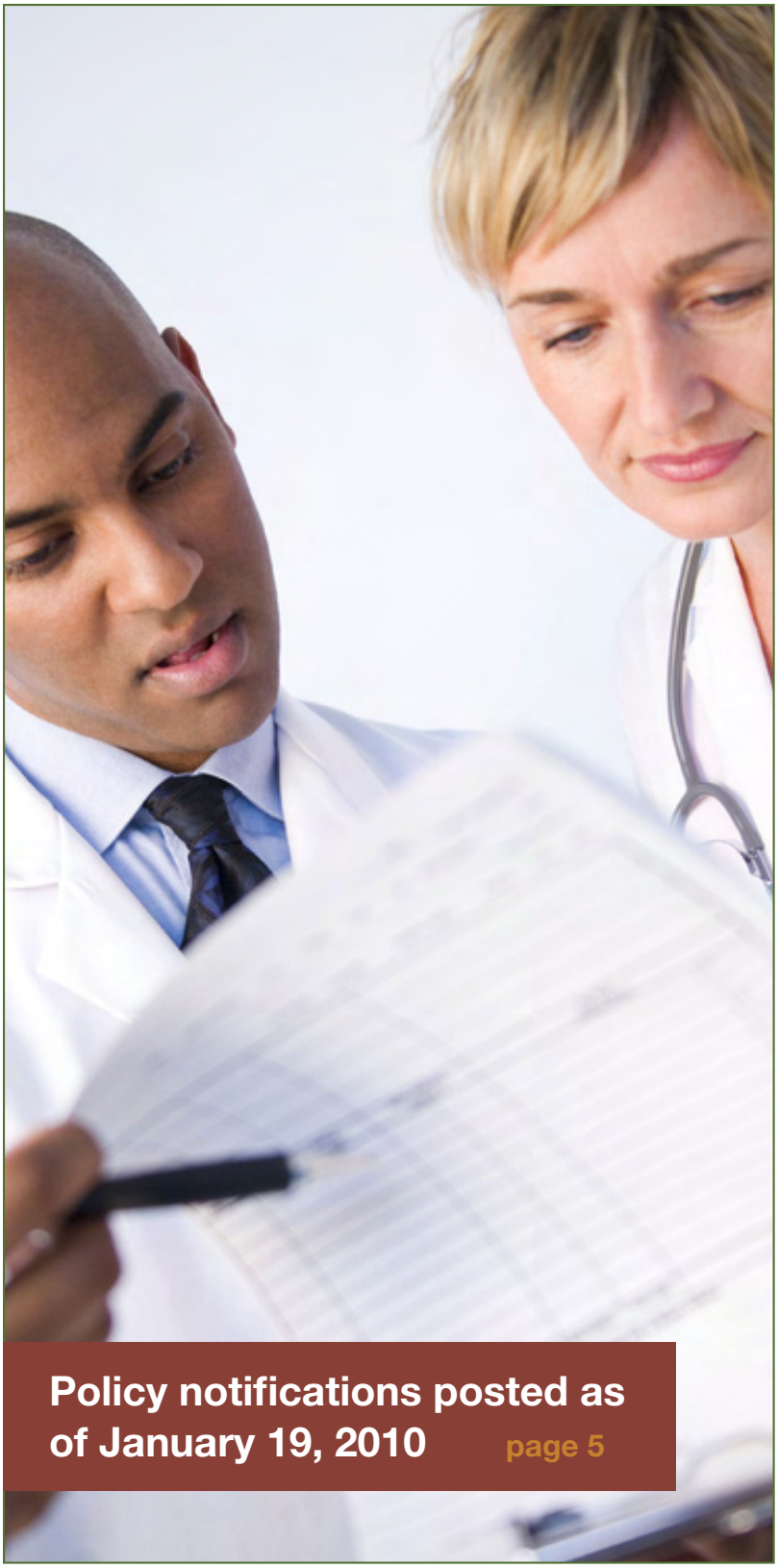
AmeriHealth

Partners in Health UPDATE℠



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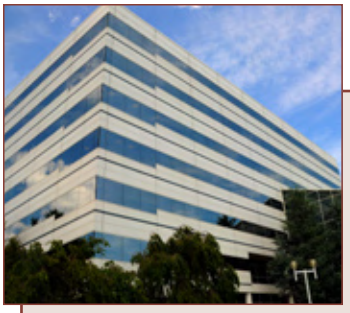

This just in....

P F A

2009 Cumulative Index now available

The *2009 Provider Publication Cumulative Index* is included with this edition of *Partners in Health Update*. This index lists all of the 2009 articles that were published in *Partners in Health Update* as well as the edition in which they can be found and the provider type for which the article was intended.

Go to *www.amerihealth.com/providers/communications/cumulative_index/* for a complete archive of cumulative indexes.

P F A

Specialty Drugs that Require Precertification document updated

In December 2009, we posted an updated version of the *Specialty Drugs that Require Precertification* document to our website. That document, however, contained an omission, and as a result we have posted a corrected version online. The current version of this document is available at *www.amerihealth.com/providers/preapproval*.

We apologize for any inconvenience this may have caused.

Partners in Health Update℠ is a publication of AmeriHealth HMO, Inc. and its affiliates (AmeriHealth) created to provide valuable information to the AmeriHealth participating provider community. This publication may include notice of changes or clarifications to administrative policies and procedures that are related to the covered services you provide in accordance with your participating professional provider, hospital, or ancillary provider/ancillary facility contract with AmeriHealth. This publication is the primary method for communicating such general changes. Suggestions are welcome.

