Availity® and THIN® Join Together

The joint venture of Availity and THIN brings together the expertise and resources of two leaders in health care technology and medical claims transaction management. This relationship increases the value provided to customers and broadens the flow of information, as more providers and other health care constituents are able to capitalize on real-time electronic transactions via Availity's secure Internet portal, Gateway. The Availity/THIN union creates an organization that offers many benefits to the providers, payers and vendors that it serves.

What does this joint venture mean to you?

As a current THIN submitter, there will be changes to the existing THIN gateway and enrollment processes. As such, Availity and THIN will work hard to make this as smooth a transition as possible. As details are finalized, you will have access to the Availity Gateway. This gateway serves as a single secure point of entry to a network of health plans and serves as a foundation to exchange compliant health care transactions in real time with multiple payers.

Availity benefits include, but are not limited to, real-time and batch HIPAA compliant transactions and the capability to share information seamlessly with practice management and hospital information systems. Additional benefits include a reduction in overall healthcare expenses and the ability to streamline workflows by accessing real-time eligibility and benefits, claim status and authorization/referral information. This enables users to realize the benefits of improving clean claim rates, thereby minimizing the claims payment turnaround times and reducing the revenue cycle management process that exists in healthcare today.

We will bring you more information on the Availity/THIN union in forthcoming Blue Reviews. In the meantime, feel free to visit Availity's Web site at www.availity.com for a demonstration of the Availity Gateway. You may also visit the THIN Web site at www.thinedi.com for the official press release of Availity/THIN.

HealthSelect (Groups 38000/38001)

There will not be any benefit changes effective September 1, 2006 for HealthSelect participants. This means office visit co-payments, coinsurance and deductible amounts (when applicable) will remain the same. Complete benefit information can be found on our dedicated HealthSelect Web site at www.bcbstx.com/hs.
Help Expedite Processing of Predetermination Requests and Electronic Claims

To help expedite the processing of predetermination requests, please use the Predetermination Request Form, located under the Downloadable Forms section on the BCBSTX Provider Web site at: www.bcbstx.com/provider/downloadable_forms.htm. Predetermination requests received without the appropriate form may be routed inappropriately and therefore delay processing. As well, please include the appropriate cover sheet.

To submit additional information about electronic claims, please use the fax/mail EMC Documentation Cover Sheet, located on the THIN Web site at: www.thinedi.com/pdf/guides/exhibit3_faxdoc_tx.pdf. If an electronic claim — for which additional information is being mailed or faxed — is not received within the designated time frame, the claim can only be processed based on the initial information received. As a result, claims may be delayed or rejected pending the necessary additional information.

NUBC Announces Approval of UB-04

Following the close of a public comment period in February 2005, and careful review of comments received, the National Uniform Billing Committee (NUBC) approved the UB-04 as the replacement for the UB-92. Receivers (health plans and clearinghouses) need to be ready to receive the new UB-04 by March 1, 2007. Submitters (health care providers such as hospitals, skilled nursing facilities, hospice and other institutional claim filers) can use the UB-04 beginning March 1, 2007. However, they will have a transitional period between March 1, 2007 and May 22, 2007 during which they can use the UB-04 or the UB-92.

Starting May 23, 2007, all who submit institutional paper claims must use the UB-04. The UB-92 will no longer be accepted after this date.

The final image of the UB-04 Form, a summary of the public comments/NUBC responses, and information on how to obtain a beta version of the UB-04 Data Specifications Manual has been posted on the NUBC Web site at: www.nubc.org.

Note: Providers should contact their software vendors to ensure they are aware of these changes and can meet the designated timelines. These new forms may require an update to your practice management software.

Medical Policy Disclosure Statement

New or revised medical policies, when approved, will be posted on the BCBSTX Web site on the first or the fifteenth day of each month.

Those policies requiring disclosure will become effective 90 days from the posting date. Policies that do not require disclosure will become effective 15 days after the posting date. The specific effective date will be noted for each policy that is posted.

To view pending policies, go to the General Reimbursement section at www.bcbstx.com/provider and click on Medical Policies. After reading the policies disclaimer, click on “I Agree” to advance to the Medical Policy page. The policies can be accessed by clicking on the View Pending Policies tab.
Culture & Medicine Program, Plus Practice Consultation
Offered to Texas Physicians

The importance of knowing how to properly treat patients from various cultures, religions and ethnicities can literally mean the difference between life and death. Language barriers, coupled with a lack of understanding a patient’s ethnic background, religion or traditions, appear to be the main reasons medical errors occur, according to the Office of Management and Budget.

Physicians can now take part in the Culture & Medicine Program, including access to online training that aims to reduce the challenges and frustrations often associated with providing health care to patients of varying cultures.

