AmeriHealth

Partners in Health
U P D A T E ℠

**Select Drug Program®
Formulary updates**   page 5

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

This just in....

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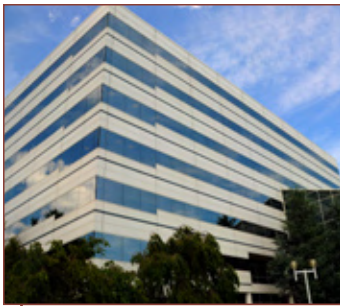
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For articles specific to your area of interest, look for the appropriate icon:

P **Professional**

F **Facility**

A **Ancillary**

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Professional Injectable and Vaccine Fee Schedule updates effective April 1, 2010 (PA and NJ only)

Effective April 1, 2010, we will be implementing a quarterly update to our Professional Injectable and Vaccine Fee Schedule.

These updates reflect changes in market price (i.e., average sales price [ASP] and average wholesale price [AWP]) for vaccines and injectables. You will be able to view these changes starting April 1, 2010, using the Fee Schedule Lookup Tool through the NaviNet® web portal.

If you have any questions about the updates, please contact your Network Coordinator.

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Guidelines for in vitro allergy testing

In vitro allergy testing detects antigen-specific immune globulin E (IgE) antibodies in serum. This type of testing may be required when direct skin testing is not possible for inhalant allergens (e.g., pollens, molds, dust, mites, animal dander), foods, insect stings, or other allergens. In vitro allergy testing is appropriate for individuals who have skin reactions or conditions such as severe dermatographism, ichthyosis, or generalized eczema. It is also appropriate for uncooperative individuals (young children or individuals with mental or physical handicaps), individuals with a high risk of anaphylaxis from skin testing, or individuals for whom direct skin testing has been inconclusive.

Although there are other methods of in vitro allergy testing, the most frequently used is the laboratory-based ImmunoCAP technology. A small sample of blood is tested to determine the precise amount of IgE antibodies present in the blood for each specific allergen.

In vitro allergy testing (enzyme-linked immunosorbent assay [ELISA], ImmunoCAP radioallergosorbent test [RAST], fluoroallergosorbent test [FAST], and multiple antigen simultaneous test [MAST]) for the measurement of serum IgE is considered medically necessary and, therefore, covered for determining if an individual's serum contains IgE antibodies. In vitro allergy testing is covered up to a maximum of 30 tests per calendar year per individual. To report this testing, use CPT® code 86003.

Ordering in vitro allergy tests

Remember, when completing the laboratory requisition form, there may be more than 30 individual tests listed in the panel on the form. We have determined that only 30 are medically necessary and therefore reimbursable. For panels containing more than 30, please consider checking off individual tests to stay within the maximum of 30 because members may be held financially responsible for those additionally ordered tests. For more information, please visit *www.amerihealth.com/medpolicy* and search for Policy # 06.02.26b: In Vitro Allergy Testing.

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

Policy notifications posted as of February 15, 2010

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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 February 15, 2010.

Policy effective date	Notification title		Notification issue date
March 5, 2010	**08.00.82**	Ustekinumab (Stelara™) for Subcutaneous Injection	February 3, 2010
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 1, 2010	**07.10.05**	Noncontraceptive Use of the Levonorgestrel-Releasing Intrauterine System (Mirena®)	February 1, 2010
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.

Select Drug Program® Formulary updates

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The Select Drug Program Formulary is a list of medications approved by the U.S. Food and Drug Administration that were chosen for their medical effectiveness, safety, and value. The list changes periodically as the FutureScripts® Pharmacy and Therapeutics Committee reviews the formulary to ensure its continued effectiveness. The most recent changes are listed below.

Generic additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
azelastine HCl drops	Optivar®	12. Eye Medications	November 24, 2009
buprenorphine	Subutex®	16. Diagnostic & Misc. Agents	October 12, 2009
ciclopirox shampoo	Loprox® shampoo	5. Skin Medications	December 9, 2009
fexofenadine-PSE ER	Allegra-D® 12 Hour	13. Allergy, Cough & Cold, Lung Meds	November 2, 2009
ketorolac ophthalmic solution	Acular®/Acular LS®	12. Eye Medications	November 5, 2009
lansoprazole 30mg caps	Prevacid® 30mg caps	8. Stomach, Ulcer, & Bowel Meds	November 11, 2009
perindopril	Aceon®	4. Heart, Blood Pressure, & Cholesterol	November 12, 2009
phenytoin sodium	Phenytek®	3. Pain, Nervous System, & Psych	November 18, 2009
pramipexole	Mirapex®	3. Pain, Nervous System, & Psych	January 5, 2010
tramadol ER	Ultram® ER	3. Pain, Nervous System, & Psych	November 17, 2009
valacyclovir tabs	Valtrex®	1. Antibiotics & Other Drugs Used for Infection	November 30, 2009

