



### *Inside this edition*

#### **ANNOUNCEMENTS**

- AmeriHealth New Jersey seeks committee members
- ▶ Updated *QPM Program Manual* for providers in New Jersey and Delaware now available
- 2011 *Cumulative Index* now available

#### **ADMINISTRATIVE**

- ▶ Attention: Changes to the Provider Automated System postponed
- ▶ AmeriHealth Administrators offers free electronic claims payments and remittances with Integrated ERA/EFT™

#### **HIPAA 5010**

- Reminder: AmeriHealth follows CMS lead with HIPAA 5010 90-day enforcement grace period

#### **BILLING**

- ▶ New reimbursement method for obstetric providers (NJ only)
- Correction: Expanded list of services eligible for separate reimbursement above capitation (NJ only)

#### **MEDICAL**

- ▶ Policy notifications posted as of December 21, 2011
- Reminder: Use of modifier -25 when reporting E&M services with spinal/extraspinal manipulation codes
- Reminder: New precertification requirements now in effect for Medicare Advantage HMO members

#### **PRODUCTS**

- Reminder: Medicare Advantage HMO benefits changes
- Reminder: AmeriHealth New Jersey Value Network

#### **PHARMACY**

- ▶ Change to our specialty pharmacy network for commercial members

#### **HEALTH AND WELLNESS**

- Celiac disease: Information and resources for you and your patients
- Connections<sup>SM</sup> Health Management Program: Supporting your patients, our members

**Reminder: AmeriHealth follows CMS lead with HIPAA 5010 90-day enforcement grace period [page 4](#)**

▶ Articles designated with an orange arrow include notice of changes or clarifications to administrative policies and procedures.



# Reminder...

## Sign up to receive AmeriHealth news and announcements via email



If you and your office staff would like to receive email providing the latest information of interest to participating AmeriHealth providers, including *Partners in Health Update* and breaking news alerts, simply complete the sign-up form located on our website.

Email sign-up: [www.amerihealth.com/providers/email](http://www.amerihealth.com/providers/email)

All requests are processed within 48 hours. To prevent your firewall from marking our email messages as spam, please add AmeriHealth ([providercommunications@amerihealth.com](mailto:providercommunications@amerihealth.com)) to your email address book and provide your information services or information technology contacts with the domains and IP addresses listed on our website.

We respect your privacy and will not make your email address available to third parties. For more information about our privacy policy, go to [www.amerihealth.com/privacy](http://www.amerihealth.com/privacy).



Subscribe today!

*Partners in Health Update*<sup>SM</sup> 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](mailto:providercommunications@amerihealth.com)

John Shermer  
Managing Editor

Charleen Baselice  
Production Coordinator

Models are used for illustrative purposes only. Some illustrations in this publication copyright 2012 www.dreamstime.com. All rights reserved.

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 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.

NaviNet<sup>®</sup> is a registered trademark of NaviNet, Inc.

An AmeriHealth company holds a minority ownership interest in NaviNet, Inc.

CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The AMA assumes no liability for data contained or not contained herein.

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

**P** Professional

**F** Facility

**A** Ancillary



AmeriHealth HMO, Inc. has an accreditation status of *Commendable* from the National Committee for Quality Assurance (NCQA).



AmeriHealth 65<sup>°</sup> NJ HMO has an accreditation status of *Excellent* from NCQA.



## AmeriHealth New Jersey seeks committee members

AmeriHealth New Jersey has openings available for physicians who are interested in participating on committees that focus on a variety of clinical topics. Specialty providers needed to participate vary from primary care to medical and surgical subspecialties. The majority of the committee meetings will be conducted virtually via web/teleconferences, and other meetings will be held in person at our new Cranbury, NJ office. The frequency of the meetings will be based on the specific specialty and committee needs.

If you are interested in participating, please contact Dr. Lisa Blondin at [lisa.blondin@amerihealth.com](mailto:lisa.blondin@amerihealth.com).

## Updated QPM Program Manual for providers in New Jersey and Delaware now available

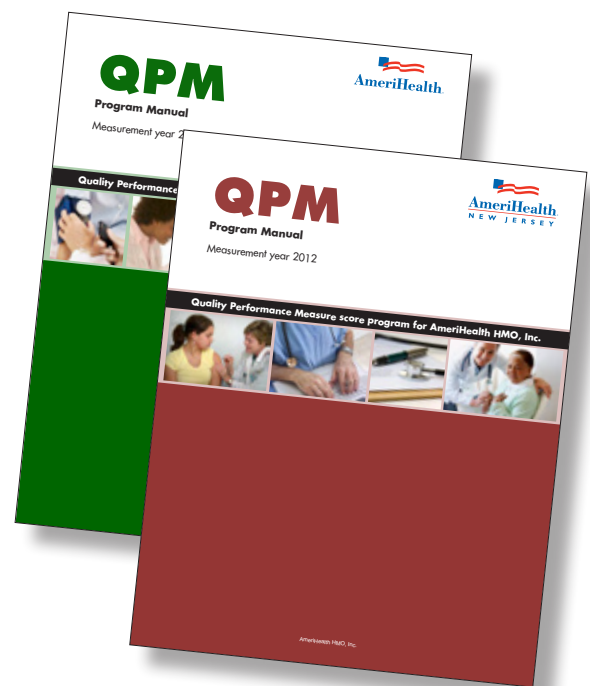


An updated Quality Performance Measure (QPM) score program manual for measurement year 2012 is now available on the NaviNet® web portal. The manual provides an overview of the QPM program and describes in detail each performance measure that is evaluated.

The QPM score program uses performance measures based on the Healthcare Effectiveness Data and Information Set (HEDIS®), a well-established and tested set of performance measures. It is designed to support you in your efforts to ensure that members receive important preventive and acute-care services and to help you identify members who have not received these services.

