

Partners in Health **update**SM

Working together for quality health care

January 2015



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*Partners in Health Update*SM is a publication of Independence Blue Cross and its affiliates (Independence), created to provide valuable information to the Independence-participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with Independence. This publication is the primary method for communicating such general changes. Suggestions are welcome.

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Keystone 65 HMO has an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

Keystone Health Plan East, Personal Choice®, and Personal Choice 65SM PPO have an accreditation status of *Commendable* from NCQA.

For articles specific to your area of interest, look for the appropriate icon:

P Professional **F** Facility **A** Ancillary

- ▶ Articles designated with a blue arrow include notice of changes or clarifications to administrative policies and procedures.

ADMINISTRATIVE



New Preventive Plus benefit now in effect

Effective January 1, 2015, Independence small group and individual commercial members can utilize their new Preventive Plus benefit for colon cancer preventive screening colonoscopies.

When performed at a freestanding ambulatory surgery center (Freestanding ASC), the Preventive Plus benefit fully covers a colon cancer preventive screening colonoscopy with no member cost-sharing (\$0 cost-sharing; i.e., no copayment, deductible, or coinsurance).

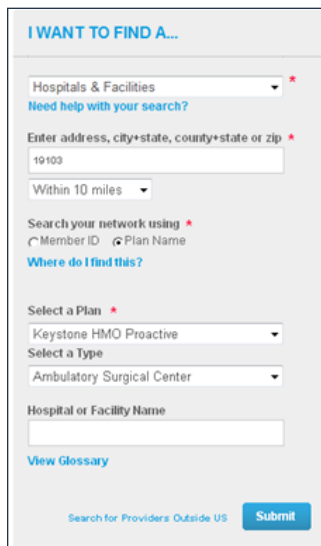
When the services are performed at a hospital outpatient facility or hospital-based ASC, the member will incur cost-sharing of up to \$750.

Referring patients


In early 2015, updates will be made to the Referrals transaction in the NaviNet® web portal to assist physicians when referring patients for colon cancer preventive screening colonoscopies.

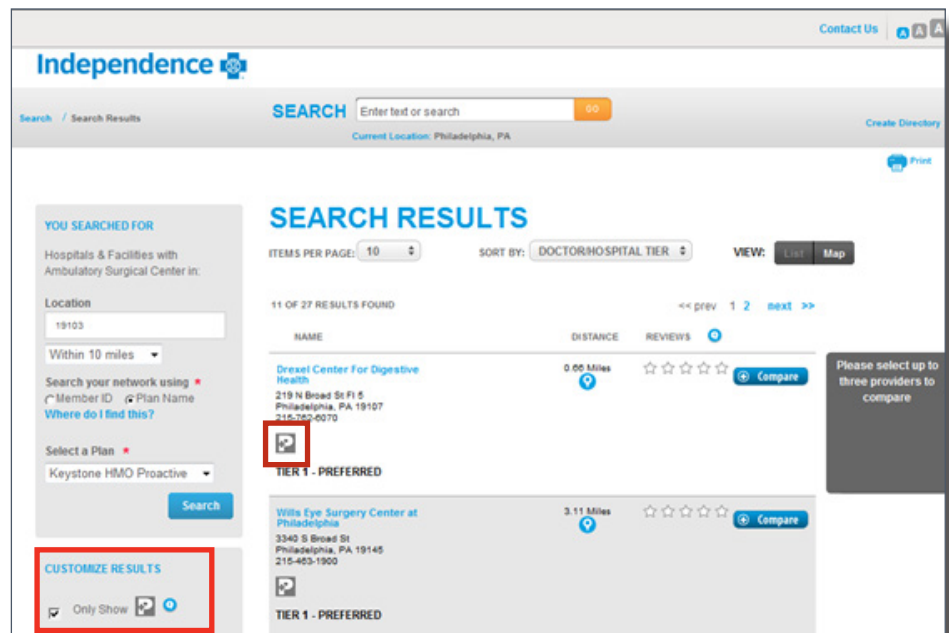
Use the Find a Doctor tool at www.ibx.com/findadoctor to locate Freestanding ASCs and associated gastroenterologists and colon and rectal surgeons (GI professionals) who have a Preventive Plus indicator. In order for members to take advantage of the \$0 cost-sharing, services must be rendered at one of the sites identified as Preventive Plus.

How to locate a Preventive Plus Freestanding ASC



1. Select *Hospitals & Facilities* from the first drop-down menu.
2. Enter the appropriate location and mileage parameters.
3. Search for the network using either the alpha prefix of the member's ID number or the member's plan name.
4. Select *Ambulatory Surgical Center* as the provider type.
5. Click the *Submit* button once complete.

The Search Results page will display the Preventive Plus symbol under the facility name, when applicable. You also have the ability to customize your results by checking the box next to "Only Show  in the Customize Results section.



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ADMINISTRATIVE

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How to locate a Preventive Plus GI professional

I WANT TO FIND A...

Doctors & Medical Professionals *

Need help with your search?

Doctor, Medical Professional or Practice Name

Enter address, city+state, county+state or zip *

19103

Within 10 miles

Search your network using *

Member ID Plan Name

Where do I find this?

Select a Plan *

Keystone HMO Proactive

Select Specialty(CTRL + Select for multiple)

Select Specialty

Alternative Medicine Providers

Acupuncturist


Christian Science

Diabetic Counselor

View Glossary

Search for Providers Outside US Submit

1. Select *Doctors & Medical Professionals* from the first drop-down menu.
2. Enter the appropriate location and mileage parameters.
3. Search for the network using either the alpha prefix of the member's ID number or the member's plan name.
4. Chose the default *Select Specialty* option, at the top of the Select Specialty menu.
5. Click the *Submit* button once complete.

The Search Results page will display the Preventive Plus symbol under the provider name, when applicable. You also have the ability to customize your results by checking the box next to "Only Show  in the Customize Results section.

Independence

SEARCH Enter text or search

Current Location: Philadelphia, PA

YOU SEARCHED FOR

Doctors & Medical Professionals in

Location

19103

Within 10 miles

Search your network using *

Member ID Plan Name

Where do I find this?



Select a Plan *


Keystone HMO Proactive

SEARCH RESULTS

ITEMS PER PAGE: 50 SORT BY: DOCTOR/HOSPITAL TIER VIEW: List Map

2 OF 200 RESULTS FOUND

NAME	DISTANCE	REVIEWS
 Alshelik, Eva R., MD Drexel Gastroenterology Associates Gastroenterology 205 S 17th St Fl 3 Philadelphia, PA 19103 215-735-8504	0.44 Miles	☆☆☆☆☆
TIER 1 - PREFERRED		
 Ranch, Benjamin, MD Drexel Gastroenterology Associates Gastroenterology 205 S 17th St Fl 3 Philadelphia, PA 19103 215-735-8504	0.44 Miles	☆☆☆☆☆
TIER 1 - PREFERRED		

Only Show 

Questions

If you have questions regarding the Preventive Plus benefit, you may call 1-800-ASK-BLUE or contact your Network Coordinator. ◆

P F A

2014 Cumulative Index now available

The 2014 *Provider Publication Cumulative Index (Cumulative Index)* is included with this edition of *Partners in Health Update*. This index lists all of the 2014 articles that were published in *Partners in Health Update*, the edition in which they can be found, and the provider audience type for which the article was intended.

A complete archive of all cumulative indexes is also available by clicking on the *Cumulative Index* link

under Quick Links on our Provider News Center located at www.ibx.com/pnc.

Printed copies of the 2014 *Cumulative Index* can be ordered by submitting an online request at www.ibx.com/providersupplyline or by calling the Provider Supply Line at 1-800-858-4728. ◆

ICD-10



What's Up Wednesday returns on January 21, 2015

What's Up Wednesday is a monthly teleconference hosted by Pennsylvania's Blue Plans to help prepare health care professionals for the ICD-10 transition on October 1, 2015. *What's Up Wednesday* will feature special guest speakers and ICD-10 experts who will lead discussions to help you get ready for the compliance date. All providers, clearinghouses, information trading partners, and information networks are encouraged to participate.

Call details

Date: Wednesday, January 21, 2015

Time: 2 – 3 p.m. ET

Phone number: 1-800-882-3610

Pass code: 5411307

The guest speakers for January's teleconference will be the Hospital & Healthsystem Association of Pennsylvania (HAP) and Pennsylvania Medical Society.

How to participate

No registration is required. Prior to the call, visit the *What's Up Wednesday* web page at www.ibx.com/providers/claims_and_billing/icd_10/whatsupweds.html to access and download the presentation materials. On the day of the call, dial **1-800-882-3610** and enter pass code **5411307** when prompted. Please dial in five minutes prior to the start of the call.

Questions

If you have specific ICD-10 related questions during the call, email them to ICD10PC@CapBlueCross.com. ◆

BILLING



Updated payer ID grids available soon

The payer ID grids contain valuable information to assist you in claims submission, including alpha prefixes, payer information, and claims mailing addresses by product.

We are in the process of updating the professional and facility payer ID grids to reflect new products for 2015. Please be sure to download the most current versions, which will be available in early January on our EDI web page at www.ibx.com/edi under Additional Resources. ◆



Modifier 25 required for reporting removal of impacted cerumen

Impacted cerumen removal is defined as a procedure to extract hardened or accumulated cerumen from the external auditory canal by mechanical means, such as irrigation or debridement.

As a reminder, providers who perform services for the removal of impacted cerumen are required to apply Modifier 25 to the evaluation and management (E&M) service to identify a significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day as the procedure or other services.

For more information on this requirement, visit the News & Announcements section of our Medical Policy Portal at www.ibx.com/medpolicy. ◆

BUSINESS TRANSFORMATION



All Medicare Advantage HMO and PPO members migrated to the new platform

On January 1, 2015, all Medicare Advantage HMO and PPO members will be migrated to the new operating platform. Therefore, if you render services to these members on or after January 1, 2015, the claim will be processed on the new platform.

Medicare Advantage HMO and PPO members received a letter from Independence that highlighted the changes they would experience post-migration, including new ID cards and a new, easier-to-read billing statement.

Check member ID cards at every visit

All Medicare Advantage HMO and PPO members have been issued a new member ID card, which includes a new alpha prefix and new member ID and pharmacy ID numbers. New member ID numbers contain 12 digits, called a “unique member ID” (UMI). The subscriber and any members covered under the subscriber’s policy, if applicable, share the same UMI.

Because all Medicare Advantage HMO and PPO members have a new member ID number, it is imperative that provider offices do the following at every visit:

- Obtain a copy of the member’s current ID card to ensure that you submit the most up-to-date information to Independence.
- Verify eligibility and benefits using the NaviNet® web portal prior to rendering service.

