



HealthChoice Provider Network News

Spring Edition, 2009

Resubmit Medicare Crossover Claims

On February 2, 2009, EDS began accepting Medicare claims electronically from CMS. If you submitted a Medicare claim for a HealthChoice member from December 15, 2008, through February 1, 2009, you will need to resubmit the Medicare Electronic Remit Advice (ERA) or the Standard Paper Remit (SPR) to EDS, so that HealthChoice can process supplemental benefits. If you have already resubmitted the Medicare ERA or the SPR to EDS, please do not send it again.

If you have any questions, please call EDS at 1-405-416-1800 or 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

NPI Numbers

Please be sure to include your individual NPI number on all paper and electronic claims submitted for processing. If you have not yet reported your NPI to Provider Relations, please do so immediately to ensure quicker claims payment.

In order to assist providers, OSEEGIB/EDS is currently working on a step by step billing guide for standard paper claim forms. Further updates on this issue will be provided in upcoming communications.

Update to Processing Backlog

Previous updates on the status of claims processing at EDS have stated that the oldest claims would be processed first. Please be aware that while processing the oldest claims continues, there are circumstances that can cause more recent claims to be processed before an older claim. Following are a few reasons that may cause this to occur:

- ◆ There are a small number of services that EDS is still in the process of programming into the system and testing. While this programming continues, EDS continues to process claims for other services.
- ◆ Claims received electronically flow into the system immediately whereas paper claims must be converted

and loaded into the system. Claims submitted on outdated or non-standard forms must be completely hand-entered, which further slows down processing.

- ◆ There are services that the system will process automatically, and these therefore process quicker than those requiring some type of intervention. For instance, claims involving a series of services in 2008 may require intensive manual processing, whereas an electronic claim for a series of services beginning in 2009 may automatically process immediately.

We appreciate your patience and understanding as we continue to work through programming issues with the new EDS system.

Clarifying Coverage of Bitewing X-Rays

There has recently been some confusion regarding HealthChoice coverage of bitewing x-rays. The HealthChoice Dental Plan covers a maximum of four bitewing x-rays per member per year. Costs in excess of the Plan's maximum benefit are the responsibility of the HealthChoice member.

HealthChoice regrets any confusion regarding coverage for bitewing x-rays, as well as any inconvenience you may have experienced. EDS will adjust claims for bitewing x-ray claims incurred in 2007 and 2008 that were previously denied. You do not need to resubmit claims.

If you have any questions regarding this issue, please contact a Provider Relations Specialist at 1-405-717-8790 or toll-free 1-800-543-6044.



Use Current Claim Forms

The most current claim forms should be used when filing paper claims. Using outdated claim forms will delay the processing and payment of your claims.



As a reminder, the following claim forms are approved by OSEEGIB and should be used exclusively by providers:

- UB-04
- CMS-1500
- ADA 2006 Dental Claim Form



If you have any questions regarding claim forms, contact EDS customer service.

Remittance Advice (RA)

You should now be receiving the new Remittance Advice (RA) from EDS. The new RA explains each remittance and is divided into four sections:

- Paid Claims - All paid claims will be listed on this page(s).
- Denied Claims - Your denied claims will be listed on this page(s) to make researching claims easier.
- Adjusted Claims - Adjusted claims will be listed on this page(s) and will show your original claim and any corrections or adjustments.
- Summary Page - This page(s) shows the number of claims and the amounts processed.

Combined Payments

Providers are now receiving combined payments. This process takes all of a provider's claim payments for each day and combines them into one payment and one Remittance Advice (RA).



All of your payment information is contained in a single RA for quick, easy processing and eliminates the need to open several envelopes and process several different payments.

Accessing ClaimLink

If you registered for ClaimLink prior to January 1, 2009, you will have to re-register to access the site.

The registration process requires your Provider Identification Number (PIN). You will have a separate PIN assigned to each practice location contracted with HealthChoice, DRS, or DOC Networks. To find your PIN(s), go to the Provider Search section(s) of your provider website(s). See the back page for website addresses.

