Support of this endeavor is consistent with Premera’s programs to promote evidence-based medicine and best practices.

**WSHA & Premera Partner to Improve Hospital Quality**

Premera Blue Cross joined with the Washington State Hospital Association (WSHA) in May to announce a powerful new partnership to improve patient safety for hospital patients through the adoption of best practices to reduce medical errors. Hospitals are working to implement rapid response teams to assist patients at the first sign of decline; increasing hand hygiene to reduce the spread of infection; ensuring that patients receive the medications they need in the right dosage at the right time, and reporting hospital-specific quality information at [www.wahospitalquality.org](http://www.wahospitalquality.org).

As part of the commitment to work together, Brian Ancell, Executive Vice President for Healthcare Services and Strategic Development of Premera joined WSHA’s Patient Safety Committee.

“We are very grateful for Premera’s investments in the future of patient safety in Washington State’s hospitals,” said Leo Greenawalt, president of the Washington State Hospital Association.

Support of this endeavor is consistent with Premera’s programs to promote evidence-based medicine and best practices including the Premera Quality Score Card and the Institute for Healthcare Improvement’s “5 Million Lives” campaign at the national level to reduce the incidence of medical harm in the hospital setting.

**Important Notice for CAM/Chiro Providers**

Premera will begin contracting directly with CAM/Chiro providers in early 2008. Effective August 1, 2007 please contact Premera, (in addition to Healthways), with any demographic updates* such as address changes. Submit these updates in writing to Physician and Provider Relations by fax at 425-918-4937, or by mail to:

Premera Blue Cross
Physician and Provider Relations
PO Box 327, MS 453
Seattle, WA 98111-0327

* Please report changes 30 days in advance and include the effective date of the change.
Important note: If a claim is missing critical information we are unable to process it and will return it with instructions. These are resubmitted as new claims and are not considered ‘corrected claims’. Examples of missing critical information include illegible claims, missing patient or provider information, missing or invalid diagnosis or procedure codes, or if the individual line item charges do not equal the total billed charges. Submitting these as a new claim will also expedite handling.

Payment Policy Online Update

Premera payment policies soon will be available on the Provider Portal at www.premera.com. We are offering this resource to support transparency and provider understanding of our claims editing practices. Please check for updates on the Provider Portal.
New Member ID Cards

The Blue Cross Blue Shield Association provides guidelines that 40 affiliated Blue plans across the United States follow. Most recently it outlined updated guidelines to ensure that member ID cards achieve consistency and updated features to support readability across all regions.

The initiative outlines member health plan ID card updates that organize data into “fixed” and “flexible” fields. Only placement of information on the cards is changing, not the type of information in the new layout. Here are a few additional changes you will see in the new layout:

- The Medco logo will no longer appear on the front of member cards. Instead, a generic “Rx” symbol will appear. The back of the cards will display the Medco logo along with the corresponding disclaimer.
- The Medical label has changed to Medical Network
- The 24-hour Health Line has changed to 24-hour NurseLine
- The Issued date has changed to Date Printed.

We have included an example of a member ID card with the new design. Some cards were recently issued in the new format with more planned in the fall. Each member will receive the new card at the start of the benefit year in 2008.

For more information, call Physician and Provider Relations at 1-877-342-5258, option 4.

Claims Billing Tip

When submitting CMS-1500 claim forms for professional services it is recommended to use a separate claim form for each calendar month in which the services occur. Billing for dates of service that span more than a calendar month on a single claim may delay the processing of the claim.

NPI and CMS-1500 Claim Form

The HIPAA mandate regarding the National Provider Identifier (NPI) is specific to electronic submissions. Premera does not require an NPI on paper claims even with the revision of the CMS-1500 claim form. This form was revised to accommodate the NPI and it has a revision date of 08/05.

You may choose to include your NPI on paper CMS-1500 claim forms and there are specific fields created for this purpose:

- You may enter the NPI of the individual rendering the service in the non-shaded area of field 24J
- You may enter the NPI of the billing provider in field 32a and/or 33a

Please note that it is important to always include the Tax ID in field 25. If the NPI is included in place of the Tax ID, the claim will be returned for correction.

The National Uniform Claim Committee has developed general instructions for completing the CMS-1500. The full reference instruction manual may be viewed by accessing www.nucc.org.
For Physicians, Providers and Office Staff

Premera medical policies are guides in evaluating the medical necessity of a particular service or treatment. We adopt policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate. When there are differences between the member's contract and medical policy, the member's contract prevails. The existence of a medical policy does not guarantee that the member's contract allows the service.

Medical policies are available at www.premera.com. Go to the Provider Portal and then to Library. Click on Reference Info, and then click on Medical Policies. To obtain a copy of a particular medical policy, send your request to medicalpolicy@premera.com or call 1-877-342-5258, option 4.

