

Information for **IOWA and SOUTH DAKOTA**
Physicians and Health Care Providers



Blue Ink Survey Results

In June 2008, we conducted a readership survey of *Blue Ink*. We asked readers to tell us their position/job function within their office, and to rate the value of different topics included in the publication. Survey results showed that the primary readers of *Blue Ink* are office managers and other nonclinical personnel, and that the topics of greatest value were:

- Claims & Coding
- Plans & Benefits
- Administration & Policy

We also learned that articles concerning clinical quality programs and topics were seen to be of least value to the *Blue Ink* audience.

Introducing *Clinician Focus*

In response to these results, and in an effort to better serve the needs of our readers, we have created *Clinician Focus*, a newsletter that addresses the needs and interests of clinicians.

Clinician Focus will spotlight various clinicians and care teams, focus on the collaborative work Wellmark is doing with network clinicians, and include articles of interest to clinical personnel. *Blue Ink* will focus more specifically on the topics of greatest interest to its readers.

It is our intention to publish *Clinician Focus* three times in 2009: in January, May, and September. It will be mailed to M.D.s, D.O.s, and independently practicing PAs and ARNPs. If a clinical quality article has a timeliness requirement that cannot be met using *Clinician Focus*, it will be published in *Blue Ink*.

Blue Ink will continue to be mailed to all enrolled Iowa and South Dakota providers, and to providers outside of Iowa who contract with Wellmark Health Plan of Iowa. *Blue Ink* and *Clinician Focus* are available online at www.wellmark.com (Providers > Newsletters), where you will also find an updated searchable index for *Blue Ink* articles. We will be adding *Clinician Focus* articles to this index.



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Blue Ink Includes South Dakota and Iowa News

Beginning with this issue, *Blue Ink* includes news for both South Dakota and Iowa providers. Previously, Wellmark published separate issues for each state. Providers in counties contiguous to Iowa who contracted with Wellmark Health Plan of Iowa also received the Iowa version. Now Wellmark is publishing one bimonthly issue to reduce production time and printing costs.

Most information published in *Blue Ink* is appropriate for recipients in any state. When information applies to the Iowa or South Dakota Plan only, we will make the clarification within the article and in an attention line, as with the “HEDIS® Medical Record Review Begins March 2009” article directed to Wellmark Health Plan of Iowa providers (see page 11).

OFFICE/CLINIC SITE CRITERIA

Is Your Office in a Nontraditional Location?

That may seem like a strange question. However, as more health care offices are opening in nontraditional locations such as churches, residences, and community centers, we want to share Wellmark Blue Cross and Blue Shield’s expectations for an office or clinic site for providers who participate in our networks.

Wellmark expects an office site to have the following amenities and standards:

- External signage identifying the office
- A separate entrance for patients
- Handicapped parking and building accessibility
Note: If handicapped accessibility is not possible given your location, have a written policy defining where patients can go to receive care that meets accessibility needs.
- A waiting area
- Restroom access for patients
- Visible exit signs
- Emergency preparedness
- Private and confidential examination and procedure rooms
- Confidential care
- A documented HIPAA compliance program to ensure the protection and access of patient records
- Dedicated phone service for patients during and after office hours
- Accept all Wellmark members that present for care unless your practitioner specialty limits you to specific patients (e.g., pediatrician)

Usually, a primary or secondary education site (K-12) is not an eligible practice location. Telemedicine physicians may have unique practice settings, and should meet the following criteria:

- Work space that is not accessible to the general public
- A secured computer
- A documented HIPAA compliance program to ensure the protection and access of patient records

If we receive a member or practitioner complaint regarding an office site, the site will be visited by a Wellmark Network Relations manager to ensure members receive care according to our office site expectations.

**ATTN: OUTPATIENT FACILITY
(UB-92) BILLERS**

iCAP Specialty Policy Update

Wellmark is currently seeking feedback on the following outpatient facility (UB-04) policy to take effect May 1, 2009:

- Sleep Studies; Supplies and Frequency

We will consider all comments received prior to April 15, 2009. You can review the policies and provide feedback at www.wellmark.com (Providers > Payment Policies > UB-04 > draft iCAP Specialty Policies). When selecting this link, your office personnel will be asked to enter the User ID and Password for accessing BlueConnection® tools.

