

The Provider NEWSLETTER

PARTNERS
National Health Plans of North Carolina, Inc.

www.partnershealth.com

Prohibited Contracts

Our Medicare+Choice contracts contain a provision that outlines that you must maintain good standing with Medicare to participate in our PARTNERS M+C Provider Network. Most of our providers understand that this relates to whether or not the provider has been sanctioned or excluded from the Medicare Program. It has come to our attention that some providers were not aware that if they elect to opt out of Medicare, this affects their ability to participate in our PARTNERS Medicare+Choice Provider Network, which is separate from our commercial network.

The purpose of this article is to remind you of your obligation to inform us if your status with Medicare changes, including sanctions, limitations, exclusions as well as your decision to opt out of the Medicare Program.

The PARTNERS Medicare+Choice plan is part of the Medicare Program, and as such PARTNERS can not use funds from the Medicare program to pay opt out providers for services rendered to its M+C enrollees.

According to regulation 42 CFR 422.206, "an M+C organization may not pay, directly or indirectly, on any basis, for services (other than emergency or urgently needed services as defined in §422.2) furnished to a Medicare enrollee by a physician (as defined in section 1861(r)(1) of the Act) or other practitioner (as defined in section 1842(b)(18)(C) of the Act) who has filed with the Medicare carrier an affidavit promising to furnish Medicare-covered services to Medicare beneficiaries only through private contracts under section 1802(b) of the Act with the beneficiaries. An M+C organization must pay for emergency or urgently needed services furnished by a physician or practitioner who has not signed a private contract with the beneficiary."

We will monitor compliance with this regulation through feedback with CIGNA, the local Medicare Carrier, on a timely basis. If any payments are made to you during a period when we were not aware of your opt out status, we will request refunds

of those payments. To prevent this situation, please advise us of your plans to opt out prior to your opt out effective date in accord with your contract with us.

For additional information regarding Private Contracts and the Opt Out process refer to the CMS website – http://www.cignamedicare.com/partb/bltin/all/97bltin/1997/sr97-2/forall/private_contracts_questions_and_answers.html

Fall 2003 Issue

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PARTNERS M+C Outpatient Therapy Service Enhancement to Traditional Medicare

On June 10, 2003 CMS released a Program Memorandum (CMS Pub. 60AB, Trans. No. AB-03-085) regarding the "...Implementation of Outpatient Therapy Service Limitations." The memorandum was released to advise Medicare Fee-for-Service providers of CMS' intent to limit outpatient physical therapy and speech-language pathology (combined) to \$1,590. In addition CMS will impose a \$1,590 limit on occupational therapy services. These limitations are for services

rendered during the period of September 1, 2003 to December 31, 2003. The limitation is consistent with outpatient rehabilitation service limitations of the past (most recently 1999).

As with all benefits, PARTNERS Medicare Choice has the option to either match or enhance Medicare's base benefit. PARTNERS has, for many years, opted to enhance Medicare's Outpatient Therapy benefit by not imposing a dollar limitation.

Reminder Notice

Please remember that as of January 1, 2004 all PARTNERS membership will terminate **EXCEPT** PARTNERS Medicare Choice. If a non-Medicare Choice patient presents a PARTNERS ID card for services after January 1, 2004, please ask for current insurance coverage information. It is always appropriate to ask to see a patient's ID card at every visit. With many insurances renewing and changing benefits in January it is even more important to verify coverage and insurance company information.

Please submit claims for dates of service in 2003 as quickly as possible. The 180 day timely filing deadline still applies to members who are covered under a different carrier in 2004.

Influenza - Pneumococcal Vaccination Codes

Influenza vaccinations should be reported using the following codes:

Adult Influenza Vaccine
CPT 90659 for the Influenza vaccine

HCPCS G0008 for the administration of the Influenza vaccine

Pediatric Influenza Vaccine
CPT 90657, 90658 or new CPT 90655

Pneumococcal vaccinations
CPT 90732 for the Pneumovax vaccine

HCPCS G0009 for the administration of Pneumovax

PARTNERS Prior Authorization Guidelines

A revised copy is included in this newsletter for your reference. There were three changes as noted below:

DELETIONS:

- BRCA1 and BRCA2 no longer requires prior approval

ADDITIONS:

- Surgical Treatment for Morbid Obesity
- Kyphoplasty

Please note:

Endoluminal radiofrequency ablation therapy has been added to the PARTNERS Medical Policy as a treatment for varicose veins. All treatment for varicose veins requires prior review for medical necessity.

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

PARTNERS National Health Plans of North Carolina, Inc.

