Corrected Claim Submissions

At times it is necessary to submit corrected claims to Premera. You can submit corrected claims electronically using the HIPAA 837 transaction or in a paper format. It is best to use a Corrected Claim Standard Cover Sheet when submitting a paper correction. Use of this form expedites claim processing and reduces the risk that a corrected claim may be denied as a duplicate.

A ‘corrected claim’ is necessary in limited circumstances for previously processed claims. The specific reasons are for the correction of the diagnosis, date of service, charges, patient information, provider information, procedure code, and the addition or correction of a modifier on a previously processed claim referenced on an Explanation of Payment.

When submitting paper corrections, complete each section of the cover sheet including the reason and any specific clarification or comments regarding the line item or claim information that was corrected. Always attach the corrected claim that will replace the original claim submission to the completed Corrected Claim Standard Cover Sheet. Please do not write on the actual claim form. All comments should be noted on the cover sheet. Following this process and including relevant information on the cover sheet expedites our handling of the correction.

The cover sheet is available online and can be accessed at www.premera.com in the Provider Portal, Library, Forms, Miscellaneous Forms.

Please note: If you have the ability, please submit a corrected claim electronically using the HIPAA 837 standard claims transaction. Indicate it is a corrected claim by placing the value of ‘7’ in the Claim Frequency Type Code data field.

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.

Claims Billing Tip

When submitting CMS-1500 claim forms for professional services please 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 claim processing.

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 has a revision date of August 2005.

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.
Provider Portal Enhancements

Provider 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.

Just Visiting?

Find out more about our health plans, our company and more.

Provider Directory
Pharmacy
Individual Plans
Group Plans
Staying Healthy
Extras!
Care Facilitation
About Premera
Social Responsibility
Employment
Affiliates
Newsroom
Contact Us
For Physicians, Providers and Office Staff

Premera Blue Cross Blue Shield of Alaska 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 1-800-722-4714.

Note: All policy numbers begin with CPMP.

The following policy changes are effective for dates of service of May 8, 2007, and later:

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Description</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR.4.01.04</td>
<td>Prenatal Genetic and Chromosomal Metabolic Testing</td>
<td>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.</td>
</tr>
<tr>
<td>AR.4.01.14</td>
<td>First-trimester Detection of Down Syndrome Using Fetal Ultrasound Assessment of Nuchal Translucency Combined with Maternal Serum</td>
<td>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.</td>
</tr>
<tr>
<td>AR.6.01.19</td>
<td>Intracoronary Doppler Ultrasound</td>
<td>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.</td>
</tr>
<tr>
<td>AR.6.01.22</td>
<td>Scintigraphy of Acute Deep Venous Thrombus</td>
<td>BC.2.04.31 Measurement of Serum Intermediate Density Lipoproteins. This policy has been deleted and will no longer be reviewed.</td>
</tr>
<tr>
<td>BC.2.04.12</td>
<td>Measurement of Small Low-Density Lipoprotein (LDL) Particles and concentration of LDL Particles in Cardiac Risk Assessment and Management</td>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Policy Description</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR.9.03.04</td>
<td>Corneal Endothelial Microscopy/Specular Microscopy</td>
<td>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.</td>
</tr>
<tr>
<td>AR.10.01.04</td>
<td>Physician Attendance at Delivery for Newborn Care</td>
<td>BC.8.01.08 Intraoperative Radiation Therapy. This policy has been deleted and will no longer be reviewed.</td>
</tr>
<tr>
<td>BC.2.01.77</td>
<td>Automated Point-Of-Care Nerve Conduction Tests. New Policy. Auto mated nerve conduction tests are considered investigational.</td>
<td>BC.8.01.09 Neutron Beam Radiotherapy. This policy has been deleted and will no longer be reviewed.</td>
</tr>
<tr>
<td>BC.2.02.41</td>
<td>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.</td>
<td>BC.8.01.19 Treatment of Hyperhidrosis. This policy has been deleted and will no longer be reviewed. Replaced with PR.8.01.519.</td>
</tr>
<tr>
<td>BC.2.04.24</td>
<td>High-Density Lipoprotein Subclass Testing in the Diagnosis and Management of Cardiovascular Disease. This policy has been deleted and will no longer be reviewed.</td>
<td>PR.2.04.504 Genetic Testing for Inherited BRCA1 and BRCA2 Mutations. The policy statement was updated to include the ACMG high risk criteria.</td>
</tr>
<tr>
<td>BC.7.01.16</td>
<td>Stereotactic Radiofrequency Pallidotomy for Treatment of Parkinson's Disease. This policy has been deleted and will no longer be reviewed.</td>
<td>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.</td>
</tr>
</tbody>
</table>
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**  **Electrocorticography.** 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.

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.

Preferred Specialty Pharmacies

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

As groups renew, Premera members are now required to use our preferred specialty pharmacies Accredo or Caremark to receive coverage for self-administered specialty medication(s) 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(s) 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 prescription(s), please refer our members to Accredo or Caremark.

If you have not worked with either pharmacy before, getting started is easy. Simply call Accredo at 1-877-244-2995 or Caremark at 1-800-237-2767 to get started.

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

Some cards were recently issued in the new format with more planned for the fall. Each member will receive the new card at the start of their benefit year in 2008.

For more information, call Physician and Provider Relations at 1-800-722-4714, option 2 then option 4.
Please post or circulate this newsletter in your office

Network News

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Back issues of Network News are on our Web site at www.premera.com in the Library on the Provider page under “Communications.”