Contact Information:

Provider Communications
AmeriHealth
1901 Market Street
35th Floor
Philadelphia, PA 19103

providercommunications@amerihealth.com

John Shermer
Managing Editor

Charleen Baselice
Production Coordinator

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This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services for the member's applicable benefits information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

The third-party websites mentioned in this publication are maintained by organizations over which AmeriHealth exercises no control, and accordingly, AmeriHealth disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs are presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefits plans. Members should refer to their benefits contract for complete details of the terms, limitations, and exclusions of their coverage.

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AmeriHealth HMO, Inc. and AmeriHealth 65® HMO in New Jersey have an accreditation status of *Excellent* from the National Committee for Quality Assurance (NCQA).

AmeriHealth HMO, Inc. in Delaware and AmeriHealth HMO, Inc. in Pennsylvania have an accreditation status of *Commendable* from the National Committee for Quality Assurance (NCQA).

For articles specific to your area of interest, look for the appropriate icon:

P **Professional**

F **Facility**

A **Ancillary**

PFA

Timely submission of Medicare Advantage HMO members' medical records

As part of the federally mandated Medicare Advantage Appeals and Grievances process, AmeriHealth is required to obtain a member's medical record in order to make a determination of coverage. Should we uphold our determination, we are required to forward the member's appeal file, which includes medical records, to an independent review entity (IRE). An IRE is contracted with the Centers for Medicare & Medicaid Services (CMS) to perform second-level independent reviews of Medicare Advantage members' appeals. Medical records must be submitted to us in a timely manner. Receiving timely medical records enables us to submit them to an IRE and ensure compliance with mandated appeal deadlines.

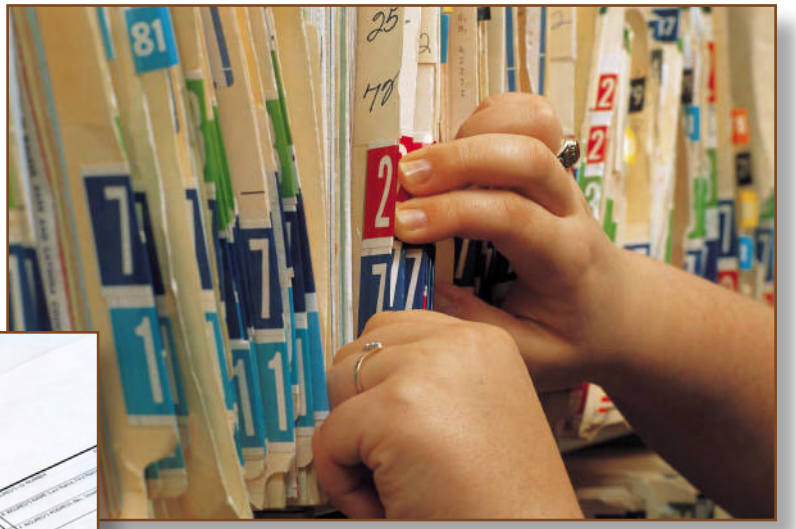
CMS also requires that both AmeriHealth and an IRE make their determinations within 72 hours for an expedited appeal and within 30 days for a standard appeal. If a member requests an expedited review, we will immediately send a request to the provider for medical records. We must receive the records within 24 hours for an expedited appeal and within ten days for a standard appeal. If an appeal is sent to an IRE, the IRE may request additional records, which are required to be sent under the same time frames.

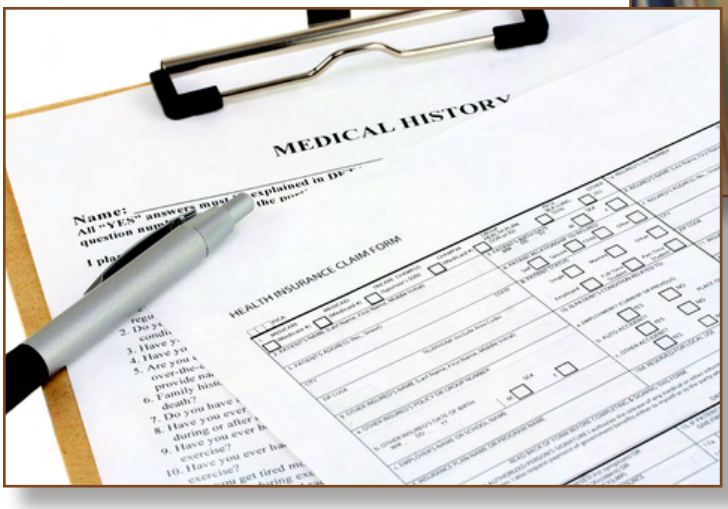
Upon our request, and in accordance with your Hospital, Ancillary Facility, or Ancillary Provider Agreement, you must provide copies of a Medicare Advantage HMO member's medical records to us as requested.

Other reasons that we may require the timely submission of medical records include:

- facilitating the delivery of appropriate health care services to Medicare Advantage members;
- assisting with utilization review decisions, including those related to disease management programs, quality management, grievances (as discussed above), claims adjudication, and other administrative programs;
- complying with applicable state and federal laws and accrediting body requirements (e.g., National Committee for Quality Assurance);
- facilitating the sharing of such records among health care providers directly involved with the member's care.

If you have any questions, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.





PFA

Submitting accurate contact information reduces waste

We make every attempt to decrease waste and increase efficiency. You can help us do this each time you complete transactions through the NaviNet® web portal by making sure to select or enter a valid address where the confirmation letters should be sent.

