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From the Medical Director’s Desk

Member Safety Program Aims to Reduce Radiation Exposure Risk of CT Scans

In previous issues of Network Update, we shared some information regarding the risk of radiation exposure from Helical CT Scanning. In response to this growing problem, Anthem has developed a multiphase member safety program to promote the reduction of radiation exposure of CT Scanning, especially in those members who have already received doses that may pose a long-term risk to their health. The goal of this program is to educate providers about excessive radiation exposure from CT Scans, nuclear imaging studies, and PET scans and to provide targeted information to providers regarding members who are or may be at increased risk from radiation exposure. This project is designed as a member safety-centered program.

(Continued on page 2)
Member Safety Program Aims to Reduce Radiation Exposure Risk of CT Scans
(Continued from cover)

The initial focus of this initiative is on general education about scanning radiation risks. We have supported ongoing educational outreach to offer ordering and rendering providers tools and information regarding the increased risks of radiation exposure, especially as it relates to Helical CT scanning.

An additional phase of the project is scheduled to be launched in August 2007. This phase will include notification to the ordering provider, at the time of a CT Scan Prior Authorization request, for any member who has had five or more CT scans of the neck, chest, abdomen or pelvis. This will not affect the medical necessity decision. A consult will be offered to the ordering provider to evaluate the opportunity to use other imaging studies in the management of the individual member of concern. Additionally, the prior authorization determination letter will also include notification of the risk status of those members who have had five or more CT Scans.

Administration and Policy Update

NPPES Data Dissemination: Does It Affect Registration of NPIs with Anthem?

The Centers for Medicare & Medicaid Services’ (CMS) National Plan and Provider Enumeration System (NPPES) Data Dissemination Notice does not change Anthem’s policy on registering your National Provider Identifiers (NPIs) with us. In order to avoid payment disruptions, please continue to register your NPIs with Anthem.

NPPES coordinates the provider application process, assigns NPIs, and houses the data received from providers as a result of their application. As a result, the NPPES is a tremendous source of this important information. CMS published its policy for making the NPPES data available to providers and health plans in the May 30, 2007 edition of the Federal Register. According to this notice, the NPPES data:
- is expected to be available on or about August 1, 2007.
- will be in a file that can be downloaded free of charge from the Centers for Medicare & Medicaid Services (CMS) NPI website.
- will be updated monthly.
- will include information such as: provider NPI, entity type, name, address and state license number.
- will not include a provider’s tax identification number, social security number or date of birth.

In addition, a query-only tool will be available on the CMS NPI website. This will allow users to search for a provider’s NPI by entering his or her name and other demographic information. This should assist providers’ offices in obtaining the NPI information for referring physicians or for the service facility location such as a hospital, surgery center or imaging center if such information is needed.

Custom reports (containing only those data elements allowed under the Freedom of Information Act), such as NPI information for providers in a specific state, will also be available. There will be a charge for any custom reports.

Link to Data Dissemination Notice information on CMS website: www.cms.HHS.gov/NationalProvidentStand/06a_DataDissemination.asp#TopOfPage

Anthem process for incorporating the NPPES data

Anthem is developing a process and corresponding timeline for incorporating the NPPES data into our claim processing system.

- Currently, our enterprise project team is developing the design specifications and business requirements to add the NPPES data to our Enterprise Data Store.
- Process development and testing will begin once the NPPES data is available.
- It is estimated with development and testing, the NPPES data will be entered into our claims processing system in the Fall of 2007.
NPI registration

Since it will be several months before the NPPES data is entered and tested for accuracy into the Anthem claim processing system, it continues to be important for you to register your NPI information directly with us. This will promote accurate processing of your claims. You may register your NPI by using our online tool available by logging on to https://npi.wellpoint.com, or by contacting your network/provider relations consultant. When registering your NPI, please be sure to complete as many fields as possible so that we may match up your information to our currently existing database.

If you have questions regarding enumeration (entity types, sub-parts, etc.), please refer to the CMS website for guidance.

Taxonomy Codes for Facilities

Facilities should now include your appropriate 10-digit taxonomy code (classification or category) in form locator 81 when filing the new UB-04 paper claim form or in loop 2000A in segment PRV03 for electronic transactions. Institutional providers should select the appropriate taxonomy code based on entity type 2.