Note: Members with MedigapSecurity (a Medicare Supplement plan) have been assigned a 13-digit ID number, with the last digit being an alpha character.

Update on the migration of commercial members to the new platform

Since 2013, we have been in the process of migrating our commercial members to the new platform, generally based on when the customer/member’s contract renews. As of January 1, 2015, nearly all of our existing commercial members will have been migrated to the new platform. We anticipate that all remaining members will be migrated to the new platform by March 2015.

Resources

We will continue to work closely with you and our entire provider network as we complete our Business Transformation. For more information, visit our Business Transformation site at www.ibx.com/pnc/businessstransformation. On this site you will find a communication archive as well as frequently asked questions. If you still have questions after reviewing these resources, email us at provider_communications@ibx.com. ♦

Reminders:

- Once a member has been migrated to the new platform, the Provider Automated System is no longer available for eligibility inquiries, submitting or retrieving referrals, submitting encounters, or checking claims status. Providers should use NaviNet to retrieve this information.
- For members who have been migrated to the new platform, providers will no longer receive a Statement of Remittance (SOR). Professional providers will receive a Provider Explanation of Benefits (EOB), and facility providers will receive a Provider Remittance.



Changes coming in February 2015 to NaviNet®

This article details changes that are scheduled to be made in February to the NaviNet web portal. Please review this information to understand how these changes may affect how you do business with Independence.

NaviNet office conversion

We are converting all NaviNet offices to the new platform in February as part of our ongoing transition to the new operating platform. Most providers will see a difference in their provider group drop-down menus within many individual transactions on NaviNet.

Some of the more significant changes that providers will see on the new platform include:

- expanded drop-down lists for all office locations associated to a group record;
- elimination of PPO/HMO lines of business designators;
- elimination of customized provider group name descriptions.

As there may be significant impacts to your NaviNet office, we strongly encourage you to review the [NaviNet Office Conversion Guide](#), which has been included with this edition of *Partners in Health Update*.

Allowance Inquiry transaction

A new Allowance Inquiry transaction will be added as an option in the transactions menu, replacing the retired Fee Schedule Inquiry transaction. This new transaction will return fees for professional providers only and will indicate where primary care physician (PCP) capitation is generally applicable. The fees returned via Allowance Inquiry will be associated with migrated members only and will not include results for Traditional or Comprehensive Major Medical members. A detailed user guide will be posted to the NaviNet Transaction Changes section of our Business Transformation site at www.ibx.com/pnc/businesstransformation.

Tiering information enhancements

In order to better serve our Keystone HMO Proactive members and self-funded customers in tiered network programs, we are introducing NaviNet enhancements in February that will:

- assist providers in identifying appropriate member cost-sharing (e.g., copayment);
- help providers with the referral and preapproval submission processes.

The following NaviNet transactions will be enhanced with tiering information:

- **Eligibility and Benefits Inquiry.** A Billing Provider drop-down menu will be added to the search screen. When searching for member eligibility and benefits information, you will need to select the appropriate provider group or facility before entering the member search criteria. The combination of provider and member information entered will assist in identifying the appropriate member cost-sharing. The Eligibility and Benefits Details screen offers several links to benefit provisions (e.g., professional services, outpatient facility services). When selecting a benefit provision link, the member's tier benefit cost-sharing will be highlighted based on the provider group or facility you selected.

Note: Selecting an incorrect provider group or facility on the Eligibility and Benefits Search screen may result in incorrect member cost-sharing being highlighted.

- **Authorization Submission.** Where applicable, you will see an additional column in the search results screen when looking for a physician or facility while submitting an Emergency Room Admission Notification or an authorization request for one of the following:
 - medical/surgical procedures
 - home infusion
 - chemotherapy/infusion services
 - durable medical equipment
 - home health

This new column will identify the benefit tier placement associated with that physician or facility. Members with tiered programs pay the lowest cost-sharing when they use providers on the lowest tier.

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- **Referral Submission.** Where applicable, PCPs will see an additional column in the search results screen when looking for a physician or facility while submitting a referral. This new column will identify the benefit tier placement associated with that physician or facility.

Reminder: As of January 1, 2015, some Independence small group and individual commercial members have the new Preventive Plus benefit for colon cancer preventive screening colonoscopies. When performed at a freestanding ambulatory surgery center (ASC), the Preventive Plus benefit fully covers a colon cancer preventive screening colonoscopy with no member cost-sharing (i.e., no copayment, deductible, or coinsurance). When the services are performed at a hospital outpatient facility or hospital-based ASC, the member will incur cost-sharing of up to \$750.

- **Network Facility Inquiry and Network Provider Inquiry.** When searching for a physician or facility through these transactions, the Network drop-down menu will include options for Keystone HMO Proactive and other self-funded customer tiered network programs. Once you've selected one of these options and entered the appropriate search criteria, your results will include a new column that displays the applicable tier information.

For more information

To help you better understand these changes, we will publish more details in future editions of *Partners in Health Update*. In addition, we strongly encourage you to review the NaviNet Transaction Changes section of our Business Transformation site at www.ibx.com/pnc/businessstransformation.

If you have any questions about upcoming changes to NaviNet, call the eBusiness Hotline at 215-640-7410. ♦

MEDICAL



Changes to the experimental/investigational services policies effective January 1, 2015

Effective January 1, 2015, Independence's policy on experimental/investigational services will identify only those services that are considered to be experimental/investigational by Independence and are not contained in a specific medical policy that addresses the service.

For more information about these services, refer to the medical policies available at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- **Commercial:** #12.01.01aa: Experimental/Investigational Services;
- **Medicare Advantage:** #MA00.005: Experimental/Investigational Services.

Type the policy name or number in the Search field. You can also view policy activity through the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*. ♦



Precertification requirement for non-emergent outpatient radiation therapy now in effect

As of January 1, 2015, precertification is required for non-emergent outpatient radiation therapy services for all commercial and Medicare Advantage HMO and PPO members. Independence is working with CareCore National, LLC (CareCore), an independent company, to manage precertification requests for non-emergent outpatient radiation therapy services. Precertification is not required when radiation therapy is rendered in the inpatient hospital setting. Furthermore, although precertification isn't required for members ages 19 and under, we will require notification to CareCore for these members to ensure timely and accurate claims payment.

You can initiate precertification for non-emergent outpatient radiation therapy in one of the following ways:

- **NaviNet® web portal.** A new option was added within the Authorizations transaction that links to the CareCore provider portal.
- **CareCore provider portal.** Access the CareCore provider portal directly at www.carecorenational.com. A login and password are required. This login information will be needed every time you request precertification through CareCore. If you already have access to the CareCore provider portal, please use your current login information.
- **Telephone.** Call CareCore directly at [1-866-686-2649](tel:1-866-686-2649).

Services that require precertification

The following radiation therapy procedures require precertification through CareCore as of January 1, 2015:

- external beam, including 2D, 3D conformal, intensity-modulated radiation therapy (IMRT), tomotherapy, image guided radiation therapy (IGRT), stereotactic body radiation therapy (SBRT), and stereotactic radiosurgery (SRS);
- brachytherapy, including low-dose rate (LDR), high-dose rate (HDR), and outpatient intra-operative techniques (IORT);
- hyperthermia;
- neutron radiotherapy;
- radio-labeled drugs used for radiation therapy, with the exception of Ra 223 (Xofigo®) and immunotherapy using Zevalin®.

Starting in April 2015, precertification requests for non-emergent outpatient radiation therapy will be reviewed for medical necessity. In addition, proton beam radiation therapy, Ra 223 (Xofigo®), and immunotherapy using Zevalin® will require precertification through CareCore. *Note:* Proton beam radiation therapy and Ra 223 (Xofigo®) currently require precertification by Independence. Providers must continue to request precertification for these services using the *Authorizations* transaction on NaviNet until March 31, 2015.

For more information

For more information about radiation therapy services, refer to the medical policies available at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- **Commercial:** #09.00.56: Radiation Therapy Services;
- **Medicare Advantage:** #MA09.020: Radiation Therapy Services.

Type the policy name or number in the Search field. You can also view policy activity through NaviNet by selecting the *Reference Tools* transaction, then *Medical Policy*.

Note: This precertification requirement does not apply to Federal Employee Program or Comprehensive Major Medical members. ♦

Precertification for high-technology diagnostic imaging services

Precertification requests for all high-technology diagnostic imaging services (e.g., CT, MRI, PET) will continue to be handled by AIM Specialty Health® (AIM), an independent company, through the current process.

AIM is an independent company contracted with Independence to perform precertification for select services for most managed care members.



New codes for digital breast tomosynthesis

Effective January 1, 2015, new Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes for digital breast tomosynthesis were created.

As a reminder, Independence considers this technology experimental/investigational, as the available published peer-reviewed literature does not provide adequate information on the outcomes when this technology is used in clinical practice. Randomized controlled trials, which provide clinically and statistically significant data (i.e., technical accuracy and precision, clinical sensitivity, specificity, and utility) for digital tomosynthesis over well-established and well-studied digital mammography are currently lacking. Therefore, the following CPT and HCPCS codes are considered experimental/investigational and are not covered as a screening or diagnostic tool for breast cancer:

- CPT codes:
 - 77061: Digital breast tomosynthesis; unilateral
 - 77062: Digital breast tomosynthesis; bilateral

- 77063: Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)
- HCPCS code:
 - G0279: Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)

For more information about digital breast tomosynthesis, refer to the medical policies available at www.ibx.com/medpolicy. Select *Accept and Go to Medical Policy Online*, and then select the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view:

- **Commercial:** #09.00.52b: Digital Breast Tomosynthesis;
- **Medicare Advantage:** #MA09.016: Digital Breast Tomosynthesis.

You can also view policy activity through the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*. ♦



Reminder: Precertification requirements for DME providers are now in effect

Independence has delegated the responsibility for precertification of sleep studies and related equipment and accessories to AIM Specialty Health® (AIM), an independent company.

As of January 1, 2015, durable medical equipment (DME) providers are required to obtain precertification for all APAP, BPAP, and CPAP machines, supplies (e.g., tubing, water chambers, face masks), and replacement supplies for all commercial and Medicare Advantage HMO and PPO members.

Precertification request process

Currently, DME providers should submit these precertification requests using the Authorizations transaction in the NaviNet® web portal. Later this year, enhancements will be made in NaviNet to allow the submission of these requests directly through AIM, using the AIM ProviderPortalSM.

Affected DME providers will receive a letter in late January describing the precertification process through AIM in greater detail.

More information

A medical policy will be forthcoming that outlines the supplies that require precertification as well as the guidelines that will be used to determine medical necessity.

Additionally, look for more information about this process in future editions of *Partners in Health Update*. ♦

AIM is an independent company contracted with Independence to perform precertification for select services for most managed care members.



