Excellus BlueCross BlueShield

Connection

Newsletter for Medical Office and Facility Staff VOLUME: 15.9 ISSUE: July 2009

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In this issue:

Click a title below to go directly to the article!

Also:

***Connection* is Going Electronic!**

Opt-in Today!

See page 6 for further details.

Claims for BCBS Michigan Members

Blue Cross Blue Shield of Michigan has partnered with BlueCross BlueShield plans to allow providers to submit claims to their local BCBS plans for processing through BlueCard®. In the past, you were required to bill BCBS of Michigan directly.

You may identify BCBS of Michigan members by their subscriber ID card, which contains a three-character alpha prefix of **GMU**. Please submit all claims for these members to your local plan - just as you would submit claims for locally enrolled subscribers.

If you have questions regarding this change, please call Provider Service.

Claim Form Fields — NPI and Taxonomy

At Excellus BlueCross BlueShield, our goal is to process all claims at initial submission. However, before we can process a claim, it must be completed accurately.

Sample claim form field charts are provided below to assist with the completion of form CMS-1500 and UB-04. Please refer to these charts when determining the proper field to use for NPI and taxonomy.

CMS-1500

– IMPORTANT –
In field **33A**, enter the **NPI** for the provider or group that needs to be reimbursed.

Please make sure that the NPI number indicated on the form is the **same** number that is filed with Excellus BCBS. If you are billing with a **Group NPI**, you must bill with that group name and list the rendering provider.

NPI Field	TAXONOMY Field
33A - Group Billing NPI Number	33B = TAXONOMY Code field - Enter ZZ qualifier followed by provider taxonomy code with no spaces
24J - Rendering NPI Number	33B = TAXONOMY Code field - Enter ZZ qualifier followed by provider taxonomy code with no spaces

UB-04

NPI Field	TAXONOMY Field
56 - Facility NPI	81aa- Enter B3 qualifier and taxonomy code for the billing provider from field 56

For providers with more than one specialty, please bill the **appropriate taxonomy code**.

If claims are not completed accurately, they will be denied and sent back for correct billing or correct NPI number.

If you have questions, please contact Provider Service.

Thank You for Participating

Annual HEDIS and QARR Data Collection

Thank you to all of the providers and office staff who participated in our 2009 Healthcare Effectiveness Data and Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR) annual data collection process. Our Quality Measurement representatives visited approximately 2,300 physician offices and completed more than 12,000 medical record reviews.

This data helps identify opportunities to improve the health and well-being of our members. Additionally, the National Committee for Quality Assurance and the New York State Department of Health require us to report specific measures annually. These measurements are defined by the 2009 Healthcare Effectiveness Data and Information Set by HEDIS and QARR.

OIG - Risk Adjustment Data Validation Audit

The Medicare Risk Adjustment department would like to thank those providers who responded to our request for medical records and other documentation pursuant to our Office of the Inspector General - Risk Adjustment Data Validation Audit. This audit required Excellus BCBS to comply with the criteria set forth by the Centers for Medicare & Medicaid Services (CMS) Risk Adjustment Methodology Program.

The medical record review assisted our compliance with diagnosis code reporting guidelines designed by CMS. Without the cooperation of those providers contacted, we would not have been able to provide the necessary information to the OIG in a timely manner.

Upcoming Reviews

ICD-9-CM Coding Validation Review

The Medicare Risk Adjustment Coordinators will be conducting an ICD-9-CM coding validation review of claims submitted by most physicians who participate in Medicare Advantage plans (Medicare Blue Choice, Medicare Blue PPO and Blue Choice Senior). As in previous years, the review will involve either a request for medical record documentation or an on-site visit. The diagnosis code review will help Excellus BCBS comply with CMS regulations and educate providers and their staff on the Medicare Risk Adjustment Model, which relies on ICD-9-CM diagnosis codes to prospectively reflect the health status on Medicare Advantage beneficiaries. Reviewers will focus on complete and accurate diagnosis reporting according to the official ICD-9-CM coding guidelines.

Our credentialed medical coding staff will continue to be available to educate and answer questions. Your continued cooperation in our efforts to fully illustrate our members' health status is greatly appreciated.