If you do not have BlueConnection access, we recommend that you apply today at Wellmark.com (Providers > BlueConnection > Register Now!). Not only will you be able to access and download both the draft and the implemented iCAP specialty policies, you will also gain access to a variety of useful BlueConnection tools:

If you cannot apply for access, you may request a draft of your specialty's iCAP policies using the following information. Use this same contact information if you have comments to submit after reviewing the draft:

iCAP Specialty Policies, Station 139
Wellmark Blue Cross and Blue Shield
PO Box 9232

Des Moines, Iowa 50306-9232

Fax: 515-248-5316

Prior Authorization Drug Changes

Three drugs, Banzel, Requip XL, and Xenazine, are being added to the prior authorization list for Wellmark Blue Cross and Blue Shield. Additionally, Lamisil tablets have been removed from the list.

Banzel

Drug Use: Banzel is used as an adjunctive treatment of seizures associated with Lennox-Gastaut Syndrome (LGS), a type of childhood epilepsy characterized by multiple seizure types. Eighty percent of patients will have continued seizures throughout childhood into their adult years. LGS is one of the most difficult syndromes to treat and has been resistant to usual antiepileptic drug therapy.

Criteria: Member must be diagnosed with Lennox-Gastaut seizures, be taking another antiepileptic medication of LGS, and be at least 4 years old.

Effective Date: February 1, 2009

Drug Tier: Tier 3

Requip XL

Drug Use: Requip XL is used to treat Parkinson's disease and is the new version of Requip, which recently became available in generic form. Requip was used for both Parkinson's disease and restless leg syndrome. Requip XL is FDA-approved only for Parkinson's disease.

Criteria: Treatment of Parkinson's disease.

Effective Date: January 15, 2009

Drug Tier: Tier Three

Xenazine

Drug Use: Xenazine is the first drug developed to treat Huntington's disease, an inherited progressive neurodegenerative disorder characterized by chorea (rapid involuntary movements of the body), psychiatric illness, and dementia. Xenazine is FDA-approved only for the treatment of chorea associated with Huntington's disease.

Criteria: Treatment of Huntington's disease

Effective Date: February 1, 2009

Drug Tier: Tier 3

Lamisil Tablets

Wellmark's prior authorization list was revised to exclude Lamisil tablets as they are now generically available. Lamisil granules still require prior authorization along with these other antifungals: Penlac, Sporanox, and CNL8.

Prior Authorizations

Wellmark implements prior authorizations to help ensure that a drug is medically necessary and part of a specific treatment plan. Prior authorizations also help to manage a member's out-of-pocket expense by encouraging the use of lower cost Tier One and/or Tier Two drugs before using Tier Three drugs, which are typically more expensive.

To request a prior authorization, call 800-600-8065, option 1, from 7 a.m. to 7 p.m., Monday through Friday, and 8 a.m. to 5 p.m. weekends. Prior authorization forms are also available in the Provider section of www.wellmark.com (Providers > Forms > Prior Authorization Pharmacy Forms).

CPT®* Coding Videoconference

Are you a new coder on the job two years or less and interested in learning more about CPT coding and billing? Or have you been coding a while, but would like a thorough explanation and review of CPT?

Wellmark offers a full-day CPT coding videoconference that provides a detailed explanation of each section of CPT, including modifiers. Sessions include time for practice and questions. **Please bring your CPT 2009 book.**

