

**The Connection**<sup>SM</sup>[www.or.regence.com/provider](http://www.or.regence.com/provider)*Feature:***Treatment Cost Estimator gives patients access to network average cost information**

When discussing a patient's treatment options, it is common for the cost of a recommended service or treatment to become a part of the conversation. It can be difficult for providers to give patients the answers they seek with the lack of available cost information.

This spring, we will launch our newest online feature on **myRegence.com** designed to give our members information they consider important when making value-based health care decisions. The Treatment Cost Estimator will allow our members the ability to access network average costs for an initial select range of treatments, which will be expanded each quarter. This feature is intended to enable members to more accurately predict the duration of the treatment their provider is recommending, as well as the associated costs.

"The Treatment Cost Estimator provides Regence members with a trusted, reliable resource for seeking treatment cost information," said Dr. Dennis Chong, Regence chief medical officer. "It is through access to information that we are able to make more informed health care decisions, resulting in better health outcomes."

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## Treatment Cost Estimator gives patients access to network average cost information

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In designing the Treatment Cost Estimator, Regence sought to make the feature valuable to as many members as possible. To determine which medical conditions to highlight initially, we evaluated the number of times an individual condition or topic area was viewed on **myRegence.com**, competitive sites and cost tools, as well as the volume of claims in our system for that particular condition. To calculate the network average cost, Regence used geographic regions. Network average costs were calculated based on where residents would most likely receive care.

Using the Treatment Cost Estimator, members can access network average costs within their own geographic area for common treatments within the following categories: children's health; chronic care; dental services; ear, nose and throat; joint conditions of the hand, hip, knee or shoulder; men's health; women's health; and mental health.

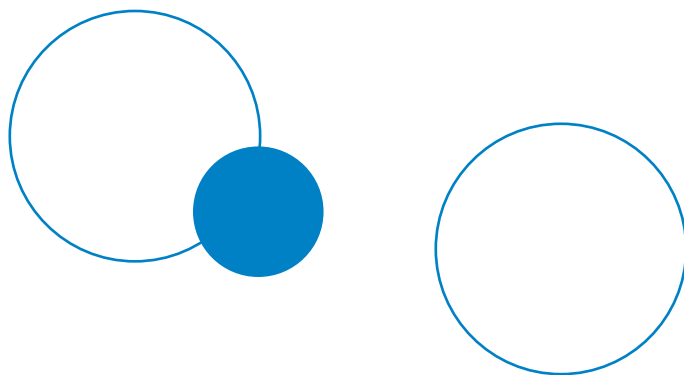
For more information about the Treatment Cost Estimator, please contact your provider consultant.

### Join our online member community today

Register as a guest on **myRegence.com**. By using the Guest Pass code PROVIDER, your access to the site will not expire.

### Contents - *The Connection Online*

Additional articles are available on our *Provider Web Site*. See page 11 for a list of online articles.



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

- The addition, deletion or revision of codes published in the 2009 *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 code groupings can be found on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit.

Medical and reimbursement policies are 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 relations representative. Our contact information is on page 12.

## 2009 brings code changes for many services and supplies

Please remember to review your 2009 CPT, HCPCS and International Classification of Diseases, Ninth Revision (ICD-9) coding publications for codes that have been added, deleted or changed and to use only valid codes.

## Correct Code Editor (CCE) updated

The Regence BlueCross BlueShield of Oregon (Regence BCBSO) CCE identifies code pair edits used in addition to CMS' NCCI edits. These code pair edits are compiled using CMS' NCCI written rules, CPT language and other recognized sources. The code pair edits are followed for all lines of business, including the Federal Employee Program (FEP).

Our CCE is updated quarterly (January, April, July and October) and is available on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit. Updates are clearly labeled with the corresponding version of CMS' NCCI. Our CCE, updated in January, currently corresponds to NCCI Version 15.0. Our next update in April will correspond to NCCI Version 15.1.

## Use of infusion therapy codes in a facility setting

Several 2008 infusion therapy CPT codes will be replaced in 2009. These codes include injections and infusions for chemotherapy and nonchemotherapy administered in a facility setting for:

- Hydration **CPT 90760-90761**
- Intravenous or subcutaneous infusions for therapy, prophylaxis or diagnosis **CPT 90765-90779**

The 2009 codes that replaced the above codes include:

- Hydration **CPT 93630-93631**
- Intravenous or subcutaneous infusions for therapy, prophylaxis or diagnosis **CPT 96365-96379**

According to the AMA, *CPT 2009 Professional Edition*, these codes are not intended to be reported by the physician in the facility setting. Therefore, effective May 1, Regence BCBSO will not reimburse for these codes when billed by a physician (MD or DO).