Medical Record Review

The Centers for Medicare & Medicaid Services, New York State Department of Health, and the National Committee for Quality Assurance continue to require established medical record documentation standards and goals. These standards are monitored for quality on an annual basis.

Each year, a sample of primary care physicians must submit a member's medical record for review. The record is audited against the established standards and the physician will be notified of records that pass with a score of 80 percent or higher.

The score is based on points achieved through the following categories: Baseline demographic information, general chart organization, patient history/health maintenance, office visit/follow-up, and preventive services.

(Continued on next page)

Providers who do not pass will have three additional records reviewed to determine the final score. Any provider who does not pass after the complete review will be required to submit a corrective plan of action. Excellus BCBS will conduct follow-up reviews until the standards have been met for two consecutive reviews.

A third review with a failing score will result in a recommendation to the Credentials Committee to revoke credential approval. If upheld on appeal, this action is reportable to the appropriate authorities.

In addition to adhering to medical record documentation standards and procedures, practitioners are required to maintain organized medical record-keeping systems which ensure that patient information is confidential and easily retrievable.

The practitioner credentials (MD, DO, PA, NP, RN) must be included somewhere on the medical record – next to the provider's name, by the entry or preprinted next to the practitioner's name on the practice's stationery.

Visit our Web site, excellusbcbs.com, to review medical record documentation standards and download clinical tools that may be modified for your office. Go to: *For Providers > Patient Care > Quality and Performance > Quality Standards.*

If you have any questions, please call Michelle Konwicki in our Quality Management department at (716) 857-4574.

Access Survey

Primary care physicians and OB/GYNs may receive a telephone call from Excellus BCBS over the summer as we conduct our annual Access and After-Hours surveys.

We survey selected offices to determine whether the wait time for a primary care or OB/GYN visit is appropriate and if offices are adhering to New York state and Excellus BCBS standards for preventive, routine, sick and urgent care.

As you may be aware, the state also conducts a similar telephone survey of some physician offices each summer. Although the state's survey is conducted blindly, our callers will mention their affiliation with Excellus BCBS.

To view the Access and After-Hours standards in their entirety, visit our Web site at excellusbcbs.com. Click on *For Providers > Patient Care > Quality & Performance > Quality Standards*. If you do not have access to the Web, please contact Provider Service to request a paper copy.

Thank you in advance for your efforts in helping us to ensure that our members always have access to quality medical care and services.

Provider Service Contact Information for Medicare Products

Please make note of the following Provider Service telephone numbers for inquiries regarding our Medicare Advantage products:

- **Central New York and Southern Tier Regions** (Medicare Blue PPO): 1 (800) 920-8889
- **Rochester Region** (Medicare Blue Choice): 1 (800) 462-0116
- **Utica Region** (Medicare Blue PPO): 1 (800) 311-3536

Gentiva Health Services Inc.

Effective for dates of service on or after **June 28, 2009**, Gentiva Health Services will no longer be participating in the Excellus BCBS provider networks. Depending upon their benefits, our members may not have coverage or may incur a higher out-of-pocket expense if home care services are rendered by this provider.

In accordance with your provider agreement, please refer Excellus BCBS members to participating network providers. For a list of participating providers, access our provider directory via the Excellus BCBS Web site, excellusbcbs.com. Click on the *Find a Doctor* link (located at the bottom of the home page) *> Find Other Providers*.

St. Mary's Hospital of Amsterdam - *Clarification*

In the March issue of this newsletter, we advised that effective March 19, 2009, St. Mary's Hospital at Amsterdam would no longer be participating with Excellus BCBS's **Medicare Advantage** and **Child Health Plus** programs.

We would like to clarify that St. Mary's Hospital's contract to provide services to Excellus BCBS Medicare Blue PPO members ended March 19, 2009. However, the hospital continued to be "participating" for an additional two months (i.e., through May 19, 2009) as the result of a new law that requires hospitals to remain participating for two additional months to assure a smooth transition for members. **In addition, the hospital has remained participating with the Child Health Plus program**.

Effective May 19, 2009, St. Mary's Hospital of Amsterdam no longer participates with our **Medicare Blue PPO** plans. This includes St. Mary's Hospital's primary campus, its primary care facilities and other affiliates.