- **IOWA DATES, LOCATIONS, & TIME:** April 22, 9 a.m.–4 p.m., CT. Live from Des Moines with video links to the locations listed (see right).
- **SOUTH DAKOTA DATES, LOCATIONS, & TIME:** April 30, 9 a.m.–4 p.m., CT, 8 a.m.–3 p.m., MT. Live from Sioux Falls with video links to locations listed (see right). Offices in the Rapid City area may register for a phone conference option.
- **PRESENTER:** Sue Smith, MS, CPC, CPC-H, is a Provider Education and Training Consultant for Wellmark. She has worked with insurance coding and billing issues for more than 26 years. Sue has taught CPT and ICD-9 coding classes to provider audiences, and has facilitated Certified Professional Coder (CPC) preparation classes. She was a founding member and officer of the central Iowa chapter of the American Association of Professional Coders (AAPC).
- **COST:** \$50 for non-CEU attendees; \$75 with CEU credit. Fee includes all materials. Make checks payable to Wellmark. **Note:** We also accept cash, but are unable to process credit card payments.
- **REGISTRATION:** We recommend registering online at www.wellmark.com (Providers > Training). You may also complete the form below and fax it to **515-248-5399 at least one week before the event date.** We will confirm your registration by e-mail or fax prior to the videoconference.
- **CEU'S:** This program has prior approval by the AAPC for 6.0 continuing education hours. If you request CEU credit and have paid the fee, you will receive a certificate at the videoconference. If registering using the form below, please check the CEU box before your name when requesting CEU credit. Granting of prior approval in no way constitutes endorsement by the AAPC of the program content or the program sponsor.
- **QUESTIONS?** Contact Sue Smith at smithsa@wellmark.com.

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Iowa, Wednesday, April 22

BETTENDORF

Mississippi Bend Area
Education Agency
729 21st Street – Louisa Room

COUNCIL BLUFFS

Iowa Western Community College
2700 College Road
Looft Hall, Room 112

DES MOINES

Mercy Medical Center
1111 6th Avenue
East Tower Auditorium

MARION

Marion Independent School District
777 S. 15th Street – Room 117

MASON CITY

North Iowa Area Community College
500 College Drive – Room CB118

SIoux CITY

Northwest Area Education Agency 12
1520 Morningside Avenue – Room 206

Cosponsored by Mercy Medical Center –
Des Moines

South Dakota, Thursday, April 30

ABERDEEN

Avera St. Luke's Education Center
305 South State Street – Auditorium C

MITCHELL

Avera Queen of Peace Hospital
525 N. Foster – Conference Room 1

SIoux FALLS

Orthopedic Institute
810 E. 23rd Street – Classroom 2

CPT Coding Videoconference Registration Form

Name(s) of Attendee(s) (please print) CEUs _____
 CEUs _____ CEUs _____
 Physician/Clinic Name _____ Specialty _____
 Address _____
 _____ (street, city, state, zip)
 Phone _____ NPI _____
 Fax _____ E-mail address _____

APRIL 22:

- Bettendorf
- Council Bluffs
- Des Moines
- Marion
- Mason City
- Sioux City

APRIL 30:

- Aberdeen
- Mitchell
- Sioux Falls
- Rapid City area
call-in option

Complete the entire registration form, including location, and fax to 515-248-5399. Registrations must be received a week before the videoconference.

New Online Coding with Modifiers Training Course

Wellmark recently added a new *Coding with Modifiers* course to its lineup of online training. The course is the first module of a series of new coding courses scheduled to be released over the next year.

The goals of the online course are to help users:

- Understand the purpose of modifiers.
- Identify modifiers that can be used with Evaluation and Management codes.
- See more consistency in claims processing and payment.

Check it out today at www.wellmark.com (Providers > Training > Coding Online Training > Coding with Modifiers).

After you finish the course, test your knowledge by taking the accompanying ten question quiz.

If you are a certified coder through the American Academy of Professional Coders (AAPC) and would like to earn CEUs, or if you're a beginner who would like to learn in a classroom setting, sign up for our CPT Coding videoconference. You'll find registration form for the April sessions under the heading "Videoconferences & Workshops" at www.wellmark.com (Providers > Training).

TRICARE Provider E-Seminars Updated

TriWest Healthcare Alliance has recently updated the Medical/Surgical Provider E-Seminar and Behavioral Health E-Seminar. Developed with busy providers and their staff in mind, these E-Seminars contain the same content as our live fall 2008 provider seminars.

TRICARE Provider E-Seminars allow you and your staff to learn about TRICARE and TriWest in the comfort of your own office, home, or any location with Internet access. E-Seminars are a good way to educate new staff about TRICARE and offer experienced staff a refresher between live provider seminars in your area.

The Medical/Surgical presentation and the Behavioral Health session both take about an hour to complete. If you can't complete the E-Seminar in one setting, pause it and finish it later.

