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# Blueink

**August 2011**

**Information for Iowa and South Dakota Physicians, Hospitals, and Health Care Providers**



Stay current with the latest news from Wellmark Blue Cross and Blue Shield

**Note medical policy revisions applicable to your practice**

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**Visit our website at: [Wellmark.com](http://Wellmark.com)**

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## Benefiting from New Inpatient Notification Recommendations

### Assist your patients by notifying us of admission and discharge

Beginning **NOVEMBER 1, 2011**, please notify us in advance of a Wellmark member's scheduled inpatient hospital admission, within one business day of an urgent admission, and within one business day of inpatient hospital admission discharge dates.


To contact us about an admission or discharge, use one of these options:

- › **CALL 800-552-3993**
- › **COMPLETE OUR NOTIFICATION FORM AND FAX** to 515-376-9013
- › **SUBMIT OUR SECURE ONLINE FORM** at Wellmark.com (*Notify /Recertify Admissions*)

You'll find our Notification form at Wellmark.com (Provider > Quick Links, Authorizations).

### Benefit of Notification

Your call helps us support the physician's plan of care. Both cost and coverage may affect a patient's decisions and ability to continue with post-discharge plans. When we can continue an informed dialogue with our member, he or she is more likely to continue the care requested by the physician, which in turn, helps to improve health outcomes and keep health care costs down.

 **NOTE:** You do not need to notify us for the following hospital admissions and procedures:

- › Medicare Supplement members (e.g., Senior Blue®, MedicareBlue<sup>SM</sup> PPO)
- › Obstetrical admissions that do not exceed the two- and four-day delivery time frames, or do not require an extended inpatient stay for a newborn
- › Outpatient procedures

To check a specific member's benefit requirements, visit our secure site (*Check Patient Eligibility & Benefits*).

## Working with a Blue Plan's Preservice Requirements

### What you need to know when planning services for a BlueCard® member

Receive the maximum benefit possible when caring for BlueCard members by helping them meet **THEIR PLAN'S** preservice requirements.

We do not apply Wellmark's preservice or medical policy guidelines to your claims for members covered by another Blue Plan (BlueCard host claims), but will process those claims using Wellmark's iCAP guidelines and payment policies.

Following steps below can help your patients avoid costs they are not expecting.

#### To locate preservice information:

- › Visit Wellmark.com (*Provider > Medical Policies and Authorizations > Medical Policies & Authorizations Away From Home*).
- › Select the type of information you are seeking.
- › Enter another Blue Plan member's alpha prefix.

This information takes you to the other Plan's guidelines.

#### To preauthorize or notify an admission for a BlueCard member:

- › Contact the member's home Plan.
- › Use the preadmission phone number located on the back of the member's identification card.

#### To request a medical necessity review for a BlueCard member:

- › Submit the appropriate information (such as a prior approval for medical services) to the member's Plan.



## EDUCATION & TRAINING



### Register Soon for Upcoming Teleconferences

#### Learn the latest about electronic transactions

With the mandated change to HIPAA X12 Version 5010 only a few months away, now is the ideal time to hear the latest about 5010 testing, electronic reports, Wellmark.com's online tools, and other topics.

#### Teleconference Schedule – Aug. 24 through Sept. 8

SESSION DATES	TIME
Wednesday, August 24	10 a.m. – 11:30 a.m.
Thursday, August 25	2 p.m. – 3:30 p.m.
Tuesday, August 30	11 a.m. – 12:30 p.m.
Wednesday, August 31	1 p.m. – 2:30 p.m.
Wednesday, September 7	10 a.m. – 11:30 a.m.
Thursday, September 8	9 a.m. – 10:30 a.m.

The material covered will be the same in each session and includes time for questions and answers.

#### Preregistration

Preregister at least 48 hours in advance of the educational session you wish to join by visiting Wellmark.com (*Provider > Communication & Resources > Education*). Once registered, you will receive an e-mail with the materials and the phone number you'll need to participate.

If you have questions, call **EC SOLUTIONS** at 800-407-0267, Monday – Friday, 7 a.m. – 5:30 p.m., CT.

## Stay Current with Provider Guide Updates

### You'll find information on claims, member coverage, and Wellmark guidelines and services

Did you know you can easily access the most recent provider guide changes by reviewing the descriptions on page iii of the guide, the "Summary of Changes" page? Clicking on the description will take you to the actual change.

