clarification that small bowel transplant is considered investigational in HIV-positive recipients.



# Administrative & Billing

The appearance of procedure codes and fee schedule amounts does not necessarily indicate coverage. Payment shall be the fee schedule amount less the applicable copayment, coinsurance and/or deductible. CPT is a trademark of the American Medical Association (AMA).

## Submit chart notes on white paper

If it is necessary to submit chart notes or other documentation to Asuris Northwest Health, please provide the information on white paper. All documentation received at Asuris Northwest Health is entered in to our imaging system, and we find that colored paper does not always image legibly, causing us to request the information again.

## Reminder: Send applications and updates to Seattle

Please send all provider applications and "change of information" forms to our Seattle address at Asuris Northwest Health, Mail stop S916, PO Box 21267, Seattle, WA 98111.

Provider applications are available at [www.asuris.com/provider/credentialing](http://www.asuris.com/provider/credentialing).

Change of information forms are available on our Web site at [www.asuris.com/provider/library](http://www.asuris.com/provider/library) and may also be faxed to (206) 686-6145 or toll free 1 (888) 289-1313.

## Professional relations representatives list is your new Job Aid

On the following page, we have included a list of Asuris Northwest Health professional relations representatives, their phone number and the groups and territories for which they are responsible. Please review this list, as many of the assignments have changed. This information is also available on our Web site at [www.asuris.com/provider/contact](http://www.asuris.com/provider/contact).

## Professional Relations Representatives

For routine questions, first contact Customer Service at 1 (888) 344-5587.

To provide optimal service, we assigned professional relations representatives to assist participating practitioners and their staff. In addition, senior professional relations representatives are assigned to large clinics and facilities. If your representative is unavailable or you cannot determine who your representative is, please call 1 (800) 245-6024.

### UPDATED JUNE 2005

| Representative                    | Counties                          | Groups/Facilities  |
|-----------------------------------|-----------------------------------|--|
| OPEN<br>(800) 245-6024            | Spokane                           | Pullman Memorial Hospital, Whitman Hospital & Medical Center, Ferry County Public Hospital, Newport Community Hospital, Columbia Basin Hospital (dba Public Hospital District #3), Quincy Valley Hospital, Samaritan Hospital, Coulee Community Hospital |
| Richard Philips<br>(206) 470-4771 | Chelan, Grant, Stevens            | Lake Chelan Community Hospital, Chelan County Public Hospital  |
| Kathy Downs<br>(206) 470-4458     | Whitman                           |  |
| Beth Gardner<br>(360) 755-2788    | Adams, Benton, Franklin, Kittitas | East Adams Rural Hospital, Kittitas Valley Community Hospital, Othello Community Hospital  |
| Linda Hiller<br>(360) 755-2790    | Ferry, Okanogan                   | Okanogan/Douglas District Hospital, Mid Valley Hospital, North Valley Hospital   |
| Lynette Welland<br>(253) 382-7770 | Douglas, Lincoln, Pend O'reille   | Lincoln County Public Hospital (dba Odessa Memorial Hospital, Lincoln Hospital District #3)  |

## Senior Professional Relations Representatives

| Representative                   | Groups/Facilities  |
|----------------------------------|--|
| OPEN<br>(800) 245-6024           | <p>CLINICS<br/>Dominican Health Services, Providence Physician Services, Cancer Care Northwest, Columbia Medical Associates, Empire Health Services, Northwest Heart and Lung Surgical Associates, NW Orthopedic Specialists, Rockwood Clinic, Sacred Heart Medical Center, Spokane Cardiology, Spokane Ear Nose and Throat</p> <p>HOSPITALS<br/>Deaconess Medical Center, Deer Park Hospital, Holy Family Hospital, Inland Northwest Health Services, Mt Carmel Hospital, Sacred Heart Medical Center, St Joseph Hospital, Valley Hospital Medical Center</p> |
| Kathy Nester<br>(509) 573-6805   | HOSPITALS: Kadlec Medical Center, Kennewick Public Hospital, Our Lady of Lourdes, Prosser Memorial Hospital  |
| Yelina Jackson<br>(253) 382-7791 | ALL ANESTHESIA PROVIDERS   |
| Jody Halvorson<br>(360) 755-2789 | Wenatchee Valley Medical Center, Central Washington Hospital   |
| Joan Bargelt<br>(253) 382-7192   | ALL AMBULANCE COMPANIES; BIRTHING CENTERS; BLOOD BANKS; HOME HEALTH AGENCIES; HOME PHOTOTHERAPY PROVIDERS; HOSPICES; INFUSION THERAPY PROVIDERS; KIDNEY CENTERS; LABORATORIES; MEDICAL EQUIPMENT PROVIDERS; PROSTHETICS AND ORTHOTICS SUPPLIERS; SKILLED NURSING FACILITIES AND SLEEP LABS   |
| Tami Covey<br>(206) 287-5820     | ALL RADIOLOGY PROVIDERS  |
| Erin Hughes<br>(206) 470-4308    | ALL CHEMICAL DEPENDENCY TREATMENT PROVIDERS<br>ALL MENTAL HEALTH PROVIDERS   |

## Asuris Northwest Health addresses and phone numbers:

|   |  |  |   |
|---|--|--|---|
| Spokane .....   | P.O. Box 13368<br>Spokane, WA 99213-3368<br>1 (800) 245-6024<br>(509) 922-8072                 | Idaho .....  | Regence BlueShield of Idaho<br>P.O. Box 1106<br>Lewiston ID 83501<br>1 (800) 632-2022<br>(208) 746-2671 |
| Walla Walla .....   | P.O. Box 1297<br>Walla Walla, WA 99362<br>1 (800) 462-5680<br>(360) 748-4131<br>(509) 525-5220 | Portland .....   | Regence Life and Health<br>P.O. Box 1071<br>Portland, OR 97207<br>1 (800) 621-3330                      |
| Provider Customer Service.....                            | 1 (800) 462-5680   | Drug/Medication Prior Authorization Fax .....                      | 1 (800) 884-1053*   |
| Fax.....  | 1 (866) 279-9243*  | Go to <b>www.asuris.com</b> for Pharmacy Prior Authorization forms |   |
| Claims/Member Customer Service .....                      | 1 (888) 344-5587   | Healthy Options.....   | 1 (866) 240-9560  |
| Fax.....  | 1 (866) 279-9243*  | Fax.....   | (253)-573-3270  |
| Prior Authorization (Medical/Surgical) Fax .....          | 1 (866) 297-8001*  | Provider Relations .....   | 1 (800) 245-6024  |
| Go to <b>www.asuris.com</b> for Prior Authorization forms |  | Fax.....   | (509) 926-3056  |
|   |  | Asuris Web Site .....  | <b>www.asuris.com</b>   |

\*new toll-free numbers

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