Medicare Blue PPO members will incur increased cost-sharing if they utilize St. Mary's Hospital for an elective hospital admission or non-emergency outpatient care. To minimize out-of-pocket costs, elective hospital admissions and/or non-emergency outpatient services should be arranged with health care providers who participate with our Medicare plans, such as Amsterdam Memorial Hospital, Nathan Littauer Hospital, Ellis Hospital, Albany Medical Center and Bassett Healthcare.

Excellus BCBS members enrolled in our commercial products, including HMO and indemnity, **are not affected** and continue to have full access to St. Mary's Hospital.

If you have questions regarding the above network updates, please contact Provider Service.

PT/OT Patient Progress Report Form

We would like our participating physical and occupational therapy providers to be aware that a revised PT/OT Progress Report form has been posted to the Excellus BCBS Web site, excellusbcbs.com.

Please begin using this form immediately. To access the form from the Web, go to: *For Providers > Administration > Print Forms and Templates >* under "Benefits Management," click *PT/OT Patient Progress Report Form* link.

If you do not have Internet access, please contact Provider Service to obtain a paper copy.

Reminder - Breast Surgery Limited to High-Volume Hospitals

Excellus BCBS reminds you about a change in coverage for **Medicaid Managed Care and Family Health Plus** members needing breast cancer surgery.

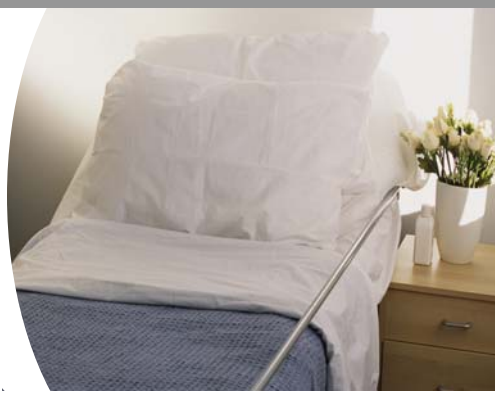
Note: This change does not apply to commercial lines of business.

Effective **July 1, 2009**, in accordance with the New York state Department of Health's policy and the Medicaid Managed Care/Family Health Plus contract, Excellus BCBS will reimburse for mastectomy and lumpectomy procedures associated with a breast cancer treatment **only** when these services are performed at hospitals which have been determined by the DOH to perform at least 30 breast cancer surgeries annually. Members enrolled in these products will continue to be able to receive these services, but they will be directed to a DOH-approved facility.

To ensure that you have the most current list of facilities that will no longer receive reimbursement and facilities that will continue to be reimbursed for these surgical procedures, please visit the DOH Web site: http://www.nyhealth.gov/health_care/medicaid/quality/surgery/cancer/breast/index.htm.

The DOH will re-examine all payer breast cancer surgery volume annually and will modify the list of providers with which Medicaid will contract for such surgery accordingly. Therefore, it's important to periodically check the Web site.

Attention Facility Providers - POA Indicator Required for Medicaid and Medicare Inpatient Facility Claim Diagnoses



As of **June 30, 2009**, Excellus BCBS began requiring that a valid Present on Admission indicator be added to all inpatient facility claim diagnoses for Medicare, Medicaid Managed Care, and Family Health Plus products. Child Health Plus is excluded from this contract.

Claims submitted without the appropriate POA indicators will be returned, along with a request to resubmit with a valid POA indicator. This change implements the Centers for Medicare & Medicaid Services directive issued on October 1, 2008, requiring all inpatient claims to have a valid POA indicator for each diagnosis.

If your facility uses a billing agency and/or practice management vendor, please share this important information with them.

A bulletin announcing this change was mailed to participating hospitals in June. If you have questions, please contact Provider Service.

Connection Is Going Electronic – Have You Opted In?

Over the last few months, we told you that the *Connection* newsletter is moving to an electronic format. This is an exciting change as it will allow us to communicate with your office in a more timely and efficient manner.

The newsletter will continue to be published and posted to our Web site, excellusbcbs.com, on a monthly basis. At the beginning of each month, a link to the newsletter will be e-mailed to providers who **opt-in** to receive the publication electronically. The newsletter e-mail notification will only be sent to those who have completed the opt-in process.