Culture & Medicine is a quality improvement initiative sponsored by Texas Medical Foundation (TMF) Health Quality Institute in partnership with the Centers for Medicare & Medicaid Services (CMS) and the Office of Minority Health (OMH). TMF is the Medicare Quality Improvement Organization (QIO) for Texas and is committed to supporting the reduction of health disparities among diverse populations.

What is TMF’s Culture & Medicine Program?
The Culture & Medicine Program is directed at primary care physicians in Texas and is funded by CMS. The program is offered at no cost and includes:

• An online course entitled, “A Physician’s Practical Guide to Culturally Competent Care,” developed by the OMH. It’s designed to equip primary care physicians with awareness, knowledge, and skills to incorporate culturally competent policies, structures and methods to provide services for people from diverse ethnic, racial, cultural and linguistic backgrounds. Physicians can access the Web site at: www.tmf.org/9CME.

• Tools and resources to assist physician offices in managing situations that require the delivery of culturally competent care, access to language services, and knowledge and utilization of supportive healthcare organizations.

• Up to 9.0 CME credits for physicians and 10.8 CNE credits for nursing staff at no charge.*

• A three percent professional liability insurance premium discount of up to $1,000 to physicians insured by Texas Medical Liability Trust.

What is cultural competency?
Cultural competency refers to the level of knowledge-based skills and attitude required to provide effective clinical care to all patients including persons with limited English proficiency, those with low literacy skills and individuals with disabilities. Cultural competency training provides a better understanding of culture and the role it plays in health outcomes, patient and staff satisfaction, medical liability and cost.

What is the TMF Health Quality Institute?
The BCBSTX Physician Office Review Team is working with TMF to help physician offices learn more about the provision of culturally competent care. TMF, a nonprofit organization under contract with CMS, provides primary care practices (internal medicine and family medicine) free consulting services to help them successfully implement the Cultural and Linguistically Appropriate Services (CLAS) Standards, following the completion of the online course, “A Physician’s Practical Guide to Culturally Competent Care.”

To participate in the Culture & Medicine Program, please call the Physician Office Quality Improvement Team at: 1-866-439-8863 or visit www.tmf.org/9cme.

*Professional Education Services Group (PESG) designates this educational activity for a maximum of 9.0 category 1 credits toward the AMA Physician’s Recognition Award, and the Academy of Family Physicians also provides credits at Category 1. Educational credit is earned in increments of three for each of three training modules.
Exciting Changes Ahead for AIM’s ProviderPortal℠

As a result of market usability studies, numerous comments and suggestions on the ProviderPortal Web Order Entry Application at www.americanimaging.net, AIM is responding with a new, updated version.

The exciting enhancements to the ProviderPortal will expand the functionality of the application to increase efficiency and user satisfaction when ordering high tech diagnostic imaging exams. Not only will there be a new look and feel to the ProviderPortal, current features such as the home page, Preauthorization/RQI requests and help functions will be updated. Look for changes to be in effect during the fourth quarter 2006.

The following is a snapshot of some changes you will find on the ProviderPortal:

- Sortable grids detailing preauthorization request information/RQIs will be conveniently located on the new My Homepage each time users log on. For ease of use, physician offices will be able to customize their display of Preauthorizations/RQIs.

- The Reference Desk will provide self-guided training and tutorials to assist users with the Preauthorization/RQI Inquiry process. Clicking the Help Link will display a complete Table of Contents and search capabilities. Every screen will contain Helpful Tips that can expand or collapse depending on the preferences of the user.

The enhancements to the ProviderPortal are part of AIM’s ongoing efforts to improve the ease of use and performance of the ProviderPortal.

Reminders:

BlueChoice®/BlueChoice Solutions Physicians and professional providers must contact AIM first to obtain a RQI number when ordering or scheduling the following outpatient diagnostic imaging services when performed in a physician’s office, a professional provider’s office, the outpatient department of a hospital, or a freestanding imaging center: CT/CTA, MRI/MRA, SPECT/Nuclear Cardiology study or PET scan.

Please note: Facilities cannot obtain a RQI number from AIM on behalf of the ordering physician. Also, the RQI program does not apply to BlueCard subscribers.

HMO Blue® Texas HMO Blue Texas physicians and professional providers located in Collin, Dallas, Denton, Ellis, Grayson, Johnson, Kaufman, Parker, Rockwall, Tarrant or Wise counties must contact AIM first to obtain a preauthorization when ordering or scheduling the following outpatient diagnostic imaging services when performed in a physician's office, a professional provider's office, the outpatient department of a hospital, or a freestanding imaging center: CT/CTA, MRI/MRA, SPECT/Nuclear Cardiology study or PET scan.

