



# The Connection<sup>SM</sup>



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

## Features:

### Online tools and electronic transactions offer efficiencies and cost savings

Regence is continuously expanding the online tools, resources and electronic transaction services we offer to our physicians, other health care professionals and facilities. Utilizing online tools whenever possible enables us all to act as responsible corporate citizens by limiting our impact on the environment. The following can help you and your office staff save time and money:

#### Tools and resources

- Regence Online Services for Providers is our free, secure Web-based tool that allows you access to important patient information for most Regence members. See the related article in *The Connection Online<sup>SM</sup>* for a list of recent enhancements.
- *The Connection Online*, introduced last year, was our first step in “going green.” The online newsletter enables us to reduce the number of articles included in the paper version of our newsletter. We recently added a subscribe feature that allows you to receive an email notification when new editions of the newsletters are available for viewing.
- We are developing a method to collect and manage email addresses for provider offices and facilities. This future capability will enable providers to choose between email and paper distribution of all Regence communications. We will share new information with you as it becomes available.
- Regence Online Network Panel gives clinic administrators and office managers the opportunity to participate in surveys and forums about various health issues, trends and initiatives that are important to the community and Regence. If you are interested in joining the panel, please send an email that includes your name, title, office or practice name, and phone number to [ronp\\_support@regence.com](mailto:ronp_support@regence.com).

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# Online tools and electronic transactions

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## Electronic transactions

- Availity®, LLC, is our full-service claims clearinghouse partner capable of meeting your electronic transaction needs.
- Office Ally is a free, Health Insurance Portability and Accountability Act (HIPAA)-compliant medical claims processing company that offers electronic claims submission for *CMS-1500* and *UB-04* claim forms to offices with lower claims volume.

Additional information about these services is available on our *Provider Web Site* in the Claims & Billing section, under Electronic Transactions.

## *The Connection* mailed one per clinic starting in August

Regence is making an effort to reduce our paper use and impact on the environment. As a result, beginning with the August issue of *The Connection*, we will mail only one paper copy of this newsletter to each clinic. Our newsletters are always available on our *Provider Web Site*.

For your convenience, you can receive an email notification when new editions of *The Connection* and *The Connection Online* 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.

You can also add our newsletters to your list of Internet favorites, so that you can easily locate the newsletters each quarter.

## Contents - *The Connection Online*

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

## The Connection Online

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

**Articles included in *The Connection Online* are in addition to the articles found in *The Connection*; therefore, we strongly encourage you to take a few moments to review this information online.**

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

- Identifying members, including sample member cards (Products section)
- Pre-authorizing services or prior authorizing medications (Care Management section)
- Submitting paper or electronic claims (Claims & Billing section)
- Self-paced training opportunities (Educational Tools section)

We encourage you to take a few minutes to visit our *Provider Web Site* today.

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Regence Online Services for Providers enhancements  
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#### Administrative and Billing Updates

Hearing aid claims for Boeing members  
Hospital-acquired conditions

#### Medical Policies

Join our medical policy discussions

#### News

Regence Quality Program improves care  
myRegence.com newsletter available  
Blue Distinction® Center Finder