You can also get your PIN(s) by contacting Provider Relations at the number(s) listed on the back page.

To register for ClaimLink, you'll need to have the following information available:

- Your ten-digit NPI number or your SSN.
- Your Provider Identification

Electronic Funds Transfer

Electronic Funds Transfer (EFT) is the most efficient method of payment and it is our goal for all Network Providers to adopt this type of payment in 2009.

You can download the *Electronic Funds Transfer (EFT)* form by visiting our website or contacting Provider Relations. Complete and return your form to OSEEGIB's Provider Relations Division as soon as possible. Refer to the contact information on the back of this newsletter.

Until all providers can complete EFT applications and adapt their systems, we will continue to accommodate providers who are in the change-over process and pay by check.

Number (PIN). You must register each location for each network you are contracted with.

- A valid claim number issued by either EDS or Fiserv and paid within the last two years. If the claim was paid by Fiserv, you will need to add the prefix HC for HealthChoice, DS for DRS, or DC for DOC to the claim number.

If you need assistance registering, scroll to the bottom of the ClaimLink home page and click on either *FAQs* or *Registration Help*.

Once you have completed your initial registration, you will be asked to create your own login and password for future use.



Certification Requests

APS Healthcare reviews certification requests for inpatient admissions, observation stays greater than 24 hours, and some outpatient surgical procedures (varicose veins, scar revision, breast reduction, breast implant removal, and surgery of the eyelids, nose and stomach).

In addition, the following diagnostic imaging procedures require certification by APS Healthcare:

Type of Exam	CPT Code	Exam Description	Type of Exam	CPT Code	Exam Description
Sinus CT/MRI	70480	CT orbit/ear/fossa w/o dye	Spine CT/MRI	72156	MRI neck spine w/o & w/dye
	70481	CT orbit/ear/fossa w/dye		72157	MRI chest spine w/o & w/dye
	70482	CT orbit/ear/fossa w/o & w/dye		72158	MRI lumbar spine w/o & w/dye
	70486	CT maxillofacial w/o dye	Shoulder MRI	73221	MRI joint upper extremity w/o dye
	70487	CT maxillofacial w/dye		73222	MRI joint upper extremity w/dye
	70488	CT maxillofacial w/o & w/dye		73223	MRI joint upper extremity w/o & w/dye
	70540	MRI orbit/face/neck w/o dye		S8042	MRI low field
	70542	MRI orbit/face/neck w/dye		72147	Spinal canal and contents, thoracic, with contrast material
	70543	MRI orbit/face/neck w/o & w/dye			
Head/ Brain CT/MRI	70450	CT head/brain w/o dye	PET Scans	78491	Heart image (PET), single
	70460	CT head/brain w/dye		78492	Heart image (PET), multiple
	70470	CT head/brain w/o & w/ dye		78608	Brain imaging (PET)
	70551	MRI brain w/o dye		78811	Tumor Imaging (PET), limited (chest, head/neck)
	70552	MRI brain w/ dye		78812	Tumor Imaging (PET), skull-thigh
70553	MRI brain w/o & w/ dye	78813		Tumor Imaging (PET), full body	
Chest CT incl. Spiral CT (CAD)	71250	CT thorax w/o dye		78814	Tumor Imaging PET/CT, limited (chest, head/neck)
	71260	CT thorax w/dye		78815	Tumor Imaging PET/CT, skull-thigh
	71270	CT thorax w/o & w/ dye		78816	Tumor Imaging PET/CT, full body
	71275	CT angiography, chest		G0219	PET imaging whole body; melanoma for non-covered indications
Spine CT/MRI	72125	CT neck spine w/o dye		G0235	PET imaging, any site, not otherwise specified
	72126	CT neck spine w/dye	G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	
	72127	CT neck spine w/o & w/dye			
	72128	CT chest spine w/o dye			
	72129	CT chest spine w/dye			
	72130	CT chest spine w/o & w/dye			
	72131	CT lumbar spine w/o dye			
	72132	CT lumbar spine w/dye			
	72133	CT lumbar spine w/o & w/dye			
	72141	MRI neck spine w/o dye			
	72142	MRI neck spine w/dye			
72146	MRI chest spine w/o dye				
72148	MRI lumbar spine w/o dye				
72149	MRI lumbar spine w/dye				