Note: HMO Blue Texas physicians and professional providers located outside of Collin, Dallas, Denton, Ellis, Grayson, Johnson, Kaufman, Parker, Rockwall, Tarrant or Wise counties are not required to get preauthorization for outpatient, non-emergency diagnostic imaging services when ordering or scheduling the following outpatient diagnostic imaging services when performed in a physician's office, a professional provider's office, the outpatient department of a hospital, or a freestanding imaging center: CT/CTA, MRI/MRA, SPECT/Nuclear Cardiology study or PET scan.

Additional Note: Physicians who are contracted/affiliated with a capitated IPA/Medical Group, and physicians who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is a member of a capitated IPA/Medical Group, must contact the applicable IPA/Medical Group for instructions regarding outpatient radiology services.

Medical Policy Review

In an effort to streamline the medical document review process we will begin posting draft medical policies on the BCBSTX Web site. After logging onto the Web site you can review the documents and provide your feedback online. The documents will be made available for your review on the first and the fifteenth of each month with a review period of approximately two weeks.

To view draft policies, go to www.bcbstx.com/provider, refer to the General Reimbursement Information section (within the body of the main provider page) and click on “Draft Medical Policies.” After reading the policies disclaimer, click on “I Agree” to advance to the Medical Policy Page.
CPT Modifier 50 — Bilateral Procedures

Modifier “50” is used to report procedures performed bilaterally (which are those procedures typically performed on both sides of the body) and during the same operative session.

An example of the appropriate use of the “50” modifier would be procedure code 64470 below. The scenario is: injection, anesthetic agent and/or steroid, paravertebral facet joint nerve; cervical or thoracic, single level. The current coding manual indicates that this is a unilateral procedure. So to report this as being performed bilaterally, add the modifier “50” to the procedure code and indicate “1” as the units/days - this indicates two procedures were performed (on the same day).

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</table>


Billing procedures as two lines of service, using the left (LT) and right (RT) modifiers, is not the same as identifying the procedure with modifier “50.” Modifier “50” is the coding practice of choice when reporting bilateral procedures.

Implementation of Interactive Voice Response (IVR) System

BCBSTX is pleased to announce that in the fourth quarter of 2006 we will have a new and improved phone system option for providers . . . Interactive Voice Response System. Our new system uses speech technology and new interfaces that deliver faster and more consistent responses. In addition to voice recognition and easy-to-navigate menus, other enhancements include:

- Expanded benefits information
- Increased hours of availability
- More detailed claim data
- Reduced number of times provider number entry is required
- Reasons for claim denial

Our new IVR system has been designed to be user-friendly and provide more detailed information comparable to that of a Customer Advocate. Touch tone navigation will still be an option should that be your office’s preference.

Updates on availability and user-reference materials will be posted on the Provider Web site at: [www.bcbstx.com/provider](http://www.bcbstx.com/provider).

Attention Paper Claim Submitters: CMS-1500 Form Update

The National Uniform Claim Committee (NUCC) is set to release the revised version of the CMS-1500 (08/05) Health Insurance Claim Form for paper claim submissions. Please continue to use the current version CMS-1500 (12/90) when submitting claims to BCBSTX. An article will be submitted to Blue Review when our systems are ready to accept the new CMS-1500 (08/05) version.
Attention BCBSTX Providers: We’re ready to collect your NPI Numbers

As you may already know, by May 23, 2007 all HIPAA covered health care providers, both individuals and organizations, will need to get a National Provider Identifier (NPI) number for all HIPAA electronic transactions. These transactions include claims, eligibility/claim status inquiries and responses, referrals and payment summaries. Below are some important dates you will need to know regarding NPI implementation:

July/Aug. 2006 — BCBSTX begins initial data collection. An NPI submission form was sent by BCBSTX to all providers and a survey was sent to organizations/facilities.

Nov. 2006 — BCBSTX will start accepting NPI numbers along with your existing BCBSTX ID on standard electronic claim transactions. A formal announcement with the exact date will be published in the BCBSTX NPI Times before the end of October.

May 23, 2007 — NPI numbers will be your only provider identifier and will replace the multiple provider identification numbers you currently use. That means you will no longer be able to use your old provider numbers (Medicare UPINs, Blue Cross and Blue Shield provider numbers, CHAMPUS numbers, Medicaid IDs, etc.).

Note to paper claim submitters: We will notify you when we can begin accepting the new CMS-1500 Claim Form.

Collection Process

NPIs are generated using the National Plan and Provider Enumeration System (NPPES). The system has categorized providers into the following two entity types:

- **Type 1)** Individuals who render health care or furnish health care supplies to patients
- **Type 2)** Organizations other than individuals that render health care services, or furnish health care supplies to patients

Professional providers (Type 1): If you already have your own NPI, please complete the NPI Submission Form you received from us in the mail, and fax the form, along with a copy of your confirmation letter from NPPES, to 1-866-589-8254. If you did not receive a copy of the NPI Submission Form you can get a copy online. Just go to the provider portal of our Web site at www.bcbstx.com/provider and click on the NPI logo.