You can view or download the manuals on NaviNet or request a paper copy by submitting an online request at [www.amerihealth.com/providersupplyline](http://www.amerihealth.com/providersupplyline) or by calling the Provider Supply Line at 1-800-858-4728.

For additional information regarding the QPM score program, please contact your Network Coordinator.



## 2011 Cumulative Index now available



The 2011 Provider Publication Cumulative Index (Cumulative Index) is included with this edition of *Partners in Health Update*. This index lists all of the 2011 articles that were published in *Partners in Health Update*, the edition in which they can be found, and the provider audience type for which the article was intended.

Go to [www.amerihealth.com/cumulativeindex](http://www.amerihealth.com/cumulativeindex) for a complete archive of all cumulative indexes.

Printed copies of the 2011 Cumulative Index can be ordered by submitting an online request at [www.amerihealth.com/providersupplyline](http://www.amerihealth.com/providersupplyline) or by calling the Provider Supply Line at 1-800-858-4728.



## Attention: Changes to the Provider Automated System postponed

In the November 2011 edition of *Partners in Health Update*, we announced that we would be updating our interactive Provider Automated System, available through 1-800-275-2583. Please note that these updates have been postponed due to the need for further testing. We will update you on our progress in the AmeriHealth News & Announcements section on the NaviNet® web portal as well as in future editions of *Partners in Health Update*.

Rest assured that we're working hard towards the finalization of the updated system, which will help you to obtain the information you need quickly and efficiently. Thank you for your continued understanding during this transition.

## AmeriHealth Administrators offers free electronic claims payments and remittances with Integrated ERA/EFT™



Providers and facilities of any size now have the option to receive fully reconciled electronic remittance advice (ERA) and claims settlement payments through electronic funds transfer (EFT) with Integrated ERA/EFT™. Powered by InstaMed®, an industry-leading health care payments network, this convenient and secure solution is now available for claims for services you provide to your patients who carry an AmeriHealth Administrators ID card.

Providers can now:

- **Get paid faster.** Receive claim payments electronically deposited into your practice's bank account.
- **Eliminate paper checks and Explanation of Benefits.** Receive remittances electronically.

- **Keep details organized and secure.** Access a secure portal to view remittances and transaction details.

There's no cost or fee for this solution. Using Integrated ERA/EFT will result in quicker payments, less paper clutter, and help reduce administrative costs. You will begin to see electronic correspondence within two weeks of the approval of your signed, authorized application.

To apply, download the application at [www.ahatpa.com/providers](http://www.ahatpa.com/providers) and submit it to InstaMed through email at [sales@instamed.com](mailto:sales@instamed.com), or fax your application to 215-789-3690. You can also apply by calling InstaMed at 215-789-3682.

## HIPAA 5010



## Reminder: AmeriHealth follows CMS lead with HIPAA 5010 90-day enforcement grace period

Consistent with the recent statement issued by the Centers for Medicare & Medicaid Services (CMS), AmeriHealth will be observing a 90-day grace period for enforcement of the new HIPAA 5010 transaction standards.

The original rule from the United States Department of Health and Human Services (HHS) stipulated that any health care entity that submits electronic standard transactions must comply with HIPAA 5010 (errata version) by January 1, 2012. AmeriHealth will comply with the HHS rule to move to 5010 standards. However, AmeriHealth will continue to accept and remit 4010A transactions past the original compliance date of January 1, 2012, through the recommended 90-day enforcement grace period. This grace period will expire on March 31, 2012. In addition, we will accept HIPAA 5010 (errata version) transactions beginning with the original compliance date of January 1, 2012.

If you are not prepared to issue and accept HIPAA 5010-compliant transactions by March 31, 2012, you may be adversely affected by conversion activities initiated by AmeriHealth and/or your trading partners. We encourage you to continue working with your trading partners to ensure your preparedness and to avoid any negative outcomes.

If you have any questions about your preparedness for the transition to 5010, please contact your trading partners.

## New reimbursement method for obstetric providers (NJ only)

The state of New Jersey has issued a mandate for a new reimbursement method for maternity services. **Effective January 5, 2012**, AmeriHealth New Jersey will offer obstetric providers licensed in New Jersey the option to elect a new installment reimbursement method for maternity services.

Currently, obstetric providers receive reimbursement from health insurers for maternity services rendered after delivery of a baby rather than during the term of the pregnancy. This is known as the global reimbursement method. The State mandate allows obstetric providers to elect a new installment reimbursement method where they will be reimbursed in three installments for maternity services during the term of the covered patient's pregnancy.

The annual reimbursement election period for 2012 will begin January 5, 2012, and will conclude December 31, 2012. The annual reimbursement election period for each year after 2012 will begin January 1 and will conclude January 31.

Beginning January 5, 2012, your practice can elect the installment reimbursement method through the NaviNet® web portal. To do so, select *Provider Change Form* from the Plan Transactions menu, select your provider office location from the drop-down menu, and then select *Choose Maternity Claims Payment Option* from the Change Form Options drop-down menu. If your practice is not NaviNet-enabled, you can contact your Network Coordinator to initiate your election. Each practice will receive a confirmation upon processing of a newly elected reimbursement method.

If an election change is not requested during the reimbursement election period, the practice's reimbursement payment method will remain the same as it was during the previous election period.

If you have any questions about the reimbursement methods or elections for maternity services, please call Customer Service at 1-800-275-2583 or contact your Network Coordinator.

## Correction: Expanded list of services eligible for separate reimbursement above capitation (NJ only)

As communicated in the December 2011 edition of *Partners in Health Update*, beginning January 1, 2012, an expanded list of services eligible for separate reimbursement above capitation for HMO/POS products will be implemented for New Jersey primary care physicians (PCP) who are reimbursed on a capitated basis. However, the CPT® codes listed for subsequent observation care were incorrect and have been updated in the chart below.