### Changes to our pre-authorization lists

#### New pre-authorization list for Federal Employee Program (FEP) members

Effective January 1, we have a new *Federal Employee Program Pre-authorization List*. All FEP-specific requirements were removed from the *Group and Individual Products Pre-authorization List*.

#### Pre-authorization lists for Medicare, group and Individual products

Preferred Choice Sixty-Five requirements have been removed from our *Medicare Pre-authorization List*. We also made updates and formatting changes to this list. In addition to the removal of FEP-specific requirements, we reviewed and updated our *Group and Individual Products Pre-authorization List*. These changes are effective May 1.

#### Oregon Teamster Employers Trust reminder

Pre-authorization requirements for Oregon Teamster Employers Trust members follow guidelines outlined in the member's contract and include admissions to hospitals, skilled nursing facilities, chemical dependency and mental health facilities, hospice and home health services. If you have any questions or to request pre-authorization, please contact our Medical Management team at (503) 220-4795 or toll-free at 1 (800) 824-8563. A confidential voice mail option is available.

#### Skilled Nursing Facility (SNF) reminder

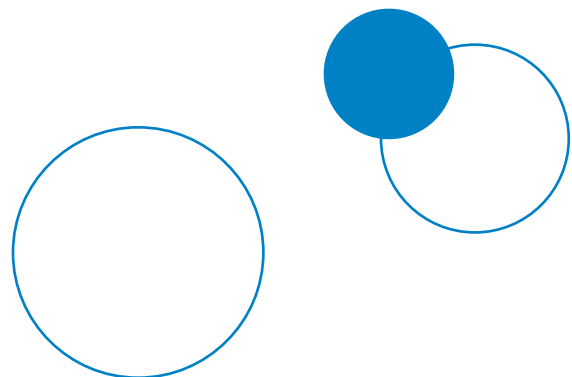
Effective January 1, we began enforcing the pre-authorization requirement for all SNF admissions for Regence MedAdvantage patients. Regardless of any preliminary contact by hospital discharge planners, a pre-authorization is not considered complete unless the SNF contacts our Medical Management team at one of the phone numbers listed above on the date of admission or the subsequent working day. If you are transferred to voicemail, please leave a message with the details of the admission. Any SNF admission for which pre-authorization is not obtained will be denied and may not be billed to the patient.

### 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 relations representative.

- Innova<sup>SM</sup>, Engage<sup>SM</sup> and Activate<sup>SM</sup> Plans (renamed Self-managed and Consumer Directed Products, includes information on our new Health Savings Account product—see related article on page 9)
- Federal Employee Program (FEP) (new section)
- Filing Claims
- Glossary
- Identifying Members
- Medicare Advantage Plans
- Product Overview
- Who to Contact

Information that was formerly in the Provider Agreements section can now be found in the Introduction and Appeals sections.



## Colonoscopy claims with Modifier -53

A recent review of our claims activity reveals colonoscopy codes with **Modifier -53** have not been paid consistently. Please be advised that effective May 1 claims for colonoscopy procedures **CPT 45378** and **HCPCS G0105** and **G0121** billed with **Modifier -53** *Discontinued procedure* will be reimbursed at 34% of the allowance for the code without the modifier. This reduction is based on the CMS non-facility Relative Value Units for these three codes.

## New pre-authorization requirements for reconstructive breast surgery

New codes are being added to our *Group and Individual Products Pre-authorization List* for reconstructive breast surgery performed to restore the normal appearance of the breast after surgery, accidental injury or trauma. The following CPT codes are being added:

- **CPT 19330** *Removal of mammary implant material*
- **CPT 19340** *Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction*
- **CPT 19350** *Nipple/areola reconstruction*
- **CPT 19355** *Correction of inverted nipples*

The procedures listed above always require pre-authorization when they are performed for any reason other than a diagnosis of cancer. Pre-authorization is not required for procedures performed in response to cancer diagnoses.

See our medical policy *Reconstructive Breast Surgery/ Mastopexy, and Management of Breast Implants* (Surgery #40) for more information. 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 relations representative.

## Investigational and medical necessity reviews

The following summaries outline recent changes to Regence medical policies and include references to the sections and policy numbers. 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 10.

