

# The Provider NEWSLETTER

**PARTNERS**  
National Health Plans of North Carolina, Inc.

[www.partnershealth.com](http://www.partnershealth.com)

## HealthHelp Implements New RadConsult<sup>®</sup> Program

**H**ealthHelp has been contracted by PARTNERS Medicare Choice to assess requests for MRI and CT through our program called RadConsult<sup>®</sup>. The staff at HealthHelp knows how important your time is and in an effort to expedite any radiology requests that result in a clinical assessment, we have developed an information document to assist you in answering the clinical assessment questions and save you precious time. The

document (page 3) describes the information that will be needed when you contact RadConsult<sup>®</sup>.

HealthHelp's philosophy is to work with physicians through educational efforts rather than sanctions. HealthHelp strives to make this process as efficient as possible for your office staff. Your input on the operational activity is welcome and will be considered as we move forward with the process.

Your cooperation in this effort will be greatly appreciated and we look forward to working with you and your office staff. If you have any questions regarding this program, please contact HealthHelp's North Carolina Director of Operations, Sara French, at (800) 279-4754 or frenchs@hhni.com. The number to call to access RadConsult<sup>®</sup> for all your MRI and CT requests is (888) 835-4464.

(See RadConsult<sup>®</sup> page 3)

## Updated Network Management Contact List

**A**s you know, PARTNERS Network Management was consolidated into Blue Cross Blue Shield Network Management during 2002. To assist you in contacting your Network Management Coordinator for PARTNERS

issues, we have included a listing below of the Network Management Field Offices and their phone numbers. Please contact the local field office for your respective region and you will be directed to the appropriate representative for assistance.

Charlotte .....	(704) 561-2740
Greensboro .....	(336) 316-5374
Raleigh .....	(919) 469-6935

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RadConsult<sup>®</sup>

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# Appeals for PARTNERS Medicare Choice Members

If PARTNERS Medicare Choice denies a claim and the denial indicates that the member may not be billed, these denials are not subject to the Medicare appeals process. These are contractual issues, and if you disagree with the manner in which your contract is administered, you may inquire of your Network Management Representative.

Regarding denials of claims for which the member has financial responsibility, you, as a contracted provider, cannot file a standard appeal on behalf of your PARTNERS Medicare Choice patient unless the patient has designated, in writing, that you are their representative. However, for those pre-service denials that are time-sensitive, you may request an expedited

appeal on your patient's behalf, without the signed appointment of you as his or her representative.

And, regardless of whether an appeal is standard or expedited, if you believe the denial should be overturned, you can assist and support the member in his or her appeal by providing the patient's complete medical records to PARTNERS, along with your written opinion and clinical rationale for why you believe the denial should be overturned.

If after reconsideration we decide to uphold the original denial, the appeal will automatically be forwarded to MAXIMUS Center of Health Dispute Resolution (CHDR), a Medicare contractor, for an impartial review and decision.

## The Pharmacy Connection Changes for 2003

### Additions to the PARTNERS formulary:

- Bravelle
- Mesnex
- Zetia
- Lexapro
- Xyrem

### Additions to the PARTNERS formulary that require prior approval:

- Hepsera
- Vfend

### Additions to the PARTNERS formulary that have a quantity limit:

- Zelnorm

### MAC'd drugs:

- Adalat CC 90mg
- Amoxil 400mg
- Brethine 5mg
- Cytotec 200mg
- Dextrostat 100mg
- Mysoline 50mg
- Neoral 25mg & 100mg
- Phenergan 25mg supp
- Sandimmune 100mg
- Vasocidin 0.25 eye drops

*(only the generic version of these drugs are covered; if members receive the brand, they will be responsible for either additional charges or a higher copayment amount)*

### Nonsedating Antihistamine and Antihistamine/Decongestant Removal:

Effective February 10, 2003

- Allegra
- Zyrtec
- Allegra D
- Zytrec D

were removed from the PARTNERS formulary.

## Advance Directives

As a Medicare+Choice organization, PARTNERS must inform Medicare+Choice enrollees of their right to make health care decisions and to execute advance directives. We provide information to introduce the advance directives concept to our enrollees and we inform enrollees that they can obtain an appropriate form to execute an advance directive from a

stationery store, from a contracting medical provider, a social worker, or from us.

The purpose of this notice is to remind you to maintain adequate records anytime a Medicare+Choice enrollee has executed an advance directive. Periodically, the government may wish to audit records to determine if this information is being maintained.

## Editorial

This newsletter, unless otherwise stated, applies to both Commercial and Medicare Choice members.

PARTNERS is committed to offering its health plans on a non-discriminatory basis.

PARTNERS does not discriminate based on color, religion, national origin, age, race, disability, handicap, gender, or health status as defined by CMS.

PARTNERS National Health Plans of North Carolina, Inc.