Entity type 1 and entity type 2 providers are terms used during the National Provider Identification (NPI) application process. A health care provider who is an individual must apply for an entity type 1 NPI. This includes, but is not limited to, physicians, dentists and chiropractors. An organization, such as a hospital, must apply for an entity type 2 NPI. The definition of an organization includes, but is not limited to, hospitals, residential treatment centers, laboratories and group practices. Including the taxonomy code on claims will help promote timely claims processing and accurate reimbursements.

Updated CMS 1500 Paper Claim Filing Instructions

The following grid provides information regarding updated paper claim submission guidelines for claims for Anthem Blue Cross and Blue Shield members when utilizing the new CMS 1500 (08/05) claim form. This guide references only the fields that were revised/added due to the implementation of the National Provider Identifier (NPI). Please continue to use current claim filing guidelines for all fields not referenced in the chart below.

If you have any questions, contact the Provider Call Center at 800-922-3242.

<table>
<thead>
<tr>
<th>FIELD</th>
<th>REQUIRED OR RECOMMENDED</th>
<th>CONTENT</th>
<th>EXAMPLE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>17a</td>
<td>Required if necessary</td>
<td>Qualifier and UPIN</td>
<td>1G 123456</td>
<td>If the claim requires the referring physician’s ID#, enter qualifier 1G and the physician’s UPIN in this field. (Note: For applicable claims, if the referring physician’s UPIN is not entered in this field, the NPI must be entered in field 17b.)</td>
</tr>
<tr>
<td>17b</td>
<td>Required if necessary</td>
<td>NPI</td>
<td>1234567890</td>
<td>If the claim requires the referring physician’s ID#, enter that physician’s NPI in this field. (Note: For applicable claims, if the referring physician’s NPI is not entered in this field, the UPIN and qualifier must be entered in field 17a.)</td>
</tr>
<tr>
<td>19</td>
<td>Recommended</td>
<td>Qualifier and taxonomy</td>
<td>Z2207000000X</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on page 4)
<table>
<thead>
<tr>
<th>FIELD</th>
<th>REQUIRED OR RECOMMENDED</th>
<th>CONTENT</th>
<th>EXAMPLE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>24I shaded</td>
<td>Required if provider is using rendering provider Anthem provider ID number</td>
<td>2 digit qualifier</td>
<td>1B</td>
<td>If you are filing paper claims please use the two-digit modifier 1B.</td>
</tr>
<tr>
<td>24J shaded</td>
<td>Recommended</td>
<td>Anthem provider ID number</td>
<td>For Connecticut and New Hampshire providers: 0000000123456 For Maine providers: 123456</td>
<td>You may not be able to enter your provider ID number if your software allows fewer digits than the length of your ID number. If there are limitations, we recommend you contact your software vendor to see if this field can be expanded. (Note: If the Anthem provider ID is entered here, field 33b must also be completed.)</td>
</tr>
<tr>
<td>24J unshaded</td>
<td>Recommended</td>
<td>NPI for rendering provider</td>
<td>1234567890</td>
<td>If the NPI is entered here, field 33a must also be completed.</td>
</tr>
<tr>
<td>32A</td>
<td>Recommended</td>
<td>Servicing provider location NPI (physician office, hospital, etc)</td>
<td>1234567890</td>
<td></td>
</tr>
<tr>
<td>32B</td>
<td>Recommended</td>
<td>1B qualifier followed by Anthem provider ID number</td>
<td>For Connecticut and New Hampshire providers: 180000000123456 For Maine providers: 18123456</td>
<td></td>
</tr>
<tr>
<td>33A</td>
<td>Recommended</td>
<td>NPI for billing provider</td>
<td>1234567890</td>
<td>Note: If you currently enter a provider’s individual Anthem provider ID number in box 33, please enter the individual provider’s Type 1 NPI in this field on the revised CMS 1500 claim form. If you currently enter a group Anthem ID number in this field and have applied for a Type 2 NPI, please enter the Type 2 NPI in this field.</td>
</tr>
<tr>
<td>33B</td>
<td>Recommended</td>
<td>1B qualifier followed by Anthem provider ID number</td>
<td>For Connecticut and New Hampshire providers: 180000000123456 For Maine providers: 18123456</td>
<td>Until January 25, 2008, we are recommending you continue to submit your claims with your Anthem provider ID number in this field as you have submitted in the past. To maintain consistency with NUCC claim filing guidelines, please include the 1B qualifier preceding your Anthem ID.</td>
</tr>
</tbody>
</table>
Update to Claims Processing Edits and Reimbursement Policies

As part of our ongoing commitment to share current reimbursement policies and claims processing edits with our participating provider community, we will be updating our provider website on August 1, 2007. The following documents have been updated:

- **Customized edit table**
  An updated version has been posted to reflect changes made since our last revision posted February 5, 2007.