#### Pharmacy

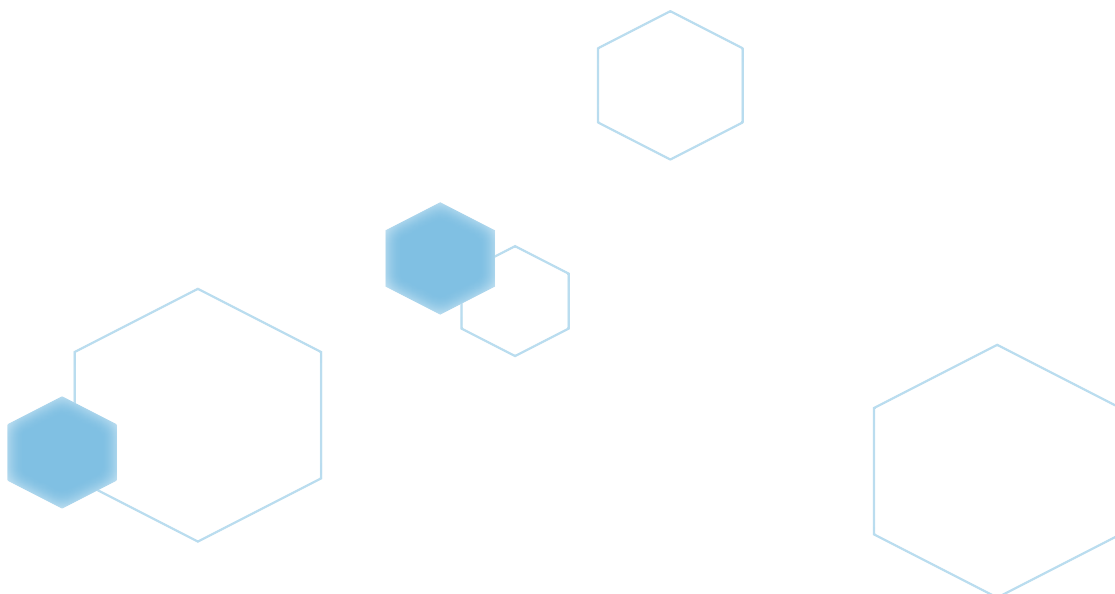
Updates to medication policies

#### BlueCard

Satisfaction with the BlueCard® Program increases

#### TriWest

Billing change for Ambulatory Surgical Centers  
Receive TriWest communications via email



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

- The addition, deletion or revision of codes published in the 2009 *Current Procedural Terminology* (CPT®) and *Health Care Procedure Coding System* (HCPCS) manuals
- A regularly scheduled review
- Requests from physicians, other health care professionals or facilities
- Updates from the Centers for Medicare & Medicaid Services (CMS)

Policies are reviewed using CMS' National Correct Coding Initiative (NCCI) rules and edits; language and descriptions contained in the American Medical Association's (AMA) CPT and HCPCS manuals; the AMA's *CPT Assistant*; other recognized coding publications; and state and federal regulations.

Codes that require clinical information are updated monthly. A complete list of code groupings can be found on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit.

Medical and reimbursement policies are available in the Provider Library section of our *Provider Web Site*. If you have questions about our policies, please contact Provider Customer Service or your provider relations representative. Our contact information is on page 12.

### 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 April, currently corresponds to NCCI Version 15.1. Our next update in July will correspond to NCCI Version 15.2.

### Updates to our Administrative Manual

We recently revised several sections of our *Administrative Manual*. Updated sections are listed below and are available to view and print from our *Provider Web Site* in the Provider Library section, under Manuals. For a paper copy of the updated manual sections, contact your provider relations representative.

- Identifying Members
- Medical and Reimbursement Policies
- Medicare Advantage Plans
- Quality Programs
- Regence Online Services for Providers

## Correction: Use of infusion therapy codes in a facility setting

Our article in the February edition of *The Connection* inadvertently transposed the 2009 hydration therapy CPT codes. The correct codes are **CPT 96360-96361** and are shown in their correct context below.

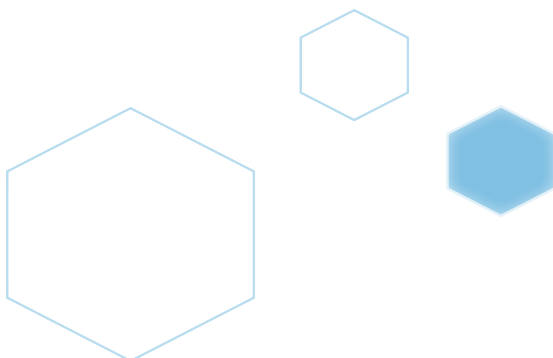
Several 2008 infusion therapy CPT codes have been replaced in 2009. These codes include injections and infusions for chemotherapy and non-chemotherapy administered in a facility setting for:

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

The 2009 codes that replaced the above codes include:

- Hydration **CPT 96360-96361**
- Intravenous and subcutaneous infusions for therapy, prophylaxis or diagnosis **CPT 96365-96379**

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



## New cosmetic and potentially cosmetic edits

Effective August 1, the following codes will be reviewed as “potentially cosmetic.” When submitting a claim with one or more of these codes, please include supporting documentation:

- **CPT 15819** *Cervicoplasty*
- **CPT 17107-17108** *Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 sq cm and greater*
- **CPT 26590** *Repair macrodactylia, each digit*
- **CPT 49250** *Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)*
- **CPT 49560** *Repair initial incisional or ventral hernia; reducible*
- **CPT 49565** *Repair recurrent incisional or ventral hernia; reducible*
- **CPT 57291-57292** *Construction of artificial vagina; with or without graft*

Additionally, effective August 1, the following codes will be considered “cosmetic” and will not be eligible for reimbursement:

- **CPT 21137** *Reduction forehead; contouring only (changed from Potentially Cosmetic to Cosmetic)*
- **CPT 21138** *Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)*
- **CPT 21139** *Reduction forehead; contouring and setback of anterior frontal sinus wall*
- **CPT 21270** *Malar augmentation, prosthetic material*
- **CPT 21280** *Medial canthopexy (separate procedure)*
- **CPT 21282** *Lateral canthopexy*
- **CPT 31830** *Revision of tracheostomy scar*

All cosmetic and potentially cosmetic codes are included in the *Regence Clinical Edits by Code* list available on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit.