Brand additions

These brand drugs are covered at the appropriate brand formulary level of cost-sharing:

Effective: April 1, 2010

Brand drug	Formulary chapter
Humatrope®	7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones
Multaq®	4. Heart, Blood Pressure, & Cholesterol
Norditropin®	7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones

This brand drug was previously added to the formulary and covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective Date
Astepro®	6. Ear, Nose, Throat Medications	February 15, 2010

Select Drug Program® Formulary updates (continued)

Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

Effective: April 1, 2010

Brand drug	Generic drug	Formulary chapter
Acular®/Acular LS®	ketorolac ophthalmic solution	12. Eye Medications
Loprox® shampoo	ciclopirox shampoo	5. Skin Medications
Mirapex®	pramipexole	3. Pain, Nervous System, & Psych
Optivar®	azelastine HCl drops	12. Eye Medications
Valtrex®	valacyclovir tabs	1. Antibiotics & Other Drugs Used for Infection
Zantac® syrup	ranitidine syrup	8. Stomach, Ulcer, & Bowel Meds

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

Brand drug	Formulary therapeutic alternatives	Formulary chapter
Humalog®	Novolog®	7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones
Humulin®	Novolin®	7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones
ReliOn®/Novolin®	Novolin®	7. Diabetes, Thyroid, Steroids, & Other Misc. Hormones

There are no generic equivalents available for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate brand formulary level of cost-sharing.

Prescription drug updates

For members enrolled in an AmeriHealth prescription drug program, there are additional drugs requiring prior authorization. The purpose of prior authorization is to ensure that drugs are medically necessary and are being used appropriately. These updates are below.

Drugs requiring prior authorization

The prior authorization requirement for the following non-formulary drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Drug category	Effective date
Bepreve™	Not available	Eye Medication	September 17, 2009
Colcrys™	Not available	Bones, Joints, & Muscles	August 13, 2009
Fanapt™	Not available	Pain, Nervous System, & Psych	December 16, 2009
Intuniv™	Not available	Pain, Nervous System, & Psych	September 14, 2009
Oforta™	Not available	Cancer	November 18, 2009
Sumavel™	Not available	Pain, Nervous System, & Psych	December 16, 2009
Twynsta®	Not available	Heart & Blood Pressure	October 27, 2009
Votrient™	Not available	Cancer	November 2, 2009

The following non-formulary drugs will be added to the list of drugs requiring prior authorization for new prescriptions:*

Effective: April 1, 2010

Brand drug	Generic drug	Drug category
Apidra®	Not available	Diabetes
Apidra® SoloSTAR®	Not available	Diabetes
Humalog®	Not available	Diabetes
Humulin®	Not available	Diabetes
ReliOn®/Novolin®	Not available	Diabetes

*For members currently taking these drugs, the prior authorization requirement will be effective July 1, 2010. See the article on *page 9* for more information

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Requirements for billing NDCs in an 11-digit format

We began communicating important changes regarding National Drug Code (NDC) submissions in the January 2009 edition of *Partners in Health Update.* This is a reminder that there are new guidelines in place for billing NDCs in an 11-digit format, and you should adhere to these guidelines to ensure that your claims are processed.

Using the 11-digit NDC format for billing

The 11-digit format is 5-4-2 and is found on most drug packaging. This format serves a functional purpose: The first segment of the NDC identifies the labeler/manufacturer; the second segment identifies the product, strength, dosage form, and formulation; and the third segment identifies the package size of the drug.

If the NDC on the drug packaging is in any format other than 5-4-2, it is essential that you update the numbers accordingly, using zeros as placeholders. Always use placeholders (zeros) in *front* of the number that is missing digits. Please do not include spaces, decimals, or other characters in the 11-digit string. See the table below for examples (this is not a comprehensive list):

Examples of incomplete NDCs	Conversion to 5-4-2 format	Explanation
1234-5678-91	**0**1234-5678-91	Add a zero to the front of the first segment so it has five digits.
12345-678-91	12345-**0**678-91	Add a zero to the front of the second segment so it has four digits.
123-456-1	**00**123-**0**456-**0**1	Add two zeros to the front of the first segment so it has five digits, add one zero to the front of the second segment so it has four digits, and add one zero to the front of the third segment so it has two digits.

Certain claims for unlisted and nonspecific drug codes that are not accompanied by an NDC in the correct format and location will not be processed and will be returned to you for correction and resubmission. Please note that the effective date of the NDC requirement is applicable to the claim processing date and not the date of service.