You will need headphones or speakers to take an E-Seminar. Viewing the entire E-Seminar is necessary to receive credit for taking the training. It is important to complete the online form at the end of the E-Seminar. You will need your Tax Identification Number (TIN) to complete the online form.

The Medical/Surgical and Behavioral Health E-Seminars cover these topics:

- TRICARE Overview
- TRICARE Programs and Benefits
- Clinical Programs
- Referrals and Authorizations
- Consult and Treatment Reports
- Claims and Reimbursement
- Electronic Data Interchange (EDI)
- Provider Resources

No preregistration is required. Start by selecting the "Begin the Seminar" button found at www.triwest.com (Provider > E-Seminars). To receive credit for completing the course, please follow the instructions at the end of the session.

E-mail providerservices@triwest.com if you have questions about E-Seminar content. If you have technical difficulties, e-mail pseminar@triwest.com.

TRICARE Spring Seminars Coming Soon

This spring, TriWest Healthcare Alliance Corp. will host a series of TRICARE educational medical-surgical seminars for health care providers and staff. TriWest's TRICARE experts will share the latest information on TRICARE programs, policies, and procedures. The sessions will be held on the following dates (see more information at www.triwest.com/provider).

Location	Date	Time
Best Western Ramada 2111 N. LaCrosse Street Rapid City, SD	Wednesday, April 8	9–11:30 a.m., M.T.
Best Western Ramada 2111 N. LaCrosse Street Rapid City, SD	Wednesday, April 8	1:30–4 p.m., M.T.
Holiday Inn Downtown at Mercy Campus 1050 6th Avenue Des Moines, IA	Wednesday, May 6	9–11:30 a.m., C.T.
Holiday Inn Conference Center Des Moines Airport 6111 Fleur Drive Des Moines, IA	Thursday, May 7	1–3:30 p.m., C.T.

Each attendee will receive the 2008 Provider Handbook and Quick Reference Guides. Updates on the latest enhanced functionality of the secured provider portal will also be covered, including some new tools that will be available this spring.

Register online at www.triwest.com/provider for a seminar and you will:

- receive immediate confirmation of your registration by e-mail
- receive a reminder by e-mail two weeks and again three days prior to your seminar
- be eligible for a prize drawing

If you have difficulty in registering online, e-mail pseminar@triwest.com. If you have questions regarding the content of the seminars, e-mail providerservices@triwest.com, or call 888-TRIWEST (888-874-9378).

Note: The seminar will run approximately 2½ hours; however, the end time may vary based on the level of audience participation.

Nine-Digit Zip Codes Required to Calculate Shortage Area Payments

Beginning with claims received on or after April 19, 2009, a nine-digit zip code is required for Medicare Advantage PPO (e.g., MedicareBlueSM PPO) claims for physician services paid under the Medicare Physician Fee Schedule (MPFS), and for anesthesia services. This requirement applies to services provided in the locations below to calculate Health Professional Shortage Area payments.

Include the full zip code in the billing address field (CMS-1500 block 33; ANSI 837P Loop 2010AA, N403 segment), and if different from the billing address, in the service facility location information field (CMS-1500 block 32; ANSI 837P Loop 2310D, N403 segment).

Iowa Zip Codes

51023	51630	51640
52542	52573	52626
52761		

South Dakota Zip Codes

57005	57026	57030
57034	57068	57078
57255	57260	57270
57430	57437	57441
57446	57457	57523
57632	57638	57641
57642	57645	57648
57660	57717	57724

For more information, please see the Centers for Medicare & Medicaid Services (CMS) information at <http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM5208.pdf>.

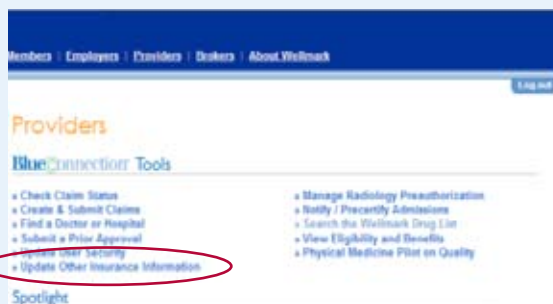


Update Coordination of Benefits Records Online

Now you can update an active Wellmark member's records with other insurance information using online tools:

- Log into BlueConnection® tools and select Update Other Insurance Information.
- Enter the Wellmark member's identification number, or use Member Number Lookup to locate member information.
- Enter the other insurance information as prompted by the screen.