We receive hundreds of returned letters every week due to incorrect address information. To ensure that your confirmation letters are not returned to us because of an incorrect address, always do the following when completing transactions through NaviNet:

- Choose your most current address — sometimes old or invalid addresses remain in the system.
- Use a specific address (e.g., use "1079 Market Street, Suite 310" instead of "10th & Market" as your street address).
- Notify us when your information needs to be updated. Contact your Network Coordinator or Hospital/Ancillary Services Coordinator or mail or fax us a completed *Provider Change Form*, which is available at *www.amerihealth.com/providerforms*.

By following these simple steps, you'll help us reduce mailing costs, and you'll receive your confirmation letters in a timely manner.

PFA

Online precertification process now available for patients with AmeriHealth Administrators ID cards

AmeriHealth Administrators, which offers third-party administration services to self-funded health plans with plan members throughout the U.S., is pleased to provide you with an additional online service called iEXCHANGE®, a MEDecision product. iEXCHANGE supports the direct submission and processing of health care transactions, including inpatient and outpatient authorizations, treatment updates, concurrent reviews, and extensions.

Certain services require precertification to ensure that your patients receive the benefits available through their health benefits plan. Now, with just a click of the mouse you can log into iEXCHANGE, complete the precertification process, and review treatment updates.

Available transactions:

- inpatient requests and extensions
- other requests and extensions (outpatient and ambulatory)
- treatment searches
- treatment updates
- member searches

Top reasons to get started with iEXCHANGE:

- reduce the time and expense associated with paper, telephone, and fax processes;
- increase patient satisfaction by streamlining communication with AmeriHealth Administrators;
- implement more efficient processes, freeing up additional time to focus on patient care.

After registering, you can also access iEXCHANGE through the NaviNet® web portal for AmeriHealth Administrators.

For more information or to get iEXCHANGE for your office, please visit *www.amerihealth-tpa.com/providers* or contact the iEXCHANGE help desk at AmeriHealth Administrators by calling 1-888-444-4617.

PFA

Policy notifications posted as of January 19, 2010

All policies are posted prior to their effective date. Below is a listing of the policy notifications that we have posted to our website as of January 19, 2010.

Policy effective date	Notification title	Notification issue date
February 5, 2010	**07.00.21c** Allergy Immunotherapy	January 6, 2010
February 5, 2010	**11.15.16f** Vagus Nerve Stimulation (VNS)	January 7, 2010
February 9, 2010	**07.03.07d** Evaluation and Management of Autism Spectrum Disorders (ASD)	January 11, 2010
February 10, 2010	**05.00.60c** Pressure Reducing Support Surfaces	November 12, 2009
February 12, 2010	**11.01.02i** Cochlear Implant	January 13, 2010
February 12, 2010	**05.00.47e** Knee Braces	January 13, 2010
February 12, 2010	**05.00.15h** Nebulizers	January 13, 2010
February 23, 2010	**06.03.04e** Apheresis Therapy	November 25, 2009
February 23, 2010	**11.05.02e** Blepharoplasty with or without Repair of Blepharoptosis and/or Repair of Brow Ptosis	November 25, 2009
February 23, 2010	**10.00.02** Day Rehabilitation	November 25, 2009
February 23, 2010	**11.08.04e** Selective Photothermolysis Using Pulsed-Dye Lasers (PDL)	November 25, 2009
March 9, 2010	**05.00.54d** Power Wheelchairs (PWCs), Power-Operated Vehicles (POVs), and Push-Rim Activated Power-Assist Devices	December 9, 2009
March 23, 2010	**08.00.47d** Nesiritide (Natrecor®)	December 23, 2009
March 23, 2010	**11.14.02f** Trigger Point Injections	December 23, 2009
April 1, 2010	**00.10.39** Billing for Professional Office-Based Services Performed in an Outpatient Office-Based Setting Located within a Facility or on a Facility Campus	December 31, 2009
April 6, 2010	**11.08.03g** Lipectomy and/or Liposuction	January 6, 2010
April 13, 2010	**08.00.81** Bendamustine hydrochloride (Treanda®)	January 13, 2010
April 13, 2010	**08.00.55b** Omalizumab (Xolair®)	January 13, 2010
April 13, 2010	**08.00.76a** Oxaliplatin (Eloxatin®)	January 13, 2010
April 13, 2010	**08.00.44h** Zoledronic Acid (Zometa®, Reclast®)	January 13, 2010

To access these notifications and then view the policies in their entirety, follow these instructions:

1. Visit *www.amerihealth.com/medpolicy.*
2. Select Accept and Go to Medical Policy Online.
3. Select Policy Notifications.

Be sure to check back often, as the site is updated frequently.

PFA

Policy regarding trigger point injections

On December 23, 2009, we posted a policy notification on *www.amerihealth.com/medpolicy* regarding an update to medical policy #11.14.02f: Trigger Point Injections.

Trigger point injections are used in the management of chronic pain. The diagnosis of trigger points requires a detailed history and a thorough physical examination as the goal is to treat the cause of the pain, not just the symptom. Various agents may be injected, such as local anesthetics or steroids. Occasionally, the technique of dry needling is used, which, as its name indicates, does not include the injection of any agent. Dry needling differs from acupuncture, in which the needling itself stimulates distant points or meridians.

Symptoms indicating the presence of a trigger point hyperirritative focus include the following:

- history of onset of the painful condition and its presumed cause (e.g., injury or sprain);
- restriction of range of motion;
- pattern of pain distribution consistent with the referral pattern of trigger points;
- reproduction of referred pain pattern upon stimulation of trigger point;
- focal tenderness of a trigger point;
- muscular deconditioning in the affected area.