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

#### Medicine

**Hyperbaric Oxygen Pressurization** (#14) Added to the list of indications considered medically necessary: crush injuries, compartment syndrome and pre-and post-treatment for patient undergoing dental surgery (non-implant related) of an irradiated jaw. Added to list of investigational indications: avascular necrosis, cerebellar hypoperfusion and viral encephalitis/encephalopathy.

#### Surgery

**Emerging Surgical Treatments for Glaucoma** (#164) New medical policy. See related article on page 7.

**Facet Joint Injections** (#135) Revised criteria to add limitation maximum of six injections per year per American Society of Interventional Pain Physicians (ASIPP) practice guidelines. Added viscosupplementation therapy (injection of hyaluronic acid) as an investigational indication.

**Surgery for Morbid Obesity** (#58) Criteria regarding pre-surgical weight loss program revised: time period decreased from 12 months to 6 months, and other related criteria clarified. Added statement that bariatric surgical procedures are considered investigational for the treatment of conditions other than morbid obesity, (e.g., gastroesophageal reflux disease). Added criterion that endoscopic procedures to treat weight gain after a bariatric procedure are investigational.

**Surgical Treatment of Hyperhidrosis** (#165) Removed criteria for medical treatments; policy now addresses only surgical treatments. This policy became effective on January 1.

**Varicose Vein Treatment** (#104) Criteria changed. See related article on page 7.

## Sacral nerve stimulation considered investigational

After careful review of current scientific literature, Regence considers sacral nerve stimulation, also referred to as sacral nerve neuromodulation, to be investigational for the following conditions, including, but not limited to:

- Chronic constipation
- Chronic pelvic pain
- Fecal incontinence
- Stress incontinence
- Urge incontinence due to a neurologic condition, including, but not limited to:
  - Detrusor hyperreflexia
  - Multiple sclerosis
  - Spinal cord injury
  - Diabetes with peripheral nerve involvement
- Other types of chronic voiding dysfunction

Effective May 1, the following codes will be reviewed as potentially investigational:

- **CPT 64561** *Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)*
- **CPT 64581** *Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)*
- **CPT 64585** *Revision or removal of peripheral neurostimulator electrodes*

See our *Sacral Nerve Modulation/Stimulation for Pelvic Floor Dysfunction* (Surgery #134) medical policy for more information.

## Pulmonary vein isolation (PVI)

Transcatheter ablation of arrhythmogenic foci in the pulmonary veins, or pulmonary vein isolation (PVI), is considered investigational by Regence as a treatment for atrial fibrillation including, but not limited to, the following:

- Focal ablation within the pulmonary veins
- Segmental ostial ablation
- Circumferential pulmonary vein ablation or pulmonary vein isolation

*Note:* This policy is not intended to address atrial ablation, which may be considered medically necessary for the treatment of atrial fibrillation.

If PVI is performed, **CPT 93799** *Unlisted cardiovascular service or procedure* should be billed for this procedure.

PVI may be performed alone or in conjunction with **CPT 93651** *Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination.*

To consistently administer this policy, effective May 1, Regence will require submission of the operative report with all claims submitted for **CPT 93651**. See our *Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment for Atrial Fibrillation* (Surgery #138) medical policy for more information.

## Spinal manipulation under anesthesia

Regence considers spinal manipulation performed either with the patient sedated or under general anesthesia to be investigational. Anesthesia may be considered medically necessary for spinal manipulations only in the presence of vertebral fracture or dislocation.

Effective May 1, the following codes will be denied as investigational:

- **CPT 00640** *Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine*
- **CPT 22505** *Manipulation of spine requiring anesthesia, any region*

See our *Spinal Manipulation Under Anesthesia* (Medicine #103) medical policy for more information.

## Emerging surgical treatments for glaucoma

A new surgical code for the treatment of glaucoma, **CPT 0177T** *Transluminal dilation of aqueous outflow canal; with retention of device or stent*, was introduced in July 2008. After careful consideration of the available scientific documentation, Regence has determined that this code, and the codes already noted in our *Emergency Surgical Treatments for Glaucoma* (Surgery #164) medical policy, do not meet our technology assessment criteria and are, therefore, considered investigational.

As of May 1, **CPT 0177T** will be denied as investigational and ineligible for reimbursement. See the medical policy for more information.