This service is available from 7 a.m.–7 p.m., Monday through Friday. For more information, see our training tool at www.wellmark.com (Providers > Training > BlueConnection—Wellmark's Web Tools Online Training > Update Other Insurance Information).



Additional Claim Lines

Wellmark can now process claims with as many as 999 lines without splitting the claim. In the past, Wellmark split claims containing more than 99 claim lines. Exceptions:

- All claims for Federal Employee Program members will continue to split after 40 claim lines.
- The number of claim lines you are able to submit electronically on a professional electronic claim is still limited to 50 claim lines.
- BlueCard® professional claims (paper CMS-1500) will be split after 50 claim lines.

Filing NPI Numbers on Claims

As noted in the October 2008 *Blue Ink*, Wellmark provider numbers (legacy numbers) should no longer be used to file claims. If a legacy number is submitted anywhere on the claim form, the claim will deny with message code X249. Resubmit these claims using NPIs only. Additional filing instructions follow.

UB-04 SUBMITTERS

FL56 We are receiving claims with the facility's/entity's legacy number in Form Locator (FL) 51. To avoid denials, leave FL51 blank and submit the facility's/entity's NPI in FL56. If your billing system requires you to complete FL51, enter the facility's/entity's NPI in this field.

CMS-1500 SUBMITTERS

Field 32 Conditionally required: Complete field 32 with the name and address of the facility where services were provided **if it is different from the billing address in field 33**. Enter the NPI of the service facility location in 32a. Providers of service (physicians) must identify the supplier's name, address, zip code, and NPI when billing for purchased diagnostic tests. When more than one supplier is used, a separate claim form should be used to bill for each supplier.

Field 24J Effective immediately, only complete field 24J if the practitioner's individual rendering/performing NPI number is different from the billing/organization NPI entered in field 33a. Practitioners most likely required to complete 24J will be those within a group practice that have an organization NPI, or individual practitioners that have an organization NPI.

These changes in Wellmark's billing instructions bring us in line with the National Uniform Claim Committee's recommendation, and are now reflected in the Claims Filing section of the *Wellmark Provider Guide*.

Summary of 2009 Coding Changes

A summary of the major ICD-9-CM, CPT-4*, and HCPCS coding changes for 2009 follows. Please refer to the latest edition of your coding reference books or software updates for information regarding these code changes. If you have purchased books, be aware that there are already corrections being made. Refer to the Web sites in this article for the most up-to-date information and corrections.

2009 ICD-9-CM Annual Update

A record number of ICD-9-CM coding changes, which became effective October 1, 2008, affect virtually every specialty, including new codes for:

- diabetes
- decubitus ulcers
- Pap test results of vulvar and anal tissue
- benign and malignant carcinoid tumors
- eosinophilic disease
- methicillin resistant Staphylococcus aureus (MRSA)
- a variety of pox infections
- reporting family and personal problems resulting from military deployment

A complete list of ICD-9 code changes is available at: http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

2009 CPT-4 Annual Update

The CPT-4 code updates, effective January 1, include:

- 296 new codes
- 395 revised codes (including grammatical changes)
- 94 deleted codes

EVALUATION AND MANAGEMENT (E/M)

- Most critical care inpatient pediatric codes were moved from the 99293–99300 range to 99468–99480, as they were given their own category areas of Inpatient Neonatal and Pediatric Critical Care and Initial and Continuing Intensive Care Services.
- Newborn Care charges moved from range 99431–99440 to 99460–99465.

GENERAL SURGERY

- Laparoscopy codes added six new descriptive hernia surgical repair codes in the 49652–49657 range.

NEUROSURGERY

- A new range of codes and descriptions were added: Stereotactic Radiosurgery, Cranial, 61796–61800.