Hospitals and medical facilities (Type 2): You may also identify subparts that need their own NPIs. We need your input. Please complete the NPI Implementation Enumeration Survey that was mailed to you in August and fax it back to us at 1-866-589-8254. If you did not receive the survey, you can get a copy online at www.bcbstx.com/provider and click on the NPI logo.

Don't have your NPI yet?

You can apply today in one of the following ways:

**Online application:**
www.nppes.cms.hhs.gov/NPPES/Welcome.do

**Mail:** Complete a paper copy by downloading it from www.nppes.cms.hhs.gov/NPPES/Welcome.do, or by calling 1-800-465-3203 to request a paper copy. Send all paper applications to:

NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

What’s New

Look for this NPI logo. We have adopted a new logo for news and information related to NPI. Look for this logo in future publications and online news at: www.bcbstx.com/provider.

BCBSTX NPI Times

This fall we will be unveiling a special BCBSTX NPI newsletter with the latest and most current information you need to know. Watch for your copy of the BCBSTX NPI Times.

For more information, the following resources are available:

- The NPI Enumerator Web site at www.nppes.cms.hhs.gov/NPPES/Welcome.do or their Call Center at 1-800-465-3203
- BCBSTX Web site at www.bcbstx.com/provider for updates and answers to frequently asked questions
- Blue Review provider newsletter
Enhancements to Processing Professional Claims

BCBSTX will be regularly communicating enhancements made to the processing of professional claims and associated payment-auditing logic within this quarterly newsletter. Below are highlights of enhancements with their effective date that have been made since our last notice. This action is not retroactive to claims processed prior to the effective date listed.

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The five character codes included in this article were obtained from the Physician’s Current Procedural Terminology (CPT®), copyright 2006 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. CPT is a registered trademark of the AMA.
Fraud Alert

Each year, fraud costs the health care industry over $54 billion dollars, largely contributing to the rising cost of health care for all Americans. In response to this problem, BCBSTX created the Special Investigations Department (SID). The SID is committed to fighting fraud, reducing health care costs and protecting the integrity of the BCBSTX provider network.

To be successful, the SID needs your help. Providers should report any suspicions of fraud committed by patients and others in the medical profession. Below are hypothetical examples of common fraud schemes. More information is available online through the SID’s free fraud awareness program at www.bcbstx.com/sid.

Identity Swapping:
A BCBSTX member works for a construction company that does not provide health insurance benefits to its employees. The member has health insurance through his wife’s employer. The member’s co-worker severely injures his hand at a construction site one day and is rushed to the emergency room. Knowing that his co-worker does not have health insurance, the member gives the emergency room intake person his insurance card. The next month, the member’s wife receives an Explanation of Benefits (EOB) form that indicates the member had surgery to repair a hand injury. His wife immediately contacts BCBSTX to report a billing error since her husband did not injure his hand or require emergency room care on the specified date.

Black Market Drug Sales:
ABC Pharmacy recently informed Dr. Smith that two of his patients have been presenting multiple prescriptions for expensive drugs that were allegedly prescribed by Dr. Smith. The pharmacy also informed him that the quantity and nature of the drugs were unusual and potentially dangerous to his patients’ health. As a result, Dr. Smith suspects that a prescription pad was stolen from his office and used to obtain drugs that he did not authorize or prescribe. Dr. Smith reports his suspicions to the SID.

Provider Checklist:
Some simple steps can help prevent situations like these and ensure that you do not encounter other problems within your own practice:

✔ Verify patient ID: Ask for a picture ID to ensure that the person presenting the BCBSTX insurance card is the “owner” of that card.
✔ Use proper billing codes: Consult CPT, ICD-9 and HCPCS code books and other resources to verify that the codes being used are accurate and appropriate. Members of the American Medical Association (AMA) are encouraged to contact the AMA at 1-800-634-6922 for coding information and guidance.
✔ Consult Medical Policies for benefit eligibility: All active and pending medical policies are available at: www.bcbstx.com/provider. Under the “General Reimbursement Information” section, click on Medical Policies.
✔ Check patient history: Help prevent prescription drug fraud, ask patients if they are seeing or have obtained prescriptions from other doctors.
✔ Safeguard your prescription pads: Prescription pads should not be left accessible to members. Prescription forms used in pharmacy fraud schemes are often stolen from a provider’s office during medical visits.
✔ Police your peer group: Fraud committed by members of your peer group can adversely affect your practice in many ways and should be reported to the SID. Reporting fraud is the right thing to do and will protect the integrity of your profession and the BCBSTX network.
Spot-check audit billing services and consulting firms: Implement procedures to ensure that information, such as the nature of the services rendered, is accurately communicated to BCBSTX when using third party firms and services. Although the coding and billing are done by an outside service, the provider may be held responsible for any fraud your billing service may commit.