This list is not all inclusive

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Certification Requests

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When calling 1-800-848-8121, select option 1 first, and then option 2 to contact APS Healthcare staff. The APS fax number is 1-405-416-1755. APS Healthcare also maintains a toll-free TTY line at 1-877-267-6367. Their mailing address is:

APS Healthcare
PO Box 700005
OKC, OK 73107-0005.

Customer Service Representatives are available Monday-Friday, 7am-7pm, excluding state holidays. An automated answering system is available to those who require assistance outside of business hours.

When calling APS Healthcare to request certification, the following information will help expedite your requests:

- ❖ The member's name and identification number
- ❖ The member's date of birth
- ❖ Diagnosis code(s)
- ❖ Scheduled date of admission or service(s)
- ❖ CPT code(s) for OP surgical or diagnostic imaging procedure(s)
- ❖ Name of requesting provider
- ❖ Name of facility

Request forms are now available on the HealthChoice Provider website.

Just go to www.sib.ok.gov/providers and click the *Forms* icon in the left menu bar.



Fax Certification Requests



The Certification Request Form can now be faxed to an APS Healthcare intake coordinator. This form is available on our website at www.sib.ok.gov/providers.

Fax your Certification Request Forms to 1-405-416-1755. The faxed form and your fax confirmation page will provide you with documentation that your request has been sent.

APS Healthcare will respond to all faxed certification requests within 48 hours.

Nationwide Drug Shortage

Recently, HealthChoice was notified of a nationwide shortage of Oxycodone Hcl, Metoprolol Succinate, all Nitroglycerin SL Tablets, and Dexmethylphenidate.

Pharmacies will handle this shortage like any other drug shortage. If the generic medication is not available, the pharmacy will dispense the brand-name drug. If there is no brand-name drug available, the pharmacy should contact the prescribing physician for an alternative medication.

All HealthChoice members will be responsible for the applicable copay, but will not be responsible for the brand/generic cost difference.



Osteoporosis Step Therapy for HealthChoice Medicare Supplement Plans With and Without Part D

On January 1, 2009, HealthChoice implemented a step therapy program for Actonel and Boniva.

Actonel 5mg, 35mg, 75mg, and Actonel with Calcium are now non-formulary medications:

- ❖ Members who were using these Actonel medications prior to January 1, will be eligible for the Preferred copay through 2009, and will not be required to file an appeal until January 1, 2010.

- ❖ Physicians who prescribe these Actonel medications should consider a prescription for the generic alternative,

alendronate sodium, as members will now be required to file an appeal to access those medications.

Boniva is now non-Preferred:

- ❖ Members using Boniva prior to January 1, will be eligible for the Preferred copay through 2009.
- ❖ Members who receive a new prescription for Boniva must pay the non-Preferred copay, or switch to the Preferred generic, alendronate sodium.

Effective January 1, 2010, all HealthChoice Medicare Supplement Plan members will pay the non-Preferred copay for the osteoporosis medications listed above.



Generic Releases Projected for the First Two Quarters of 2009

New generic medications are now or will soon become available for the brand-name medications listed below. If you have HealthChoice members taking any of these brand-name medications, please note that the generic medication will save them money at the pharmacy. This applies to all HealthChoice members, including Medicare Supplement With and Without Part D members.