To check it out, visit [Wellmark.com](http://Wellmark.com) (*Provider > Billing Guides*). During the first half of 2011, Wellmark updated the following to include 2011 FEP rules and regulations, information on electronic claims filing, service contact updates, and more.

#### Wellmark Provider Guide sections

(for all providers)

- › Claims Filing
- › Health Management
- › Member and Service Information

#### Guide to Billing Facility Services sections

(for hospitals, HHAs, SNFs, ASCs, hospices, and FSAFs)

- › Home Services
- › Inpatient Services
- › Outpatient Services

#### Practitioner Guide sections

(for primary care providers, surgeons, OB/GYNs, radiologists, pathologists, and independent ambulance carriers)

- › General Medical
- › General Surgery
- › Gynecology and Maternity

#### Specialty Guides

- › Behavioral Health
- › Home Infusion Therapy
- › HME, Orthotics, and Prostheses
- › Physical Medicine
- › Podiatry Services

## Payment Changing for Pharmaceuticals Dispensed in Office or Facility

### Wellmark's fee schedule to move from AWP to WAC pricing

When an Average Sales Price (ASP) is not available, Wellmark will reimburse pharmacy codes using fees based on wholesale acquisition cost (WAC). Effective October 15, 2011, the fee schedule for those codes with no ASP pricing for the following providers will be as follows:

#### Pharmacy Fee Schedule effective October 15

HOSPITALS	FREESTANDING FACILITIES	PHYSICIANS	HOME INFUSION THERAPY
WAC + 10%	WAC + 10%	WAC + 10%	WAC + 4%

WACs are based on costs incurred by pharmaceutical wholesalers during their purchase of drugs from manufacturers. Wellmark is changing to WAC pricing for a number of reasons:

- › **IN SEPTEMBER**, First Databank will stop publishing AWP (average wholesale price), which is the source Wellmark currently uses for pricing drugs.
- › **SINCE COSTS ARE REPORTED BY DISTRIBUTORS**, WAC pricing is considered to be a dependable pricing tool.
- › **AT THIS TIME**, there is no other resource as complete as WAC pricing.



### Service Options Available on Labor Day

#### Locate information you need even when phone center is closed

Our offices will be closed on Monday, September 5 (Labor Day). To check benefits or claim status, access these tools:

- › Website tools
- › Interactive voice recognition (IVR) phone system

The pharmacy service center (800-600-8065) will be available during its regular Monday business hours (7 a.m.–7 p.m., CT) for prior authorization requests.



### Members' Rights and Responsibilities

As customers and patients, our members have expectations of their health insurance company and their health care providers. Likewise, Wellmark Blue Cross and Blue Shield members have obligations they should uphold as responsible users of the health care system. Members' rights and responsibilities, their appeal process, and our commitment to confidentiality are described in the Member and Service Information section of the *Wellmark Provider Guide*. You can access this information online at [Wellmark.com](http://Wellmark.com) (*Provider > Communication and Resources > Billing Guides*), or by calling a provider service representative to request a paper copy.

## Note Medical Policy Revisions Applicable to Your Practice

### Ensure awareness of updates

Please note the recent updates below. For complete information on any of our medical policies, visit [Wellmark.com](http://Wellmark.com) (*Provider > Medical Policies & Authorization*).

### Revised Policies

#### **Genetic Molecular Testing for Oncologic Indications\***

- › Revised criteria for BRCA testing in hereditary breast and ovarian cancer syndromes to be consistent with U.S. Preventive Services Task Force (USPSTF) recommendations for genetic counseling and evaluation

#### **Omalizumab for Allergy-related Asthma\***

Added to medical necessity criteria:

- › Continues to show signs of wheeze, cough, and shortness of breath despite maximal anti-allergy therapy
- › Chronic use of steroids and/or short-acting beta-2 agonists for rescue

Removed the following from coverage criteria:

- › Hospitalization for asthma
- › Emergency department visits
- › Oral Steroid use

#### **Reduction Mammoplasty\***

Added to medical necessity criteria:

- › Planned amount of tissue to be removed may be within 50 grams of what is actually removed
- › There is a documented history of the following functional impairments for six months or greater:
  - Shoulder, neck, or back pain related to macromastia that is not responsive to conservative therapy, such as an appropriate support bra, exercises, heat/cold treatment, and appropriate non-steroidal anti-inflammatory agents/muscle relaxants
  - Intertrigo between the pendulous breast and the chest wall

#### **Rituximab\***

Added as a medically necessary indication:

- › Treatment of autoimmune hemolytic anemia refractory to conventional treatments including corticosteroids and/or splenectomy, or when conventional treatments are contraindicated or not tolerated

\*Prior Approval or Treatment Request recommended.