Note: All policy numbers begin with CP. The following policy changes are effective for dates of service of May 8, 2007, and later:

| AR.4.01.04 | Prenatal Genetic and Chromosomal Metabolic Testing. This policy has been deleted and will no longer be reviewed. |
| AR.4.01.14 | First-trimester Detection of Down Syndrome Using Fetal Ultrasound Assessment of Nuchal Translucency Combined with Maternal Serum. This policy has been deleted and will no longer be reviewed. |
| AR.6.01.19 | Intracoronary Doppler Ultrasound. This policy has been deleted and will no longer be reviewed. |
| AR.6.01.22 | Scintigraphy of Acute Deep Venous Thrombus. This policy has been deleted and will no longer be reviewed. |
| BC.2.04.12 | Measurement of Small Low-Density Lipoprotein (LDL) Particles and concentration of LDL Particles in Cardiac Risk Assessment and Management. This policy has been deleted and will no longer be reviewed. |

The following policy changes are effective for dates of service of June 12, 2007, and later:

| AR.9.03.04 | Corneal Endothelial Microscopy/Specular Microscopy. This policy has been deleted and will no longer be reviewed. |
| AR.10.01.04 | Physician Attendance at Delivery for Newborn Care. This policy has been deleted and will no longer be reviewed. |
| BC.2.01.77 | Automated Point-Of-Care Nerve Conduction Tests. New Policy. Auto mated nerve conduction tests are considered investigational. |
| BC.2.02.41 | Combination of Serum Markers for Liver Fibrosis in the Evaluation and Monitoring of Patients with Chronic Liver Disease. This policy has been deleted and will no longer be reviewed. |
| BC.2.04.24 | High-Density Lipoprotein Subclass Testing in the Diagnosis and Management of Cardiovascular Disease. This policy has been deleted and will no longer be reviewed. |
| BC.7.01.16 | Stereotactic Radiofrequency Pallidotomy for Treatment of Parkinson's Disease. This policy has been deleted and will no longer be reviewed. |

| BC.2.04.21 | Lipoprotein (a) Enzyme Immunoassay in the Management of Cardiovascular Disease. This policy has been deleted and will no longer be reviewed. |
| BC.2.04.25 | Apolipoprotein E Genotype or Phenotype in the Management of Cardiovascular Disease. This policy has been deleted and will no longer be reviewed. |
| BC.2.04.31 | Measurement of Serum Intermediate Density Lipoproteins. This policy has been deleted and will no longer be reviewed. |
| BC.2.04.33 | Gene-based Tests for Screening, Detection, and/or Management of Prostate Cancer. This policy has been deleted and will no longer be reviewed. |
| BC.7.01.88 | Unicondylar Interpositional Spacer as a Treatment of Unicompartmental Arthritis of the Knee. This policy has been deleted and will no longer be reviewed. |
| BC.8.01.08 | Intraoperative Radiation Therapy. This policy has been deleted and will no longer be reviewed. |
| BC.8.01.09 | Neutron Beam Radiotherapy. This policy has been deleted and will no longer be reviewed. |
| BC.8.01.19 | Treatment of Hyperhidrosis. This policy has been deleted and will no longer be reviewed. Replaced with PR.8.01.519. |
| PR.2.04.504 | Genetic Testing for Inherited BRCA1 and BRCA2 Mutations. The policy statement was updated to include the ACMG high risk criteria. |
| PR.8.01.519 | Treatment of Hyperhidrosis. New Policy. This policy replaces BC.8.01.19. The policy statement was changed to reflect the addition of definitions physical functional impairment, cosmetic, and reconstructive. |
The following policy changes are effective for dates of service of July 10, 2007, and later:

**AR.8.03.02 Physical Therapy.** This policy has been deleted and will no longer be reviewed. *Replaced with PR.8.03.502.*

**BC.2.01.43 Chronic Intermittent Intravenous Insulin Therapy (CIIT).** This policy has been deleted and will no longer be reviewed.

**BC.6.01.49 CT (Computed Tomography) Perfusion Imaging.** *New Policy.* CT-based perfusion imaging is considered investigational for all indications including the diagnosis and management of acute cerebral ischemia (stroke).

**BC.7.01.22 Reconstructive Breast Surgery.** This policy has been deleted and will no longer be reviewed. *Replaced with PR.7.01.533.*

**BC.7.01.34 Electroencephalography.** This policy has been deleted and will no longer be reviewed.

**PR.7.01.533 Reconstructive Breast Surgery.** *New Policy.* This policy replaces BC.7.01.22. The policy statements on explantation of implants placed for reconstructive and cosmetic purposes was clarified.

**BC.7.01.41 Implantable Infusion Pumps.** This policy has been deleted and will no longer be reviewed.

**BC.7.01.111 Wireless Pressure Sensors in Endovascular Aneurysm Repair.** *New Policy.* Use of wireless pressure sensors is considered investigational in the management (Intraoperative and/or postoperative) of patients having endovascular aneurysm repair.