Trigger point injections are medically necessary and, therefore, are covered for myofascial pain syndrome when at least one of the following situations is present:

- Noninvasive medical management is not successful (e.g., use of analgesics, passive physical therapy, ultrasound, range of motion, and active exercises).
- As a bridging therapy to relieve pain while other treatments are initiated, such as medication or physical therapy.
- Joint movement is mechanically blocked, as is the case of the coccygeus muscle.

The medical necessity criteria for dry needling of trigger points are the same as those for trigger point injections.

Billing for trigger point injections

When billing for trigger point injections, use either CPT® code 20552 or 20553 and one of the following six ICD-9 diagnosis codes: 723.1, 723.9, 724.1, 724.2, 726.19, 729.1.

To report dry needling, use the appropriate codes for trigger point injection.

Please visit *www.amerihealth.com/medpolicy* for more information and to view the full policy.

If you have any questions, contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

New Jersey mandates coverage for autism (NJ only)

PFA

In 2009, the State of New Jersey passed a law that requires health insurers to cover the diagnosis and treatment of autism or another developmental disability. Autism includes autistic disorder, Asperger's Syndrome, Rett Syndrome, childhood disintegrative disorder, and pervasive development disorder – not otherwise specified.

Under the law, medically necessary occupational, physical, and speech therapy as prescribed through a treatment plan must be covered for individuals whose primary diagnosis is autism or another developmental disability. In addition, if the individual is younger than 21 and has a primary diagnosis of autism, medically necessary behavioral interventions based on the principles of applied behavioral analysis and related structured behavioral programs as described in a treatment plan will be covered. The law requires that insurers provide $36,000 in benefits in any calendar year through 2011, but benefits may be affected by the federal mental health parity law.

Coverage in accordance with this law becomes effective February 9, 2010. We will begin to include coverage for eligible new members who begin coverage on or after February 9, 2010, and coverage will be applied over the next year to eligible existing members on their contract anniversary date. Benefits will be provided for services set forth in a treatment plan, which we may request and review for approval. Covered services may be subject to a review for medical necessity, and coverage is subject to the applicable copayment, deductible, and coinsurance provisions and benefit limits of the member's benefits plan, as well as any applicable referral requirements.

Call Customer Service at 1-800-275-2583 for questions about coverage for eligible New Jersey group members. You can also refer to Policy #07.03.07d: Evaluation and Management of Autism Spectrum Disorders (ASD), which will be available on our website at *www.amerihealth.com/medpolicy* on the policy effective date.

PA

Clinical Practice Guideline care compliance for patients with asthma and diabetes (NJ only)

In 2009, we conducted studies to assess the delivery of care and adherence to the *Clinical Practice Guidelines* for services received in 2008 among members enrolled in AmeriHealth New Jersey plans. The study results are listed below for asthma and diabetes.

Asthma study results

AmeriHealth NJ (Commercial)

- Documentation of inhaled corticosteroid use increased from 78 percent for care delivered in 2007 to 80 percent for care delivered in 2008.
- Documentation of an assessment of asthma triggers increased from 29 percent in 2007 to 36 percent in 2008, while documentation of a written or oral action plan decreased significantly from 30 percent to 16 percent for the same time period. These low rates present opportunities for improvement.
- A significant decrease was noted in documentation of the peak flow meter use between 2007 and 2008 (16% to 7%).
- From 2007 to 2008, the percentage of charts with documentation that asthma was reassessed within six months of a primary care physician (PCP) visit for asthma decreased significantly from 93 percent to 86 percent, while documentation of current drug use at every visit after a PCP visit for asthma increased slightly (88% to 91%).
- Documentation of communication between PCPs and specialists who were seen as a result of a referral decreased between 2007 and 2008 (89% to 84%), although this change was not significant.
- Documentation of receipt of a flu shot increased from 34 percent for care delivered in 2007 to 41 percent for care delivered in 2008.

Diabetes study results

AmeriHealth NJ (Commercial)

- Documentation of completion of testing for HbA1c for diabetic members increased between 2007 and 2008; however, the increase was not significant (88% to 90%).
- Screening for retinal eye examinations for diabetic members remained relatively flat between 2007 and 2008 (51% to 50%). The rate remains low, representing an opportunity for improvement.
- Seventy-six percent of diabetic members received medical attention for nephropathy in 2008, and 84 percent of diabetic members completed LDL-C screening.
- For those diabetic members referred to a podiatrist in 2008, 46 percent of the charts had evidence of communication between the PCP and the specialist.

AmeriHealth 65® HMO (Medicare Advantage)

- Documentation of completion of testing for HbA1c for diabetic members remained essentially flat between 2007 and 2008 (90% to 91%).
- Screening for retinal eye examinations for diabetic members increased between 2007 and 2008 (59% to 63%); however, the increase was not significant, representing an opportunity for improvement.
- Eighty-three percent of diabetic members received medical attention for nephropathy in 2008, and 89 percent of diabetic members completed LDL-C screening.
- For those diabetic members referred to a podiatrist in 2008, 17 percent of the charts had evidence of communication between the PCP and the specialist, representing an opportunity for improvement.