MEDICINE SECTION

- The entire range of Hydration and Therapeutic, Prophylactic and Diagnostic Injections and Infusion charges have been moved from the 90760–90779 range to 96360–96379. While guidelines for reporting these codes have remained unchanged, CPT has updated the explanation of how to report them.
- Additionally, the CPT codes from the range 90918–90925, End-Stage Renal Disease Services, have been moved to the 90951–90970 range.
- Many codes within the area of Noninvasive Physiologic Studies and Procedures have been moved to the Cardiovascular Device Monitoring, Implantable and Wearable Devices section.

CPT corrections are located at:

<http://www.ama-assn.org/ama/pub/category/3896.html>

2009 HCPCS Level II Annual Update

The 2009 HCPCS Level II changes, effective January 1, include:

- 140 new codes
- 178 modified codes
- 73 deleted codes

An example of an important coding change was the decision to assign new Q codes to the skin substitute products. The skin substitute J Codes J7340, J7341, J7342, J7343, J7344, J7346, J7347, J7348, J7349, and C9357 were discontinued effective December 31, 2008. Effective January 1, 2009, the products identified by these J codes should be billed with a new code series, Q4100–Q4114.

A complete list of HCPCS code changes is located at the following URL: <http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage>

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Prompt Payment of Claims

Wellmark Blue Cross and Blue Shield is required to pay certain M.D. and D.O. claims received on or after January 1, 2009, within 30 days of receipt. Those not processed within 30 calendar days of the receipt date are eligible for interest payments.

Claims must be for Wellmark members, and the service must be submitted by Iowa or South Dakota M.D.s or D.O.s. Certain claims from out-of-state M.D.s or D.O.s who contract with Wellmark Health Plan of Iowa are also eligible, as long as the claims are for Wellmark Health Plan of Iowa members. The following are not eligible for interest payments:

- Services submitted by anyone other than an M.D. or D.O.
- Institutional (facility) claims
- Medicare-related claims
- Medicare secondary payer claims
- Medicaid claims
- Workers' Compensation claims
- Pay member claims
- Federal Employee Program claims
- BlueCard® Home and Host claims
- Zero-pay claims (whether denied or applied to deductible)
- Those requiring more information to process
- Claim expenses incurred when applicable premiums were unpaid
- Adjusted claims that pay less than or the same as the original payment
- Adjusted claims that involve voiding and reissuing a check

If a claim is eligible, interest accrues from the 31st day after the receipt date of the claim until the date the claim payment is issued. Interest is calculated at the rate of 8 percent per annum, based on the paid amount. The interest payments will not be issued with the claim payment. Instead, Wellmark will accumulate the interest payments and generate quarterly interest checks. We anticipate that the first interest checks will be issued in April 2009.

Claims may be eligible for an interest payment under this requirement and the Iowa prompt payment law. The Iowa

prompt payment law applies to all eligible providers and requires interest to be calculated at the rate of 10 percent. Those claims that qualify under both guidelines are reimbursed with interest at the 10 percent rate. For more information about Iowa and South Dakota's prompt pay laws, please see the Payment and Reports section of the *Wellmark Provider Guide* at www.wellmark.com (Providers > Billing Guides).

¹For claims involving coordination of benefits, the 30 days begin on the date the primary or secondary payer has been established.

Arthroscopic Knee Surgery

Wellmark pays HCPCS code G0289 when arthroscopy is done in more than one compartment of the same knee. Code G0289 is an add-on code to the knee arthroscopy code for the major procedure being performed.

G0289 Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee

Report G0289 only once per extra compartment, even if chondroplasty, loose body removal, and foreign body removal are all performed. If the physician performs these procedures in two compartments in addition to the compartment where the main procedure was performed, you may report G0289 twice (or with two units).

To bill G0289, the physician must spend at least 15 minutes performing the procedure in the additional compartment(s). It should not be reported if the procedure is performed because of a problem caused by the arthroscopic procedure itself.