Precertification requirements for FEP members for BRCA testing and outpatient services

Effective January 1, 2015, BRCA (breast cancer gene) testing requires precertification for members who have coverage under the Federal Employee Program (FEP).

As previously communicated, the services listed below also now require precertification:

- outpatient intensity-modulated radiation therapy (IMRT), except related to the treatment of head, neck, anal canal, anal, breast, or prostate cancer (*Note: Brain cancer is not considered a form of head or neck cancer; therefore, precertification is required for IMRT treatment of brain cancer.*);
- outpatient surgery for morbid obesity (refer to the Service Benefit Plan summary at www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms/#tab-brochures for specific pre-surgical criteria that must be met);
- outpatient surgical correction of congenital anomalies;
- outpatient surgery needed to correct accidental injuries to the jaw, cheeks, lips, tongue, and roof or floor of mouth.

Services must meet the requirements listed in the applicable FEP medical policies, which are available on the FEP website at www.fepblue.org/en/benefit-plans/benefit-plans-brochures-and-forms. Scroll to the bottom of the page and select *Medical Policies*.

To obtain precertification for services for BRCA testing or outpatient services for FEP members, call Highmark Blue Shield, an independent company, at **1-866-763-3608**.

As a reminder, precertification requests for inpatient and hospice services for FEP members will continue to be performed by Independence. Failure to obtain precertification will result in a retrospective review to determine compliance with FEP medical policies. Should services be denied for lack of medical necessity, reimbursement will not be made and the member may not be billed. ♦



Attention! An update has been made to the content of this article.

Download the latest precertification requirement list

For the most up-to-date list of services and specialty drugs that require precertification, download the latest version of the precertification requirement list at www.ibx.com/preapproval.

As a reminder, significant changes go into effect January 1, 2015, for the following three categories:

- **Non-emergent outpatient radiation therapy.** Precertification through CareCore National, LLC, an independent company, is required for non-emergent outpatient radiation therapy for all commercial and Medicare Advantage HMO and PPO members. *Note: This precertification requirement does not apply to Federal Employee Program or Comprehensive Major Medical members.*
- **Durable medical equipment (DME).** DME providers are required to obtain precertification for all APAP,

BPAP, and CPAP machines and replacement supplies (e.g., tubing, water chambers, face masks) for all commercial and Medicare Advantage HMO and PPO members.

- **Medical benefit drugs.** Precertification approval has been added for Beleodaq™, Entyvio™, Keytruda®, Opdivo®, Ruconest®, and Sylvant™. Precertification is no longer required for Aredia®, Arzerra®, Boniva® injection, Ceredase®, Eloxatin®, Nulojix®, Orthovisc®, Synvisc®, and Synvisc-One®.

If you have any questions, please contact Cheryl McGurk, Manager of Precertification, at 215-241-4542. ♦



Medical and claim payment policy activity posted from November 21 – December 19, 2014

As a reminder, effective January 1, 2015, Independence now has two unique medical and claim payment policy portfolios: one for commercial business and one for Medicare Advantage business.

With this change, we have also updated the way in which we communicate policy activity each month. Instead of publishing the policy activity directly in an article, we will now create a separate, [supplementary document](#) that provides the specific policy activity that occurred for our commercial portfolio and Medicare Advantage portfolio. This will allow providers to easily access the monthly activity in a separate PDF.

For the most up-to-date information about medical and claim payment policy activity, go to www.ibx.com/medpolicy and select *Accept and Go to Medical Policy Online*. Then select either the *Commercial* or *Medicare Advantage* tab from the top of the page, depending on the version of the policy you'd like to view. You can also get to our Medical Policy Portal through the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*. ♦



Medicare Advantage HMO and PPO policies now in effect

Included with this edition of *Partners in Health Update* is a [complete list of policies](#) that went into effect on January 1, 2015, for our Medicare Advantage HMO and PPO members.

Please go to www.ibx.com/medpolicy to review each policy in its entirety.



Injectable hyaluronate acid products being removed from our Direct Ship Injectables Program

Effective April 1, 2015, injectable hyaluronate acid products to treat osteoarthritis of the knee will no longer be available through the Independence Direct Ship Injectables Program. The drugs that are included with this change are Euflexxa™, Gel-One®, Hyalgan®, Monovisc®, Orthovisc®, Supartz®, Synvisc®, and Synvisc-One™.

These eight drugs will continue to be covered under the medical benefit for members who meet the medical necessity criteria listed in the applicable medical policy:

- **Commercial:** #11.14.07I: Intra-Articular Injection of Hyaluronan for the Treatment of Osteoarthritis;
- **Medicare Advantage:** #MA11.023: Hyaluronan Acid Therapies for Osteoarthritis of the Knee.

How this change affects providers

Providers who prescribe hyaluronate acid products will need to purchase these drugs from the manufacturer or a specialty pharmacy vendor and stock them in their office. In order to receive reimbursement for the cost of the pharmaceutical, the provider will need to submit a claim to Independence.

Providers who prescribe and administer hyaluronate acid products will receive a letter from Independence with more information. ♦



Precertification requirement for outpatient echocardiography services for Medicare Advantage HMO and PPO members now in effect

As of January 1, 2015, providers are required to obtain precertification through the AIM ProviderPortalSM for outpatient echocardiography services for Medicare Advantage HMO and PPO members. These services include:

- stress echocardiography;
- resting transthoracic echocardiography;
- transesophageal echocardiography.

Specific CPT[®] codes to which the precertification applies are listed in the table below:

Echocardiography service	CPT [®] code	Description
Stress echocardiography (SE)	93350	Transthoracic stress echo, complete
	93351	Transthoracic stress echo, complete w/cont EKG
Resting transthoracic echocardiography (TTE)	93303	Transthoracic echo cardiac anomalies
	93304	Transthoracic echo cardiac anomalies, limited
	93306	Transthoracic echo complete w/color & spectral
	93307	Transthoracic echo complete w/o color & spectral
	93308	Transthoracic echo limited
Transesophageal echocardiography (TEE)	93312	Transesophageal echo
	93313	Transesophageal echo probe only
	93314	Transesophageal echo interpretation
	93315	Transesophageal echo congenital
	93316	Transesophageal echo congenital, probe only
Add-on codes	93317	Transesophageal echo congenital interpretation
	93320*	Doppler echo complete
	93321*	Doppler echo limited
	93325*	Doppler echo flow velocity
	93352*	Echo contrast agent (SE only)

*Denotes a CPT[®] code that is an add-on/secondary code to the primary code and does not require review through AIM Specialty Health[®] (AIM).

To request precertification for these services, providers should select the *Authorizations* transaction on the NaviNet[®] web portal, then *AIM* to access the AIM Provider Portal.

It is very important that providers use NaviNet to verify member-specific requirements or refer to the precertification lists on our website. Failure to obtain precertification for any required services or drugs may result in a reduction in payment or nonpayment for the services not authorized. ◆

AIM is an independent company contracted with Independence to perform precertification for select services for most managed care members.

CREDENTIALING



Upcoming changes to the CAQH recredentialing process

Independence offers our participating providers the Council for Affordable Quality Healthcare® (CAQH) Universal Provider DataSource® (UPD) for completing the recredentialing process. The CAQH UPD is a single, national process that eliminates the need for completing multiple recredentialing applications.

Beginning in February 2015, CAQH is making significant improvements to simplify the recredentialing process even further. Along with these improvements comes a new name: CAQH ProView™.

Benefits of using CAQH ProView

The following new features will make it easier for health care providers to make updates — reducing the time and resources necessary to submit accurate, timely data to Independence:

- complete and attest to multiple state credentialing applications in one intelligent workflow design;
- upload supporting documents directly into CAQH ProView to eliminate the need for manual submission and to improve the timeliness of completed applications;
- review and approve Practice Manager information before data is imported;
- protect against delays in data processing with more focused prompts and real-time validation;
- self-register with the system before a health plan initiates the application process.

New submission process

When CAQH ProView launches in February 2015, all providers must apply online. **Paper applications will no longer be accepted.** CAQH ProView is a completely electronic solution, allowing providers to easily submit information through a more intuitive, profile-based design. The CAQH electronic credentialing application is free to providers and available on the CAQH website at <https://upd.caqh.org/oas>. Independence may still request paper documentation, such as billing forms and contracts; however, the physician initial credentialing and recredentialing process with CAQH will be paperless.

If you have questions about CAQH ProView, please email them to upd@caqh.org. ♦

P

Things to remember when prescribing narcotic therapy

As drug misuse and abuse continues to be a significant problem in our society, more emphasis is being put on health care providers for information and guidance. When discussing narcotic therapy with your patients, please consider the following regarding prescribing, safety, and regulations:

Prescribing narcotic therapy

- There is no defined maximum dose for most opioids. The ceiling to analgesic effectiveness is imposed only by adverse reactions. Adverse effects of opioids include constipation, nausea and vomiting, dizziness, sedation, and respiratory depression. Long-term use of high-dose narcotics may also have significant adverse effects including, but not limited to, endocrinological effects, such as hypogonadism, impotence in males, menstrual irregularities, and galactorrhea in women, and opioid-induced hyperanalgesia caused by damage to the nociceptors thus increasing pain sensitivity.¹
- When using combination products, the daily amount of acetaminophen should not exceed 4 grams, ibuprofen should not exceed 3.2 grams, and aspirin should not exceed 4 grams (3.9 grams for controlled-, extended-, and delayed-release products).
- A patient should be referred to a pain specialist when pain is refractory to increasing doses of opioids prescribed and exceeding 120 mg morphine equivalent dose, or when treatment is exceeding three months and pain is still not adequately controlled.²
- Narcotic analgesics are not the only treatment modality for pain. Conjunctive therapy may include physical therapy; psychotherapy; and adjuvant medications, such as antidepressants (SNRIs, TCAs), anticonvulsants, muscle relaxants, and NSAIDs.

Safety precautions

- The combination of a short-acting opioid (i.e., Vicodin[®]), muscle relaxant (i.e., Soma[®]), and benzodiazepine (i.e., Xanax[®]) should be avoided. This is often referred to as the “Holy Trinity.” There is no indication that warrants this combination, and the effect is a high similar to that of heroin.³
- Evzio[™] is a naloxone auto-injector indicated for the emergency treatment in patients with known or suspected opioid overdose manifested by respiratory and/or central nervous system depression.⁴ It is used by family members, caregivers, and emergency personnel. It is also carried by first responders in many areas.
- National Prescription Drug Take Back Days is a drug disposal initiative that occurs every six months and is

sponsored by the Drug Enforcement Administration. If a local Drug Take Back Day is not available, drugs should be thrown away in the trash after mixing them with an undesirable substance such as used coffee grounds or kitty litter.⁵

Legislation/Regulations

- SB 1180 is a new bill, signed by Governor Corbett, which will take effect June 30, 2015, that will create a controlled substance database within the Pennsylvania Department of Health. This will be an effective tool to help physicians manage patients who are “doctor shoppers” and not in legitimate pain.
- Under this new bill, prescribers are not required to submit prescribing information to the program; however, they are required to query the database the first time they prescribe each patient a controlled substance and record the information obtained from the database in the patient’s medical record. In addition, dispensers are required to submit information to the database within 72 hours of dispensing a controlled substance. *Note:* Please consult with your own legal counsel regarding your obligations under SB 1180.