~ Prior Authorization Guidelines ~

Cosmetic Procedures (or those potentially cosmetic), such as but not limited to:

- Abdominoplasty
- Blepharoplasty
- Breast Reduction
- Genioplasty/Sliding Osteotomy
- Rhinoplasty
- Strabismus Surgery (for members 12 years or older)

Dental Services for Accidental Injury

Diagnostic Testing

- Neuropsychological Testing
- Psychological Evaluations for medical reasons

Durable Medical Equipment and Prosthetics

- All Rental Items
- Items > \$600.00 (Purchase)
- Penile Implants

External Counterpulsation

Home Health Agency Services

Hospice

Hyperbaric O2 Therapy

Inpatient Admissions*

- Scheduled admissions, including acute hospital, rehabilitation facility, hospice and skilled nursing facility

‣ **NOTE:** For urgent/emergency admits (including obstetric admits), prior authorization is NOT required. However, notification to PARTNERS of urgent/emergency admits (including obstetric admits) within 24 hour or the first business day after the admission is required.

Investigational Procedures (or those potentially investigational)

Nonparticipating Providers and Services

Pharmaceuticals (See also PARTNERS formulary)

- Amevive (Alefcept)
- Cerezyme

Rehabilitation/Therapy

- Biofeedback
- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Speech Therapy
- Wound Care Clinic

Surgery

- Capsulotomy (laser)
- Extracapsular cataract extraction with intraocular lens
- Lithotripsy, Extracorporeal for Orthopedic Problems (plantar fasciitis and chronic lateral epicondylitis are the two conditions considered for coverage)
- MOHS Surgery
- Refractive Surgical Procedures
- Retina, central photocoagulation (laser)
- Pan-retinal photocoagulation (PRP, laser)
- Photodynamic Therapy with Visudyne
- Spinal Neurostimulators
- Surgical Treatment of Morbid Obesity
- Surgical Treatment of Sleep Apnea
- Temporomandibular Joint Surgery
- Transplants, Bone Marrow and Organ
- Varicose Vein Treatment
- Vertebroplasty and Kyphoplasty, Percutaneous (Medicare Choice Only; Not Covered for Commercial Members)

Transportation (non-emergency)

* Members using Alternate Out-of-Plan Benefits would require Prior Approval

RadConsult Program

The Radiology Scheduling Line (RSL) program is now required for PARTNERS (non-RJR) Medicare Choice members only. HealthHelp operates the RSL, through which ordering physicians schedule certain nonemergent outpatient radiology procedures to ensure that quality, cost-efficient radiology providers are utilized.

In addition to the RSL program, HealthHelp implemented its RadConsult program for PARTNERS (non-RJR) Medicare Choice members on

February 1, 2003. The ordering physician will continue to be responsible for obtaining a tracking number from HealthHelp's RSL–RadConsult. Imaging facility personnel should continue to ask for the tracking number before scheduling the procedure.

RadConsult is HealthHelp's call center capability that provides real-time decision support for physicians who order imaging procedures such as CT and MRI. RadConsult identifies opportunities for physician-to-

physician consultation. The RadConsult program is designed to help in choosing the appropriate test if a test is necessary. Like all HealthHelp programs, RadConsult focuses on decreasing PARTNERS Medicare Choice members' exposure to unnecessary radiation.

If you have questions, please contact HealthHelp's RSL–RadConsult representative, Carmela Nayve, at (888) 835-4464 or nayvec@healthhelp.com.

STEP-BY-STEP DESCRIPTION OF THE RADCONSULT PROCESS:

PARTNERS Tracking Number: Ordering physicians are responsible for obtaining a tracking number for all CT and MRI studies through RadConsult. The radiology facility will submit the tracking number to PARTNERS with the claim.

Standard request:

1. The ordering provider's office calls RSL department (888) 835-4464.
2. For CT and MRI studies, demographic information is provided to a HealthHelp representative.
3. The representative asks system-generated questions.

4. The patient is scheduled at participating facility.
5. Via fax, the ordering provider's office is notified of the appointment's date and time.

Request resulting in educational consult:

1. The ordering provider's office calls RSL department via telephone.
2. For CT and MRI studies, demographic information is provided to a HealthHelp representative.
3. The representative asks system-generated questions.
4. The requested procedure is sent to a RadConsult clinical coordinator for review.

5. The clinical coordinator contacts the physician's office for more clinical information.

the test is scheduled (or)

6. A HealthHelp radiologist contacts the ordering physician to discuss the ordered procedure.
7. The ordering provider decides what procedure will be performed.
8. The patient is scheduled at a participating facility.
9. Via fax, the ordering provider's office is notified of the appointment's date and time.

All procedures listed need Reference Numbers.