- **Significant edits**
  An updated version has been posted to reflect changes made since our last revision posted September 2, 2006.

- **All inclusive miscellaneous services and supplies (direct/non direct face to face)**
  This policy has been updated to clarify that the demonstration and/or evaluation of the use of an inhaler/nebulizer (best described by CPT® 94664) is considered to be part of the Evaluation and Management (E&M) service rendered and not eligible for separate reimbursement.

- **Assistant surgery**
  1. This policy has been updated to clarify how an edit designation for the coverage of a specific CPT® code is determined.
  2. Effective August 1, 2007, we will recognize the “AS” modifier for contracted registered nurse first assists (RNFA) on those covered surgical codes that allow an assistant during a surgical procedure.

- **Anesthesia**
  This policy has been updated to provide more comprehensive information about the types of anesthesia, and applicable coverage guidelines.

- **Modifier –47**
  A separate reimbursement policy for “Modifier –47” was written. Modifier –47 is considered a reporting tool which does not affect claims processing. This policy is effective November 1, 2007.

- **Modifier Rules**
  An updated version has been posted to reflect changes made since our last posted revision.

As a reminder, you can locate our claim processing edits by visiting the Anthem Online Provider Services (AOPS) section of anthem.com. All reimbursement policies and claims editing rules are located in the Claims Processing Edits section under Forms and Reference Materials. Please take the time to review the updated documents listed above.

**After-hours Care**

Anthem Blue Cross and Blue Shield requires that a primary care provider (PCP) have arrangements to provide 24-hour coverage for his or her patients by a network provider.

To ensure that the proper arrangements are in place to serve our members, we conduct annually an after-hours survey to determine the process by which a member would access after-hours care. PCP practices can expect to receive calls related to this survey from August through October. These calls are typically made during the hours of 6 a.m.–8 a.m. or 6 p.m.–8 p.m.

**Appointment Access Standards for HUSKY Members**

Anthem Blue Cross and Blue Shield would like to remind BlueCare Family Plan participating providers of the State’s appointment access standards for HUSKY (BlueCare Family Plan) enrollees. They are as follows:

<table>
<thead>
<tr>
<th>TYPE OF CARE</th>
<th>REQUIRED TIMEFRAMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>Immediate, or refer to emergency facility</td>
</tr>
<tr>
<td>Urgent</td>
<td>Within 48 hours of notification</td>
</tr>
<tr>
<td>Routine</td>
<td>Within 10 days of notification</td>
</tr>
<tr>
<td>Well check-ups and EPSDT</td>
<td>Within 6 weeks of notification according to periodicity/HealthTrack schedule</td>
</tr>
<tr>
<td>Dental</td>
<td>Within 6 weeks of notification</td>
</tr>
<tr>
<td>Specialists</td>
<td>Within professionally accepted promptness standards</td>
</tr>
</tbody>
</table>

For our non English-speaking members, we provide translation services. We can help you with the appropriate language to schedule appointments. If you would like translation assistance, or if you have any questions, please call our dedicated provider service line noted below:

- **BlueCare Family Plan Provider Call Center:** 800-828-2239
- **BlueCare Family Plan Member Services:** 800-554-1707

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Appointment Access Standards for HUSKY Members

(Continued from page 5)

Our goal as a health plan is to provide access to high quality care for our HUSKY members. As you may know, results of a study the Department of Social Services (DSS) conducted last spring of appointment availability for new members did not meet all of our expectations. Please remember that our Member Services Department is ready to assist both providers and members in scheduling appointments.

We hope this information clarifies the State’s standards, and assures you that we would like to assist your office staff in meeting those standards.

Coding for Nerve Conduction Studies

Following are important coding and billing guidelines when submitting claims for nerve conduction studies for CPT® procedure codes 95900 (nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study), 95903 (motor, with F-wave study) and 95904 (sensory).

The following explanation of the coding guideline for nerve conduction studies was published in the March 2005 edition of the CPT® Assistant.

**Question:** Is it appropriate to report multiple units of code 95900, nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study, when multiple sites on the same nerve are stimulated or recorded?