CPT code	Description
99173	Vision screening test
99217 - 99220	Observation – Initial care
99221 - 99223	Initial hospital care
<b>99224 - 99226</b>	Subsequent observation care
99231 - 99233	Subsequent hospital care
99234 - 99236	Observation/Inpatient care services – Admission and discharge services
99238 - 99239	Hospital discharge services

To view a complete list of services that are currently eligible for separate payment above the monthly PCP capitation fee, please see Attachment B to Claim Payment Policy #00.10.01o: Services Paid Above Capitation for Health Maintenance Organization (HMO) Primary Care Physicians, which is available by entering the policy number in the Search box at [www.amerhealth.com/medpolicy](http://www.amerhealth.com/medpolicy).

If you have any questions regarding this update, please contact your Network Coordinator.

## Policy notifications posted as of December 21, 2011

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 December 21, 2011.

Policy effective date	Policy No.	Notification title	Notification issue date
December 22, 2011	05.00.14f	High Frequency Chest Wall Oscillation Devices	November 22, 2011
December 23, 2011	00.01.25m	PPO Network Rules for Provision of Specialty Services for Durable Medical Equipment and Laboratory, Radiology, and Physical Medicine and Rehabilitative Services	November 23, 2011
January 1, 2012	07.03.14e	Intraoperative Neurophysiological Monitoring (INM)	October 3, 2011
January 4, 2012	05.00.59d	Lower Limb Prosthesis	December 5, 2011
January 6, 2012	08.00.18i	Medical Foods, Low-Protein Modified Food Products, Enteral Nutrition, and Nutritional Formulas	December 7, 2011
January 6, 2012	05.00.32c	Speech- and Non-Speech-Generating Devices	December 7, 2011
January 6, 2012	05.00.23b	Electronic Speech Aids	December 7, 2011
January 10, 2012	05.00.56e	Hospital Beds and Accessories	October 14, 2011
January 11, 2012	08.01.04	Preventive Immunization	October 13, 2011
January 18, 2012	11.14.02i	Trigger Point Injections	December 19, 2011
January 20, 2012	00.01.18b	Reimbursement for Associated Services Performed in Conjunction with Dental Services	December 21, 2011
January 20, 2012	12.00.03a	Alternative Therapies and Complementary Medicine	December 21, 2011
January 20, 2012	08.00.75d	Erythropoiesis Stimulating Agents (ESAs)	December 21, 2011
January 20, 2012	00.10.21b	Collection and Interpretation of Physiologic Data	December 21, 2011
January 24, 2012	08.00.62d	Abatacept (Orencia®) for injection for intravenous use	October 26, 2011
January 24, 2012	11.08.15m	Reconstructive Breast Surgery	October 26, 2011
March 20, 2012	11.08.03h	Lipectomy and Liposuction	December 21, 2011

To view the policy notifications, go to [www.amerihealth.com/medpolicy](http://www.amerihealth.com/medpolicy), select *Accept and Go to Medical Policy Online*, and click on the *Policy Notifications* box. You can also view policy notifications using the NaviNet® web portal by selecting *Reference Tools* from the Plan Transactions menu, then *Medical Policy*. Once these policies are in effect, they will be available by using the Search box on the Medical Policy homepage. Be sure to check back often, as the site is updated frequently.

## Reminder: Use of modifier -25 when reporting E&M services with spinal/extraspinal manipulation codes

This is a reminder regarding the reporting of Evaluation & Management (E&M) services along with spinal/extraspinal manipulation codes. The chiropractic manipulation treatment codes include a pre-manipulation patient assessment. Therefore, E&M services are not eligible for separate reimbursement when provided in conjunction with chiropractic spinal manipulation, with the following exceptions:

- when the initial E&M is for a new patient. A new patient is one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, within the past three years.
- when the E&M service is provided for an established patient with an acute exacerbation of symptoms or a significant change in condition, or the E&M service is performed for a condition distinct from that of the chiropractic spinal manipulation. Providers should append modifier -25 (significant, separately identifiable E&M service by the same physician on the same day of

the procedure or other service) to the appropriate E&M procedure code to indicate that a separate service has been performed.

When E&M services are provided, the level of the E&M reported must reflect the appropriate level of service performed and must be documented in the individual's medical record. Routine use of E&M services without justification and reporting E&M services when other services are being performed is not an appropriate billing practice and is subject to post-payment review.

For additional information on the appropriate reporting of modifier -25 with an E&M code and the reporting of spinal/extraspinal manipulation codes with E&M, see Claim Payment Policy #03.00.06h (Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Day of a Procedure or Other Service) and Medical Policy #10.02.02e (Chiropractic Spinal and Extraspinal Manipulation Therapy). These policies are available on our website at [www.amerhealth.com/medpolicy](http://www.amerhealth.com/medpolicy).

## Reminder: New precertification requirements now in effect for Medicare Advantage HMO members



This is a reminder that important changes to the list of services and drugs that require precertification are in effect for Medicare Advantage HMO members for dates of service on or after January 1, 2012.

The following precertification requirements have been added for Medicare Advantage products in all settings:

- potentially cosmetic procedures (please refer to the complete list in the October 2011 edition of *Partners in Health Update*);
- pain management procedures (i.e., paravertebral facet joint injections, transforaminal epidural injections, epidural injections);
- hyperbaric oxygen treatments;
- additional medical infusion/injectable drugs (please refer to the complete list in the October 2011 edition of *Partners in Health Update*);
- cataract surgery;
- cochlear implant surgery;
- uvulopalatopharyngoplasty (UPPP or UP3).

The following precertification requirements have been removed for Medicare Advantage products in all settings:

- sleep studies
- cardiac rehabilitation
- pulmonary rehabilitation

It is very important that providers continue to refer to the most current precertification requirements list or to use the NaviNet® web portal to verify member-specific requirements. Failure to obtain precertification for any of the services or drugs that require it may result in a reduction in payment or nonpayment for the services not precertified.

Please call **1-800-275-2583** if you have any questions about these upcoming changes.