As a reminder, Independence requires prior authorization on all high-dose and high-potency narcotics **as of January 1, 2015**, in an effort to help facilitate more appropriate usage and prescribing.

When additional help is needed, providers should instruct patients to contact their mental health/substance abuse services provider. Members with Magellan Behavioral Health, Inc. coverage can call **1-800-424-4238**. ♦

¹Chou R, Franciullo GJ, Fine PG, et al; and the American Pain Society-American Academy of Pain Medicine Opioids Guidelines Panel. Opioid treatment guidelines: Clinical Guidelines for the Use of Opioid Therapy in Chronic Noncancer Pain. *J Pain* 10:113-130, 2009.

²Franklin, Gary M. Opioids for chronic noncancer pain: A position paper of the American Academy of Neurology. *Neurology* 2014; 83; 1277-1284.

³<http://www.wci360.com/news/article/deadly-drug-combinations-escaping-notice-a-healthsystems-report>

⁴Facts and Comparisons. Evzio. [Facts and Comparisons web site]. Available at: <http://online.factsandcomparisons.com> [via subscription only]. Accessed November 14, 2014.

⁵Consumer Health Information. www.fda.gov/consumer. How to Dispose of Unused Medicines. Accessed November 14, 2014.

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence members.

P

Ensure patients know how to access care after office hours

Primary and specialty care physicians make it a practice to provide coverage after office hours and on weekends. In fact, it is a requirement for all network providers to maintain this coverage. However, are your patients aware of this service, or are they simply going to the emergency room/department (ER) for care?

According to results obtained via the 2013 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, the number of members calling the physician after office hours over the last four years has been steadily decreasing for all lines of business. A recent study of a targeted member population showed that members used the ER for urgent medical care, including otitis media, upper respiratory infection, and acute pharyngitis. Forty-one percent of these ER visits occurred on the weekend, when most primary care practices are closed.

Although some physician offices have voicemail or answering services that answer calls after hours, this may not prevent an ER visit if the patient does not call the office or understand the difference between an emergency and an urgent medical care need. Visits to the ER can interrupt continuity of care and may affect quality of care as well — especially if the patient's physician is unaware of the ER visit and needed follow-up care is absent.

Educate your patients

Independence encourages all physicians to discuss after-hours and weekend coverage with their patients. Physicians can communicate this message by:

- placing a notification in the office that explains how to contact you when the office is closed;
- discussing coverage individually with their patients.

Remind patients to contact their primary physician or specialist after an ER visit for assessment of appropriate follow-up care. This is especially important for pediatric patients, elderly patients, and those patients with chronic conditions. Explain that calling will allow the physician office to coordinate services with the facility for the best patient outcome.

All patients want to receive the best possible care. Therefore, they may be more apt to communicate more openly with your office to coordinate care after hours and after ER visits if they understand the rationale behind the request. ◆

QUALITY MANAGEMENT



Highlighting HEDIS®: Cervical cancer screening

This article series is a monthly tool to help physicians maximize patient health outcomes in accordance with NCQA's* HEDIS®† measurements for high quality care on important dimensions of services.

Go to www.ibx.com/providers/resources/hedis.html to view previously published Highlighting HEDIS® topics. If you have feedback or would like to request a topic, email us at provider_communications@ibx.com.

HEDIS® definition

Cervical cancer screening: The percentage of women ages 21 – 64 who were screened for cervical cancer using either of the following criteria:

- women ages 21 – 64 who had cervical cytology performed every three years;
- women ages 30 – 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.

Why this measure is important

Cervical cancer can be detected in its early stages by regular screening using a Pap (cervical cytology) test. A number of organizations, including the American College of Obstetricians and Gynecologists, American Medical Association, and American Cancer Society, recommend Pap testing every one to three years for all women who have been sexually active or who are 21 and older. — NCQA, HEDIS 2015 V1

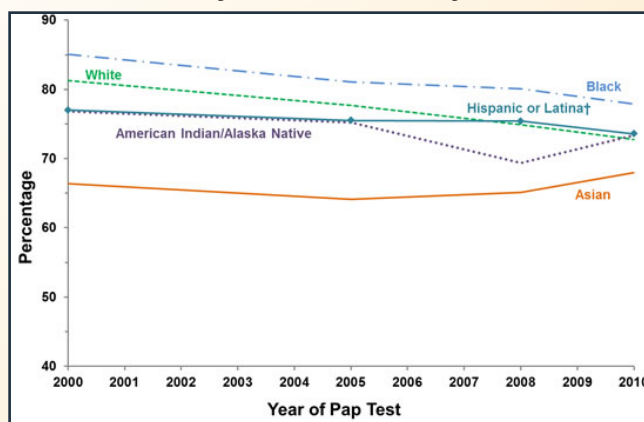
Quick tips for improvement

- ✓ Develop a reminder system to help keep members up-to-date with when they are due for screening.
- ✓ Educate members about the importance of cervical cancer screening, and provide educational resources such as the National Cancer Institute website: www.cancer.gov/cancertopics/pdq/screening/cervical.
- ✓ Explain the screening procedure to help alleviate any anxiety or fear related to the screening.
- ✓ Encourage scheduling of a cervical cancer screening during the member's gynecologic visit. ◆

QIPS‡ alert

This measure is a part of the Quality Incentive Payment System (QIPS) program for measurement year 2015 for participating providers.

Percentage of U.S. women ages 18 and older who have had a Pap test in the last three years by race and ethnicity



*The National Committee for Quality Assurance (NCQA) is the most widely recognized accreditation program in the U.S.

†The Healthcare Effectiveness Data and Information Set (HEDIS) is an NCQA tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care.

‡QIPS is a reimbursement system developed by Keystone Health Plan East for eligible Pennsylvania primary care physicians that offers incentives for high-quality, accessible, and cost-effective care.

Important Resources

Anti-Fraud and Corporate Compliance

Hotline 1-866-282-2707 or www.ibx.com/antifraud

Care Management and Coordination

Baby BluePrints® 215-241-2198 / 1-800-598-BABY (2229)*

Case Management 1-800-ASK-BLUE (1-800-275-2583)

Condition Management Program 1-800-ASK-BLUE

Credentialing

Credentialing Violation Hotline 215-988-1413 or www.ibx.com/credentials

Customer Service/Provider Services

Provider Automated System† (eligibility/claims status/precertification) 1-800-ASK-BLUE

Provider Services user guide www.ibx.com/providerautomatedsystem

Electronic Data Interchange (EDI)

Highmark EDI Operations 1-800-992-0246

FutureScripts® (commercial pharmacy benefits)

Prescription drug prior authorization 1-888-678-7012

Pharmacy website (formulary updates, prior authorization) www.ibx.com/rx

FutureScripts® Secure (Medicare Part D pharmacy benefits)

FutureScripts Secure Customer Service 1-888-678-7015

Formulary updates www.ibxmedicare.com

NaviNet® web portal

Independence eBusiness Hotline 215-640-7410

Registration www.navinet.net

Other frequently used phone numbers and websites

Independence Direct Ship Injectables Program (medical benefits) www.ibx.com/directship

Medical Policy www.ibx.com/medpolicy

Provider Supply Line 1-800-858-4728 or www.ibx.com/providersupplyline

*Outside 215 area code

†The Provider Automated System is available only for those members who have not yet been migrated to the new operating platform. For more information, go to www.ibx.com/pnc/businesstransformation.



2014 Provider Publication Cumulative Index

- *Partners in Health Update*SM
- *Inside IPP*

Independence 

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

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- P – Professional
- F – Facility
- A – Ancillary

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ADMINISTRATIVE

2013 <i>Cumulative Index</i> now available January 2014	P, F, A
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CFID fights fraud, waste, and abuse May 2014	P, F, A
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Changes coming to out-of-pocket maximums for commercial HMO, POS, and PPO members October 2014	P, F, A
Changes to Medicare Advantage Addendum effective January 1, 2015 December 2014	P, F, A
Check member ID cards (eligibility) at every visit July 2014 September 2014 <i>Reminder article:</i> <i>December 2014</i>	P, F, A
Establishing your electronic interfaces with LabCorp June 2014	P
Get up-to-date news and information at our Provider News Center August 2014	P, F, A
IBC and Health Care Reform January 2014	P, F, A
Important information about Medicare-eligible members January 2014	P, F, A
Independence Administrators claims appeal form now available November 2014	P, F
Independence offers services to help patients communicate November 2014	P, F, A
Keystone Direct POS: Offering members more direct access to participating specialists January 2014	P, F, A
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Referrals are required for specialty care for HMO/POS members July 2014	P
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Urgent care centers and retail health clinics are alternatives to the ER when physicians are unavailable June 2014	P, F
Visit the Provider News Center April 2014	P, F, A
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FAQ available for upcoming change to IBC outpatient laboratory network April 2014	P, F, A
IBX Wire to include new gap-in-care messages August 2014	P
LabCorp named IBC's exclusive national outpatient laboratory provider March 2014	P, F, A

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90-day Grace Period now in effect February 2014 <i>Reminder articles:</i> March 2014 June 2014 August 2014	P, F, A
Billing requirements for anesthesia claims September 2014	P
Coding guidelines for spinal fusion procedures August 2014	F

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Ensure successful electronic claims submissions July 2014	P, F, A
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Guidelines for billing with taxonomy codes June 2014	P, F, A
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Use a valid NPI for all claims January 2014 <i>Reminder article was posted in:</i> <i>March 2014</i>	P, F, A
Use of new CMS-1500 (02/12) claim form now required April 2014 <i>Reminder article:</i> <i>September 2014</i>	P, A

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Provider financial responsibility for preapproval of inpatient facility services for out-of-area members May 2014 <i>Reminder article:</i> <i>August 2014</i>	F
Spring 2014 edition of <i>Inside IPP</i> now available May 2014	F, A
The Summer 2014 edition of <i>Inside IPP</i> is now available September 2014	F, A
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Inside IPP