If you haven't opted-in yet, please take a moment to do so. It's a quick and simple process. Go to the Excellus BCBS Web site, excellusbcbs.com, and select: *For Providers > Administration > News and Updates > Follow this link to receive Connection Newsletter by E-mail.*

Enter your information in the requested fields and click "submit." An automatically generated e-mail confirmation will be sent to you to verify your subscription (see sample e-mail below). Simply open the e-mail and click the link provided. This will complete the opt-in process and confirm the validity of your e-mail address.

Click link

From:	"Excellus BCBS Provider Communications" <provider@excellus.com>
Recipients:	<jill.reynolds@excellus.com>
Subject:	Please confirm your subscription to the Excellus BlueCross BlueShield mailing list(s)
Date:	10:49:04 AM Today

Dear Jill,

You are receiving this email because you have either registered or been invited to join our mailing list(s). For your protection, you will not be added to the list(s) until you confirm the subscription by clicking on the following link: Please add this email address provider@excellus.com to your SPAM filter.

http://sim1.net/opt/confirmin.asp?ct=5FOR3TX3
If the line above does not appear as a link, simply copy and paste
it into the address line of your web browser and press Enter.

Email Address: jill.reynolds@excellus.com

List(s):
- Email

Paper copies of the newsletter will continue to be available to those who do not have e-mail access. To continue receiving paper copies, please complete a Request for Paper Copies form (included in the back of this newsletter) and send it to the address or fax number provided at the bottom of the form.

This issue (July 2009) is the **final paper copy** that you will receive in the mail, unless you notify us that you wish to continue receiving paper copies.

If you do not opt-in or request paper copies, the newsletter will no longer be sent to your office through the U.S. Postal Service or e-mail. Therefore, it is very important that you take a moment to opt-in or complete and submit the Request for Paper Copies form.

If you have questions, please contact your Provider Relations representative.

NYS Coordination of Benefits Mandate

In May 2008, Excellus BCBS enhanced the provider remittance to include the member's other insurance carrier name or the information we relied on to deny a claim for coordination of benefits. In some instances, this information is being provided to you in a correspondence separate from your remittance.

In addition, if Excellus BCBS paid a claim and then determined that we were the secondary carrier, you were given 120 days to submit the other insurance carrier's notice of benefits before the payment was retracted automatically.

These enhancements were made in preparation for a New York State Coordination of Benefits Mandate, which goes into effect **July 15, 2009**.

The mandate applies to medical, drug and dental claims. It does **not** apply to the following:

- Plan-administered Medicare products or Medicare Supplemental Plans A, B, C, F and H.
- Federal Employee Program contracts (contracts beginning with "R").
- BlueCard home and host claims outside of New York state.
- Self-funded arrangements, workers' compensation or no-fault claims.

The New York State COB Mandate requires Excellus BCBS to notify you of the information that we relied on to deny a claim based on our position as the secondary carrier when we do not know the identity of the primary carrier. This notification will be made via your remittance or separate correspondence.

According to the mandate, you will have 60 days from the receipt of our notice to make reasonable efforts — **including at least one attempt to contact the member** — to confirm existence of other insurance coverage. In addition, you will have another 30 days to resubmit the claim with copies of documents proving your efforts to determine the primary carrier.

This means that Excellus BCBS will be liable to pay the claims as primary carrier if you resubmit the claim within 90 days of receipt of our notice and include a completed COB Request for Reconsideration form (the form is included in the back of this newsletter and available via the Excellus BCBS Web site) as evidence that you tried and failed to determine the primary carrier.

For each claim that is denied under the aforementioned circumstances, we require the following information for resubmission:

- Date of attempt to contact member
- How contact was made (including phone number)
- Result of the contact
- Name and phone number of the person in your office who attempted the contact

If you receive additional information regarding the member's other insurance coverage, please contact us so we can update our records.

If you have questions, please contact Provider Service.

