



# The Connection<sup>SM</sup>



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

*Feature:*

## Save time by using our online tool

Many physicians, other health care professionals and their staff are utilizing Regence 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

### Regence Innova<sup>®</sup>, Engage<sup>®</sup>, Activate<sup>SM</sup> and HSA Healthplan 2.0<sup>SM</sup>

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*<sup>SM</sup> 3

#### Administrative and Billing Updates

Correct Code Editor 4

*Administrative Manual* 4

Hospital-acquired conditions policy 4

New Oregon law and Regence transparency efforts align 5

Ovarian and internal iliac vein embolization 5

Radiology Quality Initiative 6

#### Policy Updates

Medication policies 6

*Genetic Testing* policy 6

Investigational and medical necessity reviews 7

#### Contact Us

We're here for you 8

### Contents - *The Connection Online*

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

### 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.

#### Federal Employee Program (FEP)

You can view the complete FEP benefit booklet by linking to the FEP Web site.

#### BlueCard® (out-of-area)

Benefits are available based on the home Plan's submission.

#### Regence Online Services for Providers also allows your office to:

- Review and respond to Regence 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*.

#### **Note: Regence Online Services for Providers will be renamed Provider Center on September 1.**

### Request claim status via electronic transaction

In addition to Regence Online Services for Providers (Provider Center), 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*.

## The Connection Online

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

**We strongly encourage you to take a few moments to review this information online.**

### 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  
Corrected claims accepted electronically  
New fee schedule for behavioral health professionals  
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  
Medicare crossover claims for new products

#### News

Annual provider satisfaction survey results  
Resources for Spanish-speaking members  
Patient safety tools and resources  
Personal health records help patients and you  
Regence continues to focus on hospital quality

#### 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 relations representative. Our contact information is on page 8.

### Correct Code Editor updated

The Regence BlueCross BlueShield of Oregon (Regence BCBSO) 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, 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 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 the sections of our *Administrative Manual* listed below. These are available on our *Provider Web Site* in the Provider Library section, under Manuals. For a paper copy, please contact your provider relations representative.

- Filing Claims
- Medicare Advantage Plans
- Payment
- Self-Managed and Consumer Directed Products

In addition, the Regence Online Services for Providers section will be updated and renamed Provider Center on September 1.

### 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, Regence 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.

## New Oregon law and Regence transparency efforts align

A new Oregon law effective July 1 requires health plans to provide members and providers with reasonable out-of-pocket cost estimates for certain medical services. Regence has fully supported this law from its inception because we believe that informed patients make better health care decisions. In our research, members rate the ability to anticipate the cost of their own health care as one of the most important components of informed decision-making.

Oregon-based members covered by Regence BCBSO (excluding Regence MedAdvantage and Clark County, Washington-based members) can now access individual cost estimates through our Treatment Cost Estimator on [myRegence.com](https://myregence.com). Members can view estimates for the five most common procedures or services within the following categories:

- Office visits
- Immunizations
- Normal, vaginal delivery
- Digestive system endoscopy
- Diagnostic radiology and imaging
- Orthopedic-musculoskeletal surgery
- Diagnostic pathology and laboratory procedures

Members can request an estimate of their specific out-of-pocket expense for a provider and service that reflects their deductible at the time the estimate is submitted, coinsurance or copayment and any applicable maximum benefits.

Members must provide the following information to receive an estimate for a participating provider:

- Member number
- Name of provider
- Type of procedure or service
- Location where the service will be performed

The estimates do not include the cost of unanticipated procedures, and members may be responsible for the cost of procedures not covered by their plan.

Estimate information for your patients will be available by the end of summer through Regence Online Services for Providers (to be renamed Provider Center on September 1). See the related article on pages 1 and 2.

### 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 *Regence Clinical Edits by Code* list available in the Claims & Billing section, under Coding Toolkit.

## Radiology Quality Initiative update

On June 1, Regence launched our Radiology Quality Initiative (RQI) for advanced diagnostic imaging performed in outpatient, non-emergent settings. Under the RQI program, Regence BCBSO 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 Regence 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](http://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](http://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 relations representative. 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.



# Regence

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## Contact Us

### 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

Regence MedAdvantage: 1 (877) 508-7362

### Provider Web Site

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