## Change to Varicose Vein Treatment medical policy

Effective May 1, the criteria for varicose vein treatment will change as follows:

- The trial period for compression stockings will increase from six weeks to three months. Failure of the trial is required before additional interventions will be considered.
- Only one treatment session per extremity will be approved at a time; future treatment sessions will be considered only when the clinical outcome of the prior treatment is documented.
- Documentation will be required to demonstrate recurrent significant episodes of superficial phlebitis unrelated to sclerotherapy.
- The accessory saphenous vein will be removed from the list of medically necessary veins.
- Nomenclature for long and short saphenous veins will be updated to greater and lesser saphenous veins.
- Activities of daily living (ADLs) and instrumental ADLs will be defined in the policy criteria related to symptoms. Symptoms must be documented and must be “persistent, severe lower extremity symptoms attributable to varicose veins.”

Additionally, effective May 1, the *Varicose Vein Treatment* (Surgery #104) medical policy will include revised payment guidelines for stab phlebectomy of varicose veins with fewer than 10 stab incisions.

**CPT 37799** *Unlisted procedure, vascular surgery* should be used when fewer than 10 stab incisions are performed, and an operative report should be submitted with the claim. Effective May 1, the reimbursement for this procedure will be 60% of the allowance for **CPT 37765** *Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions*.

The reimbursement for **CPT 37765** and **CPT 37766** *more than 20 incisions* is not changing.

*Note:* All services related to varicose vein treatment, including ligation and phlebectomy procedures, require pre-authorization.

## Reach prospective and current patients by enhancing your profile on myRegence.com

In November 2008, Regence launched the Enhanced Provider Profile feature, giving participating physicians, dentists and other health care professionals the opportunity to enhance the information presented in their individual profile pages on the **myRegence.com** Provider Search tool.

Every week, thousands of Regence members use the Provider Search tool to look for a physician, dentist or other health care professional. The Enhanced Provider Profile feature enables Regence members to choose the provider that is right for them based on several criteria, including the provider's philosophy of care, practice areas of expertise, appointment availability, awards and other distinctions, as well as the provider's patient age and gender mix.

"It can be difficult for patients to find the provider that will best meet their and their family's needs solely by looking at a list of names," said Dr. Dennis Chong, Regence chief medical officer. "The Enhanced Provider Profile gives Regence participating providers a venue to communicate directly to current and prospective patients and to share detailed information about their practice."

In a study conducted among Regence members, 90% indicated that information about a physician's practice was important to health care decision making. As a result, the following benefits are available to Regence contracted providers who choose to participate in enhancing their profile:

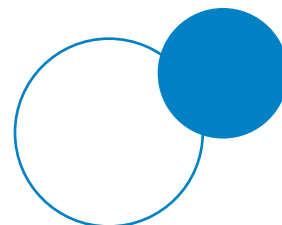
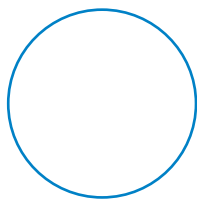
- A direct link to the provider's practice Web site can be added to the provider's individual profile on **myRegence.com**.
- Better alignment of patient needs with provider characteristics may result in improved provider-patient relationships.
- Online presence allows providers who do not already have a practice Web site more visibility to the Regence member community.
- Future releases will enable members to sort, filter and compare physicians, dentists and other health care professionals based on data captured in the profiles using the **myRegence.com** Provider Search tool.

### Submit your Enhanced Provider Profile today

Regence recognizes that your time is valuable. We have taken steps to ensure that enhancing your individual profile page is quick and simple.

### To enhance your individual profile, you must have access to Regence Online Services for Providers.

If you already have access to this free, Web-based tool, you will find information for submitting your practice information on the Regence Online Services for Providers home page. If you have not yet registered for this tool, we strongly encourage you to do so. More information about Regence Online Services for Providers is available on our *Provider Web Site*.



## Regence Health Savings Account (HSA) Healthplan 2.0 now available

Our newest Health Savings Account (HSA) product, Regence HSA Healthplan 2.0, became available to all employer groups on January 1. This product brings heightened consumer awareness to our members by offering a comprehensive health plan with the option for members to enroll in a tax-free savings account.

Helpful product details:

- **Provider networks:** This product uses the same provider networks as our Innova, Engage and Activate products.
- **Member cards:** These are similar to Innova, Engage and Activate member cards. The product name, HSA Healthplan 2.0, is on the front. The alpha prefix is the same as our Activate product – YVZ.
- **Claims:** You'll receive the same *Claim Voucher* used for your Innova, Engage and Activate patients.
- **Provider Customer Service phone number:** Contact the same phone number you use for Innova, Engage and Activate patients: 1 (800) 452-6333.

HSA Healthplan 2.0 includes unlimited preventive care benefits and built-in wellness programs such as the CareEnhance® Nurseline, Regence Health Coach<sup>SM</sup> and Special Beginnings®. Optional benefits include complementary care, vision and dental. Prescription medications are subject to the medical deductible.