## Coding Change for Revenue Code 278 begins August 1

### Submit CPT®/HCPCS codes for certain implants

To reduce delays and receive appropriate outpatient hospital payment, please continue to submit CPT/HCPCS codes for implants on the Wellmark Pseudo Singleton listing. Such detailed coding for other implants is not required for claims or adjustment requests received on or after August 1, 2011.

You will find the Pseudo Singleton list on the Treo website:

- › **IOWA HOSPITALS:** <https://www.treosolutions.net/wellmarkhospitals/default.aspx>
- › **IOWA AND SOUTH DAKOTA FACILITIES:** <https://www.treosolutions.net/wellmarkfacilities/default.aspx>
- › **SOUTH DAKOTA HOSPITALS:** <https://www.treosolutions.net/wellmarkhospitals-sd/default.aspx>

Wellmark initially reported<sup>1</sup> that we could accommodate this change beginning with claims received on and after June 1. However, claims for implants that were submitted before August 1 without the CPT/HCPCS codes were rejected. If your claim was rejected, please:

- › Submit the claim as a new claim. Because the claim was not initially processed, it cannot be adjusted.
- › Include the CPT/HCPCS codes for the implant if the implant is included on the Pseudo Singleton listing.

<sup>1</sup>April Quick Notes electronic newsletter

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## Receive Correct Reimbursement When Providing Preventive Care

**Coding is important, as some contracts cover of 100 percent of the maximum allowable fee**

So that our members receive their full contract benefits, please file claims for preventive care with the appropriate diagnosis code (V code range) and CPT\* code (99381–99397). Using an evaluation and management (E/M) CPT code can cause improper processing of preventive services.

### Benefits

In addition to an annual preventive visit, some female members are covered for a separate well-woman exam. In those instances, the woman may visit her primary care physician for health maintenance services, and visit her gynecologist for the well-woman exam.

To determine your patient’s preventive benefits, access the “View Eligibility and Benefits” tool from our secure website. Look for the following language:

- › Preventive gynecological exam is covered as a part of the physical exam. (Member has coverage for one preventive exam per benefit period.)
- › A separate gynecological exam is covered. (Member is eligible for both.)

### Additional Preventive Care References

- › Article about school or sports physicals: June *Blue Ink*, page 7
- › Wellmark’s preventive care guidelines: Wellmark.com (*Health & Wellness tab > Wellness Resources > Preventive Care*)
- › Wellmark guides: Wellmark.com (*Provider > Wellmark.com Quick Links > Billing Guides*)
  - General Medical, *Practitioner Guide*
  - Gynecology and Maternity, *Practitioner Guide*
  - Member and Service Information, *Wellmark Provider Guide*

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## Discontinue Using “Office” as Place of Service for Certain Equipment

**Change affects 837P/CMS-1500 billers when submitting codes CMS requires to be billed to the DMERC**

To avoid Wellmark denials beginning with date of service November 1, 2011, use a place of service code from the list below instead of “office” when submitting certain durable medical equipment (DME), orthotics, or prostheses codes. This applies to all claims filed with Wellmark, including those for Federal Employee Program and BlueCard® members.

The requirement only applies to those codes required by the Centers for Medicare & Medicaid Services (CMS) to be billed to the DME Regional Carrier (DMERC). With this change, Wellmark will follow the same coding guideline used today by CMS.

You will find the list of affected codes at [https://www.noridianmedicare.com/dme/claims/docs/2011\\_jurisdiction\\_list.pdf](https://www.noridianmedicare.com/dme/claims/docs/2011_jurisdiction_list.pdf).

### Place of Service Codes for Certain DME, Orthotics, Prostheses

CODE	PLACE OF SERVICE
01	Pharmacy
12	Home
13	Assisted Living Facility
14	Group Home
16	Temporary Lodging
32	Nursing Facility
33	Custodial Care Facility
55	Residential Substance Abuse Treatment Facility

### Example

During an office visit, you provide a knee orthotic for the patient to use at home.