Wellmark does not pay for the following CPT* codes when billed with other arthroscopic procedures on the same knee:

- 29874 Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
- 29877 Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)

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ATTN: RADIOPHARMACEUTICAL CMS-1500 BILLERS

Radiopharmaceutical Pricing and Billing

Effective immediately, maximum allowable fees (MAFs) have been established for the following radiopharmaceuticals:

Code	Radiopharmaceutical	MAF
A9509	Iodine I-123 sodium iodide, dx, per millicurie	\$93.23
A9517	Iodine I-131 sodium iodide capsule(s), rx, per millicurie	\$212.51
A9528	Iodine I-131 sodium iodide capsule(s), dx, per millicurie	\$42.51
A9535	Injection, methylene blue, 1 ml	\$0.46
A9552	Fluorodeoxyglucose F18 FDG, dx, per study dose, up to 45 millicuries	\$473.68
A9572	Indium In-111 pentetate, dx, per study dose, up to 6 millicuries	\$6,789.60
A9605	Samarium Sm-153 lexidronam, rx, per 50 millicuries	\$1,782.09
A9700	Supply of injectable contrast material for use in echocardiography, per study	\$168.48

The following codes and any “not otherwise classified” codes continue to require the submission of the manufacturer’s invoice for pricing. Please attach invoices to a paper CMS-1500 claim form when filing with Wellmark.

Code	Radiopharmaceutical
A4641	Radiopharmaceutical, dx, not otherwise classified
A9526	Nitrogen N-13 ammonia, dx, per study dose, up to 40 millicuries
A9527	Iodine I-125, sodium iodide solution, rx, per millicurie
A9529	Iodine I-131 sodium iodide solution, dx, per millicurie
A9530	Iodine I-131 sodium iodide solution, rx, per millicurie
A9531	Iodine I-131 sodium iodide, dx, per microcurie (up to 100 microcuries)
A9532	Iodine I-125 serum albumin, dx, per 5 microcuries
A9546	Cobalt Co-57/58, cyanocobalamin, dx, per study dose, up to 1 microcurie
A9550	Technetium Tc-99m sodium gluceptate, dx, per study dose, up to 25 millicurie
A9566	Technetium Tc-99m fanolesomab, dx, per study dose, up to 25 millicuries
A9567	Technetium TC-99m pentetate, dx, aerosol, per study dose, up to 75 millicuries
A9569	Technetium TC-99m exametazime labeled autologous white blood cells, dx, per study dose
A9570	Indium In-111 labeled autologous white blood cells, dx, per study dose
A9571	Indium In-111 labeled autologous platelets, dx, per study dose
A9580	Sodium fluoride F-18, dx, per study dose, up to 30 millicuries
Q3001	Radioelements for brachytherapy, any type, each

You will find current pricing for other radiopharmaceuticals in the December 2007 *Blue Ink*.

ATTN: OUTPATIENT FACILITY BILLING STAFF

Outpatient Therapy Services Require Modifiers

Remember, when billing outpatient physical, occupational, and speech therapy services, submit the appropriate modifier with the CPT code in Form Locator (FL) 44 of the UB-04:

- GP for physical therapy services
- GO for occupational therapy services
- GN for speech language services

Therapy services without such modifiers will be denied.

ATTN: DME/HME PROVIDERS

Invoice Required for A6542

HCPCS code A6542 (Gradient compression stocking, custom made) now requires an invoice to price. Please include the invoice along with the paper claim. If no invoice is received, the claim will be denied.

Medical Policy News

Wellmark recently added and updated the following medical policies.

NEW POLICIES

- Abdominoplasty and Panniculectomy*
- ACTH Gel (Adrenocorticotrophic Hormone)*
- GI Monitoring System for Assessing Gastric Motility

UPDATED POLICIES

- Breast Brachytherapy
- Cervical Cancer Screening Technologies

For details, visit www.wellmark.com (Providers > Medical Policies) and search by name or procedure code.

*Prior Approval recommended

Prior Approvals

Wellmark responds to prior approval requests in writing, typically within 15 calendar days of receipt of the request. To avoid review delays, complete the proper form and include applicable medical information and diagnosis and procedure codes. We return incomplete forms for missing information, and cannot start the review process until we receive all information.

Because a prior approval is a medical necessity review only, you should check the patient's benefits prior to providing the services.

Wellmark's Evaluation of the Quality Management Program Now Available

You can learn about Wellmark's clinical and service initiatives designed to improve clinical care and member satisfaction, and read an evaluation of our quality management programs in our Quality Management Program Evaluation. This evaluation includes HEDIS® results for the 2008 reporting year (2007 data year). The evaluation is available in PDF format at http://www.wellmark.com/about_us/companies/2008HEDISResults.pdf (see the Quality Management Program Evaluation link, bottom of page 3). You may order a paper copy of the 2008 Wellmark Quality Management Evaluation by calling 515-245-4831, or by e-mailing newmansr@wellmark.com.