*Note:* To ensure that claims are processed correctly and comply with Internal Revenue Service (IRS) HSA plan regulations, please submit claims for all preventive services with a preventive diagnosis. If a preventive service is erroneously billed with a medical diagnosis, the member will be responsible for all billed charges. Billing appropriately for preventive services reduces the need to submit a corrected claim or for the member to submit an appeal.

Additional information about HSA Healthplan 2.0 is available in the Products section of our *Provider Web Site*.



### New Regence MedAdvantage Provider Customer Service phone number

Effective February 1, providers will be required to use new phone numbers for inquiries regarding their Regence MedAdvantage patients: (503) 464-3000 or toll-free 1 (877) 508-7362. After this date, any provider calls received via other lines will be transferred to these designated provider lines and placed at the end of the queue. Our Regence MedAdvantage Provider Customer Service phone numbers will bypass member survey prompts and other messages.

### Medicare compliance training required for Regence MedAdvantage providers

Effective January 1, new CMS regulations require compliance training for “first tier, downstream and related entities” of a Medicare Advantage plan. Physicians and other health care professionals who contract with a Medicare Advantage plan, such as Regence MedAdvantage, are considered “first tier” entities. This designation applies not only to Regence MedAdvantage, but to any Medicare Advantage plan with which you contract.

For your convenience, we have developed an online workshop that meets the CMS requirement. You can access the online course in the Workshops section of our *Provider Web Site*. Training developed internally or by third parties may also be used. Training must be completed yearly and documented.

### Submit claims for 2008 dates of service

Regence BCBSO discontinued our Preferred Choice Sixty-Five product on December 31, 2008. Please submit all claims for these patients no later than March 31. If you have claims for other Regence MedAdvantage patients with 2008 dates of service, please submit them by March 31 as well. This will help us accurately report claims information to CMS.

### Updates to medication policies are available 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](http://www.regencerox.com/learn/covered/alpha/index.html). Updates are made to the list as needed. The complete list of recent updates is available at [www.regencerox.com/pharmacy/docs/genericNoticeOfFormularyChange2008.pdf](http://www.regencerox.com/pharmacy/docs/genericNoticeOfFormularyChange2008.pdf).



## The Connection Online

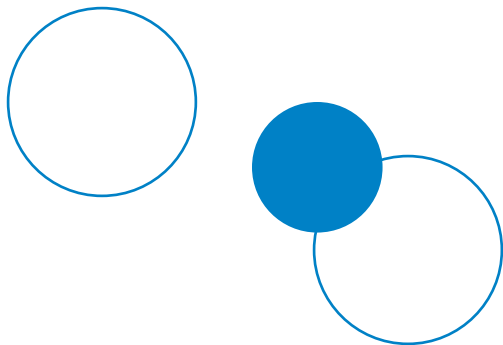
In November 2008, we introduced *The Connection Online*, our supplemental newsletter available on our *Provider Web Site*. In an effort to improve our online newsletter, we have added a subscribe feature that allows you to receive an email notification when a new edition of *The Connection Online* is available for viewing.

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

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

- Submitting paper or electronic claims (Claims & Billing section)
- Identifying members, including sample member cards and benefit summaries (Products section)
- Pre-authorizing services or prior authorizing medications (Care Management section)

Take a few minutes to visit our *Provider Web Site* today.



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## Contact Us

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## Contact Customer Service using our *Secure Contact Form*

Physicians, other health care professionals and facilities can use our *Secure Contact Form* to contact Provider Customer Service and BlueCard Customer Service for questions or issues. The form allows you to submit up to five dates of service per patient. Regence will respond to your query within two business days. The forms are available in the Contact Us section of our *Provider Web Site*.

### We're here for you

We are dedicated to helping you. Please see the specific contact information below. Additional contact information for your provider consultant and provider relations representative is available in the Contact Us section of our *Provider Web Site*.

### Provider Customer Service

General: 1 (800) 722-5086 or (503) 225-6619

BlueCard: 1 (800) 448-0525 or (503) 225-5393

Federal Employee Program (FEP): 1 (877) 668-4654

Innova, Engage, Activate, HSA Healthplan 2.0: 1 (800) 452-6333

**NEW** Regence MedAdvantage: 1 (877) 508-7362 or (503) 464-3000

### Provider Web Site

[www.or.regence.com/provider](http://www.or.regence.com/provider)

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



# Regence

Regence BlueCross BlueShield of Oregon is an independent  
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