### New pre-authorization requirements for stereotactic radiosurgery

The following codes for stereotactic radiosurgery will be added to the *Medicare Products* and the *Group and Individual Products* pre-authorization lists effective August 1.

- Stereotactic Radiosurgery (SRS): Brain, **CPT 61796–61800**
- Stereotactic Radiosurgery (SRS): Spine, **CPT 63620–63621**
- Stereotactic Radiosurgery (SRS) Planning and Delivery, **CPT 77371–77373**
- **CPT 77432** *Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)*
- **HCPCS G0251** *Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum 5 sessions per course of treatment*
- **HCPCS G0173** *Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session*
- Image guided robotic linear accelerator-based stereotactic radiosurgery **HCPCS G0339–G0340**

Our pre-authorization lists are available on our *Provider Web Site* in the Care Management section, under Pre-authorization.

### Spinal cord stimulation for pain treatment

Effective August 1, claims for spinal neurostimulation **CPT 63650, 63655** and **63685** will be reviewed as potentially investigational. When submitting claims with one or more of these codes, please include the medical and treatment history for review. This change does not affect our existing medical policy related to these codes, *Spinal Cord Stimulation for Treatment of Pain* (Surgery #45).

Investigational codes can be viewed in the *Regence Clinical Edits by Code* list available on our *Provider Web Site* in the Claims & Billing section, under Coding Toolkit.

### Revised reimbursement policy for varicose vein treatment

In our February issue of *The Connection*, we stated that effective May 1, our reimbursement for **CPT 37799** *Unlisted procedure, vascular surgery*—used when fewer than 10 stab incisions are performed—would be based at 60% of the allowed amount for **CPT 37765** *Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions*. After further consideration, we have determined that our reimbursement for **CPT 37799** will be based at 65% of the allowed amount for **CPT 37765**. An operative report continues to be required when billing **CPT 37799**.

*Note:* Reimbursement for **CPT 37765** and **CPT 37766** *more than 20 incisions* remains unchanged.

## Radiology Quality Initiative launching

Effective June 1, Regence will begin a new clinical and quality review program for advanced diagnostic imaging procedures performed in outpatient, non-emergent settings. Regence is partnering with American Imaging Management® (AIM®) to facilitate this program. We are pleased to have chosen AIM, a vendor that already works with providers and health plans in our service area.

For procedures performed on or after June 1, all Regence BCBSO providers will be required to obtain an order identification (ID) number from AIM before scheduling one of the advanced diagnostic imaging procedures listed below. This policy applies to procedures performed on an outpatient basis in a physician's office, free-standing imaging center or in an outpatient hospital setting:

- Computerized tomography (CT) and computerized tomography angiography (CTA)
- Nuclear cardiology
- Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA)
- Positron-emission tomography (PET)

*Note:* Imaging procedures performed in conjunction with emergency room services, inpatient hospitalization, outpatient surgery or 23-hour observations are excluded from this requirement.

Ordering providers or their staff must contact AIM online at [www.americanimaging.net/goweb](http://www.americanimaging.net/goweb) or by calling 1 (877) 291-0509 to obtain an order ID number when requesting any of the above procedures. Imaging providers are strongly encouraged to verify that an order ID number has been obtained before scheduling and performing diagnostic imaging procedures.

Answers to frequently asked questions are available on our *Provider Web Site* in the Care Management section, under Radiology QI/AIM.

## Voicemail requirements

Regence requires all employees to validate the security and appropriateness of the voicemail location at a provider's office prior to leaving a message that includes member information. Please assist our HIPAA efforts by clearly indicating the following information on the greeting for each voice mailbox in your office:

- Name of office staff person
- Name of provider or medical group



## Investigational and medical necessity reviews

The following summaries outline recent changes to Regence medical policies and include references to the sections and policy numbers. 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 11.

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

#### Medicine

**Extracorporeal Photopheresis as a Treatment of Graft-versus-Host Disease, Autoimmune Disease, and Cutaneous T-Cell Lymphoma** (#84) New medical necessity criteria added for cutaneous T-cell lymphoma stages III/IV, stages I/II progressive or refractory to other treatments. New investigational criteria added for treatment of early stages I/II cutaneous T-cell lymphoma that is either previously untreated or is responding to established non-systemic therapies.