Patient's Name _____ D.O.B. _____ Weight _____

PARTNERS ID# _____ Employer Group # _____

Home Phone # (____) _____ Work Phone # (____) _____ Patient's Zip Code _____

Who do you want to be called? Patient Other Name and Phone # _____

Ordering Physician _____ **Ordering Physician's Signature (not required)** _____

Ordering Physician Fax (____) _____ Ordering Physician's Phone # (____) _____

Diagnosis/Symptoms (No "Rule Out") _____

Radiology Facility Requested _____

Place of Service Out-Patient ER 23 HOUR STAY **STAT** Yes No **Preop** Yes No

Appointment is Scheduled: Date _____ Time _____ Location _____
 Special Instructions (i.e., member sent as walk-in): _____
 Reference # _____

MEDICAL QUESTIONS	<p>Patient has a history of the following: (Check those that apply)</p> <p><input type="checkbox"/> Any Metal In The Body <input type="checkbox"/> Any Allergies To Contrast Material</p> <p><input type="checkbox"/> Any Previous Films To Area Being Scanned <input type="checkbox"/> Is The Patient Claustrophobic</p> <p><input type="checkbox"/> Has The Patient Had Surgery To The Area Being Scanned <input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> HX of Cancer</p>
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FLUOROSCOPY	<p><input type="checkbox"/> Esophagram <input type="checkbox"/> Small Bowel Series <input type="checkbox"/> IVP BUN _____ GREAT _____</p> <p><input type="checkbox"/> UGI <input type="checkbox"/> Barium Enema <input type="checkbox"/> IVP w/Tomography BUN _____ GREAT _____</p> <p><input type="checkbox"/> UGI w/Small Bowel <input type="checkbox"/> Voiding Cystogram <input type="checkbox"/> Other _____</p>
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ULTRASOUND	<p><input type="checkbox"/> Rt. Upper Quadrant <input type="checkbox"/> Complete Abdominal <input type="checkbox"/> Testicular Sono R L <input type="checkbox"/> Trans Vaginal</p> <p><input type="checkbox"/> Single Organ Gallbladder <input type="checkbox"/> Complete Retroperitoneal <input type="checkbox"/> Breast Sono R L <input type="checkbox"/> Venous Doppler-Upper</p> <p><input type="checkbox"/> Single Organ Pancreas <input type="checkbox"/> Pelvis <input type="checkbox"/> Fetal Age <input type="checkbox"/> Venous Doppler-Lower</p> <p><input type="checkbox"/> Single Organ Kidney <input type="checkbox"/> Prostate <input type="checkbox"/> Thyroid <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Single Organ Aorta</p>
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NUCLEAR MEDICINE	<p><input type="checkbox"/> Bone Scan <input type="checkbox"/> Thyroid Scan Only <input type="checkbox"/> Liver/Spleen Scan <input type="checkbox"/> Renogram/ERFP Scan</p> <p><input type="checkbox"/> Whole Bone Scan LTD Flow <input type="checkbox"/> Thyroid Uptake w/Scan <input type="checkbox"/> Hida Scan <input type="checkbox"/> Other _____</p>
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CT	<p><input type="checkbox"/> Without Contrast <input type="checkbox"/> Head <input type="checkbox"/> Upper Extremity R L <input type="checkbox"/> Abdomen <input type="checkbox"/> Cervical Spine</p> <p><input type="checkbox"/> With Contrast <input type="checkbox"/> Sinus Series <input type="checkbox"/> Lower Extremity R L <input type="checkbox"/> Pelvis <input type="checkbox"/> Thoracic Spine</p> <p>BUN _____ GREAT _____ <input type="checkbox"/> Sinus Limited <input type="checkbox"/> Chest/ Thorax <input type="checkbox"/> XRT Plan _____ <input type="checkbox"/> Lumbar Spine</p> <p><input type="checkbox"/> Other _____</p>
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MRI	<p><input type="checkbox"/> Without Contrast <input type="checkbox"/> Head <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Knee R L <input type="checkbox"/> MRA / Head</p> <p><input type="checkbox"/> With Contrast <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Upper Extremity R L <input type="checkbox"/> Shoulder R L <input type="checkbox"/> MRA / Neck</p> <p>BUN _____ GREAT _____ <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lower Extremity R L <input type="checkbox"/> Abdomen <input type="checkbox"/> Other _____</p>
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BONE DENSITY	<p><input type="checkbox"/> Dexa <input type="checkbox"/> QCT <input type="checkbox"/> Other _____</p>
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PET	<p><input type="checkbox"/> _____</p>
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OTHER	<p><input type="checkbox"/> _____</p>
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RADIOLOGY SCHEDULING: 1-888-835-4464

FAX: 1-888-863-4464

When completed, please retain as a part of patient record.