**AMA Comment:** Within the CPT® codebook 2007, the parenthetical note following code 95904 states: Report 95900, 95903, and/or 95904 only once when multiple sites on the same nerve are stimulated or recorded.

“When nerve conduction studies are performed on two distinct branches of a given motor or sensory nerve in which both stimulating and recording electrodes are moved to different locations, then it is appropriate to report more than one code from the 95900-95904 series of codes. See CPT® Assistant March 2005, Page 17 for further details.”

Therefore when billing for multiple units for the above three codes, you may only bill for one unit when multiple sites on the same nerve are stimulated or recorded. If either the stimulating electrode or the recording electrode was moved, but not both, you cannot bill for an additional unit, and should not be billing for procedure code 95900, 95903 or 95904 with a modifier -59. In cases where both electrodes are moved, you should report that code on a separate line, with modifier -59, and any additional units on that claim line.

Please also refer to Appendix J of the American Medical Association CPT® 2007 book, which also discusses proper billing of units, as well as a table providing for a reasonable maximum number of studies necessary for a physician to arrive at a diagnosis.

Finally, we’d like to take this opportunity to inform you that quantitative sensory testing (QST) including, but not limited to current perception threshold testing, also known as sensory nerve conduction threshold testing, and pressure-specified sensory device testing is considered investigational/not medically necessary per Anthem Medical Policy MED.00082. These procedures should not be billed with CPT® codes 95900, 95903, 95904, or 95937. Please refer to the appropriate unlisted code for billing of these services.

Introducing e-Review!
A Convenient, Timesaving Clinical Review Option

As part of our ongoing efforts to provide excellent service, we are introducing a new, more convenient clinical review option called e-Review. E-Review allows you to send and receive information about prior authorization requests via secure e-mail for services that require prior authorization.

**How e-Review works**

E-review enables you to:

- Send demographic information
- Send clinical information requests for review
- Receive verification

Perhaps the biggest benefit will be a reduction in the amount of time your staff will need to spend on the phone or faxing prior authorization information to us.

As a result, e-Review will enable you to spend more time taking care of your patients.
Getting started

E-Review is a simple, efficient tool that is secure and HIPAA-compliant. It costs you nothing to use, and all providers with Internet access are eligible to take advantage of this program.

If you are interested in learning more about the e-Review process, please feel free to contact your local provider call center.

Connecticut 800-922-3242
Maine 800-832-6011
New Hampshire 800-332-6558
New England Health Plan 800-238-2465

We look forward to working with you and continuing to meet your needs as we work to enhance the utilization review process.

Please note: e-Review is not available for the Radiology Utilization and Quality Management Program or Behavioral Health Prior Authorization requests.

FEP Interactive Voice Response Enhancement

Anthem Blue Cross and Blue Shield Federal Employee Program has enhanced the Interactive Voice Response (IVR) system.

On June 15, the FEP IVR was enhanced to accept either the federally-mandated National Provider Identifier (NPI) or the provider tax ID number. As of that date, the FEP IVR no longer accepts the Anthem provider ID number as the provider validation on the IVR. If you do not yet have your NPI, you may still use the IVR by entering your group tax ID number into the IVR when prompted for your provider ID number.

The IVR provides greater convenience for provider offices. It allows a number of activities to be performed 24 hours a day, 7 days a week.*

The following functions are available through the IVR:

- Member eligibility
- Member benefits
- Claim status — including check information and request copy of remittance advice
- Pre-certification requirements
- Anthem mailing addresses
- Verification of information for multiple members without starting over

Provider quick reference for using the FEP IVR

1. Contact FEP via the appropriate toll-free number:
   - Maine 800-722-0203
   - New Hampshire 800-852-3316
   - Connecticut 800-438-5356