We will continue to provide educational outreach for members with asthma and diabetes through the Connections℠ Health Management Program, targeted mailings, and the member *Update* magazine. We will also continue the semi-annual distribution of the SMART® Registry to PCPs.

continued on page 8

Quality Management

Clinical Practice Guideline care compliance for patients with asthma and diabetes (NJ only) (continued)

The SMART Registry provides a claims-based report that allows practitioners to track and manage the care of patients with asthma and diabetes. Clinical Alerts on the NaviNet® web portal, initiated in the beginning of 2009, will continue to provide practitioners with notifications regarding members with diabetes and asthma that are missing recommended services or medications. *Clinical Practice Guidelines* and medical record standards will also continue to be reviewed, revised, and distributed to practitioners on an annual basis and made available at *www.amerihealth.com/clinicalguidelines*.

The Connections Health Management Programs Annual Update provides an overview of resources available to assist with the management of members with chronic conditions. This document, as well as more information about the Connections Health Management Program and the SMART Registry, can be found at *www.amerihealth.com/providerconnections*. You can also call the Connections Provider Support Line with any questions at 1-866-866-4694.

This is not a statement of benefits. Benefits may vary based on state requirements, Benefits Program (HMO, PPO, etc.), contract, or employer group. Individual member coverage must be verified with AmeriHealth. Please contact Customer Service for more information on specific benefits coverage.

SMART® is a registered trademark of Health Dialog Services Corporation.

Health and Wellness

Connections℠ Health Management Programs: Supporting your patients, our members

P

Call the Provider Support Line at 1-866-866-4694 to refer a member to a Health Coach if the member has any of the following conditions:

- asthma
- diabetes
- cardiometabolic risk
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- migraine
- heart failure
- hypertension
- gastroesophageal reflux disease (GERD)
- issues with medication persistence
- peptic ulcer disease (PUD)

Health Coaches also provide decision support for numerous health-related issues, including chronic pain, weight loss surgery, depression, and breast or prostate cancer.

Visit *www.amerihealth.com/providerconnections* for more information about the Connections Health Management Programs.

Help to educate your patients about back pain with health coaching

Well-informed patients can help you make the most of every office visit. Patients have questions, and with the right information, many of those questions can be answered before their appointment with you. Imagine if your patients with back pain understood why they don't always need an X-ray or MRI right away, why exercise is so important, and why surgery is not always a quick and easy fix. If that sounds good to you, refer your back pain patients to a Connections℠ Health Coach.

The Connections℠ Health Management Program Health Coach

Health Coaches are health care professionals such as nurses, dietitians, and respiratory therapists. They are trained in helping patients understand the different treatment options for their condition that will allow them to become more informed and make the most of each doctor's visit. Health Coaches can send your patients educational material about back pain from the Shared Decision-Making® program library, such as:

- *Acute Low Back Pain: Managing your pain through self-care*
- *Chronic Low Back Pain: Managing your pain and your life*
- *Herniated Disc: Choosing the right treatment for you*
- *Spinal Stenosis: Choosing the right treatment for you*

Shared Decision-Making® education tools

Shared Decision-Making® video and booklet programs are educational tools designed to help patients understand their condition and their treatment options, so they can be prepared to have productive discussions with their doctors. The programs are based on medical evidence researched and evaluated by the Foundation for Informed Medical Decision Making, a nonprofit organization dedicated to improving the quality of medical decisions. The programs are regularly reviewed and updated to ensure that they contain the most current and accurate information.

The video components of these programs feature explanations from respected clinicians who speak in clear, easy-to-understand terms about these conditions and their treatment options. They also include on-camera interviews with real patients who explain how they handled their condition and how they chose their particular treatment. This helps patients understand their own role in managing their condition and in electing treatment.

The booklets that accompany the videos are written versions of the material presented on-screen and also include:

- anatomical illustrations that help readers understand how the different components of the back and spine can develop pain;
- drawings of the basic stretching and strengthening exercises that can help with back pain and explanations of when it is safe to do each exercise;
- lists of the different NSAIDs, steroids, and narcotics that can be used to manage back pain and the main side effects of each;
- graphics summarizing the main findings from studies, such as the Spine Patient Outcomes Research Trial[1], which compared the benefits of surgery with those of conservative care for a number of back conditions, including herniated disc, spinal stenosis, and spondylolisthesis.

Once a patient has had some time with a Shared Decision-Making® program, he or she will get a call back from the same Health Coach who sent the program. The Health Coach will then offer to answer any questions the patient may have about the material and offer support to those patients who are grappling with a treatment decision.

In the end, patients come away more educated about their diagnosis, treatment options, and the risks and benefits those options, and they are better prepared for discussions with their clinicians.

To learn more about the health coaching services available to your practice, call a Provider Service Specialist at 1-866-866-4694.

Shared Decision-Making® is a registered trademark of the Foundation for Informed Medical Decision Making. Used with permission.

[1] *http://www.dartmouth.edu/sport-trial/publications.htm*

Important Resources

Anti-Fraud and Corporate Compliance Hotline	1-866-282-2707 www.amerihealth.com/antifraud
Care Management and Coordination	
Case Management	1-800-313-8628
Baby FootSteps®	215-241-2198 1-800-598-2229
AmeriHealth Healthy Lifestyles℠ Keys to Wellness (PA and DE only)	1-800-313-8628
Connections℠ Health Management Program - Provider Support Line	1-866-866-4694
Credentialing	215-988-6534
Credentialing Hotline	www.amerihealth.com/credentials
Credentialing Violation Hotline	215-988-1413
Credentialing and re-credentialing inquiries (NJ only)	1-866-227-2186
Customer Service/Provider Services • Provider Automated System (eligibility/claims status/referrals) • Connections Health Management Programs • Precertification/maternity requests — Imaging services (PA and DE only) (CT, MRI/MRA, PET, and nuclear cardiology) — Authorizations	1-800-275-2583
Provider Services user guide	www.amerihealth.com/providerautomatedsystem
eBusiness Help Desk	215-241-2305
FutureScripts®	
Prescription drug authorization	1-888-678-7012
Toll-free fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	215-761-9165
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	www.amerihealth.com/rx
FutureScripts® Secure	
Medicare Part D	1-888-678-7015
Formulary updates	www.amerihealthmedicare.com
Imaging services (NJ only) (CT, MRI/MRA, PET, and nuclear cardiology)	1-800-859-5288
Medical Policy website	www.amerihealth.com/medpolicy
NaviNet® portal registration	www.amerihealth.com/navinet
Provider Supply Line	1-800-858-4728