*Note: These changes went into effect for Pennsylvania and Delaware commercial members for dates of service on or after September 1, 2011. Changes will also be made for New Jersey commercial members, but the effective date has yet to be determined. More information will be available in future editions of Partners in Health Update.*

## Reminder: Medicare Advantage HMO benefits changes

Effective January 1, 2012, there were several changes to the AmeriHealth 65® NJ HMO plan. The table below highlights some of these changes. Please note that this is a list of our significant benefits changes, not a comprehensive list of all benefits changes.

### AmeriHealth 65 NJ HMO benefits changes

Benefit	AmeriHealth 65 NJ HMO	
	2011	Changes for 2012
Smoking and tobacco use cessation	Not covered	Covered; no copayment
Diabetes screening	Not covered	Covered; no copayment
Chemotherapy drugs	Covered in full	20% coinsurance
Durable medical equipment	10% coinsurance	20% coinsurance
Medicare Part B prescription drugs	Covered in full	20% coinsurance
Primary care physician office visit	\$10 copayment	\$15 copayment
Prosthetic devices and related supplies	10% coinsurance	20% coinsurance
Urgently needed care	\$10 - \$40 copayment	\$15 - \$40 copayment

Please contact your Network Coordinator or Hospital/Ancillary Services Coordinator if you have any questions about these 2012 benefits changes for AmeriHealth 65 NJ HMO members.

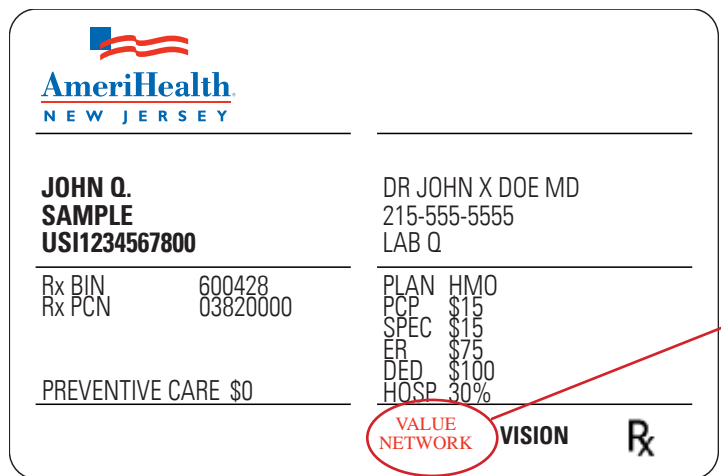


## Reminder: AmeriHealth New Jersey Value Network

In April 2011, AmeriHealth New Jersey introduced a new network called the AmeriHealth New Jersey Value Network. This network meets access and quality standards for our members while also lowering costs. We have designed this network to be comprised of only New Jersey-based physicians, hospitals, and ancillary providers who will serve our New Jersey-based employer groups. Notification was sent to providers that did not meet the criteria for participation in the AmeriHealth New Jersey Value Network.

Providing cost-effective health coverage is one of our main priorities. In these challenging times, AmeriHealth New Jersey is working hard to offer more affordable coverage for individuals who may have trouble affording health care. The introduction of the AmeriHealth New Jersey Value Network is one of many efforts to provide cost-effective health coverage.

AmeriHealth New Jersey Value Network members will have “Value Network” printed on their ID cards. Please see the sample ID card below to assist with identification of these members.



Plan indicator

### Participating AmeriHealth New Jersey Value Network providers

An AmeriHealth New Jersey Value Network primary care physician (PCP) should only issue referrals to a participating specialist in the AmeriHealth New Jersey Value Network. A list of participating AmeriHealth New Jersey Value Network providers can be found online at [www.amerhealth.com](http://www.amerhealth.com) by selecting the *Find a Provider* tab and using the Provider Finder tool.

### Non-participating AmeriHealth New Jersey Value Network providers

AmeriHealth New Jersey Value Network HMO members do not have out-of-network benefits. To avoid service and claims processing issues, it is important that your office staff and AmeriHealth New Jersey members are aware of your non-participating status in the AmeriHealth New Jersey Value Network.

Please note that Pennsylvania and Delaware providers and hospitals are not currently eligible for participation in this new network.

If you have any questions, please call Customer Service at 1-800-275-2583 or contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

## Change to our specialty pharmacy network for commercial members

AmeriHealth is committed to providing your patients with access to quality, cost-effective prescription medications through our prescription drug program, which is administered by FutureScripts®, a pharmacy benefits manager. As part of this effort, ICORE Healthcare (ICORE), a leader in specialty pharmacy services, has been chosen as the exclusive specialty pharmacy provider within the FutureScripts specialty network.

**Effective February 1, 2012**, all prescription drug requests for commercial members submitted through the FutureScripts Direct Ship Specialty Pharmacy Program will be routed to ICORE for fulfillment.

### *Existing specialty prescriptions*

If commercial members currently have prescriptions on file with another specialty pharmacy, they will be transferred to ICORE on or before February 1, 2012. These members will continue to have their specialty medications delivered to the location of their choice in the U.S., and this change will not affect their cost-sharing.

Our prior authorization process will remain the same, so members with an existing authorization will not need to request a new one until the current authorization has expired.

### *Specialty services through ICORE*

Through ICORE, members will receive convenient access to the following specialty services:

- **Comprehensive coordination of care.** This coordination of care includes benefits investigation, prior authorization coordination, and ongoing refill reminders.
- **Direct access to pharmacists and nurses.** The ICORE support staff is available toll-free to answer any questions that your AmeriHealth patients may have.
- **Clinical programs.** ICORE monitors patient progress to achieve optimal treatment outcomes.
- **Educational materials.** Patients have access to helpful materials, such as instruction guides to assist with self-administering medication.
- **Free delivery.** Medications are delivered at no cost to the patient's home or another address in the U.S. in two to five business days from the date the order is received.
- **Ancillary supplies.** Items such as syringes and needles are available with the medication at no additional cost.