Brand-Name Medication	Generic Medication	Treatment	Date Available
Ambien CR	zolpidem controlled release	Insomnia	March 2009
Casodex	bicalutamide	Prostate cancer	April 2009
Depakote Sprinkles	divalproex sodium	Seizure disorders	January 29, 2009
Depakote ER 250/500mg	divalproex sodium extended release	Seizure disorders	January 30, 2009
Keppra 1000mg	levetiracetam tablets 1000mg	Epilepsy	January 20, 2009
Tobradex Suspension Ophthalmic	tobramycin sulfate	Infection following intraocular surgery	January 20, 2009
Topamax	topiramate	Migraine headache	April 2009

Please Note: The anticipated “generic” launch dates listed above are subject to change based on new or ongoing legal litigation between the brand and generic manufacturers.

HealthChoice High Utilization Management Program

The High Utilization Management Program, administered by Medco, identifies members who have the potential to over-utilize or misuse medications because of poorly coordinated care, drug abuse, or prescription fraud.

The program focuses on therapeutic categories such as:

- ❖ Tranquilizers
- ❖ Skeletal muscle relaxants
- ❖ Narcotic cough and cold medications
- ❖ Anorexic agents/amphetamines
- ❖ Narcotic and non-narcotic analgesics
- ❖ Barbiturate and non-barbiturate sedative-hypnotics
- ❖ Androgen/anabolic steroids

At risk members are identified by their number of claims, number of prescribers, and number of pharmacies utilized.

If one of your patients is suspected of misuse or abuse of prescription medications, Medco will alert you with a Physician Intervention Package. Then, if HealthChoice approves, pharmacy restrictions will be implemented, and the member will be required to use one designated pharmacy. Medicare Part D members are not subject to this pharmacy restriction. Medco continues to monitor and review the handling of pharmacy restriction appeals and requests for pharmacy changes, as well as investigate the possibility of member identification fraud.



Medications Excluded from Pharmacy Benefits (Non-Medicare Only)

Effective January 1, 2009, cough and cold medications and antihistamines are no longer covered under the HealthChoice pharmacy benefit due to the availability of alternative, over-the-counter medications. HealthChoice members will be responsible for the entire cost of these medication(s).

Payer ID for Electronic Claims

If you use a clearinghouse to electronically submit your claims for processing, your clearinghouse needs to use the payer ID number for EDS. **The number is 22521.** It is important that providers use this payer ID number to avoid more delays in claim processing.

HealthChoice Provider Network News

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www.healthchoicook.com/providers

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Network Provider Contact Information

HealthChoice Providers

www.sib.ok.gov/providers
www.healthchoicook.com/providers

Health and Dental Claims

EDS Administrative Services

P.O. Box 24870

Oklahoma City, OK 73124-0870

Customer Service and Claims

OKC Area 1-405-416-1800

Toll-free 1-800-782-5218

FAX 1-405-416-1750

TDD 1-405-416-1525

Toll-free TDD 1-800-941-2160

Pharmacy

Medco Health Solutions

Pharmacy Prior Authorization for
Preferred/Non-Preferred or
Brand/Generic

All Areas 1-800-841-5409

Other Pharmacy Prior Authorization

All Areas 1-800-753-2851

Certification

APS Healthcare

P.O. Box 700005

Oklahoma City, OK 73107-0005

All Areas 1-800-848-8121

Toll-free TDD 1-877-267-6367

FAX 1-405-416-1755

HealthChoice Health Care Management Division

OKC Area 1-405-717-8879

Toll-free 1-800-543-6044
Ext. 8879

HealthChoice Provider Relations

OKC Area 1-405-717-8790

Toll-free 1-800-543-6044

DOC Provider Relations

<https://gateway.sib.ok.gov/DOC>

OKC Area 1-405-717-8750

Toll-free 1-866-573-8462

DOC Health and Dental Claims

EDS Administrative Services

P. O. Box 268928

Oklahoma City, OK 73126-8928

All Areas 1-800-262-7683

DRS Provider Relations

<https://gateway.sib.ok.gov/DRS>

OKC Area 1-405-717-8921

Toll-free 1-888-835-6919

DRS Health and Dental Claims

EDS Administrative Services,

P.O. Box 25069

Oklahoma City, OK 73125-0069

All Areas 1-800-944-7938