Changing the Way We Do Business

At Excellus BCBS, we strive to provide your office with exceptional service. In fact, you may have noticed several newly implemented programs designed to improve the way we work with you. Our goal is to streamline your day-to-day business with us. Here's an overview of our recent, ongoing and future initiatives:

- Realignment of the Provider Relations Team to:
  - Increase accessibility to your Provider Relations representative
  - Enhance hands-on training and seminars
  - Provide efficient and timely answers to your inquiries
- Reduction of Administrative Issues, including:
  - Preauthorizations:
    - Decrease the number of services requiring preauthorization
    - Simplify processes for services that require clinical rationale
    - Approve requests that meet corporate medical policy criteria without delay
  - Medical Records:
    - Reduce duplicate requests for medical records
    - Limit record requests to services for which prior medical information has not been received
    - Provide clear guidelines as to when medical records are required
  - Deemed Status:
    - Allow for a more expeditious approval process for specific imaging modalities
- Implementation of a MSSNY/Excellus Health Plan Physician Advisory Committee to:
  - Identify concerns from the physician perspective
  - Enable community physician members to represent their peers in bringing key issues to our attention
  - Evaluate and address issues that affect many physicians
- Building a Better Health Plan to:
  - Optimize business processes including:
    - Faster, more accurate claims processing and payment
    - Enhanced provider service experience
    - Timely implementation of state and federal mandates
    - Controlled medical costs
- Enhanced Communications:
  - Improved methodologies and tools:
    - *Connection* newsletter eAlerts

We will continue to keep you updated on these and future initiatives via this newsletter.

If you have ideas or comments on how we can better work with your office, please share your ideas with your Provider Relations representative.

PaySpan Health — FREE Electronic Funds Transfer, Remit Advice

Excellus BCBS offers connectivity to PaySpan Health, a free service that allows your office to receive electronic payments and electronic remittance advice through the Web *and much more!*

Benefits of using PaySpan:

- **Save money by reducing accounting expenses** – Import electronic remittance advice from the Web or an electronic mailbox directly into practice management or patient accounting systems, eliminating the need for manual rekeying.
- **Improve cash flow/ eliminate paper** – Electronic payments eliminate the need to wait for the mail. All deposits go directly into your bank account. Upon enrollment, paper checks will be discontinued and paper remittances from Excellus BCBS will be discontinued a few payments later.
- **Receive e-mail notification of payment received** – Your office will receive an e-mail with the total electronic deposit so you can track your daily cash balance.
- **Manage multiple practices from one office** – Link multiple provider ID numbers together for online viewing. Deposits can be made into one or multiple bank accounts.
- **Facilitate prompt match of payments to remit advice** – Immediately associate electronic payments with electronic remittance advice.
- **Increase reporting functionality** – Ability to create functional reports from the PaySpan Web site to support your internal needs.

Getting started with PaySpan is easy! Online enrollment takes only a few minutes to complete. During the enrollment process, you will set up a profile of your practice, specify bank account(s) and specify other preferences for management of EFTs, ERAs and online presentment of claim payment information.

For more information, visit our Web site, excellusbcbs.com. Click on *For Providers* and select the link titled "Enjoy Electronic Payments & Remittances" under the *Provider Tools* section. You may also contact PaySpan's Customer Support center Monday through Friday, 7 a.m. to 9 p.m. at 1 (877) 331-7154 or via fax at 1 (904) 588-7129.

Even More Value Added to Excellus BCBS Membership

We are excited to announce a new discount program called **Blue365**℠ for Excellus BCBS members. The national program allows Excellus BCBS members exclusive access to information, discounts, and savings — making it easier and more affordable to make healthy lifestyle choices.

Excellus BCBS members can access Blue365 online at excellusbcbs.com/Blue365 and purchase services directly from participating vendors or show their Excellus BCBS member ID card at participating vendor locations to receive special discounts.

Blue365 provides discounts to Excellus BCBS members for services such as:

- **Health and Wellness**: Fitness, weight management, elective procedures, complementary and alternative medicine, stress management, and quality care resources
- **Family Care**: Senior care advisory services, long-term care insurance, and Medicare options
- **Financial Well-being**: Financial services and assessments, information about Medicare prescription drug coverage
- **Travel**: Worldwide health coverage, travel tips, and much more

Please encourage your patients to take advantage of this money-saving healthy lifestyle program.

Care Management Programs for Medicare Advantage Members

Excellus BCBS has two new care management programs that are directed at caring for our Medicare Advantage (Medicare Blue Choice, Medicare Blue PPO and Blue Choice Senior) members. We have partnered with Leprechaun, LLP, to offer our high-risk members a voluntary in-home health-risk assessment conducted by a certified practitioner. The assessment is designed to help identify any potential gaps in care and enable us to link the member with appropriate Excellus BCBS care management programs.