To enroll a member in the FutureScripts Direct Ship Specialty Pharmacy Program, please call FutureScripts at 1-888-678-7012 or visit [www.futurescripts.com/priorauthorization](http://www.futurescripts.com/priorauthorization) and download the *Direct Ship Injectables Form*. If any of your AmeriHealth patients have questions about this transition, please have them call the telephone number listed on their ID card under pharmacy benefits.



## Celiac disease: Information and resources for you and your patients

Celiac disease is a common autoimmune disorder that affects about 1 percent of the U.S. population; however, nearly 95 percent of people who have celiac disease remain undiagnosed.<sup>1</sup>

A diagnosis of celiac disease can be as simple as a blood test ordered by the patient's health care provider.

Symptoms of celiac disease include:

- bloating, gas, and/or abdominal pain
- diarrhea or constipation
- skin rash
- unexplained weight loss
- joint pain
- missed menstrual periods
- fertility issues and/or miscarriages
- fatigue
- anemia

If your patients present with unspecified abdominal issues or one or more of the above symptoms that cannot be otherwise explained, consider ordering a celiac sprue panel, including IgA tTG or IgA EMA.

For more information on celiac disease, visit [www.celiaccentral.org](http://www.celiaccentral.org). In addition, the National Foundation for Celiac Awareness offers several continuing medical education (CME) activities to support the identification, diagnosis, and management of people who have celiac disease. More information on CME activities is available online at [www.celiacmccentral.com/accreditation\\_info.php](http://www.celiacmccentral.com/accreditation_info.php).

<sup>1</sup>Source: Fasano A, et al. *Arch Intern Med*. 2003;163:286-292.

### Connections<sup>SM</sup> Health Management Program: Supporting your patients, our members



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
- chronic obstructive pulmonary disease (COPD)
- coronary heart disease (CHD)
- heart failure

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

Information about our Connections Health Management Program is available at [www.amerhealth.com/providerconnections](http://www.amerhealth.com/providerconnections).



# IMPORTANT RESOURCES

<b>AmeriHealth Direct Ship Injectable Program (medical benefits)</b>	<a href="http://www.amerihealth.com/directship">www.amerihealth.com/directship</a>
<b>Anti-Fraud and Corporate Compliance Hotline</b>	1-866-282-2707 <a href="http://www.amerihealth.com/antifraud">www.amerihealth.com/antifraud</a>
<b>Care Management and Coordination</b>	
Case Management	1-800-313-8628
Baby FootSteps®	215-241-2198 1-800-598-2229
<b>Connections<sup>SM</sup> Health Management Programs</b>	
Connections <sup>SM</sup> Health Management Program Provider Support Line	1-866-866-4694
Connections <sup>SM</sup> Complex Care Management Program	1-800-313-8628
<b>Credentialing</b>	215-988-1413
Credentialing Violation Hotline	<a href="http://www.amerihealth.com/credentials">www.amerihealth.com/credentials</a>
Credentialing and recredentialing inquiries (NJ only)	1-866-227-2186
<b>Customer Service/Provider Services</b>	
<ul style="list-style-type: none"> <li>• Provider Automated System (eligibility/claims status/referrals)</li> <li>• Connections Health Management Programs</li> <li>• Precertification/maternity requests                             <ul style="list-style-type: none"> <li>– Imaging services (PA and DE only) (CT, MRI/MRA, PET, and nuclear cardiology)</li> <li>– Authorizations</li> </ul> </li> </ul>	1-800-275-2583
Provider Services user guide	<a href="http://www.amerihealth.com/providerautomatedsystem">www.amerihealth.com/providerautomatedsystem</a>
<b>eBusiness Help Desk</b>	215-241-2305
<b>FutureScripts® (pharmacy benefits)</b>	
Prescription drug prior authorization	1-888-678-7012
Fax	1-888-671-5285
Direct Ship Specialty Pharmacy Program	1-888-678-7012
Fax	1-888-671-5285
Mail order program toll-free fax	1-877-228-6162
Blood Glucose Meter Hotline	1-888-678-7012
Pharmacy website (formulary updates, prior authorization)	<a href="http://www.amerihealth.com/rx">www.amerihealth.com/rx</a>
<b>FutureScripts® Secure (Medicare Part D)</b>	1-888-678-7015
Formulary updates	<a href="http://www.amerihealthmedicare.com">www.amerihealthmedicare.com</a>
Mail order program toll-free fax	1-877-344-1318
<b>Imaging services (NJ only) (CT, MRI/MRA, PET, and nuclear cardiology)</b>	1-800-859-5288
<b>Medical Policy website</b>	<a href="http://www.amerihealth.com/medpolicy">www.amerihealth.com/medpolicy</a>
<b>NaviNet® portal registration</b>	<a href="http://www.navinet.net">www.navinet.net</a>
<b>Provider Supply Line</b>	1-800-858-4728 <a href="http://www.amerihealth.com/providersupplyline">www.amerihealth.com/providersupplyline</a>



**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](http://www.amerihealth.com/providercommunications)



# 2011 Provider Publication Cumulative Index

**Partners in Health UPDATE**

*Inside this edition*

- ▶ HIPAA 5010 FAQ now available [page 7](#)

**Partners in Health UPDATE**

*Inside this edition*

- ▶ Billing guidelines for surgery claims [page 3](#)

**Partners in Health UPDATE**

*Inside this edition*

- ▶ Administering injectable infusion therapy drugs in the office and home settings [page 1](#)

**Partners in Health UPDATE**

*Inside this edition*

- ▶ Don't miss opportunity to administer recommended vaccines [page 3](#)

**Partners in Health UPDATE**

*Inside this edition*

- ▶ October is breast cancer awareness month [page 10](#)

**Partners in Health UPDATE**

*Inside this edition*

- ▶ ICD-10 readiness for AmeriHealth-participating facilities [page 6](#)