Available now: Updated payer ID grids

Winter 2013

Change to IBC's outpatient laboratory network went into effect July 1

Summer 2014

Check member ID card and verify eligibility every time

Fall 2014

Clarification: Mom/baby claims submission for FEP members

Spring 2014

Correctly submitting UB-04 claim forms with OPL and COB

Summer 2014

Delinquent payment indicator on NaviNet for APTC members

Spring 2014

Discontinue use of Bill Type 33X

Winter 2013

Enforcing industry standards

Winter 2013

Expediting medical record requests from the Host Plan

Winter 2013

Summer 2014

Facilities should submit mom and baby claims separately

Winter 2013

ICD-10 final rule released: October 1, 2015, is the new compliance deadline

Fall 2014

Medically Unlikely Edits for facility claims

Winter 2013

Medicare supplemental claim rejections

Fall 2014

Pre-service review for out-of-area members now available

Summer 2014

Provider financial responsibility for preapproval of inpatient facility services for out-of-area members

Spring 2014

Reminder articles:

Summer 2014

Fall 2014

Quick guide to Blue member ID cards

Summer 2014

Fall 2014

Inside IPP

Quick tips for a smooth out-of-area claims experience

Spring 2014

Reminder: Ask all members for their current ID card

Winter 2013

Requirements for electronic claim resubmissions

Fall 2014

Update on our Business Transformation

Winter 2013

Updated payer ID grids now available

Spring 2014

Use a valid NPI for all claims

Spring 2014



NaviNet[®] Office Conversion

A guide to the changes coming in February 2015



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Overview

As part of the Independence Blue Cross (Independence) ongoing transition, all provider profiles in NaviNet office will be converted to the new operating platform in February 2015. This means that starting in February 2015, the source for all provider data within the NaviNet® web portal (e.g., name of provider office, internal health plan provider number) will be derived from the new platform.

Given the scope of this change, it is essential that our network providers understand the details of the conversion. We encourage you to review this guide carefully, as the changes may impact both facility and professional provider types.

Changes related to the NaviNet office conversion

All end users will notice the following changes to their provider drop-down menu at a minimum:

- different column headers;
- modified order of columns;
- new internal health plan Provider ID number.

Note: Your new Provider ID will consist of your current internal Provider ID and your reassigned Provider ID on the new platform. Providers do not need to use these numbers for submitting claims; they are for internal use only.

Many providers will see a significantly larger number of provider groups and locations display within their provider drop-down menus.

After the NaviNet office conversion, the new provider drop-down menu will display as shown below for most NaviNet transactions:

Name	NPI	Provider ID	Address
Provider group name	Provider group NPI	Internal health plan provider number	Provider group location address

Note: Only the provider name of the primary office will display.

Note: Your new Provider ID will consist of your current internal Provider ID and your reassigned Provider ID on the new platform. Providers do not need to use these numbers for submitting claims; they are for internal use only.

Providers will most likely see additional records displayed within the new provider drop-down menu. In many cases, the drop-down menu will include a significant number of additional provider group locations.

We cannot list all potential additions, but for illustrative purposes we have included examples throughout the remainder of this guide to show some of these changes. Many NaviNet offices will experience one or more of the changes shown — this is particularly true for Central Business Offices (CBO) and Billing Agencies. Please note that we have highlighted some of the more common differences only. There may be providers who have unique set-ups that vary from the examples given. We encourage you to review all of the examples, as they may apply to facility and/or professional provider types.

If you have any questions regarding these upcoming NaviNet changes, please call the eBusiness Hotline at [215-640-7410](tel:215-640-7410). For more information about our ongoing transition, visit the NaviNet Transaction Changes section of our Business Transformation site at www.ibx.com/pnc/businesstransformation.

Example 1: Primary care physicians

Pre-conversion

Today for PCPs we display a separate line item for PPO business (ending in 000) and HMO business (ending in 001 and 002). Further, each physical address has a separate line in the drop-down menu.

Name	Provider ID	NPI	Address
ABC Primary Care	1234567000	1111111111	123 Main Street
ABC Primary Care	1234567001	1111111111	123 Main Street
ABC Primary Care	1234567002	1111111111	888 Chestnut Street

Post-conversion

In addition to the general changes listed on page 2 of this guide, PCPs may also notice the following:

- There may be a slight variation in the provider name listed depending upon how the provider record was converted to the new data repository.
- There are no longer duplicate records to differentiate between HMO and PPO lines of business for professional provider offices.
- The address for each location reflects the primary address as listed in our new data repository. When looking for a claim, you will need to ensure you are choosing the correct combination of NPI and Provider ID.

Name	NPI	Provider ID	Address
ABC Primary Care LTD	1111111111	1234567001 / 0011111111	123 Main Street
ABC Primary Care LTD	1111111111	1234567002 / 0022222222	888 Chestnut Street

Example 2: Specialists with multiple office names

Pre-conversion

Today when logging on to NaviNet, the provider drop-down menu is customized and identifies each location separately as directed by the provider. For the example cardiology practice below, there are three locations shown. Two of the locations are named “XYZ Cardiology,” and the third location is named “Cardiology Physicians.”

Name	Provider ID	NPI	Address
XYZ Cardiology	1212121000	2323232323	555 East Street
XYZ Cardiology	1212121000	2323232323	222 West Street
Cardiology Physicians	1212121000	2323232323	333 South Street

Post-conversion

Post-conversion, specialist offices may see **all** office locations display in the provider drop-down menu. As shown above, XYZ Cardiology enumerated their group and all linked locations with a single NPI. The example on the next page illustrates the following changes:

- All office locations associated to the group will display.
- The provider name is the same for all locations.

Name	NPI	Provider ID	Address
XYZ Cardiology	2323232323	1212121000 / 0033333333	555 East Street
XYZ Cardiology	2323232323	1212121000 / 0033333333	222 West Street
XYZ Cardiology	2323232323	1212121000 / 0033333333	333 South Street
XYZ Cardiology	2323232323	1212121000 / 0033333333	444 North Street
XYZ Cardiology	2323232323	1212121000 / 0033333333	123 Main Street

Example 3: Specialists or facilities with multiple NPIs

Pre-conversion

In this example, ABC Dermatology has enumerated with a unique NPI for each of the office locations linked to a single group record.

Name	Provider ID	NPI	Address
ABC Dermatology	1212121000	1111111111	1 East Street
ABC Dermatology	1212121000	2222222222	2 West Street
ABC Dermatology	1212121000	3333333333	3 South Street

Post-conversion

Post-conversion, the end user will continue to see each office location listed individually for ABC Dermatology. This is because each location has a unique NPI and therefore has its own group record.

Name	NPI	Provider ID	Address
ABC Dermatology	1111111111	1212121000 / 0099999999	1 East Street
ABC Dermatology	2222222222	1212121000 / 0088888888	2 West Street
ABC Dermatology	3333333333	1212121000 / 0077777777	3 South Street

Example 4: Customized provider names per location

Pre-conversion

Today providers may see a customized provider name for each location. As the example below illustrates, the practice EFG Rehab has three unique locations and names:

Name	Provider ID	NPI	Address
EFG Rehab – Philadelphia	5555555000	1111111111	1 Main Street
EFG Rehab – Havertown	5555555000	1111111111	2 West Chester Pike
EFG Rehab – Paoli	5555555000	1111111111	3 Lancaster Avenue

Post-conversion

Post-conversion, the provider name listed will reflect the main group name as it appears in our new data repository. For the example on the next page, the provider name that will display is “EFG Rehab,” and all locations associated with EFG Rehab under a single NPI and group record are listed because the provider drop-down menu is no longer customized by specific location.

Name	NPI	Provider ID	Address
EFG Rehab	1111111111	5555555000 / 000321654	1 Main Street
EFG Rehab	1111111111	5555555000 / 000321654	2 West Chester Pike
EFG Rehab	1111111111	5555555000 / 000321654	3 Lancaster Avenue
EFG Rehab	1111111111	5555555000 / 000321654	4 South Street
EFG Rehab	1111111111	5555555000 / 000321654	5 Market Street
EFG Rehab	1111111111	5555555000 / 000321654	6 Vine Street

Reminder: A referral is good for any location linked to the specialist’s group record under the same NPI.

Example 5: Multi-specialty groups with unique NPI per specialty

Pre-conversion

For this example, the pre-conversion view displays one group that has a unique NPI per specialty practice — in this case, ophthalmology and optometry practices each with multiple locations.

Name	Provider ID	NPI	Address
Eye Specialists	9999999000	5555555555	9 Chestnut Street
Eye Specialists	9999999000	5555555555	6 Maple Avenue
Eye Specialists	7777777000	6666666666	9 Chestnut Street
Eye Specialists	7777777000	6666666666	6 Maple Avenue

Post-conversion

Post-conversion, the provider name will remain the same. In this example, the end users for these practices will continue to differentiate between optometry and ophthalmology practices using the unique NPIs.

Name	NPI	Provider ID	Address
Eye Specialists	5555555555	9999999000 / 001212121	9 Chestnut Street
Eye Specialists	5555555555	9999999000 / 001212121	6 Maple Avenue
Eye Specialists	6666666666	7777777000 / 003434343	9 Chestnut Street
Eye Specialists	6666666666	7777777000 / 003434343	6 Maple Avenue

Example 6: Facility with multiple NPIs

Pre-conversion

In this example, ABC Hospital chose to enumerate with unique NPIs by specialty area (e.g., acute, psych, rehab, and sleep center).

Name	Provider ID	NPI	Address
ABC Hospital	0000111000	1111111111	4 Long Street
ABC Hospital	0000111000	2222222222	4 Long Street
ABC Hospital	0000111000	3333333333	4 Long Street
ABC Hospital	0000111000	4444444444	4 Long Street

Post-conversion

Facility providers will continue to see a separate line for each unique NPI under a facility name.

Name	NPI	Provider ID	Address
ABC Hospital	1111111111	0000111000 / 009898989	4 Long Street
ABC Hospital	2222222222	0000111000 / 007474747	4 Long Street
ABC Hospital	3333333333	0000111000 / 002525252	4 Long Street
ABC Hospital	4444444444	0000111000 / 008528528	4 Long Street

Note: After the NaviNet office conversion, some transactions will display provider drop-down menus a little differently. Allowance Inquiry is one example and will display as shown below.

Billing Provider Name - Provider ID - NPI
XYZ Cardiology - 1212121000 / 0033333333 - 2323232323

Medical and claim payment policy activity

Commercial business

The following pages list the policy activity for commercial business that we have posted to our Medical Policy Portal from November 21 – December 19, 2014.

For the most up-to-date information about medical and claim payment policy activity for commercial business, go to www.ibx.com/medpolicy, select *Accept and Go to Medical Policy Online*, and then select the *Commercial* tab. You can also view policy activity using the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*.