#### Surgery

**Radiofrequency Ablation of Tumors (RFA)** (#92) Criterion related to "metastatic liver tumors" changed for clarity to "metastases to the liver from other organ tumors."

**Transcatheter Radiofrequency Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation** (#138) New medical necessity criteria for selected patients. Please see medical policy for new criteria. This treatment is investigational for all other indications.

**Varicose Vein Treatment** (#104) Criterion addressing treatment sessions clarified to state that "Regence considers requests for coverage for each single operative session for either one or both legs. Additional treatment sessions may be considered for benefits only after the clinical outcome of the prior treatment has been established and documented."

#### Transplant

**Autologous Hematopoietic Stem Cell** (#42); **Allogeneic Hematopoietic Stem Cell** (#43); **Tandem Hematopoietic Stem Cell Transplant** (#44) Multiple transplant policies were consolidated into these three policies for autologous, allogeneic and tandem transplants. These policies address medically necessary and investigational indications.

### Investigational or medical necessity policy criteria effective August 1

#### Surgery

**Cosmetic and Reconstructive Surgery** (#12) Major policy revision. Updated policy now includes a flow chart for determining cosmetic versus reconstructive procedures, as well as specific criteria for individual procedures. Criteria added for brow ptosis repair, pectus excavatum, dermabrasion and microdermabrasion.

**Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy** (#16) New medical necessity criteria for stage I non-small cell lung cancer showing no nodal or distant disease for those who are not candidates for surgical resection. Removed medical necessity criteria for Parkinson's disease. Added prior radiation treatment criteria for spinal cord and vertebral body tumors (metastatic or primary). Added the clarification for intracranial arteriovenous malformations.

#### Utilization Management

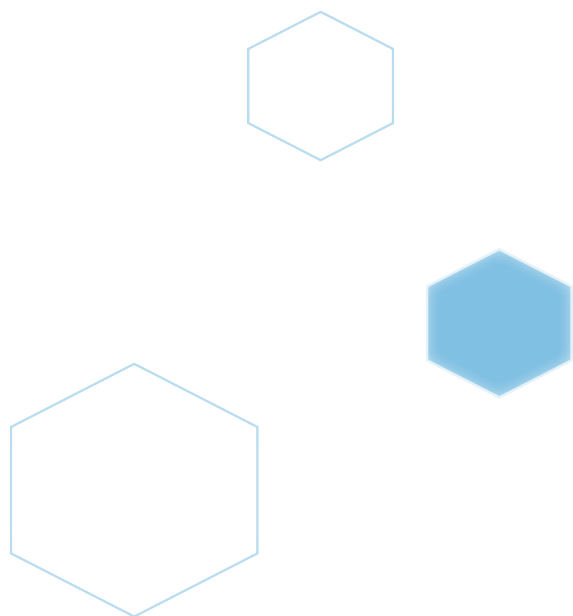
**Occupational Therapy** (#4); **Speech Therapy** (#9) Removed case management criteria related to head injured patients. Cognitive rehabilitation will be removed from these policies. Cognitive rehabilitation is considered investigational for all applications (see *Cognitive Rehabilitation* [Allied Health #20]); therefore, it will not be considered for payment when used in a speech or occupational therapy setting.

## Interactive voice response coming to Provider Customer Service

Our Provider Customer Service phone lines will be upgraded this year to include interactive voice response (IVR), a technology that enables a computer to accept voice commands or touch-tone inputs. IVR allows you to quickly and easily receive claims and member eligibility status by entering dates of service and the member number. Information about multiple members can be obtained in a single session.

The information will be a subset of the data already available through Regence Online Services for Providers. IVR will be an efficient and easy option for offices without access to the Internet.

We are currently testing IVR with select provider offices and will include more details in our August newsletter.



## Physician and provider appreciation

### National Doctors' Day

This special day, observed on March 30 each year, celebrates the ongoing commitment of physicians and other health care professionals to the health of their patients and our communities. Patients, friends, families and colleagues observed this day by honoring providers nationwide.

Our members were invited to print a thank-you card from our secure member Web site, **myRegence.com**, and send it to their providers.

We hope you enjoyed this day of appreciation.

### Physician and Provider Appreciation Week

Regence has designated June 8-12 as Physician and Provider Appreciation Week. During this time, we will demonstrate our gratitude to participating physicians, other health care professionals and facilities for the exceptional care they provide to our members. We will celebrate this week with visits to many provider offices by our Provider Services staff.

We recognize and thank you for the important role each of you contributes to the health and wellness of our members. We look forward to celebrating this annual event with you.

## New functionality enables members to search Enhanced Provider Profile information

The expanded Enhanced Provider Profile feature functionality enables members to sort, filter and compare physicians and other health care professionals based on data captured in their profiles.