**Partners in Health UPDATE**

*Inside this edition*

<b>ADMINISTRATIVE</b>
▶ ClaimCheck™ upgrade and edit clarification in effect
▶ Reminder: Provider self-service requirements now in effect
▶ Attention: Changes to the Provider Automated System postponed until mid-December
<b>HIPAA 5010</b>
▶ AmeriHealth follows CMS lead with HIPAA 5010 90-day enforcement grace period
<b>BILLING</b>
▶ Professional Injectable and Vaccine Fee Schedule updates effective January 1, 2012
▶ Upcoming change to reimbursement methods for obstetric providers (NJ only)
▶ Expanded list of services eligible for separate reimbursement above capitation (NJ only)
<b>ICD-10</b>
▶ ICD-10 readiness for AmeriHealth-participating facilities
<b>NAVINET™</b>
▶ Reminder: Authorization submission requirements through Navinet
<b>MEDICAL</b>
▶ Policy notifications posted as of November 23, 2011
▶ Reminder: Change to anesthesia claims payment methodology calculation
▶ Precertification process change for certain infusion therapy drugs
<b>PHARMACY</b>
▶ Upcoming benefits change for progesterone in oil
▶ Brand Lipitor® available to members through May 2012
▶ Select Drug Program™ Formulary updates
▶ Prescription drug updates
<b>HEALTH AND WELLNESS</b>
▶ Resolution solution: The SilverSneakers® Fitness Program
▶ Case management: Help for your patients when they need it
▶ Managing bladder control problems

▶ Articles designated with an orange arrow include notice of changes or clarifications to administrative policies and procedures.

www.amerihhealth.com/providers December 2011

## PARTNERS IN HEALTH UPDATE<sup>SM</sup>

ADMINISTRATIVE.....	1
ANNOUNCEMENTS .....	2
BILLING.....	3
CONSUMERISM.....	4
CREDENTIALING .....	4
HEALTH AND WELLNESS .....	4
HIPAA 5010.....	6
ICD-10.....	7
MEDICAL.....	7
NAVINET®.....	10
PHARMACY .....	10
PRODUCTS.....	11
QUALITY MANAGEMENT .....	12

*Note: Partners in Health Update* articles are specific to a provider type. The audience is identified by the following indicators:

- P – Professional
- F – Facility
- A – Ancillary

---

NaviNet® is a registered trademark of NaviNet, Inc.

An AmeriHealth company holds a minority ownership interest in NaviNet, Inc.

SilverSneakers® is a registered mark of Healthways, Inc.

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

CPT copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The AMA assumes no liability for data contained or not contained herein.

---

ADMINISTRATIVE

---

<b>Attention: Changes to the Provider Automated System postponed until mid-December</b> December 2011	P, F, A
<b>Changes in notification of approved peer-to-peer determination letters for NaviNet-enabled providers</b> April 2011	F
<b>Changes to AIM request submission options</b> September 2011	P
<b>Changes to referral requirements for certain nutrition counseling services</b> November 2011	P
<b>ClaimCheck<sup>®</sup> upgrade and edit clarification</b> May 2011 December 2011	P
<b>Cost-sharing for preventive and nonpreventive services</b> September 2011	P, F, A
<b>Get important information delivered by email</b> May 2011 June 2011 July 2011 September 2011 October 2011 November 2011	P, F, A
<b>Health Risk Partners – A new vendor for Medicare Advantage HMO member medical chart review</b> May 2011	P
<b>Help us keep health care costs down</b> May 2011	P, F, A
<b>New Delaware chiropractic mandate</b> June 2011	P
<b>Provider self-service requirements effective September 15, 2011</b> August 2011 <i>Reminder article was posted in:</i> September 2011	P, F, A

---

ADMINISTRATIVE (CONTINUED)

---

<b>Provider self-service requirements now in effect</b> October 2011 <i>Reminder article was posted in:</i> November 2011 December 2011	P, F, A
<b>Register our maternity members for Baby FootSteps<sup>®</sup> to ensure early outreach</b> February 2011	P
<b>Reminder: AmeriHealth New Jersey has moved</b> September 2011	P, F, A
<b>Reminder: Sign up for Electronic Funds Transfer</b> May 2011	P, F, A
<b>Request for medical records</b> January 2011	P, F
<b>Request your office supplies online</b> April 2011	P, F, A
<b>Upcoming changes to the Provider Automated System</b> October 2011 <i>Reminder article was posted in:</i> November 2011	P, F, A
<b>Upcoming provider self-service requirements</b> June 2011 <i>Reminder article was posted in:</i> July 2011	P, F, A
<b>Upcoming webinar: Electronically request precertification for your AmeriHealth Administrators patients</b> May 2011	P, F, A
<b>Update your provider information with us</b> March 2011	P, F, A

---

ANNOUNCEMENTS

---

<b>2010 Cumulative Index now available</b> February 2011 <i>Enclosure – 2010 Provider Publication Cumulative Index</i>	P, F, A
<b>AmeriHealth New Jersey is moving</b> August 2011	P, F, A

---

ANNOUNCEMENTS (CONTINUED)

---

**The Provider Satisfaction Survey is in the mail** P  
August 2011

---

BILLING

---

**Are you ready?: HIPAA 5010 transition** P, F, A  
June 2011

**Billing guidelines for surgery claims** P  
February 2011

**Claims Preprocessing Edits Claims Resolution Document updated for HIPAA 5010** P, A  
November 2011

**Copayments relative to allowed amount for Managed Care products** P, F  
January 2011

**Expanded list of services eligible for separate reimbursement above capitation (NJ only)** P  
December 2011

**HIPAA 5010 FAQ now available** P, F, A  
January 2011

**HIPAA 5010 go-live date change** P, F, A  
April 2011

**Procedures for billing multiple services** P, A  
August 2011

**Professional Injectable and Vaccine Fee Schedule updates effective April 1, 2011** P, F, A  
March 2011

**Professional Injectable and Vaccine Fee Schedule updates effective July 1, 2011** P, F, A  
June 2011

**Professional Injectable and Vaccine Fee Schedule updates effective October 1, 2011** P, F, A  
September 2011

**Professional Injectable and Vaccine Fee Schedule updates effective January 1, 2012** P, F, A  
December 2011

---

BILLING (CONTINUED)