2. Press 2 (if you are calling from a facility) OR Press 3 (if you are calling from a provider’s office).

3. Enter your 10-digit NPI. If you do not know your 10-digit NPI, please enter your group tax ID number.

4. Choose from the following options:

<table>
<thead>
<tr>
<th>Obtain Eligibility Information</th>
<th>Press 1/Press 1/Key Member ID/Key Member’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify Member Benefits</td>
<td>Press 1/Press 2/Key Member ID/Key Member’s Date of Birth</td>
</tr>
<tr>
<td></td>
<td>- Physician Services - Press 1</td>
</tr>
<tr>
<td></td>
<td>- Facility Services - Press 2</td>
</tr>
<tr>
<td></td>
<td>- Dental Services - Press 3</td>
</tr>
<tr>
<td></td>
<td>- Prescription Drug and Mail Order- Press 4</td>
</tr>
<tr>
<td></td>
<td>- Mental Health and Substance Abuse - Press 5</td>
</tr>
<tr>
<td></td>
<td>- Rehabilitation - Press 6</td>
</tr>
<tr>
<td>Check Claim Status</td>
<td>Press 1/Press 3/Key Member ID/Key Member’s Date of Birth/ Key Date of Service</td>
</tr>
<tr>
<td>and obtain check information</td>
<td>- Press 2</td>
</tr>
<tr>
<td>and obtain copy of remittance</td>
<td>- Press 3</td>
</tr>
<tr>
<td>Pre-certification Information</td>
<td>Press 2</td>
</tr>
<tr>
<td>Obtain Mailing Address</td>
<td>Press 3/Press 1/Select State</td>
</tr>
</tbody>
</table>

For further assistance, FEP Customer Service Representatives will continue to be available at the numbers listed above Monday, Tuesday, Wednesday, and Friday from 8 a.m.–5:30 p.m. and Thursday from 9 a.m.–5:30 p.m.

*Some IVR functionality depends on system availability after 7 p.m.
FEP Correspondence and Claims Addresses

We continue to receive FEP claims and correspondence with incorrect addresses which causes re-routing of the misdirected mail and a delay in our response to you. Please be sure to use these addresses when sending claims or correspondence to us for FEP members.

Connecticut providers:
Anthem Blue Cross and Blue Shield
P.O. Box 37790
Louisville, KY 40233-7790

Maine providers:
Anthem Blue Cross and Blue Shield
P.O. Box 37980
Louisville, KY 40233-7980

New Hampshire providers:
Anthem Blue Cross and Blue Shield
P.O. Box 36500
Louisville, KY 40233-6500

Physician/Provider Self/Family Treatment

Under Anthem Blue Cross and Blue Shield policy, services rendered by a physician/provider to him/herself, or services rendered to his or her immediate family, including parents, spouses, children, grandchildren or any other immediate family member or relation are not eligible for coverage.

BlueCard® Update

Quick Claims Filing Tips for Border County Providers

Do you practice in a county bordering another state and have contracts with Blue Plans in your home state and the neighboring state? If so, you should file all claims with the local Blue Plan, based on where you provided the service, except when a member has coverage with the neighboring state’s Blue Plan. Please use the following guidelines to determine where to file claims if you have a contract with more than one Blue Plan.

Example 1 — Provider has contracts with Blue Plans in both Connecticut and New York.

A provider is located in a Connecticut county that borders New York and has contracts with Blue Plans in both states.

- When this provider renders a service to an Empire Blue Cross and Blue Shield member, the claim is filed with Empire Blue Cross and Blue Shield.
- All other claims are filed with Anthem Blue Cross and Blue Shield in Connecticut.

Example 2 — Provider has a contract only with the Blue Plan in the provider’s home state.

A provider is located in a Connecticut county that borders New York and has a contract only with Anthem Blue Cross and Blue Shield in Connecticut.

All claims are filed with Anthem Blue Cross and Blue Shield in Connecticut.

Example 3 — Provider does not have a contract with the local Blue Plan in the home state, but has a contract with the Blue Plan in a neighboring state.

A provider is located in a Connecticut county that borders New York. The provider doesn’t have a contract with Anthem Blue Cross and Blue Shield in Connecticut, but has a contract with Empire Blue Cross and Blue Shield.

- When this provider renders a service to an Empire Blue Cross and Blue Shield member, the claim is filed with Empire Blue Cross and Blue Shield.
- All other claims are filed with Anthem Blue Cross and Blue Shield in Connecticut.

If you have questions, please contact the BlueCard Provider Service Center at 800-895-9915.

EDI Update

Level 2 Status Report Enhancement

Beginning August 27, 2007, the Level 2 Status Report will include a section entitled, “Report Error Summary.” This summary lists the error code(s) with occurrences and percentages corresponding to your claims file submission. For an example of the report, please refer to our Website, www.anthem.com/edi, by selecting your state, and clicking on the Latest News link.

If you have any questions, please contact the EDI Help Desk at 800-334-8262.
Electronic Claim System Updates: August 24 and October 19, 2007*

On August 24 and October 19, 2007, Anthem will implement upgrades to our electronic claim system. For additional details of these changes that may or may not relate to your practice, please refer to our website, www.anthem.com/edi by selecting your state, and clicking on the Latest News link.