### Provider Services

336-774-5400 or 1-888-296-9790

## Clinical Information Document

- Member Name and Insurance Plan ID
- Physician Name
- UPIN
- Telephone Number
- Clinical Indication/ Diagnosis (ICD9 or CPT Code)
- Reason for Test
- Symptoms
- Duration or length of time patient has had the symptoms
- Medications/ Length of time on medication regimen

### Lines of Business:

PARTNERS Non-RJR Medicare Choice

### Modalities Required:

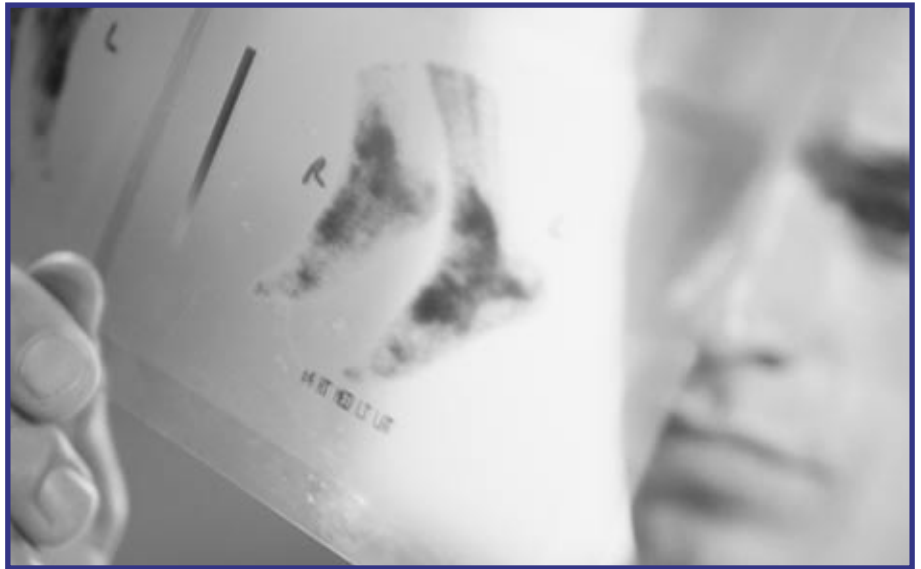
All CT and MRI studies

### Number to Call:

888-835-4464  
(Same as RSL number)

### PARTNERS Required Tracking

Number: Ordering Physicians are responsible for obtaining a tracking number for all CT and MRI studies through RadConsult. The Radiology Facility should submit the tracking number to PARTNERS with the claim.



## Step-By-Step Description of the RadConsult<sup>®</sup> Process:

### Standard request

1. Ordering provider's office calls RSL department via telephone
2. For CT and MR studies, demographic information is provided to HealthHelp rep
3. Representative asks system-generated questions
4. Patient is scheduled at participating facility
5. Via fax, ordering provider's office is notified of appointment date and time

### Request resulting in educational consult

1. Ordering provider's office contacts RSL department via telephone
2. CT & MRI demographic information is provided to RadConsult representative
3. Representative asks system-generated questions
4. Requested procedure goes to RadConsult Clinical Coordinator for review
5. Clinical Coordinator contacts the physician's office for more

clinical information (and) the test is scheduled (or)

6. HealthHelp Radiologist contacts ordering physician to discuss the ordered procedure
7. Ordering Provider makes a determination as to what procedure will be performed
8. Patient is scheduled at a participating facility
9. Via fax, ordering provider's office is notified of appointment date and time

# PARTNERS Medical Coverage Policies Updated

The following Medical Coverage Policies have been reviewed and approved by the Utilization Review/Quality Improvement Physician Advisory Committee. Please contact your Network Management Representative for additional information.

Clinical Trial Services for Life-Threatening Conditions-Commercial: This policy applies to commercial members only. Defines when clinical trials are covered for life-threatening conditions.

Clinical Trial Services-Medicare: Policy applies to Medicare members only. Defines when clinical trial services are covered for Medicare members.

Vertebroplasty-Percutaneous-Medicare + Choice: Coverage for vertebroplasty will be considered for Medicare +

Choice Members only. Kyphoplasty is not covered.

Lithotripsy, Extracorporeal, for Orthopedic Conditions: Policy applies to commercial and Medicare + Choice members. Treatment will be considered for the following conditions: plantar fasciitis and chronic lateral epicondylitis.

Psychological Evaluations Covered as a Medical Benefit: Policy applies to commercial and Medicare + Choice Members. Policy clarifies PARTNERS responsibility for authorization of psychological evaluations related to medical conditions.

Insulin Pump-External: Revision of previous policy. Changes include expanded description of insulin pump services, clarification regarding member education and added language regarding HbA1c.

## Provider Manual Updates

Several updates have been made to the PARTNERS Provider Manual and are included for your review. Please replace the following sections in your Manual with the attached updates:

- 1.2.23 – Guidelines for the Management of Members with Heart Failure
- 2.7.8 – Claims Reimbursement Disputes
- 2.10.6 – Assistant Surgery Reimbursement
- 2.10.9 – Interactive Voice Response (IVR) – has been removed; page is reformatted
- 5.4 – Completion of the UB-92 Form (hospitals only)

An updated version of the Prior Authorization Guidelines is also included for your information.