---

<b>Reporting services using modifier -50</b> January 2011	P
<b>Submit Coordination of Benefits information electronically (NJ only)</b> January 2011	P
<b>Surgery modifier usage</b> January 2011	P
<b>Upcoming change to reimbursement methods for obstetric providers (NJ only)</b> December 2011	P

---

CONSUMERISM

---

<b>AmeriHealth New Jersey launches a mobile website for members</b> October 2011	P, F, A
---	---------

---

CREDENTIALING

---

<b>Reminder: New email address replaces the network credentialing support services hotline (PA and DE only)</b> September 2011	P
---	---

---

HEALTH AND WELLNESS

---

<b>2011-2012 <i>Clinical Insights</i> now available</b> November 2011	P
<b>2011-2012 <i>Clinical Practice Guideline Summary</i> now available</b> November 2011	P
<b>Avoid scheduling elective inductions and repeat cesarean sections before 39 weeks gestation</b> May 2011	P, F
<b>Case management: Help for your patients when they need it</b> May 2011 July 2011 September 2011 December 2011	P
<b>Changes to the SMART<sup>®</sup> Registry from the Connections<sup>SM</sup> Program</b> January 2011	P, F

---

HEALTH AND WELLNESS (CONTINUED)

---

<b>Connections<sup>SM</sup> Health Management Programs: Supporting your patients, our members</b>	P
January 2011              April 2011              August 2011	
February 2011          May 2011              November 2011	
March 2011              June 2011	
<b>Connections<sup>SM</sup> Program Provider Satisfaction Survey available November 4</b>	P
November 2011	
<b>Connections<sup>SM</sup> Program Provider Satisfaction Survey coming in November</b>	P
October 2011	
<b>Don't miss opportunities to administer recommended vaccines</b>	P
May 2011	
<b>Encourage overall fitness with yoga</b>	P, F
April 2011	
<b>Encourage your older adult patients to take a walk</b>	P, F
May 2011	
<b>Essential tools for atypical antipsychotics monitoring</b>	P, F, A
April 2011	
<b>Expanded infant sleep guidelines from the AAP</b>	P
December 2011	
<b>Health Coaches offer support for patients who need diabetic eye care</b>	P
June 2011	
<b>Help is available for your patients with prostate cancer</b>	P
April 2011	
<b>Major changes included in the August 2011 release of the SMART<sup>®</sup> Registry from the Connections<sup>SM</sup> Program</b>	P
August 2011	
<b>Managing bladder control problems</b>	P
December 2011	
<b>New ACIP guidelines for pertussis vaccine</b>	P
December 2011	
<b>New car safety seat guidelines from the AAP</b>	P, F, A
April 2011	
<b>New tip sheets available for attention deficit/hyperactivity and adult bipolar disorders</b>	P
October 2011	

---

HEALTH AND WELLNESS (CONTINUED)

---

<b>October is breast cancer awareness month</b> October 2011	P
<b>On the road with SilverSneakers<sup>®</sup></b> August 2011	P
<b>Resolution solution: The SilverSneakers<sup>®</sup> Fitness Program</b> December 2011	P
<b>Revised guidelines for perinatal screening and prophylaxis of Group B Strep</b> January 2011	P, F
<b>Overview guides available for substance-use disorders, depression, and suicide</b> September 2011	P, F, A
<b>Seasonal flu vaccine recommendations and labeling changes for Tamiflu<sup>®</sup></b> October 2011	P
<b>Serving up healthy eating and exercise habits</b> September 2011	P
<b>SilverSneakers<sup>®</sup>: Helping Baby Boomers stay active</b> July 2011	P
<b>The <i>Connections<sup>SM</sup> Health Management Programs 2011 Annual Update</i> is now available</b> September 2011 <i>Enclosure – Connections<sup>SM</sup> Health Management Programs 2011 Annual Update</i>	P
<b>Toolkit offers help for a successful flu vaccine campaign</b> November 2011	P
<b>Using spirometry in COPD diagnosis</b> September 2011	P

---

HIPAA 5010

---

<b>AmeriHealth follows CMS lead with HIPAA 5010 90-day enforcement grace period</b> December 2011	P, F, A
<b>Are you ready?: HIPAA 5010 transition</b> July 2011	P, F, A
<b>HIPAA 5010 go-live date change</b> September 2011	P, F, A

ICD-10	
<b>ICD-10 readiness for AmeriHealth-participating facilities</b> December 2011	P, F, A
<b>Now available: ICD-10 Frequently Asked Questions</b> September 2011	P, F, A
<b>The transition to ICD-10 and the impact on providers</b> November 2011	P, F, A
MEDICAL	
<b>Administering injectable/infusion therapy drugs in the office and home settings</b> April 2011	P, F, A
<b>Capitation guidelines and the importance of specialty subcontractor arrangements</b> January 2011 <i>Reminder article was posted in:</i> April 2011	P, F
<b>Change in reimbursement for assistant-at-surgery services</b> September 2011	P
<b>Change to anesthesia claims payment methodology calculation</b> May 2011 <i>Reminder article was posted in:</i> December 2011	P
<b>Clinical criteria used for utilization management determinations</b> June 2011	P
<b>Guidelines for contraception in women with medical problems</b> June 2011	P
<b>Important information about the upcoming Clinical Care Report</b> July 2011	P, F
<b>New guide available for submitting chemotherapy/infusion or home infusion authorizations</b> January 2011	P, F, A
<b>New policy on inpatient hospital readmissions</b> September 2011	F
<b>Policy notifications posted as of December 20, 2010</b> January 2011	P, F, A

---

MEDICAL (CONTINUED)