Refer to the *Claims Preprocessing Edits Claims Resolution Document* at *www.amerihealth.com/ediforms* for information on claims submission resolution. If you have questions, please contact your Network Coordinator or Hospital/Ancillary Services Coordinator.

Note: Changes in NDC submissions went into effect January 1, 2009, for professional and home infusion providers and September 21, 2009, for institutional providers. Please see both the January 2009 and September 2009 editions of Partners in Health Update *for more information about those changes. The January 2009 edition contains the complete list of unlisted and nonspecific drug codes.*

New prior authorization requirements for insulin

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Effective April 1, 2010, Novolin® and Novolog® will be the preferred brands of insulin for all prescription drug programs, and they will be the only brands of insulin available on the Select Drug Program® Formulary.

In addition, all new prescriptions for Humulin®, Humalog®, ReliOn®/Novolin®, and Apidra® insulin will require prior authorization. Prior authorization requests will be reviewed in accordance with our established criteria, and, if approved, non-preferred insulin will be covered at the highest level of cost-sharing. If denied, non-preferred insulin will not be a covered benefit. To learn more about our pharmacy policy and prior authorization criteria for insulin, visit the Pharmacy Policy section of our website at *www.amerihealth.com/ rxpolicy*. The policy will be available by April 1, 2010.

Please note that members who are currently taking Humulin®, Humalog®, ReliOn®/Novolin®, and Apidra® insulin will be required to obtain prior authorization effective July 1, 2010.

Why we made this change

Controlling overall health care costs for everyone — employer groups, members, and the community — and improving the lives of those affected by conditions such as diabetes, is our top priority. By selecting Novolin® and Novolog® as the preferred insulin brands, we are better positioned to control costs while still providing your patients, our members, with access to effective medications.

If you have any questions about these changes, please contact FutureScripts, our pharmacy benefits management company, at 1-888-678-7012.

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

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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.

Case management: Helping you care for your patients

Case management is a collaborative process that provides members with health management support through coordinated programs and outreach that reinforces your treatment plan. It is a confidential and free program offered to any AmeriHealth member who is experiencing complex health issues or challenges in meeting his or her health care goals.

How case management works

Through telephone-based outreach, our registered nurse case managers provide education to members about a disease, condition, or medication and offer resources and information to help them better understand how to manage their health. Case managers are available to help members navigate the health care and social service systems to optimize their ability to use those resources effectively. Case managers are also able to refer members to other plan programs or benefits-related resources such as nutrition counseling or mental health services. In addition, case managers can link our members to available community resources for additional assistance and support.

When a member is referred to us, our case managers reach out to your office to offer support, with the goal of helping the member reach the treatment goals you have established. The case manager may ask questions about the treatment plan, offer information on what services are available through the member's benefits plan, or alert you to situations about the member's health and well-being. They will also incorporate any information you provide into the case management plan of care and will support your treatment plan by maintaining contact with the member between office visits. In doing so, our case managers become a partner in the health of your patient.

What types of patients should be referred to case management?

Refer any patients experiencing complex medical issues, including, but not limited to:

- a chronic condition or disease with multiple comorbidities;
- medication issues, including nonadherence;
- nutritional deficits;
- frequent hospital admissions for the same or similar conditions;
- non-healing wounds;
- complications that may affect the outcome of a pregnancy;
- end-stage renal disease;
- cancer patients in active treatment;
- complex pediatric medical conditions;
- frequent falls or safety issues;
- patients requiring multiple services in the home.

How to refer a patient to case management

Follow these easy steps from *www.amerihealth.com/providers* to refer your patients for case management:

- Select *Resources for Patient Management* from the left navigation menu.
- Click on the *Case Management* header.

You will be directed to the case management referral page and will be able to refer your patient using the online referral form. Alternatively, you may print, complete, and fax the referral form to the number at the top of the form. You may also refer a patient by calling us at 1-800-313-8628 or 215-567-3570 in Pennsylvania and Delaware and 856-778-6374 in New Jersey.

A case manager will call your office to discuss the referral with you — it's that simple. A referral to case management provides both you and your patient with additional support when it is needed most.

When your patient has met all of the case management goals that you helped to establish, case management will end. The case manager will notify you when this has been achieved.

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 Programs Connections℠ Health Management Program Provider Support Line	1-866-866-4694
Connections℠ AccordantCare™ Program	1-866-398-8761
Credentialing Credentialing Hotline	215-988-6534 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 Toll-free fax	1-888-678-7012 1-888-671-5285
Direct Ship Specialty Pharmacy Program Fax	1-888-678-7012 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

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• QCC Insurance Company d/b/a AmeriHealth Insurance Company

Visit our website:
www.amerihealth.com/providercommunications