If your patient has managed care benefits, you will receive notification from us if we intend to contact your patient. In addition, you will receive a summary of the health-risk assessment if the patient chooses to participate. If your patient has indemnity/PPO benefits, he or she does not have an assigned primary care practitioner; as such, we will work with him/her to identify the practitioner who should receive a summary of findings after the health-risk assessment is completed.

In addition to the Leprechaun program, Excellus BCBS has partnered with Enhanced Care Initiatives to provide coordination of care to frail, medically complex and unstable Medicare Advantage members in the **Rochester region only**.

The program is called Easy Care and focuses on patients who live in the community, rather than those who live in a nursing facility. The program's intent is to close any variances that may exist between your prescribed plan of care and what actually occurs during the patient's daily home activities.

Easy Care is driven by a team of health care professionals who will visit the patient in his or her home, or if desired, in your office, and will provide the patient with weekly group socialization activities. Participation in this program is voluntary.

If you are a provider in the Rochester region, we encourage you to refer patients who would benefit from the services provided by Easy Care. Periodically, we will provide you with program results. If Easy Care is successful, we will implement this program in all Excellus BCBS regions.

Both of these programs are part of our mission to improve the quality of life and health of our members and to assist you as you strive to help your patients achieve optimal health and well-being.

For more information or questions about Leprechaun, please contact:

- Robert Holzhauer, MD (585) 238-4500
- Arthur Vercillo, MD (315) 671-7128
- Frank Dubeck, MD (315) 798-4388
- Marybeth McCall, MD (315) 792-9747
- Provider Service

For further details about Easy Care, please contact Robert Holzhauer, MD, or Provider Service.

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MEDICAL POLICY UPDATES

July 2009

To ensure that the development of corporate medical policies occurs through an open, collaborative process, **we encourage our participating practitioners to become actively involved in medical policy development.** Each month, draft policies are posted in the *Provider* section of our Web site, excellusbcbs.com, for participating practitioners' review and comment. To access, select *For Providers > Medical Policies > Preview & Comment on Draft Policies* (located on the left side of the menu under Medical Policies).

Please note: Due to the cancellation of the July Corporate Medical Policy Technology Assessment Committee, new draft policies will not be posted until August.

Corporate medical policies are used as a guide. Coverage decisions are made on a case-by-case basis and in accordance with the member's contract. While a technology or service may be medically necessary, payment of benefits is subject to the member's eligibility on the date the service is rendered and the benefit/exclusion provisions in the member's contract. Before rendering care, providers should verify the member's eligibility for the service by calling the Provider Service department of your local plan.

Complete, detailed policies are available on our Web site at excellusbcbs.com. Click on the *For Providers* menu option, then on *View Our Medical Policies*. Questions regarding medical policies may be directed to your Provider Relations representative or to the Provider Service department of your local health plan.

Medical policies are also located on the Web site for Excellus BlueCross BlueShield members at excellusbcbs.com. To access our policies, members can select *For Members > Health and Wellness > Help with Illness > View our Medical Policies*.

Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists. Excellus BCBS medical policies only apply to Medicare products when a contract benefit exists and where there are no national or local Medicare coverage decisions for the specific service. A brief description of the Centers for Medicare & Medicaid Services coverage has also been provided for Excellus BCBS medical policies at the end of each medical policy if a CMS coverage determination exists. Please refer to the CMS for medical policies pertaining to Medicare contracts.

Web sites for review of CMS policies are:

- www.cms.hhs.gov/mcd/indexes.asp for the Medicare Manual
- www.ngsmedicare.com/ngsmedicare/HomePage.aspx for local upstate New York Medicare policies

Note: Although medical policies are effective on the date they are approved by the Medical Policy Committee, updates to the claims processing systems may not occur for up to 90 days.

The following new and updated medical policies have been reviewed and approved by the Corporate Medical Policy Committee, including practitioner representatives from Excellus BlueCross BlueShield, Central New York region, Central New York Southern Tier region, Utica region and Rochester region.