New policies

The following commercial policies have been newly developed to communicate coverage and/or reimbursement positions, reporting requirements, and other processes and procedures for doing business with Independence.

Policy #	Title	Notification date	Effective date
00.01.59	Care Management and Coordination Services	December 1, 2014	January 1, 2015
00.01.60	Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Services	October 1, 2014	January 1, 2015
05.00.74	Transcutaneous Electrical Nerve Stimulators (TENS) and Associated Supplies	December 1, 2014	January 1, 2015
06.02.44	Presumptive and Definitive Drug Testing	December 1, 2014	January 1, 2015

Updated policies

The following commercial policies have been reviewed and updated to communicate current coverage and/or reimbursement positions, reporting requirements, and other procedures for doing business with Independence.

Policy #	Title	Type of policy change	Notification date	Effective date
00.01.25x	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services	Coverage and/or Reimbursement Position; Medical Coding	N/A	December 10, 2014
00.01.47b	Inpatient Hospital Readmission	Coverage and/or Reimbursement Position; General Description, Guidelines, or Informational Update	December 1, 2014	January 1, 2015
00.01.56a	National Correct Coding Initiative (NCCI) code pair edits	Coverage and/or Reimbursement Position	October 1, 2014	January 1, 2015
00.03.07i	Laboratory Services for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products	Coverage and/or Reimbursement Position; Medical Coding	N/A	December 10, 2014
07.00.21f	Allergy Immunotherapy	Coverage and/or Reimbursement Position; Medical Necessity Criteria	August 27, 2014	November 25, 2014
07.02.03h	Implantable Cardiac Loop Monitor	Coverage and/or Reimbursement Position; General Description, Guidelines, or Informational Update; Medical Coding	October 3, 2014	January 1, 2015
08.00.78n	Self-Administered Drugs	Medical Coding	October 31, 2014	December 1, 2014

Policy #	Title	Type of policy change	Notification date	Effective date
08.00.93b	C1 Esterase Inhibitors: Cinryze®, Berinert®, and Ruconest®	Coverage and/or Reimbursement Position; General Description, Guidelines, or Informational Update; Medical Coding; Medical Necessity Criteria	October 27, 2014	November 26, 2014
08.01.12a	Repository Corticotropin (H.P. Acthar® Gel Injection)	Coverage and/or Reimbursement Position; General Description, Guidelines, or Informational Update	August 27, 2014	November 25, 2014
11.00.16e	Radiofrequency Ablation and Cryosurgical Ablation of Lung Tumors	Coverage and/or Reimbursement Position; Medical Necessity Criteria	October 3, 2014	January 1, 2015
11.15.23c	Epidural, Paravertebral Facet, and Sacroiliac Joint Injections for Spinal Pain Management	Coverage and/or Reimbursement Position; Medical Coding; Medical Necessity Criteria	October 3, 2014	January 1, 2015

Coding update

The following commercial policy has been reviewed and updated to add new and revised medical codes (e.g., ICD-9 and ICD-10 diagnosis codes; CPT® and HCPCS codes; revenue codes) and/or remove terminated medical codes.

Policy #	Title	Effective date	Published date
00.10.35g	Remote Patient Management: Telemedicine and Telehealth	December 12, 2014	December 12, 2014

Archived policies

The following are commercial policies that Independence has determined are no longer necessary to remain active.

Policy #	Title	Notification date	Archive effective date
08.00.06g	Inpatient Administration of Intravenous Dihydroergotamine Mesylate (D.H.E. 45®)	October 8, 2014	January 6, 2015
08.00.44n	Zoledronic Acid (Zometa®, Reclast®)	December 2, 2014	January 1, 2015
08.00.65h	Pamidronate Disodium (Aredia®) for Intravenous Infusion	December 2, 2014	January 1, 2015
08.00.68e	Ibandronate Sodium (Boniva®) for Intravenous Injection	December 2, 2014	January 1, 2015

Continue to the next page for information about Medicare Advantage policy activity.



Medical and claim payment policy activity

Medicare Advantage business

The following pages list the new policies for Medicare Advantage business that we have posted to our Medical Policy Portal effective January 1, 2015.

For the most up-to-date information about medical and claim payment policy activity for Medicare Advantage business, go to www.ibx.com/medpolicy, select *Accept and Go to Medical Policy Online*, and then select the *Medicare Advantage* tab. You can also view policy activity using the NaviNet® web portal by selecting the *Reference Tools* transaction, then *Medical Policy*.

New policies

The following Medicare Advantage policies have been newly developed to communicate coverage and/or reimbursement positions, reporting requirements, and other processes and procedures for doing business with Independence. All policies are effective January 1, 2015.

Policy #	Title
MA00.001	Obsolete or Unreliable Diagnostic Tests and Medical Services
MA00.002	Continuous Glucose Monitors
MA00.003	Preventive Care Services
MA00.004	Routine Costs of Clinical Trials and Coverage of Investigational Devices A and B
MA00.005	Experimental/Investigational Services
MA00.006	Care Management and Coordination Services
MA00.008	Infusion Therapy Services as Performed by Home Infusion Providers
MA00.009	Reporting and Documentation Requirements for Anesthesia Services
MA00.010	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services
MA00.011	Modifier 62: Two Surgeons
MA00.012	Cast and Splint Applications and Associated Supplies Provided in the Office Setting
MA00.013	Physician Standby Services
MA00.014	Modifier 66: Surgical Team
MA00.015	Modifiers for Assistant-at-Surgery Services: 80, 81, 82, and AS
MA00.016	Add-on Codes
MA00.017	Medical Team Conferences
MA00.018	Prolonged Face-to-Face Physician Services
MA00.019	Radiologic Guidance of a Procedure
MA00.021	STAT Laboratory Tests Performed in the Outpatient Hospital Setting for Health Maintenance Organization (HMO) and Point-of-Service (POS) Products
MA00.022	Intravenous (IV) Administration of Fluids as a Treatment of a Medical Condition or for the Preparation of Pharmaceuticals, Biologics, and other Substances
MA00.023	Inpatient Hospital Readmission

Policy #	Title
MA00.024	Reporting Requirements for Drugs and Biologicals
MA00.025	Reporting of Healthcare Common Procedure Coding System (HCPCS) C Series Codes
MA00.026	Always Bundled Procedure Codes
MA00.027	Diagnostic Radiology Services Included in Capitation
MA00.028	Outpatient Short-Term Rehabilitation Services Included in Capitation
MA00.029	Physical Medicine and Rehabilitation Services Eligible for Reimbursement Above Capitation to Physical and Occupational Therapy (PT/OT) Providers for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products
MA00.030	Laboratory Services for Members Enrolled in Health Maintenance Organization (HMO) or Health Maintenance Organization Point-of-Service (HMO-POS) Products
MA00.031	X-rays Associated with Fractures in the Office Setting
MA00.032	Direct Access Obstetrics/Gynecology (OB/GYN)
MA00.033	Services Paid Above Capitation for Health Maintenance Organization (HMO) Primary Care Physicians
MA00.034	Photography Used for Documentation/Record-Keeping Purposes
MA00.035	Home Visits by a Physician
MA00.036	Remote Patient Management: Telemedicine and Telehealth
MA00.037	Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus
MA00.038	Marijuana for Medical Use
MA00.039	Never Events and Preventable Adverse Events
MA00.040	Facility Reporting of Observation Services
MA00.041	National Correct Coding Initiative (NCCI) Code Pair Edits
MA00.042	Humanitarian Use Devices (HUDs)
MA00.044	Diagnosis Criteria for Reimbursement of Emergency Room Services
MA00.045	Reimbursement for Certified Registered Nurse Practitioners (CRNP)
MA01.001	Anesthesia Services for a Cancelled or Discontinued Procedure
MA01.002	Preoperative Consultations Performed by Providers in Anesthesia Specialties
MA01.003	Organ and Tissue Recovery from a Cadaveric Donor and Associated Services
MA01.004	Continuous Local Delivery of Anesthesia to Operative Sites Using an Elastomeric Infusion Pump
MA01.005	Multiple Procedure Payment Reduction (MPPR) on Certain Diagnostic Services
MA02.001	Hospice Care
MA02.002	Private Duty Nursing
MA02.003	Home Health Care Services
MA03.001	Modifier 76: Repeat Procedure by Same Physician
MA03.002	Modifier 50: Bilateral Procedure
MA03.003	Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service
MA03.004	Modifier 51: Multiple Procedures
MA03.005	Modifier 59: Distinct Procedural Service
MA03.006	Modifiers LT/RT: Left Side/Right Side Procedures
MA03.007	Modifier 77: Repeat Procedure by Another Physician

Policy #	Title
MA03.008	Modifier 78: Unplanned Return to the Operating/Procedure Room by the Same Physician Following the Initial Procedure for a Related Procedure During the Postoperative Period
MA03.009	Modifier 24: Unrelated Evaluation and Management Service by the Same Physician during a Postoperative Period
MA03.010	Modifier 57: Decision for Surgery
MA03.011	Modifiers 26 (Professional Component) and TC (Technical Component)
MA03.012	Modifier 79: Unrelated Procedure or Service by the Same Physician During the Postoperative Period
MA03.013	Modifier 51 Exempt
MA03.014	Modifier 52 Reduced Services
MA03.015	Electrocardiogram (ECG/EKG) Reported with Single Photon Emission Computed Tomography (SPECT) for Myocardial Perfusion Imaging (MPI)
MA03.016	Insertion or Application of Urinary Catheters and the Associated Supplies Provided in the Office Setting
MA03.017	Modifiers for Shared or Split Surgical Services (Modifiers 54, 55, 56)
MA04.001	Dental Extractions Prior to Cardiac Surgery, Radiation Therapy, or Transplant Surgery
MA04.002	Extraction of Bony Impacted Teeth and Exposure of Impacted Teeth
MA05.001	High-Frequency Chest Wall Oscillation Devices
MA05.002	Hospital Beds and Accessories
MA05.003	Speech and Non-Speech Generating Devices
MA05.004	Pneumatic Compression Therapy Devices for Lymphedema and Chronic Venous Insufficiency
MA05.005	Automatic External Defibrillators
MA05.006	Transcutaneous Electrical Nerve Stimulators (TENS) and Associated Supplies
MA05.007	Nebulizers
MA05.008	Negative Pressure Wound Therapy
MA05.009	Cervical Traction Devices for In-home Use
MA05.010	Ankle-Foot/Knee-Ankle-Foot Orthoses
MA05.011	Seat Lift Mechanisms
MA05.012	Orthopedic Footwear
MA05.013	Knee Braces
MA05.014	Ostomy Supplies
MA05.015	Home Blood Glucose Monitors and Supplies
MA05.016	Home Prothrombin Time Monitoring
MA05.017	Home Oxygen Therapy
MA05.018	Osteogenic Stimulators (i.e., Electrical Bone Growth Stimulation and Low-Intensity Ultrasound Accelerated Fracture Healing System)
MA05.019	Continuous Passive Motion (CPM) Devices for Home Use
MA05.020	Therapeutic Shoes
MA05.021	Injectable Dermal Fillers
MA05.022	Home-Use Light Box for the Treatment of Seasonal Affective Disorder (SAD)
MA05.023	Wheelchair Cushions and Seating
MA05.024	Lower Limb Prostheses
MA05.025	Pressure Reducing Support Surfaces