Please share this information with your vendor, billing service, or clearinghouse. If you have any questions, please contact the EDI Help Desk at 800-334-8262.

*Note: Release dates and information are subject to change.

Get Connected!
Take Advantage of Free Service to Reduce Administrative Expenses

Get started today — available at no charge to providers — all via the Web

Anthem is partnering with Electronic Network Systems (ENS) an Ingenix company which is a clearinghouse for electronic claims submission via the Web. We teamed with ENS to offer professional provider practices submitting the CMS-1500 claim — particularly smaller offices — an innovative way to submit secure transactions electronically while complying with Health Insurance Portability and Accountability Act (HIPAA) requirements.

No cost — no set-up fee — no monthly charges

Providers can access a suite of ENS web-based services via our website at www.edi.anthem.com to submit electronic claims directly to Anthem. The service is available at no charge to providers who submit claims to Anthem, and the only requirement is a personal computer with Internet access. Providers can also elect to receive Anthem electronic remittance vouchers as part of the free service ENS offers. Complete set-up and training takes place within two weeks.

Advantages of electronic claims submission

- Saves valuable administrative time and resources-leaving more time for patient care
- Increases cash flow and accounts receivables
- Controls insurance billing process — daily reports provide an audit trail and claim status
- Reduces expenses — administrative, postage, paper forms, print copies and general office expenses
- Reduces re-submittals and follow-up
- Detects and corrects errors before claims are submitted
- Reduces start-up costs, as submission software is compatible with practice management systems
- Permits access to electronic remittance advices for automated accounts receivable posting

ENS enrollment

Enroll online
www.anthem.com/edi, select State, Web claim submission

Enroll by phone
Please direct any inquiries to ENS.

Sales and marketing
(general questions)
Telephone: 800-341-6141
Fax: 719-457-8366
e-mail: sales@ENShealth.com
Hours of operation: 10 a.m.-7 p.m., Monday-Friday, EDT

ENS customer service and support technical team

The experienced ENS Customer Service and Support Technical Team can answer questions about services, enrollment and installation. ENS uses a state-of-the-art information system to track and respond to requests.

- A service and support technical line is available from 8 a.m.-8 p.m., EDT toll free at 866-367-9778.
- A 24-hour, toll-free fax number is available to take service requests at 888-567-8880.
- Request can also be made via e-mail at tsupport@ENShealth.com.

For more information about the services and customer support options offered by ENS, visit their website at www.enshealth.com.

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Get Connected!
Take Advantage of Free Service to Reduce Administrative Expenses
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Anthem customer support

For more information about electronic claims filing and other transactions sent to Anthem, call our EDI specialists for details. EDI specialists can help guide you through the registration, testing and the implementation process.

Hours Available
8:30 a.m.–4:30 p.m., Monday–Friday, EDT

Telephone
800-334-8262

Fax Number
207-822-7333

Web address
www.anthem.com/edi (select your state)

Programs and Benefits Update

State of Connecticut POS and POE Members Can Access Empire In-Network Providers

Effective July 1, 2007, State of Connecticut employees enrolled in the Anthem Blue Cross and Blue Shield State BlueCare POS plan and the Anthem Blue Cross and Blue Shield State BlueCare POE plan became eligible to access in-network providers participating with Empire Blue Cross and Blue Shield. Please note that members enrolled in the State of CT POE Plus (gated) plan are not eligible for the expanded network. Coverage will be based on their individual in-network benefits.

Please refer to the identification (ID) cards shown below for State of Connecticut employees who are Anthem members. ID numbers beginning with the prefix “XGR” or “XGT” indicate that the members now have access to Empire in-network participating providers.

For more information

- Call the Provider Call Center at 800-922-3242, Monday–Friday, 8:15 a.m.–5 p.m.
- Visit us at anthem.com.

Lumenos Preventive Care Summary Update on anthem.com

The Lumenos preventive care summary was recently updated and is available on anthem.com. The updates include:

- Information about coverage for vision exams
- Clarification of coverage for routine physicals
- Clarification of coverage for immunizations for certain ages and genders
Behavioral Health Update

Behavioral Health Providers – Please Review the Entire Newsletter!

While the articles in this section are of specific interest to participating behavioral health providers, there are other articles in this publication that apply to or could be of interest to behavioral health providers as well. Please review the entire issue.