NEW POLICIES recently approved

Automated Percutaneous Discectomy has been proposed as a minimally invasive treatment for back pain associated with disc herniation. Under fluoroscopic guidance, the protruding disc is excised and aspirated until no more nuclear material can be obtained. The Stryker DeKompressor Percutaneous

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Discectomy Probe (Stryker), the Nucleotome (Clarus Medical), and SpineJet Hydrodiscectomy System (HydroCision) are examples of devices utilized in automated percutaneous discectomy. Based upon our review and assessment of peer-reviewed literature, automated percutaneous discectomy has not been medically proven to be effective and is considered investigational as a technique of intervertebral disc decompression in patients with disc herniation of the cervical, thoracic or lumbar spine. Overall, based on conflicting evidence, the literature remains insufficient to determine the efficacy of automated percutaneous discectomy as a technique for disc decompression.

CURRENT POLICIES recently updated

Genetic Testing for Familial Alzheimer's Disease is considered investigational as a risk-assessment tool in asymptomatic patients and as a diagnostic test in symptomatic patients. Peer-reviewed literature has not demonstrated sufficient evidence that genetic screening for Alzheimer's disease has practical clinical usefulness at the present time.

The **Sleep Studies** policy defines various diagnostic methods used in the diagnosis of patients with disorders of sleep and daytime alertness and provides indications and coverage policy for polysomnography (PSG), home/portable sleep studies, EEG topography, multiple sleep latency test/maintenance of wakefulness test, nocturnal oximetry and actigraphy. Our current policy stance regarding the use of home sleep studies allows coverage of a home sleep study using a type III device for carefully selected adult patients whose symptoms demonstrate a high pre-test probability of obstructive sleep apnea. The home sleep study must be ordered and interpreted by a Sleep Medicine specialist. The use of a home/portable sleep study in pediatric patients is considered investigational due to the lack of peer-reviewed literature to support its efficacy in this patient population.

CURRENT POLICIES recently updated with minimal changes

The following policies required only minimal changes (e.g., updating of references, changing language to meet legal needs). **The coverage intent of the policies was not altered.** These policies were recently approved for updating by the Health Plan Medical Directors and are available on our Web site.

- Artificial Hearts
- Cervical Cancer Screening and Human Papilloma Virus Testing
- Endovascular Grafts for Abdominal and Thoracic Aortic Aneurysms
- Genetic Testing for Inherited Disorders
- Maze Procedures
- Negative Pressure Therapy for Non-healing Wounds
- Neuromuscular Stimulation
- Optical Coherence Tomography for Ophthalmologic Conditions
- Prenatal Genetic Testing and Counseling
- Spinal Cord Stimulation
- Spinal Manipulation Under Anesthesia
- Transendoscopic Therapies for Gastroesophageal Reflux Disease
- Tumor Chemoresistance and Chemosensitivity Assays
- Ventricular Assist Devices

ARCHIVED MEDICAL POLICIES

Policies are archived either because the technology has become standard of care or because there has been little utilization or few requests. Archived policies are now available on our Web site.

- Intrastromal Corneal Ring Segments
- Urethral Bulking Agents

News From FLR$_x$

The Excellus BlueCross BlueShield Internal Pharmacy Benefit Administrator

Reminder: Adderall XR® Moved to Tier Two

As of **April 9, 2009**, Adderall XR moved to Tier Two (mid-level member copayment amount) from Tier Three for all members with a three-tier benefit. It will remain a covered drug for closed-formulary benefit members.

Mixed Amphetamine Salts Classified as Tier Three

Mixed amphetamine salts ER is classified as a Tier Three (highest member copayment amount) for members with a three-tier benefit and is classified as a non-formulary for members with a closed formulary benefit. Mixed amphetamine salts ER is not classified as a generic medication.

Typically, a medication is considered a generic when a new company develops its own version of the drug and then submits it to the Food and Drug Administration for approval (the "abbreviated new drug application" [ANDA] process). The case of Adderall XR is unique. The pharmaceutical manufacturer Shire makes brand Adderall XR, and Teva/Barr is producing mixed amphetamine salts ER under Shire's Adderall XR application. As a result, Teva/Barr's product is considered the same as the brand — not equivalent to the brand, but rather exactly the same as the brand in the eyes of the FDA. Therefore, we consider mixed amphetamine salts ER a brand drug.