New procedures: Check to ensure that new procedures and services are recognized by the FDA and the medical community, and not considered experimental or investigational.

Seminars: You may receive information on seminars that will teach you ways to increase your “bottom line.” Be cautious of these seminars as they often involve “enhancements” to your practice that may result in fraud. Remember, if it sounds too good to be true, it probably is.

The SID maintains a 24-hour fraud hotline through which you can report any suspicions of fraud. All calls are confidential and you may report your information anonymously.

To file a report, call the hotline at 1-877-272-9741 or go to www.bcbstx.com/sid/reporting.

Quick Tips for Filing Out-of-Area Claims

BCBSTX strives to process claims quickly and accurately. Following these helpful tips will improve your claim processing experience:

- **Ask members for their current member ID card** and regularly obtain new photocopies (front and back). Having the current card enables you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claim payment delays.

- **Check eligibility and benefits** electronically at www.bcbstx.com or by calling 1-800-676-BLUE (2583). Be sure to provide the member’s alpha prefix.

- **Obtain the member’s cost sharing amount.** Please do not collect full payment upfront.

- **Indicate on the claim any payment you collected from the patient.** On the 837 Electronic Claim Submission Form, check field AMT01=F6 Patient Paid Amount; on the CMS1500 Locator 29, Amount Paid; on UB92 Locator 54, Prior Payment; on UB04 Locator 53, Prior Payment.

- **Submit all Blue claims to BCBSTX electronically** or if necessary file your paper claim to P.O.Box 660044 Dallas, Texas 75266. Be sure to include the member’s complete identification number as it appears on the member ID card when you submit the claim. This includes the three-character alpha prefix. Submit claims only with valid alpha-prefixes — claims with incorrect or missing alpha prefixes and member identification numbers cannot be filed correctly.

- **Do not send duplicate claims.** Sending duplicate claims, or having your billing agency resubmit claims automatically, actually slows down the claim payment process and creates confusion for the member. Checking claim status will eliminate duplicate claim issues.

- **Check claim status** by contacting BCBSTX at 1-800-451-0287 or submitting an electronic HIPAA 276 Transaction (claim status request) to BCBSTX.

If you have any questions about filing claims for Blue members:

- Talk to your local Provider Network Representative
- Visit us online at www.bcbstx.com/provider
- Contact a Customer Advocate at 1-800-451-0287
Claim Coding for Co-Surgery and Anterior Approach

When a general or thoracic surgeon works with a spinal surgeon to perform an anterior spinal fusion with cages and bone grafting, how should we code the claim?

When two surgeons work together performing distinctly separate part(s) of a single procedure meet the criteria for co-surgery, both surgeons should list the same single primary procedure code adding the modifier -62. Each surgeon should report his or her individual operative work by dictating a separate operative report. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session by the spinal surgeon only, these procedures should not be reported with the modifier -62 by the general or thoracic surgeon.

**Example:** A spinal surgeon and a general thoracic surgeon worked together to perform an anterior spinal fusion of L3-L4. The spinal surgeon completed the instrumentation and bone grafting without assistance. Therefore, the spinal surgeon would bill these procedures alone.

<table>
<thead>
<tr>
<th>Spinal Surgeon</th>
<th>General/Thoracic Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior fusion</td>
<td>22556-62</td>
</tr>
<tr>
<td>Anterior instrumentation</td>
<td>22851</td>
</tr>
<tr>
<td>Iliac crest graft</td>
<td>20937</td>
</tr>
</tbody>
</table>

When the general or thoracic surgeon is the co-surgeon for the primary procedure and assists the spinal surgeon for the remainder of the case, how would the coding differ?

When a general or thoracic surgeon continues as an assistant in the performance of additional procedure(s) during the same operative session, those services may be reported using the procedure code(s) with the appropriate modifier -80 or -81 added.

**Example:** The general or thoracic surgeon was the co-surgeon on the primary procedure and assisted the spinal surgeon on the remainder of the case, the coding follows:

<table>
<thead>
<tr>
<th>Spinal Surgeon</th>
<th>General/Thoracic Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior fusion</td>
<td>22556-62</td>
</tr>
<tr>
<td>Anterior instrumentation</td>
<td>22851-80</td>
</tr>
<tr>
<td>Iliac crest graft</td>
<td>20937-80</td>
</tr>
</tbody>
</table>

When the spinal surgeon performs the approach as well as the fusion how do you code for the anterior approach?

The spinal surgeon should only bill for the primary procedure by submitting the definitive procedure code alone. Since the incision and closure of the incision are included in the definitive procedure in the spinal code section of coding manuals, it would be inappropriate to use any modifiers in this instance.
Blue Medicare PPO Claim Submission Information

Requirement for Submitting Electronic Claims

HCSC Insurance Services Company (HISC), a wholly owned subsidiary of HCSC, offers a Blue Medicare PPO Plan for Texas, and claims can be submitted electronically to THIN.