Professional Outpatient Fees

Anthem Blue Cross and Blue Shield has updated its professional outpatient fee schedules effective July 1, 2007. Fee schedules were mailed to all participating group and solo providers. If you have not received the fee schedule mailing, please contact the Behavioral Health Provider Call Center at 800-934-0331.

Important Notice Regarding V-Codes

Please note the V codes are not reimbursable codes for psychiatric diagnoses. Please use a more specific ICD-9 behavioral health diagnosis code when submitting your claims.

Authorization Letters

Behavioral health authorization letters are now being mailed to physical practice locations. If your practice had a specific mailing address that was different than your practice location and your check remittance address, we can no longer accommodate that additional address. We apologize for any inconvenience.

2007 Provider Satisfaction Survey

Our annual Behavioral Health provider satisfaction survey will be mailed to you soon. This annual survey is specific to behavioral health providers throughout our entire organization. Your responses are invaluable and measure the various touch point areas with which you interact with Anthem. Our local results are compared to the other Anthem states where we operate, and help to determine best practices to enhance current local operations where we can. We are hoping for a high level of participation from our participating provider network, so please complete and return your survey.

New England Health Plan Transition to Anthem Behavioral Health

Effective January 1, 2008, Anthem Behavioral Health will assume behavioral health benefits management for the Connecticut membership of the New England Health Plan (HMO Blue New England and Blue Choice New England) product which is currently managed by Value Options. We will continue to provide updates on this transition over the next several months.

Quality Programs Update

DynamicCME Coming Soon

DynamicCME is a comprehensive, free web-based education portal that delivers a real-time interactive continuing medical education (CME) experience to practicing providers who participate in our networks. DynamicCME provides easy navigation and usability 24 hours/7 days a week. This unique and secure application uses provider specific medical and pharmacy claims information to display current practice patterns and compares that to peer benchmarks, around key clinical issues within each CME program. The goal is to bridge the gap between clinical guidelines and actual clinical practice. Providers have the opportunity to select accredited educational programs with patient-specific medical information using Internet technology.

For more information about the tool, contact your Clinical Account Pharmacists in CT Lisa Meland, PharmD 203-985-7642 and in NH/ME Helen Pervanas, R.PH 603-695-7536.
Members Value the Care Management Connection

“It changed the way I feel about insurance companies. I never realized they could be so helpful.” This is one of the many positive comments reflected in members’ Care Management satisfaction surveys in 2006. Care Managers help members get the right care at the right time in the right setting. We are an important connection for you and your patient with a complex diagnosis or sudden illness/medical events. Over 90% of members expressed satisfaction with the Care Management Program. Other member comments include:

- “was encouraging with ideas to make self-care easier”
- “excellent advice and suggestions on how to speed up my recovery”
- “always willing to listen”
- “cared about me and understood my needs”
- “excellent resource for all types of questions”
- “treated me with respect and dignity”

It is easy to refer to the Care Management program. Simply contact the discharge planner at the hospital or call Care Management directly to see if this program is right for your patient: 800-422-2940.

Anthem Focuses on Improving the Care of Cancer Survivors

Results of Anthem’s 2006 Provider Survey indicated that many primary care physicians (PCPs) do not feel prepared to monitor and manage the late health effects that may arise with patients following cancer treatment.

The survey determined that a PCP’s sense of being prepared to handle transitional care issues for cancer survivors increases as the frequency of receiving detailed treatment information from oncologists increases.

As a result, Anthem has formed a regional team that is collaborating with providers, members, cancer centers, and/or statewide coalitions in Connecticut, Maine and New Hampshire.

The initial goals of this team are aimed towards improving the quality of care for patients who have been discharged from active cancer treatment and include:

- Improving communication between oncologists and PCPs
- Assisting oncology providers in sending end of treatment summaries to PCPs

In addition to facilitating improved communication between oncology providers and PCPs, Anthem is also providing a free Online CME Program to physicians and nurses who care for cancer survivors. Details regarding the online program are described in the next article. The program includes a sample End of Treatment Summary that can be utilized in the transition of care for cancer survivors.

Questions regarding this initiative can be directed to Lynn Stillman, RN at 603-695-7848.