Medical Coverage Policy Updates

The following medical coverage policies have been updated and approved by the PARTNERS Physician Advisory Group:

Policy	Major Changes	Additional Notes
Chelation Therapy	Digitalis toxicity and arrhythmias added as indications for coverage	✓ Criteria for nonapproval expanded
Chemical Peel	Limited to: 6 peels within 6 months	✓ Photos no longer required
Dental Services Due to Accidental Injury	Name changed to: Dental Services Due to Injury	✓ Removed limitation of treatment beyond post-injury period
Dental Hospitalization	Name changed to: Dental Hospital or Outpatient or Ambulatory Surgery Center	✓ Criteria for approval expanded in accordance with NC State Legislative Statutes
Varicose Vein Treatment	Endoluminal Radiofrequency Ablation added to coverage approval with Medicare guidelines	
Vertebroplasty	Names changed to: Vertebroplasty/ Kyphoplasty Percutaneous Kyphoplasty is covered when Medicare criteria are met.	✓ Required conservative therapy prior to procedures reduced to 6 weeks.

If you have questions regarding the PARTNERS policies or wish to obtain a copy please contact your Network Representative.

The Pharmacy Connection Changes for 2003

Additions to the PARTNERS formulary effective October 2003:

- Crestor
- Emend
- Finacea

Deletions to the PARTNERS formulary effective January 1, 2004:

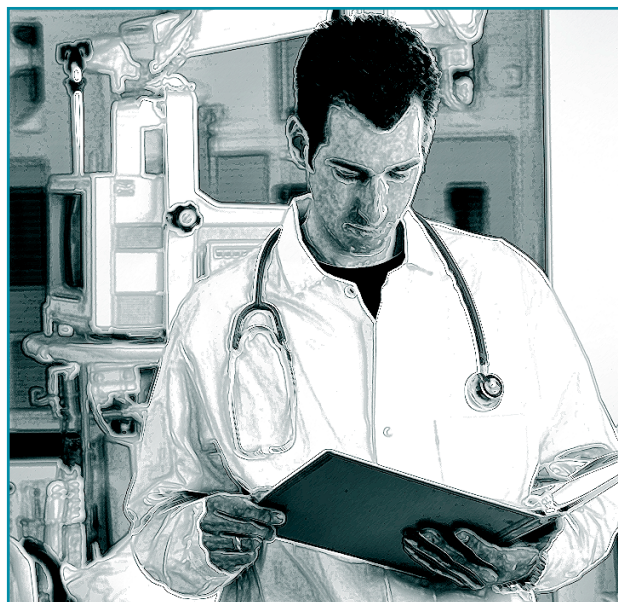
- Celebrex
- Bextra
- FML Forte

Benefit Exclusions from the PARTNERS formulary effective January 1, 2004:

Beginning January 1, 2004, Prilosec and omeprazole will no longer be covered under the pharmacy benefit.

New Benefit for PARTNERS Medicare Choice Members Effective January 1, 2004:

PARTNERS Medicare Choice (PMC) Members participating with PMC through the individual plan will pay a \$15.00 copayment for covered generic drugs, subject to PARTNERS formulary and coverage limitations. These drugs will be identified for providers in the 2004 PARTNERS formulary.



Network Management Field Offices

Office	Charlotte	Greensboro	Greenville
Phone	(704) 561-2740	(336) 316-5374	(252) 758-4745
Fax	(704) 676-0501	(336) 316-0259	(252) 752-6705
Address	PO Box 35209 Charlotte, NC 28235	2303 W. Meadowview Rd., Ste. 200 Greensboro, NC 27407	PO Box 1447 Greenville, NC 27835
Office	Hickory	Raleigh	Wilmington
Phone	(877) 889-0002	(919) 469-6935	(877) 889-0001
Fax	(828) 431-3155	(919) 469-6909	(910) 509-3822
Address	PO Box 1588 Hickory, NC 28601	2501 Aerial Center Drive Suite 225 Morrisville, NC 27560	2005 Eastwood Road Suite 201 Wilmington, NC 28403

PARTNERS Central Office Telephone and Fax Numbers:

Telephone Numbers:

800-942-5695 or 336-760-4822 (General Information)
 888-296-9790 or 336-774-5400 (Provider Information Line)
 888-310-4110 (PARTNERS Medicare Choice Customer Service)
 336-774-5412 (PARTNERS Disease Management)

Fax Numbers:

Claims: 336-659-2962
 Referrals: 336-659-2944
 Customer Services: 336-659-2963
 Health Services: 336-794-1556 (Utilization Review/Precertification)
 336-659-2945 (Case Management)
 336-794-1546 (Disease Management)

Mailing Addresses for Claims

PHYSICIAN Claims Address:

PARTNERS National Health Plans of NC, Inc.
 P.O. Box 17268
 Winston-Salem, NC 27116-7268

FACILITY Claims Address:

PARTNERS National Health Plans of NC, Inc.
 P.O. Box 17368
 Winston-Salem, NC 27116-7368