The requirements are:

• You must be currently enrolled with THIN to transmit electronic claims; no new enrollment is required.
• Use existing BCBS provider numbers. **By May 23, 2007 you will use your NPI number.**
• Claims must be submitted as Medicare with Receiver Type C.
  Texas Payer ID = TXPPO Member ID Alpha Prefix = ZGD

If you have any questions, contact THIN at **1-877-334-8446** or contact Blue Medicare PPO Customer Service at **1-866-706-7745**.

Eligibility and Claims Status Inquiry

In addition to submitting claims electronically, you can submit the following HIPAA transactions for Blue Medicare PPO:

• Eligibility Claim Inquiry — HIPAA 270  
• Eligibility Response — HIPAA 271  
• Blue Medicare PPO Claim Status — HIPAA 276  
• Claim Status Response — HIPAA 277

Electronic Remittance Advice (ERA) Recipients

If you currently receive BCBS ERAs you are automatically enrolled to receive the Blue Medicare PPO ERA. If you do not currently receive this money saving transaction and would like to begin receiving it, please complete the THIN ERA Enrollment Form located at: [www.thinedi.com/enrollment.htm](http://www.thinedi.com/enrollment.htm). Below is a list of the payer IDs that will be returned on the ERA.

<table>
<thead>
<tr>
<th>BlueChoice Solutions</th>
<th>Blue Cross and Blue Shield TX</th>
<th>G84980</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Blue Medicare PPO TX</td>
<td>CTXPPPO</td>
</tr>
</tbody>
</table>

If you have questions about THIN enrollment processes, please contact our EDI Help Line at **1-877-334-8446**.

**BlueChoice Solutions Fall 2006 Evaluation Results Completed**

We recently completed the 2006 fall evaluations for the BlueChoice Solutions physician and professional provider network. Participating BlueChoice physicians and professional providers received a notification letter regarding their participation status in the BlueChoice Solutions network. BCBSTX Provider Finder® on [www.bcbstx.com](http://www.bcbstx.com) will be updated in January 2007 to reflect changes to the BlueChoice Solutions network.

If you cannot locate your eligibility notification letter or you are interested in obtaining a copy of your 2006 Fall Provider Summary, please contact your local Professional Provider Network Office.

An Independent Licensee of the Blue Cross and Blue Shield Association.
Enhanced Provider Finder Search Function

Blue Distinction™, is a program sponsored by Blue Cross and Blue Shield companies to create a unique level of health care transparency with two goals:

Engaging consumers to enable more informed health care decisions and collaborating with providers to improve long-term care results and affordability.

Blue Distinction is an evolving, ever-changing program that will grow as the health care needs of consumers and employers change in our communities. This program responds to consumers and employers requesting more information as they participate more actively in the management of their health care.

BCBSTX is participating in this program and is currently identifying and testing the most effective ways to help our members learn about the relative costs of medical services. We are planning to enhance the BCBSTX Provider Finder tool so members can access information on affordability and evidence-based care for participating physicians and professional providers in the BlueChoice and BlueChoice Solutions provider networks.

For additional information or updates on this program, please visit the BCBSTX provider Web site.

Reminder to Use In-Network Facilities and Providers

With respect to the care of your patients, BCBSTX understands that you have the ultimate responsibility for and professional authority over your practice. As a reminder, your participating provider agreement requires that you utilize participating in-network facilities, and physicians and professional providers. Failure to use participating facilities, participating physicians or professional providers could result in the termination of your participation in the BCBSTX PPO/POS network.

If you have any questions regarding the participating facilities, participating physicians or professional providers in your area, please visit our Web site at: www.bcbstx.com/provider. Click on Provider Finder or contact your local Facility or Professional Provider Network Representative.

Co-payments Clarification for FEP Subscribers

The Basic Option for Federal Employee Program (FEP) subscribers stipulates a $20 co-payment for primary care physicians (PCP) defined as family practitioners, internists, obstetricians/gynecologists and pediatricians.

A $30 co-payment applies to specialty care physicians/providers (SCP) such as gastroenterologists, orthopedics, ophthalmologists, chiropractors, etc.

FEP uses the group practice specialty to apply the co-payment that is in the best interest of the member. Normally, this means that the lower co-payment will be applied if there are multiple specialties within the group. If you have any questions about how your office is classified for this product please contact FEP Customer Service at 1-800-451-0287.
BlueChoice Solutions — Large Employer Groups List

For your reference, the following is an alphabetical list of large employer groups currently enrolled in BlueChoice Solutions. Please note that the employer groups listed below include insured and self-funded health plans. These employer groups may have chosen the BlueChoice Solutions network as an optional network for their employees. For example, BCBSTX, HEB, TXU and Vought Aircraft Industries, Inc. offer BlueChoice Solutions as an optional network for their employees.