---

<b>Policy notifications posted as of January 19, 2011</b> February 2011	P, F, A
<b>Policy notifications posted as of February 21, 2011</b> March 2011	P, F, A
<b>Policy notifications posted as of March 24, 2011</b> April 2011	P, F, A
<b>Policy notifications posted as of April 25, 2011</b> May 2011	P, F, A
<b>Policy notifications posted as of May 20, 2011</b> June 2011	P, F, A
<b>Policy notifications posted as of June 21, 2011</b> July 2011	P, F, A
<b>Policy notifications posted as of July 20, 2011</b> August 2011	P, F, A
<b>Policy notifications posted as of August 19, 2011</b> September 2011	P, F, A
<b>Policy notifications posted as of September 23, 2011</b> October 2011	P, F, A
<b>Policy notifications posted as of October 27, 2011</b> November 2011	P, F, A
<b>Policy notifications posted as of November 23, 2011</b> December 2011	P, F, A
<b>Policy on Modifier 52</b> October 2011	P, F, A
<b>Policy on X-rays associated with fractures in the office setting</b> June 2011	P
<b>Policy reminder regarding utilization review decisions</b> October 2011	P
<b>Precertification process change for certain infusion therapy drugs</b> December 2011	P
<b>Precertification requirement changes and updated lists available in July</b> July 2011	P, F, A

---

MEDICAL (CONTINUED)

---

<b>Precertification requirement changes for Medicare Advantage HMO members</b> October 2011	P, F, A
<b>Reminder: Choosing the most appropriate site of service</b> January 2011	P, F
<b>Reminder: Referrals not needed for services provided through Direct Access OB/GYN<sup>SM</sup></b> January 2011	P, F
<b>Reminder: Use updated precertification requirements lists</b> September 2011	P, F, A
<b>Revised InterQual<sup>®</sup> guidelines for 2011</b> May 2011	P, F, A
<b>Specialists needed to assist in developing medical policies</b> November 2011	P
<b>Three hyaluronate acid products designated as preferred brands for treatment of osteoarthritis of the knee</b> May 2011 <i>Reminder article was posted in:</i> June 2011	P
<b>Transitioning select infusion therapy drugs from the outpatient setting to the office or home setting</b> September 2011	P, F, A
<b>Updated InterQual<sup>®</sup> guidelines for 2011</b> June 2011	P, F, A
<b>Updated procedures for requesting precertification for pain management, DME, and home health providers</b> August 2011	P, F, A
<b>Upcoming changes to precertification requirements</b> June 2011	P, F, A
<b>Verify copayment amounts for preventive services</b> May 2011	P

---

## NAVINET<sup>®</sup>

---

<b>Coming soon: The new Clinical Care Report</b> March 2011 <i>Reminder article was posted in:</i> April 2011	P
<b>How the Clinical Care Report can help with pre-visit planning</b> October 2011	P
<b>NaviNet Plan Transactions menu options to change</b> November 2011	P, F, A
<b>New user guides now available on NaviNet</b> August 2011	P, F, A
<b>Reminder: Authorization submission requirements through NaviNet</b> December 2011	P, F, A
<b>Reminder: The Clinical Care Report will be available this month</b> August 2011	P, F
<b>Responsibilities of a NaviNet Security Officer</b> August 2011	P, F, A
<b>The Clinical Care Report is now available</b> September 2011	P, F
<b>Updates made to the <i>NaviNet Chemotherapy/Infusion and Home Infusion Authorizations Guide</i></b> October 2011	P, F, A

---

## PHARMACY

---

<b>Annual Synagis<sup>®</sup> (palivizumab) distribution program</b> August 2011 <i>Reminder article was posted in:</i> September 2011	P, F, A
<b>Brand Liptor<sup>®</sup> available to members through May 2012</b> December 2011	P
<b>Prescription drug updates</b> March 2011 June 2011 September 2011 December 2011	P, F, A
<b>Prescription mail order service transition</b> July 2011	P, F, A

---

PHARMACY (CONTINUED)

---

<b>Preventive drugs covered at \$0 copayment</b> March 2011	P, F, A
<b>Select Drug Program<sup>®</sup> Formulary updates</b> March 2011 June 2011 September 2011 December 2011	P, F, A
<b>Upcoming benefits change for progesterone in oil</b> December 2011	P

---

PRODUCTS

---

<b>AmeriHealth New Jersey introduces a new value network (NJ only)</b> March 2011 <i>Reminder article was posted in:</i> April 2011	P, F, A
<b>AmeriHealth New Jersey introduces new NJ Protect plan</b> June 2011	P, F
<b>AmeriHealth New Jersey launches new 51+ HMO Plus Coinsurance product</b> November 2011	P, F, A
<b>AmeriHealth New Jersey to introduce a new EPO product</b> September 2011	P, F, A
<b>AmeriHealth New Jersey's new Value Network applicable only for New Jersey providers (PA and DE only)</b> March 2011 <i>Reminder article was posted in:</i> April 2011	P, F, A
<b>Benefits changes and clarifications for commercial Pennsylvania members</b> November 2011	P, F, A
<b>Clarification: AmeriHealth 65<sup>®</sup> NJ HMO benefits changes</b> January 2011	P, F, A
<b>Reminder: New maximum out-of-pocket limit for Medicare Advantage HMO members</b> February 2011	P, F, A
<b>Upcoming Medicare Advantage HMO benefits changes</b> November 2011	P, F, A

---

QUALITY MANAGEMENT

---

<b>2011 PCP satisfaction survey results (NJ only)</b> November 2011	P, F, A
<b>2011 Quality Performance Measure program manuals now available for providers in New Jersey and Delaware</b> March 2011	P
<b>Introducing Quality Performance Measure program manuals for providers in New Jersey and Delaware</b> January 2011	P
<b>Member notification of utilization review decisions (DE only)</b> February 2011	P, A
<b>Member notification of utilization review decisions (PA only)</b> February 2011	P, A