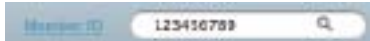
DATE OF SERVICE	PLACE OF SERVICE	CPT OR HCPCS	DESCRIPTION
11/01/2011	11 (office)	99213	Office visit, established patient
11/01/2011	12 (home)	L1810 RT	Knee Orthotic, elastic w/joints

## Save Time with Referral/Authorization Online Submission

### Improved tool for patients with TRICARE® coverage makes process easier


If you have secure access, the improved TriWest Healthcare Alliance (TriWest) referral/authorization tool enables you to:

- › **ELIMINATE A KEYSTROKE.** You no longer need to enter an asterisk after entering the Member ID, Provider, Group, or Facility ID fields.
- › **ENTER ONE OF THREE IDENTIFIERS** in the Member ID field (see “Update Records with New TRICARE Identification Numbers” below for more information):
  - Sponsor’s social security number
  - Department of Defense (DoD) identification number (DoD-ID)
  - First nine digits of the DoD benefits number (DBN)
- › **SEARCH FOR A MEMBER** using the magnifying glass tool.



- › **ACCESS DROP-DOWN OPTIONS IN MORE ENTRY FIELDS.** Simply:
  - select from the drop-down menu

**OR**

  - begin typing and the drop-down menu will open and filter the list as you type
- › **LOCATE NEW HELP INFORMATION**  links for data entry fields.
- › **VIEW ADDITIONAL DETAILS** thanks to expanded field length.
- › **SET UP FAVORITES** for your frequently used information and requests.

TriWest has updated the Online Referral/Authorization Reference Guide to reflect these changes. For more information on online referral/authorization requests, visit the online referral/authorization submission website demonstration. You can also take a Secure Website—Referrals and Authorizations webinar.

To register for TriWest’s secure website, select *Register Now* at [Triwest.com/provider](http://Triwest.com/provider).



## UPDATE RECORDS WITH NEW TRICARE IDENTIFICATION NUMBERS

Social Security numbers being removed from military ID cards

To protect the privacy and security of TRICARE’s® 9.6 million beneficiaries, the Department of Defense (DoD) will no longer issue military ID cards with an individual’s Social Security number as an identifier.

This change starts June 1, 2011, for reissued and newly issued cards. TriWest anticipates a four-year transition time to issue all new cards. Social Security numbers are still a valid identifier and will not be removed from the government systems.

Social Security numbers will be replaced by two new numbers:

- › **DOD IDENTIFICATION NUMBER (DOD ID):** This unique 10-digit number is assigned to every person with a direct relationship with the DoD. This number already exists and is commonly known as the Electronic Data Interchange Person Identifier (EDI-PI).
- › **DOD BENEFITS NUMBER (DBN):** This 11-digit number will be used to determine benefits eligibility. The number can be found above the bar code on the back of the ID card.

### Learn

If you have questions about this change or the new ID cards, please e-mail [CACsupport@osd.pentagon.mil](mailto:CACsupport@osd.pentagon.mil), or visit [Tricare.mil](http://Tricare.mil).

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## E-BUSINESS



### Using Available Secure Web Tools to Your Advantage

#### Find out how options can help you

Receive the maximum benefits possible from your secure access by checking our online Frequently Asked Questions (FAQ) segment periodically. You'll find the FAQ on the right-hand side of our secure Provider landing page at Wellmark.com.

Because featured questions change, we archive questions for your continued reference. The most recently featured questions include:

- › How do I find the accounts receivable detail? (posted July 2011)
- › How can accessing the iCAP specialty policies help me? (posted August 2011)

### Supporting Health Improvement Efforts via New Secure Member Website



#### Introducing myWellmark: our members' personalized gateway to health and benefit information

your personalized health site

Your patients have different health concerns and information needs.

To support those unique needs, Wellmark members now have a way to create a personal website where they can manage their benefits and engage in their health.



By choosing topics important to them, members customize a secure website page that provides a quick snapshot of relevant information, such as:

- › Wellness assessments
- › Activity trackers for weight management
- › Tobacco cessation resources
- › Nutrition resources

**NOTE:** This update does not affect the secure provider tools, nor will it change the claim information members can access.