BlueChoice Solutions Large Employer Groups

A/W Mechanical Services, L.P.
Ameri-Tech Kidney Center, P.A.
Austin Traffic Signal Construction Co.
Babs Holding Company
Bancroft & Sons Transportation, Inc.
Bank of the West
Bert Ogden Olds, Nissan & BMW, Inc.
Blue Cross and Blue Shield of Texas
Boccard USA Corporation
Brock Enterprises Inc.
Caprock Home Health Services, Inc.
Central Cardiovascular Institute
CFF Recycling USA
Challenger Process Systems Co.
City of Corsicana
City of De Soto
City of Pharr
City of South Houston
Crowley Independent School District
Del Papa Distributing Company
DIAB LP DBA DIAB, Inc.
Double B Foods, Inc.
Eagle Construction and Environmental Services
Energy Equipment Corp.
Galveston County W.C.I.D. #1
H.E. Butt (HEB) Grocery Company
House Calls Home Based Health Care
International Muffler Company
KBA Group LLP
Lantern Drilling Company
Linco-Electromatic, Inc.
Lone Star Communications, Inc.
Mammoet U.S.A., Inc.
Maund Automotive Groups
Mid-Coast Electric Supply, Inc.
Modern Method Gunite
National Terrazo Tile & Marble, Inc.
Navarro Pecan Company, Inc.
Orval Hall Excavating, Ltd.
R.E. Janes Gravel Co.
Red Dot Corporation
Security General International, Ltd.
Southern Services, Inc.
Specialized Maintenance Services
Taromont Industries
Trinidad Drilling USA Ltd.
Tyler Pipe, a Division of McWane
TXU
United Services Mechanical Corp.
Vought Aircraft Industries, Inc.
Whitney National Bank
Ypone Operations, LLC
Zyvex Corporation

A sample of the BlueChoice Solutions ID card is provided at the left. Each subscriber ID card includes the BlueChoice Solutions logo for easy recognition. The Network No. is also specific to BlueChoice Solutions — PSNOA. The standard subscriber number developed for BlueChoice Solutions begins with the alpha prefix of ZGO. However, there are exceptions to the ZGO prefix for certain BlueChoice Solutions employer groups. Note: In Texas, BlueChoice Solutions subscribers must use BlueChoice Solutions physicians/professional providers for in-network benefits. For additional information about BlueChoice Solutions, please visit the BCBSTX Web site at www.bcbstx.com/provider, click on “Learn More — BlueChoice Solutions.”
H.E. Butt Grocery Company (HEB) Offers Maternity Program

The BCBSTX maternity program is available at no additional cost to HEB Partners or their covered dependent(s). This program is a comprehensive health care management program designed to help expectant mothers understand and manage their pregnancies. HEB is attempting to increase enrollment in this program through several outreach programs, including this newsletter.

The expectant mother can call 1-800-462-3275 to enroll in the program and speak to an experienced case manager. Spanish speaking case managers are available. As an extra incentive to enroll in the program, HEB offers a $50 HEB gift card upon enrollment in the first trimester and a $100 HEB gift card upon completion of the maternity program.

HEB would appreciate you mentioning this program to any pregnant HEB Partner or their covered dependent(s) as soon as they are identified as being pregnant, so that they may receive the full benefit of participation.

HEB Wellness Benefit Reminder

HEB would like to remind physicians and professional providers about the wellness benefits and preventive services for their members and dependents that are covered at 100 percent of the allowed amount. Please note: The deductible is waived if services are performed by in-network physicians or professional providers or if an in-network physician or professional provider refers the member to an in-network lab or x-ray facility.

Please refer to the list below:

Office Visits:
- One visit per year for routine physical exam
- One visit per year for well woman exam
- One visit per year for pap smear
- One visit per year for routine digital rectal exam
- One visit per year for prostate specific antigen test

Lab and X-ray Services (Includes lab and x-ray services performed in an in-network physician's or professional provider's office or if an in-network physician or professional provider refers the member to an in-network lab or x-ray facility)

Hearing Exams

Routine Mammograms (Age 35 & over. This age differs from the 2006 Wellness Guidelines)

Prostate Cancer Screening (PSA)

For additional information on the Wellness Guidelines, please visit the provider section of the BCBSTX Web site at www.bcbstx.com/provider, click on Wellness Guidelines under UM/QI/Medical Management.

TRS-ActiveCare Plan Change in Effect September 1

The Teacher Retirement System of Texas (TRS) has announced only one minor change to the TRS-ActiveCare PPO plans administered by BCBSTX. Effective September 1, 2006:

- ActiveCare 1: The plan year deductible per individual changes from $1,000 to $1,050
- ActiveCare 2: No plan changes
- ActiveCare 3: No plan changes

Please review the TRS-ActiveCare Quick Reference Guide inserted in this publication. This guide provides details on TRS-ActiveCare coverage and sample ID cards. All plans include prescription drug benefits administered by Medco® Health Solutions, Inc. (Medco) and behavioral health benefits provided by INROADS® Behavioral Health Services of Texas, L.P., a Magellan™ Behavioral Health Company.