AmeriHealth

AmeriHealth HMO, Inc. • AmeriHealth Insurance Company of New Jersey
• QCC Insurance Company d/b/a AmeriHealth Insurance Company

Visit our website:
www.amerihealth.com/providercommunications

2009 Provider Publication Cumulative Index

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P – Professional
F – Facility
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Partners in Health Update[SM]

ADMINISTRATIVE

An updated *Provider Manual* is coming soon — **P**
September 2009

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ClaimCheck® upgrade scheduled — **P, A**
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December 2009

Complete your CMS compliance training by December 31, 2009 — **P, F, A**
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Elimination of authorization approval confirmation letters for NaviNet®-enabled providers — **P, F, A**
November 2009

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October 2009

Reminder: Timely submission of *Initial Maternity Patient Questionnaire* important for early outreach — **P**
December 2009

Routine costs associated with qualifying clinical trials (NJ only) — **P**
November 2009

The IVR's name is changing to the Provider Automated System — **P, F, A**
December 2009

Your CMS Compliance training must be completed by December 31, 2009 — **P, F, A**
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A message from Provider Communications — **P, F, A**
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Clear Claim Connection™ service interruption scheduled for May 2, 2009 — **P, F, A**
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Important H1N1 (swine flu) information — **P, F, A**
November 2009

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March 2009

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January 2009

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February 2009

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October 2009

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December 2009

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Professional Injectable and Vaccine Fee Schedule updates effective January 1, 2010 (PA and NJ only) — **P**
December 2009

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June 2009

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September 2009

Reminder: Billing for Part B vs. Part D home infusion drugs — **P**
March 2009

Reminder: Claims submitted without a valid, registered NPI will reject — **P, F, A**
January 2009

Reminder: Important messages on your SOR (NJ only) — **P, F, A**
January 2009

Reminder: Submit Coordination of Benefits information electronically — **P, F, A**
March 2009
April 2009
May 2009

Reporting services using modifier -50 — **P**
September 2009

Reminder article was published in:
December 2009

Revenue codes that will require a HCPCS/CPT® code January 1, 2010 — **F**
December 2009

Upcoming audits to investigate trends in questionable billing — **P, F, A**
July 2009

Updated billing requirements for Avastin® in ophthalmological use — **P, F, A**
October 2009

Updated claims tool kit now available — **P**
December 2009

CONSUMERISM

AmeriHealth Healthy Lifestyles[SM] Keys to Wellness encourages and supports healthy behaviors in members (PA and DE only) — **P, F, A**
September 2009

CONSUMERISM (CONTINUED)

AmeriHealth Healthy Lifestyles[SM] Rewards: A new approach to wellness by incenting members (NJ only) **P, F, A**
August 2009

Enhanced consumer website including new hospital comparison and locator tool **P, F, A**
November 2009

How our member portal helps your patients **P, F, A**
May 2009

CONTRACTING

Important notice regarding AmeriHealth affiliates **P, F, A**
June 2009

CREDENTIALING

New credentialing procedure effective January 1, 2010 (PA and DE only) **P, F, A**
October 2009
Reminder article was published in:
November 2009
December 2009

ICD–10

ICD-10 implementation timeline update **P, F, A**
February 2009

Update on the ICD-10 timeframe **P, F, A**
January 2009

MANUAL UPDATES

A new *Hospital Manual* is coming soon (NJ only) **P, F, A**
January 2009

MEDICAL

Autism law reminder and provider list now available (PA only) **P, F, A**
October 2009

Baby FootSteps® goes green **P, F, A**
August 2009

Change and opportunity when converting hospital payments to a DRG reimbursement method (PA and DE only) **F**
August 2009

ClaimCheck® upgrade scheduled **P, A**
April 2009

Clarification for billing fluids with injections and infusions **P**
June 2009

Clinical criteria used for utilization management determinations **P, F, A**
December 2009

CMS compliance training required for all providers **P, F, A**
June 2009
August 2009

CMS has changed its policy on stamped signatures **P, F, A**
March 2009

Convenient access to seasonal flu and H1N1 flu vaccinations for HMO, POS, and PPO members **P, F, A**
November 2009

Coverage under Michelle's Law **P, F, A**
September 2009

Coverage under Michelle's Law effective October 9, 2009 **P, F, A**
October 2009

MEDICAL (CONTINUED)

Enhancements made to the provider interactive voice response system — **P, F, A**
March 2009

Reminder article was published in:
April 2009

Guidelines for spinal surgical procedure requests — **P**
November 2009

Implementation of scalp hair prosthesis mandate (DE only) — **P, F, A**
April 2009
May 2009

Mandated coverage for autism spectrum disorders (PA only) — **P, F, A**
June 2009