Policy #	Title
MA05.026	Manual Wheelchair Bases
MA05.028	Durable Medical Equipment (DME) Not Subject to a Rental to Purchase Maximum
MA05.029	Heating Pads and Heat Lamps
MA05.030	Spinal Orthoses
MA05.031	Patient Lifts
MA05.032	Power Mobility Devices
MA05.033	External Breast Prosthesis
MA05.034	Tracheostomy Care Supplies
MA05.035	Cold Therapy Devices
MA05.036	Commodes
MA05.037	Walkers
MA05.039	Non-Implantable Pelvic Floor Electrical Stimulator
MA05.040	Food and Drug Administration (FDA) Approval of Medical Devices
MA05.041	Blood Pressure Devices for Home Use
MA05.042	Pulse Oximetry Device in the Home Setting
MA05.043	Mechanical Stretching Devices for the Treatment of Joint Stiffness or Contractures
MA05.044	Durable Medical Equipment (DME)
MA05.045	Compression Garments
MA05.046	Wheelchair Options/Accessories
MA05.047	Treatment of Obstructive Sleep Apnea (OSA) and Primary Snoring in Adults
MA05.048	Bladder Stimulators (Pacemakers)
MA05.049	Electronic Speech Aids
MA05.050	Eye Prosthesis
MA05.052	Canes and Crutches
MA05.053	Implantable and External Infusion Pumps
MA05.054	Urological Supplies
MA05.055	Standing Frames
MA05.056	Noninvasive Respiratory Assist Devices (RADs): Continuous Positive Airway Pressure (CPAP) and Bi-Level Devices (BiPAP)
MA05.057	Upper-Limb Prostheses
MA05.058	Neuromuscular Electrical Stimulators (NMES) and Functional Electrical Stimulators (FES)
MA05.059	Electrical Continence Aid
MA05.061	Home Use of Interferential and Sequential Stimulation Devices
MA05.062	Repair and Replacement of Durable Medical Equipment (DME)
MA05.063	Repair or Replacement of an External Prosthetic Device
MA05.064	Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)
MA06.001	Apheresis Therapy
MA06.002	In Vitro Allergy Testing
MA06.004	In Vivo Allergy Sensitivity Testing

Policy #	Title
MA06.006	Lyme Disease: Diagnosis and Intravenous (IV) Antibiotic Treatment
MA06.007	Loss-of-Heterozygosity-Based Topographic Genotyping with PathFinderTG®
MA06.008	Pharmacogenetic Testing to Determine Drug Sensitivity
MA06.009	Computer Analysis and Generation of Automated Data in Conjunction with Diagnostic Studies
MA06.010	Genetic Testing for Inherited Breast Cancer 1 (BRCA1) and Breast Cancer 2 (BRCA2) Mutations
MA06.011	Human Immunodeficiency Virus (HIV) Genotyping and Phenotyping
MA06.012	Genetic Testing for Inherited Susceptibility to Colon Cancer and Microsatellite Instability Testing (Familial Adenomatous Polyposis and Lynch Syndrome)
MA06.013	Serodiagnosis of Inflammatory Bowel Disease (IBD) and the Prometheus® IBD sgi Diagnostic™ Test
MA06.014	Pharmacogenetics and Metabolite Monitoring Using Azathioprine (AZA)/6-Mercaptopurine (6-MP) Therapy
MA06.015	AlloMap™ Molecular Expression Testing for Heart Transplant Rejection
MA06.016	Heartsbreath Test for Heart Transplant Rejection
MA06.017	Molecular Diagnostics
MA06.018	Immune Cell Function Assay
MA06.019	Measurement of Serum Antibodies to and Measurement of Serum Levels of Infliximab and Adalimumab
MA06.020	Autologous Blood Services (Collection, Storage, Transfusion, and Perioperative Salvage)
MA06.021	In Vitro Chemosensitivity and Chemoresistance Assays
MA06.022	Biomarkers for Oncology
MA06.023	Nerve Fiber Density Testing
MA06.025	Presumptive and Definitive Drug Testing
MA06.030	Circulating Tumor Cell (CTC) Assay
MA07.001	Hyperbaric Oxygen Therapy
MA07.002	Ultraviolet Light Therapy for the Treatment of Dermatological Conditions
MA07.003	Photodynamic Therapy Using Verteporfin (Visudyne®)
MA07.004	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)
MA07.005	Ambulatory Blood Pressure Monitoring (ABPM)
MA07.006	Fecal Microbiota Transplantation (FMT)
MA07.008	Platelet-Rich Plasma (PRPs) for Chronic Non-Healing Wounds and Stem-Cell Therapy for Orthopedic Applications
MA07.009	Routine Foot Care For Certain Medical Conditions
MA07.010	Biofeedback Therapy
MA07.011	Topical Oxygenation
MA07.012	External Counterpulsation (ECP)
MA07.013	Electrical Stimulation and Electromagnetic Stimulation for the Treatment of Wounds
MA07.014	Magnetic Pelvic Floor Stimulation (MPFS)
MA07.015	Evaluation and Management (E&M) of Diabetic Peripheral Neuropathy with Loss of Protective Sensation (LOPS)
MA07.016	Intravenous Chelation Therapy
MA07.017	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)
MA07.018	Anorectal Manometry, Electromyography (EMG) of Anorectal or Urethral Sphincters; Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters

Policy #	Title
MA07.019	Reimbursement for the Administration of Immunizations
MA07.020	Whole-body Integumentary Photography and Dermatoscopy
MA07.021	Partial Coherence Interferometry
MA07.022	Wireless Capsule Endoscopy
MA07.024	Medical and Surgical Treatment of Temporomandibular Joint Disorder
MA07.025	Intrauterine Systems (IUSs) (e.g., Mirena®, Skyla®)
MA07.029	Refractive Lenses
MA07.030	Photodynamic Therapy (PDT) using Porfimer Sodium (Photofrin®)
MA07.033	Nerve Conduction Studies (NCS) and Related Electrodiagnostic Studies
MA07.035	Repetitive Transcranial Magnetic Stimulation (rTMS)
MA07.036	Cold Laser Therapy
MA07.038	Neuropsychological Evaluation/Testing
MA07.039	Magnetoencephalography (MEG) with Magnetic Source Imaging (MSI)
MA07.040	Transcatheter Arterial Chemoembolization (TACE) of Hepatic Malignancies
MA07.041	Drug-Eluting Beads and Bland Embolization for the Treatment of Hepatic Malignancies
MA07.042	Complete Decongestive Therapy (CDT)
MA07.043	Smell and Taste Dysfunction Testing
MA07.044	Measurement of Exhaled Nitric Oxide and Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders
MA07.045	Microvolt T-Wave Alternans (MTWA)
MA07.046	Corneal Pachymetry Using Ultrasound
MA07.047	Pain Management of Peripheral Nerves by Injection
MA07.048	Instrument-Based Vision Screening
MA07.049	Implantable Cardiac Loop Monitor
MA07.050	Electromyography (EMG) Studies: Needle EMG, Surface EMG (SEMG)
MA07.051	Intraoperative Neurophysiological Testing
MA07.052	Bioimpedance for the Detection of Lymphedema
MA07.055	Allergy Immunotherapy
MA07.056	Photodynamic Therapy (PDT) Using Levulan® Kerastick® (Aminolevulinic Acid HCl [ALA]) or Metvixia® (Methyl Aminolevulinate [MAL])
MA07.057	Cardiac Event Detection Monitoring (External Loop Monitoring)
MA07.058	Sleep Disorder Testing
MA07.060	Oral and Maxillofacial Prosthesis
MA07.069	Real-Time, Outpatient Cardiac Telemetry
MA08.001	Vedolizumab (Entyvio®)
MA08.002	Nesiritide (Natrecor®) for Treatment of Heart Failure Patients
MA08.003	Enteral Nutritional Therapy
MA08.004	Coagulation Factors for Hemophilia
MA08.005	Elosulfase alfa (Vimizim™)

Policy #	Title
MA08.007	Medicare Part B vs. Part D Crossover Drugs
MA08.008	Total Parenteral Nutrition (TPN), Intradialytic Nutrition (IDPN), and Intraperitoneal Nutrition (IPN)
MA08.009	Immune Globulin: Intravenous (IVIG), Subcutaneous (SCIG)
MA08.011	Erythropoiesis Stimulating Agents (ESAs)
MA08.012	Off-label Coverage for Prescription Drugs and/or Biologics
MA08.014	Radioimmunotherapy with Ibritumomab Tiuxetan (Zevalin®)
MA08.016	Treatment of Pulmonary Artery Hypertension with Intravenous, Subcutaneous, and Inhaled Pharmacologic Agents Intended for Home Use
MA08.017	Botulinum Toxin Agents
MA08.018	Trastuzumab (Herceptin®)
MA08.019	Infliximab (Remicade®)
MA08.021	Dofetilide (Tikosyn®) Use in the Inpatient Setting
MA08.022	Rituximab (Rituxan®)
MA08.023	Enzyme Replacement for the Treatment of Gaucher's Disease
MA08.025	Omalizumab (Xolair®)
MA08.026	Complex Regional Pain Syndrome (CRPS) Parenteral Treatments
MA08.027	Risperidone (Risperdal® Consta®) Injection
MA08.028	Abatacept (Orencia®) for Injection for Intravenous Use
MA08.029	Natalizumab (Tysabri®)
MA08.031	Cetuximab (Erbitux®)
MA08.033	Agalsidase beta (Fabrazyme®)
MA08.034	Laronidase (Aldurazyme®)
MA08.035	Idursulfase (Elaprase™)
MA08.036	Alglucosidase Alfas, rhGAA (Myozyme®, Lumizyme®)
MA08.037	Bortezomib (Velcade®)
MA08.038	Oxaliplatin (Eloxatin®)
MA08.039	Plerixafor Injection (Mozobil™)
MA08.041	Bendamustine Hydrochloride (Treanda®)
MA08.042	Ustekinumab (Stelara™) for Subcutaneous Injection
MA08.043	Pralatrexate (Folotyn®) for Injection
MA08.044	Eculizumab (Soliris®)
MA08.045	Tocilizumab (Actemra®) for Intravenous Infusion
MA08.046	Ecallantide (Kalbitor®)
MA08.047	Pemetrexed (Alimta®)
MA08.048	Ofatumumab (Arzerra™)
MA08.049	Paclitaxel Protein-bound Particles for Injectable Suspension (Albumin-bound)/(Abraxane® for Injectable Suspension)
MA08.050	Alpha 1-Antitrypsin Therapy (e.g., Prolastin-C®, Aralast NP™, Glassia™, Zemaira™)
MA08.051	C1 Esterase Inhibitors: Cinryze®, Berinert®, and Ruconest®
MA08.052	Denosumab (Prolia™, Xgeva™)