For the thousands of providers who have already enhanced their individual profile pages, this expansion gives them even greater opportunity to:

- Gain exposure to the more than 400,000 Regence members using **myRegence.com**
- Better align a patient's needs with a provider's characteristics, improving provider-patient relationships
- Reduce office phone calls from members seeking information contained in the Enhanced Provider Profile
- Connect Regence members to the provider's medical practice Web site

### Submit your Enhanced Provider Profile today

We recognize that your time is valuable and we have taken steps to ensure that enhancing your individual profile page is quick and easy. **To enhance your profile, you must have access to Regence Online Services for Providers.** More information is available on our *Provider Web Site*.

Dr. A. Arthur Aaby of Portland is just one of thousands of providers who are taking full advantage of their Enhanced Provider Profiles on **myRegence.com**.

### Join our online member community today

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

**Aaby, A Arthur, MD**
Profile last updated: 12/16/2008 | [Print provider info](#)

Gender\*: Male  
 Languages\*: English  
 Specialties\*: Ophthalmology  
 Areas of Expertise: Strabismus Specialist, Pediatric Ophthalmology

Summary
All Locations (3)
Member Reviews (2)
More Information

**Primary Location** [View All 3 locations](#)

**1955 NW Northrup St Portland, OR 97209 \***  
[Map/Directions](#) [Accepting New Patients](#)

**Contact\***  
 (503) 227-2094  
 • [www.eyehelthnw.com](http://www.eyehelthnw.com)

**Specialties\***:  
 Ophthalmology

[More info on this location](#)

**Network(s)\***

Participating Vision - OR  
 Category 1 - Preferred Provider - OR  
 Preferred Provider - OR  
[View All Networks](#)

**Network Level/Cost\***

\$ Vision

[Add to My Providers](#)

**Member Reviews** [View All](#)

2 member(s) have left 2 reviews to date.

Review your visit

+

Post a review

\$150.00 [Post a review](#)

**Question:**  
 Why do we ask our members to rate their doctors and care facilities?

**Answer:**  
 Because everyone benefits.

[Learn more...](#)

**My Patients at a Glance**

**Patient Gender \***

Gender	Percentage
Men	38%
Women	62%

**Patient Age \***

Age Group	Percentage
Infants - 0-2 years	~15%
Children - 3-12 years	~25%
Teens - 13-20 years	~10%
Adults - 21-40 years	~30%
Adults - 41-60 years	~15%
Adults - 60 years	~5%

### Medical record reviews beginning

Medical record reviews are beginning and will continue through the summer to support compliance with Medicare standards. Regence staff will contact offices to collect data using HIPAA-compliant processes.

Participation in this quality assurance and improvement activity is a contract requirement for Regence MedAdvantage physicians, other health care professionals and facilities. Your cooperation during this data collection period is appreciated.

### Regence MedAdvantage now contracting with speech therapists

Regence is now accepting applications from licensed speech-language pathologists and speech therapists to join the Regence MedAdvantage provider network.

Effective for services rendered on or after July 1, the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 specified that speech-language pathologists and speech therapists are eligible to contract with a health plan. When contracted, outpatient speech-language pathology services can be provided under the Regence MedAdvantage outpatient rehabilitation benefit.

If you are interested in joining this provider network, please contact your provider relations representative. Additional information is available in the Contracts/Credentialing section of our *Provider Web Site*.

### Updates to medication policies are available online

Summaries of recent changes to our medication policies are available online. Detailed policies and the complete *Medication Policy Manual* are available at <http://blue.regence.com/trgmedpol/drugs/PolicyUpdates.pdf>.

Our *Preferred Medication List/Formulary* (PML) is also available online at [www.regencrx.com/learn/covered/alpha/index.html](http://www.regencrx.com/learn/covered/alpha/index.html).

### McKesson Specialty Pharmacy acquired by Walgreens

McKesson Specialty Pharmacy was recently purchased by, and is now doing business as, Walgreens Specialty Pharmacy. Members were notified earlier this year that their current specialty medications would be filled by Walgreens Specialty Pharmacy with no interruption in service.

The RegenceRx® Web site has been updated with this change. New forms, a list of available specialty medications and contact information are available in the View Special Programs section of the Web site at [www.regencrx.com/physician](http://www.regencrx.com/physician).



# 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<sup>SM</sup>, Engage<sup>SM</sup>, Activate<sup>SM</sup>, HSA Healthplan 2.0<sup>SM</sup>: 1 (800) 452-6333

Regence MedAdvantage: 1 (877) 508-7362

### Provider Web Site

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

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