Reminder articles were published in:
July 2009
August 2009

Medicare members must receive notice of noncovered/excluded services and member payment responsibility (PA and NJ only) — **P, F, A**
January 2009

Enclosure – Notice of Denial of Medical Coverage

Network Coordinator Locator Tool now available on amerihealth.com (NJ and DE only) — **P, F, A**
May 2009

Reminder article was published in:
June 2009

New federal mental health and substance abuse parity mandate — **P, F, A**
July 2009

New federal mental health and substance abuse parity mandate effective October 3, 2009 — **P, F, A**
October 2009

New hearing aid mandate for children under 16 (NJ only) — **P, A**
April 2009

OB/GYN copayment and product information for routine and nonroutine services — **P**
July 2009

Observation services appropriate for acute medical conditions — **P, F**
September 2009

MEDICAL (CONTINUED)

Place of service for diagnostic coronary procedures November 2009	**P, F**
Policy notifications posted as of December 16, 2008 January 2009	**P, F, A**
Policy notifications posted as of January 15, 2009 February 2009	**P, F, A**
Policy notifications posted as of February 17, 2009 March 2009	**P, F, A**
Policy notifications posted as of March 16, 2009 April 2009	**P, F, A**
Policy notifications posted as of April 16, 2009 May 2009	**P, F, A**
Policy notifications posted as of May 18, 2009 June 2009	**P, F, A**
Policy notifications posted as of June 17, 2009 July 2009	**P, F, A**
Policy notifications posted as of July 20, 2009 August 2009	**P, F, A**
Policy notifications posted as of August 17, 2009 September 2009	**P, F, A**
Policy notifications posted as of September 17, 2009 October 2009	**P, F, A**
Policy notifications posted as of October 19, 2009 November 2009	**P, F, A**
Policy notifications posted as of November 18, 2009 December 2009	**P, F, A**
Reminder: Changes to precertification requirements for most outpatient mental health services (PA and DE only) January 2009	**P**
Reminder: Check precertification requirements for durable medical equipment August 2009	**A**
Reminder: New look for member ID cards (PA only) January 2009	**P, F, A**

MEDICAL (CONTINUED)

Reminder: Referrals not needed for services provided through Direct Access OB/GYN[SM] — **P, F**
January 2009

Reminder: Transition to all-electronic authorization inquiry and submission continues — **P, F, A**
January 2009

Retail health clinics offer convenient access to care (DE only) — **P, F, A**
March 2009

Take Care Clinics now available to AmeriHealth PPO members — **P, F, A**
September 2009

Timely submission of maternity patient questionnaires important for early outreach — **P**
January 2009

Reminder articles were posted in:
April 2009
June 2009
August 2009
December 2009 (Administrative)

Updated prosthetics and orthotics mandate (NJ only) — **P, A**
December 2009

Updates to the hearing aid mandate for children under 16 (NJ only) — **P, A**
December 2009

NAVINET®

Change your practice information through the NaviNet web portal — **P**
December 2009

Clinical Alerts – Helping providers identify gaps in care — **P**
November 2009

Clinical Alerts coming soon to NaviNet — **P, F, A**
February 2009

Reminder article was posted in:
April 2009

NAVINET® (CONTINUED)

Clinical Alerts now available on the NaviNet web portal — **P, F**
May 2009

Clinical Alerts to be introduced on NaviNet — **P, F, A**
March 2009

Electronic Funds Transfer feature available through the NaviNet web portal — **P, F, A**
December 2009

New Clinical Alerts are now available — **P**
December 2009

Provider Satisfaction Survey: Deadline extended until December 18 — **P, F, A**
December 2009

Removal of estimated length of stay — **P, F, A**
May 2009

The benefits of using the NaviNet web portal — **P, F**
May 2009

ON THE WEB

Easy online access to new and updated policy information — **P, F, A**
August 2009

Enhanced AmeriHealth Medicare website to launch later this month — **P, F, A**
September 2009

Enhancements to the provider search tool — **P, F, A**
August 2009

***Good 2 B Me* website educates adolescents and their parents on health and wellness** — **P, F, A**
September 2009

New search feature available on amerihealth.com — **P, F, A**
July 2009 (Web News)

Redesigned "For Providers" section of amerihealth.com coming soon — **P, F, A**
September 2009

PHARMACY

All members must obtain self-injectable Low Molecular Weight Heparin through pharmacy benefit **P, F, A**
December 2009

Announcing new preferred diabetic test strips effective October 1, 2009 **P, F, A**
August 2009

Annual Synagis® (palivizumab) distribution program **P, F, A**
September 2009
October 2009

Changes to self-injectable drug coverage effective January 1, 2010 **P, F, A**
December 2009

***Enclosure* –** Specialty Drugs Requiring Precertification

Important changes about self-injectable drug coverage coming January 1, 2010 **P, F, A**
January 2009 (Specialty Pharmacy)

Reminder articles were posted in:
February 2009
March 2009
April 2009
May 2009
June 2009

Medicare Part D formulary changes **P, F, A**
May 2009

NDC code submission changes effective January 1, 2009 **P, F, A**
February 2009

Reminder articles were posted in:
March 2009
April 2009
May 2009
June 2009

NDC submission information for compound drugs **P, F, A**
November 2009

New billing requirements for Avastin® in ophthalmological use (NJ only) **P, F, A**
June 2009

New preferred diabetic test strips effective October 1, 2009 **P, F, A**
October 2009

PHARMACY (CONTINUED)

Precertification changes for Avastin® in ophthalmological use (PA and DE only) — **P, F, A**
June 2009