New Preauthorization Requirements for Erbitux® and Vectibix®

Effective September 15, 2009, Excellus BCBS will **require preauthorization for the drugs Erbitux® and Vectibix®**. Preauthorization is required when the medication is covered under the patient's medical benefit and administered by a health care provider. Our claims processing systems will be updated based on this requirement.

This will apply to **new** patients requiring this therapy. Patients receiving treatment with Erbitux or Vectibix started prior to September 15, 2009, will continue to be covered. Claims will deny or suspend if preauthorization is not obtained for all new patients starting on Erbitux or Vectibix as of September 15.

Erbitux and Vectibix were selected for utilization management based on our experience with current utilization data, off-label requests and the high cost of this therapy. The goal of our management program is to ensure that our members treated with Erbitux and Vectibix are receiving the most appropriate care based on current medical evidence.

For questions regarding coverage, exceptions, and status of reviews, please call Excellus BCBS at 1 (800) 306-0151.

Excellus

CNY AREA NEWS

During July and August, Central New York Provider Relations will offer the following training.

Schedule

July 23, 2009 ▸ **Basic Web and CareCore National Web Training**

Class 1 ▸ **Morning Session:** Registration 8:30 a.m., Class 9 a.m. - 11 a.m.

Class 2 ▸ **Afternoon Session:** Registration 12:30 p.m., Class 1 p.m. - 3 p.m.

August 4, 2009 ▸ **Navigating the Blues**
(designed for new front-end registration and billing office staff)

Class 1 ▸ **Morning Session:** Registration 8:30 a.m., Class 9 a.m. - 11 a.m.

Class 2 ▸ **Afternoon Session:** Registration 12:30 p.m., Class 1 p.m. - 3 p.m.

If you are interested in attending one of the above classes, complete the form below and fax it to Provider Relations at **(315) 671-6799**. Please RSVP at least **one week prior** to the class.

Yes, I am interested in attending the following class!

_____
(Print Office Name and Phone Number)

Date and Time:_____

Attendee Name(s):_____

All sessions will be held at:

Excellus BlueCross BlueShield
Lewis Room
333 Butternut Drive
Syracuse, New York 13214-1803

Don't delay — Fax in your registration today!

Note: *The above training sessions are for providers in the CNY service area only.*

Excellus
A nonprofit independent licensee of the BlueCross BlueShield Association

Request for Reconsideration of a Denied or Retracted Coordination of Benefits Claim When the Other Carrier Information is Unclear

(Incomplete membership application, COB listed on prior claim, etc.)

You will have 60 calendar days from the receipt of our denial or retraction notice to make reasonable efforts, including at least one attempt to contact the member, to confirm existence of other insurance coverage. In addition, you will have another 30 calendar days to resubmit the claim, along with documents evidencing your efforts to determine the primary carrier, to Excellus BlueCross BlueShield for reconsideration.

Please provide us with the following information if you were unable to reach the member to confirm other insurance.

Incomplete forms will be returned.

Request Date:	Provider Name:	Provider NPI or Tax ID Number:
Subscriber Name:	Subscriber ID Number: *(include prefix and suffix)*	Patient Name:
Date of Service:	Claim Number:	Patient Acct. #:
Provider Office Contact Name and Address, Phone Number and/or E-mail Address:		

For each claim denied, we will require the following information:

Date of attempt to contact member:	Name of member you attempted to contact:	How the contact was made: *(include phone #)*
Result of the contact:		

If you have any questions about this form or have additional COB information for our records, please call Provider Service.

Please submit this form via: e-mail to: CNY.EformAdj@Excellus.com –or– mail to:
Excellus BlueCross BlueShield
PO Box 22999
Rochester, NY 14692

Excellus

Request for a Paper Copy of *Connection*

If you are unable to access the Internet and would prefer to continue to receive a paper copy of *Connection*, please complete this form and return it to the address or fax number provided below.

Please continue to send me paper copies of *Connection*.

Name of Practice/Facility:_____

Deliver to the Attention of:_____
(first name and last name)

Address:_____

_____

National Provider Identifier: _____

Mail or fax this form to:

Mail:
Excellus BlueCross BlueShield
Provider Communications
Attn: Jill Reynolds
165 Court Street, Second Floor North
Rochester, NY 14647

Fax:
1 (585) 399-6664

Excellus BlueCross BlueShield®
165 Court Street
Rochester, New York 14647