As one of the largest public health care programs in the state, participation in TRS-ActiveCare continues to grow. Currently, over 1,000 school districts/entities participate in the program, providing health coverage to over a quarter of a million employees and their family members. More information on TRS-ActiveCare, including information on new participating districts, will be featured in future editions of Blue Review.
Outpatient Clinical Reference Laboratory for HMO Blue Texas

Laboratory Corporation of America (LabCorp) is the exclusive outpatient clinical reference laboratory provider for HMO Blue Texas members (see note below for exceptions).

To find the closest LabCorp Patient Service Center, please call LabCorp’s automated phone system toll-free at 1-888-LABCORP or visit their Web site at www.labcorp.com. Both systems will prompt you for your ZIP code and will provide those service centers nearest that ZIP code location.

You may also find a complete list of participating providers by using the Provider Finder search tool at www.bcbstx.com/provider or by contacting your local Professional Provider Network Office. For physicians and professional providers located in certain counties, only the lab services/tests indicated on the Reimbursable Lab Services list will be reimbursed on a fee-for-service basis if performed in the physician’s office for HMO Blue Texas members. Please note that all other lab services/tests performed in the physician’s or professional provider’s office will not be reimbursed. You may access the county listing and the revised Reimbursable Lab Services list that will be effective October 1, 2006 at www.bcbstx.com/provider under the General Reimbursement section. The password for the General Reimbursement section is “manual.”

Note: Physicians who are contracted/affiliated with a capitated IPA/Medical Group, and physicians who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is a member of a capitated IPA/Medical Group, must contact the applicable IPA/Medical Group for instructions regarding outpatient laboratory services.

Breast Cancer Prevention Incentive Initiative

Utilizing incentives can provide motivation to succeed. In 2005, BCBSTX incentivized HMO members to obtain a mammogram through a drawing for one of five $100 American Express Gift Cheques. HMO female members ages 52 to 69 who did not have a claim for a mammogram in the past two years were encouraged to submit documentation of having a mammogram between 1/1/2004 and 12/31/2005 in order to be eligible for the drawing.

Additionally, assistance was requested of the physicians of these members. Physicians who submitted documentation of the member having a mammogram within the timeline were provided the opportunity to participate in a drawing for one of five $250 American Express Gift Cheques. BCBSTX would like to thank all of the physicians who encouraged their patients to have this very important screening as well as those who submitted documentation.

We would like to congratulate the following physicians who won a Gift Cheque:

- Ann Domask, M.D. — Houston
- Dwane Broussard, M.D. — Houston
- Susie Nguyen, M.D. — Houston
- Ansuya Kumar, M.D. — Plano
- Odilon Alvarado, M.D. — Fort Worth

We will be repeating this initiative this year. Thank you in advance for your support in encouraging your patients to receive mammograms!
HMO Blue Texas Claim Processing System

Beginning May 1, 2006, HMO Blue Texas began processing certain HMO claims on the same claim processing system utilized for all other lines of BCBSTX business, including PPO, POS and ParPlan/Traditional. This system consolidation allows for improved efficiency in processing of claims and responding to inquiries.

With the exception of the University of Texas and Dillard's HMO members, HMO claims for member groups in the West Texas, Austin and San Antonio areas began processing on the BCBSTX claim system as of May 1, 2006.

The Houston and Corpus Christi area HMO member groups claim processing transitioned July 1, 2006, and the Northeast Texas area HMO member groups claim processing transitioned September 1, 2006.

The University of Texas HMO member groups transitioned with dates of service beginning September 1, 2006. The group numbers that transitioned were: 71779C, 77179H, 71779N, 71779P, 71779Q, 71779S and 71779X.

The Dillards' HMO member groups transitioned with dates of service beginning September 1, 2006. The group numbers that transitioned were: 83592H, 83592N, 83592P, 83592Q and 83592S.

As each phase was completed, physicians and providers began to see HMO Blue Texas claims included in their existing BCBSTX notices, including the Provider Claims Summary (PCS) and Electronic Remittance Advice (ERA).

If you are experiencing difficulty accessing HMO claims through online inquiries, please contact the HMO Blue Texas Provider Customer Service Department at 1-877-299-2377 for assistance.

As announced in the third quarter 2005 Blue Review, ClaimCheck Version 35 was implemented for HMO Blue Texas as each HMO member group transitioned to the BCBSTX claim processing system.

For further information about payment policies, medical policies and bundling methodologies, or to request specific code-to-code bundling, please access the provider section of the BCBSTX Web site at: www.bcbstx.com/provider.