Reminder: New prescribing procedures for narcotic medications — **P**
April 2009

Prescription drug updates/changes — **P, F, A**
March 2009
June 2009
September 2009
December 2009

Prevacid® 15 mg capsules will be available OTC — **P, F, A**
November 2009

Select Drug Program® Formulary updates/changes — **P, F, A**
March 2009
June 2009
September 2009
December 2009

Upcoming changes to self-injectable drug coverage — **P, F, A**
September 2009
October 2009
November 2009

***Enclosure (September 2009)* –** Self-Injectable Drug List

Upcoming NDC code submission changes for institutional providers — **F**
July 2009
September 2009

Updating Safe Prescribing Procedures to include narcotics — **P, F, A**
March 2009

Use direct ship for specialty injectable and specialty oral medication therapies — **P, F, A**
July 2009

Valid NDC required on claims submitted for drugs (e.g., J codes and other drug codes) — **P, F, A**
January 2009 (Specialty Pharmacy)

PREVENTIVE HEALTH / HEALTH AND WELLNESS

AmeriHealth Healthy Lifestyles[SM] programs help members maintain a healthy weight — **P**
July 2009

Cancer screening flyer now available — **P**
September 2009

***Clinical Insights* now available** — **P, F, A**
November 2009

Clinical Practice Guidelines now available — **P, F, A**
November 2009

Connections[SM] AccordantCare[TM] Program assists physicians in providing evidence-based care for complex conditions — **P**
October 2009

Connections[SM] AccordantCare[TM] Resource Specialists provide assistance to patients with complex conditions — **P, F, A**
May 2009

Connections[SM] Health Management Program provider survey results for 2008 — **P**
May 2009

Connections[SM] Health Management Programs: Supporting our members, your patients — **P**

January 2009	April 2009	August 2009
February 2009	June 2009	November 2009
March 2009	July 2009	December 2009

Discontinuation of the Connections[SM] AccordantCare[TM] program for Medicare Advantage members effective January 1, 2010 — **P, F**
December 2009

Disease management support through the Connections[SM] Health Management Program — **P, F, A**
March 2009

Encourage members to receive colorectal cancer screenings — **P, F, A**
March 2009

Evolving colorectal cancer screening options: Helping your patients decide — **P**
April 2009

Expanded preventive health efforts — **P**
September 2009

PREVENTIVE HEALTH / HEALTH AND WELLNESS (CONTINUED)

How the Connections[SM] program can help your patients with antihypertensive treatment — **P**
November 2009

New weight gain guidelines for pregnancy — **P, F, A**
December 2009

Nutrition counseling benefit available for New Jersey members — **P, F, A**
December 2009

October is breast cancer awareness month — **P**
October 2009

Online immunization schedules for newborns and children now available — **P**
July 2009

Osteoporosis and osteopenia: Preventing fractures — **P**
May 2009

Preventing HPV and cervical cancer — **P**
April 2009

Quit&Fit® selected as new tobacco cessation program for special populations — **P**
November 2009

Recommendations from the CDC on adolescent immunization — **P**
August 2009

Resources and tools available to help manage cholesterol — **P**
October 2009

Shared decision-making legislation may shape informed consent and help doctors collaborate with patients — **P, F, A**
August 2009

SMART® Registry release for January 2009 — **P, F**
January 2009

SMART® Registry release scheduled for June 2009 — **P**
June 2009

Supporting the benefits of breastfeeding — **P, F, A**
September 2009

PREVENTIVE HEALTH / HEALTH AND WELLNESS (CONTINUED)

The *Connections*[SM] *Health Management Programs 2009 Annual Update* is now available — **P**
September 2009

Enclosure – the Connections[SM] Health Management Program 2009 Annual Update

Two vaccines for the upcoming influenza season — **P**
October 2009

Updated overview guides now available for substance-use disorders, depression, and suicide — **P, F, A**
September 2009

PRODUCTS

Clarification on referrals for AmeriHealth Direct Point-of-Service benefits plan (PA only) — **P, F, A**
April 2009

Get your Medicare Advantage patients moving with the SilverSneakers® fitness program (NJ only) — **P, F, A**
May 2009

Medicare Advantage product name and logo changes — **P, F, A**
October 2009

Enclosure – 2010 Medicare Advantage products flyer

Reminder article was posted in:
December 2009

Member benefits changes and clarifications (PA and NJ only) — **P, F, A**
December 2009

Enclosure – Specialty Drugs Requiring Precertification

New Jersey benefits clarification (NJ only) — **P, F, A**
April 2009

Reminder: AmeriHealth 65® Basic plan is discontinued (PA only) — **P, F, A**
January 2009

Reminder: AmeriHealth Direct Point-of-Service offers members more direct access to participating providers (PA only) — **P, F, A**
February 2009

PRODUCTS (CONTINUED)

Reminder: Upcoming precertification changes (PA and DE only) **P, F, A**
April 2009
June 2009

Enclosure – Specialty Drugs Requiring Precertification

QUALITY MANAGEMENT

2008 General Medical Record Review, clinical appropriateness, and continuity of care assessment (NJ only) **P, A**
March 2009

***Clinical Practice Guidelines* study results for asthma and diabetes (NJ only)** **P**
March 2009

Our Quality Management Program supports quality of care and service **P, F, A**
November 2009

PCP satisfaction with information received from organizational providers and specialists (NJ only) **P, F, A**
December 2009

Policy reminder regarding utilization management decisions **P, F, A**
November 2009

The Provider Satisfaction Survey coming soon to the NaviNet® web portal **P**
October 2009

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