**PR.1.01.109 Continuous Monitoring of Glucose in the Interstitial Fluid.** The policy statement was revised. Use of devices, with or without communication to an insulin pump, that monitor interstitial fluid for greater than three days are considered investigational.

**PR.8.03.502 Physical Therapy.** *New Policy.* This policy replaced AR.8.03.02. Maintenance programs are considered not medically necessary. Definitions of maintenance programs, activities of daily living and non-skilled services were added to the policy.
Introducing My Rx Choices

My Rx Choices, a consumer tool that shows real-time prescription savings opportunities, is now available to our members on the Premera and Medco websites. The My Rx Choices prescription savings program is an enhancement benefit plan service that replaces Savings Advisor. My Rx Choices presents the same lower-cost medication alternatives, plus adds new features. In September we will be launching a communication campaign to engage our members in using this exciting consumer tool.

A member will be able to use this tool to see lower-cost options available under their plan for maintenance medications, plus how much they could save. They can choose which of these options they would like their doctor to consider, evaluate, and write a new prescription as appropriate. Medco can contact physicians on members’ behalf (upon member’s request) to request approval for equivalent conversions received through mail.

Preferred Specialty Pharmacies

Accredo Health Group (a Medco company) and Caremark Specialty Pharmacy are our preferred specialty pharmacies to provide convenient delivery of your patient’s specialty medication. These designations are in no way mandatory for physicians.

As groups renew on or after March 1, 2007, Premera members will be required to use our preferred specialty pharmacies to receive coverage for self-administered specialty medications under the pharmacy benefit. Members will be responsible for the entire cost of their specialty medication(s) filled at any other pharmacy.

Please Note:

1) If you provide specialty medication directly to patients, we will process the claim for payment per your agreement with us and consistent with the member’s benefit.

2) If you typically direct members to a specialty pharmacy, retail pharmacy or mail order to fill specialty medication prescriptions, please refer our members to Accredo or Caremark. Members will be responsible for the entire cost of their specialty medication(s) filled at any other pharmacy.

If you have not worked with either pharmacy before, getting started is easy. Simply call Accredo (1-877-244-2995) or Caremark (1-800-237-2767) to enroll your patient to receive specialty pharmacy services.

For more information, visit www.premera.com/specialtypharmacy.

Administered High-Cost Drugs

Premera will verify billed units on claims by checking them against the maximum recommended doses for biologics and other administered high-cost drugs in the package insert provided by the drug manufacturer.

Please note: Sometimes recommended dosing is based on standard body weight or surface area assumptions. If a patient’s weight exceeds the standard range used to calculate recommended dose, or if other clinical circumstances warrant exceeding the labeled dose, please submit supporting documentation and request a review of the claim.

If a claim is rejected, please verify that the unit quantity is correct for the number of units administered. If not, please modify the quantity and resubmit the claim.
Provider Portal Enhancements

Portal enhancements are effective today with some exciting changes, including:

- Return of the claim receipt date
- Addition of the payment reference number, check number and check cashed date to the payment status on the Claim Detail page
- Addition of copay information to the Eligibility Summary screen
- If a member is not eligible for the date entered, the eligible period dates will display
- Display of the Plan renewal month on the Eligibility & Benefit Summary page

Affiliate Web Site Update

Announcing an update to the Provider Portal on our Washington Affiliate Web site. This update will be effective soon. For more information visit www.premera.com and view Affiliates in the Just Visiting section.
Please post or circulate this newsletter in your office

ADMINISTRATIVE Resources

Vaccines Added to Washington’s Universal Childhood Vaccine Program

Beginning May 1, 2007, a combination of federal and state funds added three new vaccines to the Washington State Universal Vaccine for Children program: rotavirus, HPV and a second dose of varicella. This program provides recommended vaccines to all children under age 19, regardless of their ability to pay. CHILD Profile, Washington’s Health Promotion and web-based Immunization Registry system, provides tools to assist you in effectively managing these and other vaccinations for children in your practice.

CHILD Profile can assist you by providing:

- **Parent Mailings.** Educating parents about immunizations, health and safety through age-specific mailings sent to parents of all children under age 6 in Washington.
- **Forecast tools.** Determining the vaccines a child needs at a given visit automatically, based on the specific immunization history of the child. This is especially helpful with vaccines such as Rotateq that have complicated rules for administration.

- **Reminder-recall.** Producing mailing and phone lists of children who need immunizations. Need to remind parents of kids 4-6 years old that need a second dose of varicella to be up-to-date? The CHILD Profile Immunization Registry offers an easy, automated way to do this, while excluding children who have a documented history of chickenpox disease.
- **Vaccine ordering - Coming soon!** Ordering state-supplied vaccine through the CHILD Profile Immunization Registry.

For more information on each vaccine, visit [http://www.cdc.gov/vaccines/vpd-vac/default.htm](http://www.cdc.gov/vaccines/vpd-vac/default.htm).

Network News

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