ATTN: WELLMARK HEALTH PLAN OF IOWA CLINICIANS

HEDIS® Medical Record Review Begins March 2009

The annual Healthcare Effectiveness Data and Information Set (HEDIS) review begins in March 2009. You will receive a letter in the next few weeks for medical record review of randomly selected Wellmark Health Plan of Iowa members. On-site medical record reviews will be conducted if your office holds eight or more selected medical records. Your letter will include the date of our visit and a list of members whose medical records require review. If your office holds seven or fewer selected medical records, the letter will include instructions on how to mail or fax the medical records direct to Wellmark for review.

A random selection of members is drawn using Wellmark Health Plan of Iowa enrollment and is reviewed for several measures based on criteria from the National Committee for Quality Assurance (NCQA). The data collected in HEDIS provides physicians and Wellmark a snapshot of where we are meeting or exceeding quality care measures, and where we need to work together to improve health care in Iowa. Although HEDIS measurements require the review of member-specific information, Wellmark only reports aggregate data representing the entire Wellmark Health Plan of Iowa population.

Criteria from NCQA include the following nine measures that will require medical record review:

- Adult BMI Assessment
- Cervical Cancer Screening
- Childhood Immunization Status
- Cholesterol Management for Members with Cardiovascular Conditions
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

The 2009 Wellmark HEDIS results will be available later this fall on our Web site at www.wellmark.com (Providers > Plan Information > Iowa > Wellmark Health Plan of Iowa > 2009 HEDIS Results). You will find the 2008 results at www.wellmark.com/about_us/companies/2008HEDISResults.pdf.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.



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If you have questions about information in this newsletter, please contact Provider Service in Iowa at (515) 245-4688 or (800) 362-2218, in South Dakota at (800) 774-3892.

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PASS IT ALONG!

Wellmark sends a limited number of issues of *Blue Ink* to provider group practices and facilities. Please pass along your copy to other staff members, or download this and previous issues from our Web site, www.wellmark.com.

CLINICAL QUALITY

COQ PRIMARY CARE PROGRAM

Sign Up Now to Participate in 2009

Nearly 1,500 primary care clinicians in Iowa and South Dakota are participating in Wellmark Blue Cross and Blue Shield's Primary Care Program (formerly known as Incent and Reward Best Practices [IRBP]) initiative, part of the *Collaboration on Quality*® (CoQ) program. Besides receiving the benefits of actionable clinical data, identification of process improvement, and networking opportunities through the CoQ program, clinicians also have the opportunity to receive a financial award.

The Primary Care Program is a primary care-focused incentive program developed by Wellmark in collaboration with clinicians from Iowa and South Dakota, to promote continual improvement of health care for our members while supporting the clinician/patient relationship.

CoQ participants are recognized publicly in our provider directories and on the Wellmark Web site for demonstrating their commitment to improving the delivery of health care. In addition, they are eligible to receive a financial award for meeting defined performance levels. Each clinician can earn up to \$15,000 for meeting specific criteria in the following performance measures for 2009:

- nationally recognized measures for diabetes, hypertension, and asthma care
- childhood immunizations
- generic prescribing performance
- use of Health Information Technology (electronic medical records and e-prescribing)

Performance is measured using the clinician's own data collected through a Web-based data collection and performance measurement tool administered by a third-party vendor. The vendor is contracted by Wellmark and provides the data at no cost to the participant. Clinicians are encouraged to use this service for all their patients, not just Wellmark members. Participants may access their own data to monitor their performance at any point in the program. The tool also provides patient-specific information that may identify a care opportunity.

If you are a primary care clinician interested in participating in the 2009 Primary Care CoQ program, contact your Network Relations Representative or your Clinical Collaboration Consultant at 515-245-5167 in Iowa, or 800-700-9137 or 605-373-7460 in South Dakota.

VISIT OUR WEB SITE AT: www.wellmark.com



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