Policy #	Title
MA08.053	Personalized Vaccines (e.g., Provenge®)
MA08.054	Cabazitaxel (Jevtana®)
MA08.055	Romidepsin (Istodax®)
MA08.056	Eribulin Mesylate (Halaven™)
MA08.057	Belimumab (Benlysta®)
MA08.059	Ipilimumab (Yervoy®)
MA08.060	Pegloticase (Krystexxa®)
MA08.061	Belatacept (Nulojix®)
MA08.062	Carfilzomib (Kyprolis™)
MA08.063	Pertuzumab (Perjeta®)
MA08.064	Omacetaxine Mepesuccinate (Synribo®)
MA08.065	Octreotide Acetate (Sandostatin® LAR Depot)
MA08.066	Ado-Trastuzumab Emtansine (Kadcyla®)
MA08.067	Repository Corticotropin (H.P. Acthar® Gel Injection)
MA08.068	Brentuximab Vedotin (Adcetris®)
MA08.069	Radium Ra 223 dichloride (Xofigo®) Injection
MA08.070	Golimumab (Simponi® Aria™) Intravenous (IV) Injection
MA08.071	Galsulfase (Naglazyme®)
MA08.072	Bevacizumab (Avastin®)
MA08.073	Intravitreal Injection of Vascular Endothelial Growth Factor (VEGF) Antagonists (e.g., ranibizumab [Lucentis®], pegaptanib sodium [Macugen®], aflibercept [Eylea®])
MA09.002	High-Technology Radiology Services
MA09.004	Echocardiography Contrast Agents
MA09.005	High Osmolar Contrast Agents
MA09.006	Therapeutic Radiology Port Films
MA09.007	Proton Beam Therapy
MA09.008	Low Osmolar Contrast Agents
MA09.009	Diagnostic and Therapeutic Radiopharmaceutical Agents
MA09.010	Magnetic Resonance Imaging (MRI) Contrast Agents
MA09.011	Electron Beam Computed Tomography (EBCT) for Screening Evaluations
MA09.012	Full-Body Computerized Tomography (CT) Scan Screening
MA09.013	Screening for Vertebral Fracture with Dual-Energy X-ray Absorptiometry (DEXA/DXA)
MA09.014	Computer Aided Detection (CAD) System for use with Chest Radiographs
MA09.015	Positron Emission Mammography (PEM)
MA09.016	Digital Breast Tomosynthesis
MA09.019	Magnetic Resonance Imaging (MRI) for Monitoring the Integrity of Silicone-Gel-Filled Breast Implants in Asymptomatic Individuals
MA09.020	Radiation Therapy Services
MA10.001	Pulmonary Rehabilitation Services

Policy #	Title
MA10.002	Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs
MA10.003	Physical Medicine & Rehabilitation Services: Physical Therapy (PT) and Occupational Therapy (OT)
MA10.004	Chiropractic Services
MA10.005	Day Rehabilitation
MA10.007	Speech Therapy
MA11.001	Treatment of Varicose Veins of the Lower Extremities and Perforator Vein Incompetence
MA11.002	Hematopoietic Stem Cell Transplantation
MA11.003	Lung Volume Reduction Surgery (LVRS)
MA11.004	Surgical and Minimally Invasive Treatments for Urinary Outlet Obstruction due to Benign Prostatic Hyperplasia (BPH)
MA11.005	Deep Brain Stimulation (DBS)
MA11.006	Bronchial Thermoplasty
MA11.007	Islet Cell Transplantation
MA11.008	Refractive Keratoplasty
MA11.010	Abortion
MA11.011	Artificial Hearts and Ventricular Assist Devices (VADs)
MA11.012	Endovascular Grafts for Abdominal Aortic Aneurysms, Aortic-Iliac Aneurysms, and Infrarenal Aortic Aneurysms
MA11.014	Debridement of Mycotic and Symptomatic Non-Mycotic Hypertrophic Nails
MA11.015	Wound Care: Bioengineered Skin Substitutes
MA11.016	Prostate Mapping Biopsy
MA11.017	Trigger Point Injections
MA11.018	Mohs' Micrographic Surgery (MMS)
MA11.019	Vagus Nerve Stimulation (VNS)
MA11.021	Non-Surgical Spinal Decompression Therapy
MA11.022	Cryosurgery of the Prostate
MA11.023	Hyaluronan Acid Therapies for Osteoarthritis of the Knee
MA11.024	Percutaneous Vertebroplasty and Percutaneous Vertebral Augmentation
MA11.025	Percutaneous Intradiscal Annuloplasty (IDET/PIRFT)
MA11.026	Epidural, Paravertebral Facet, and Sacroiliac Joint Injections for Spinal Pain Management
MA11.027	Transcatheter Aortic Valve Replacement (TAVR) and Transcatheter Mitral Valve Repair (TMVR)
MA11.028	Sacral Nerve Stimulation (SNS) and Posterior Tibial Nerve Stimulation (PTNS) for the Control of Incontinence
MA11.030	Reconstructive Breast Surgery
MA11.031	Spinal Cord Stimulation (Dorsal Column Stimulation)
MA11.032	Multiple Surgical Reduction Guidelines
MA11.033	Solid Organ Transplants
MA11.034	Collagen Meniscus Implant
MA11.035	Infrared Photocoagulation (IRC) of Hemorrhoids
MA11.036	Surgical Treatment of Nails
MA11.037	Use of an Operating Microscope During a Surgical Procedure

Policy #	Title
MA11.038	Radiofrequency Micro-remodeling (by transurethral, transvaginal, or paraurethral approach) for Urinary Stress Incontinence
MA11.039	Cochlear Implantation
MA11.040	Transcatheter Closure of Cardiac Septal Defects
MA11.042	Revision of a Previous Cosmetic Procedure
MA11.043	Reimbursement for a Presbyopia- or Astigmatism-Correcting Intraocular Lens
MA11.044	Artificial Intervertebral Disc Insertion
MA11.045	Uterine Artery Embolization
MA11.046	Hair Transplants and Cranial Protheses (Wigs)
MA11.047	Blepharoplasty, Repair of Blepharoptosis, Repair of Brow Ptosis, and Canthoplasty/Canthopexy
MA11.048	Lumbar Interspinous Process Decompression System
MA11.049	Bone-Anchored (Osseointegrated) Hearing Aids and Implantable Middle Ear Hearing Aids
MA11.050	Treatment of Medical and Surgical Complications
MA11.051	Treatment of Obesity and Bariatric Surgery for Treatment of Morbid Obesity
MA11.052	Radiofrequency Ablation and Cryosurgical Ablation of Lung Tumors
MA11.053	Sterilization
MA11.054	Cataract Surgery
MA11.055	Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)
MA11.056	Percutaneous Transluminal Angioplasty (PTA) and Extracranial (EC) and Intracranial (IC) Arterial Bypass Surgery
MA11.057	Robotic-Assisted Surgery
MA11.058	Otoplasty
MA11.059	Arthroscopic Lavage and Arthroscopic Debridement for the Osteoarthritic Knee
MA11.060	Catheter Ablation of Cardiac Arrhythmias
MA11.061	Transcoronary Ablation of Septal Hypertrophy (TASH)
MA11.062	Endovascular Stent-Graft Repair of Thoracic Aortic Aneurysms and Nonaneurysmal Lesions
MA11.063	Photocoagulation of Macular Drusen
MA11.064	Implantable Miniature Telescope (IMT) for the Treatment of End-Stage Age-Related Macular Degeneration (AMD)
MA11.065	Endometrial Ablation
MA11.066	Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome
MA11.067	Labioplasty
MA11.068	Sentinel Lymph Node Biopsy
MA11.069	Reduction Mammoplasty
MA11.070	Lipectomy and Liposuction
MA11.071	Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)
MA11.072	Application and Removal of Tattoos
MA11.073	Abdominoplasty and/or Panniculectomy
MA11.074	Excision of Redundant Skin
MA11.075	Rhytidectomy and/or Cervicoplasty With or Without Liposuction and/or Platysmaplasty
MA11.076	Removal of Breast Implants

Policy #	Title
MA11.077	Prophylactic Mastectomy
MA11.078	Scar Revision
MA11.079	Evaluation and Treatment of Erectile Dysfunction (ED)
MA11.080	Mentoplasty or Genioplasty
MA11.081	Meniscal Allograft Transplantation
MA11.082	Autologous Chondrocyte Implantation (ACI)/Carticel® and Other Cell-based Treatments of Focal Articular Cartilage Lesions
MA11.083	Orthognathic Surgery
MA11.084	Osteochondral Autograft Transplantation (OAT) Procedure
MA11.085	Arthroscopic Electrothermal Joint Repair
MA11.086	Osteochondral Allograft Transplantation
MA11.087	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions
MA11.088	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
MA11.089	Hip Resurfacing
MA11.090	Surgical Treatment of Femoroacetabular Impingement
MA11.091	Manipulation Under Anesthesia
MA11.092	Total Ankle Arthroplasty/Replacement
MA11.093	Surgical Treatments of Athletic Pubalgia
MA11.094	Treatment for Hyperhidrosis (Nonpharmacologic)
MA11.095	Lysis of Epidural Adhesions
MA11.096	Percutaneous Discectomy
MA11.097	Percutaneous Image-Guided Lumbar Decompression (PILD) for Spinal Stenosis
MA11.098	Migraine Deactivation Surgery
MA11.099	Septoplasty, Rhinoplasty, and Septorhinoplasty
MA11.100	Balloon Catheter Dilation of Sinus Ostia for Treatment of Chronic Rhinosinusitis
MA11.101	Nucleoplasty
MA11.102	Denervation of the Spinal Nerves for Chronic Facet Pain
MA11.103	Chemical Peels
MA11.104	Lacrimal Punctum Plugs
MA11.105	Aqueous Shunts, Visco canalostomy, and Canaloplasty for the Treatment of Glaucoma
MA12.001	Alternative Therapies and Complementary Medicine
MA12.002	Nonemergency Ambulance Transport
MA12.007	Air or Sea Ambulance

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