Free Online Cancer Survivorship CME Program

Anthem Blue Cross and Blue Shield is sponsoring, free of charge, an on-line Continuing Medical Education (CME) program designed to meet the educational needs of primary and oncology care providers who treat individuals with cancer or who have survived cancer. This three-credit CME entitled “Late Effects of Cancer Treatment and Survivorship: Strategies for Primary Care and Oncology Providers” is presented by a panel of expert clinicians from Dana Farber Cancer Institute and Children’s Hospital, David Geffen School of Public Health and the City of Hope National Medical Center. This educational program has been designed to promote provider understanding regarding late effects of cancer treatment, survivorship and the provider role in long-term surveillance to reduce adverse health outcomes among cancer survivors.

We would encourage our network primary and oncology care providers to take advantage of this dynamic and critical workshop to maximize cancer survivorship care. This workshop opportunity will close on September 15, 2007.

If you are interested in taking this on-line CME, please contact Lynn Stillman at 603-695-7848 or your Plan’s Medical Director.
Annual Quality Program Available

On an annual basis, Anthem prepares a Quality Program that outlines the Plan’s quality and service initiatives for that year. In addition, we publish an annual Quality Report that highlights the results from the past year’s initiatives. An overview of the annual Quality Program can be accessed via the provider website at www.anthem.com. Or, you can request a copy by calling 203-985-6687.

Pharmacy Update

Specialty Pharmacy Service Coming Soon

Beginning October 1, 2007, PrecisionRx Specialty Solutions will become a participating specialty pharmacy provider for group members of Anthem Blue Cross and Blue Shield Plans in Connecticut. This will apply to members enrolled in the following medical plans:

- **Century Preferred** (including Century Preferred Comprehensive and PPO USA)
- **BlueCare** (including BlueCare POS, BlueCare HMO, and BlueCare Basic)
- **New England Health Plans**


Members in these plans will be required to use a participating specialty pharmacy provider in order to maximize their benefits.

Participating specialty pharmacy providers strive to provide members with integrated, cost-effective solutions for purchasing and managing specialty drugs.

For members to receive the highest level of coverage for their specialty medications, they will need to transfer their specialty medication prescriptions to a participating specialty pharmacy provider before October 1, 2007. A list of participating specialty pharmacy providers may be found at www.anthem.com, or members can call the phone number on the back of their Anthem ID cards. Members choosing to obtain specialty medications from a non-participating specialty pharmacy provider after October 1, 2007 may be responsible for a greater share of the cost and member out-of-pocket expenses may be higher.

**GenericSelect**

Anthem Blue Cross and Blue Shield announced recently the launch of a new program designed to encourage generic drug usage. This program is called **GenericSelect**. Members who switch or are a first time user of a specific generic medication are eligible to have their initial copayment waived.

The drugs on the GenericSelect list are those most commonly prescribed medications for conditions such as high cholesterol, high blood pressure, diabetes, arthritis pain or depression. Aside from the therapeutic benefits of generic drugs, members also are able to save money based on their copayment amounts being lower. There are also studies which show that lower out-of-pocket costs to the members will result in higher compliance of filling and taking the necessary medications.

The number of generic drugs in the cholesterol lowering classification for GenericSelect has been growing. Since the beginning of 2003, the percentage of statin patients using generics has more than tripled, showing the improved awareness of generics with our members. Most recently, simvastatin, the generic equivalent of Zocor, was added to the list of drugs. The FDA requires that generic versions of prescription drugs be equivalent in quality, strength, purity and stability to the brand name versions they replace.

In addition to the direct cost reduction to the member through reduced copayment amounts, Jeffrey Holmstrom, D.O., Medical Director of Anthem Blue Cross and Blue Shield in Maine, said, “Over 20% of health care costs result from prescription drugs. With the average cost difference between brand name and generic medication in Maine being $126, small increases in generic utilization not only improves medical outcomes from increased compliance, but also results in significant savings for employers and members.”

If you want more information on GenericSelect, please contact your Network/Provider Relations Consultant.

**Anthem National Drug List/Formulary Updates**

The latest Drug List/Formulary Updates to the Anthem National Drug List/Formulary are available on our website. To access the Drug List/Formulary Updates, log onto anthem.com. Under Anthem Affiliates, select Anthem Prescription Management > Provider Online Services > Search the Drug List/Formulary > Recent Changes to the National Drug List/Formulary.
Prior Authorization Forms Available on anthem.com

Anthem Prescription Management has made it easier to prior authorize medications for your patients. Complete lists of these medications as well as authorization forms are available on the website at www.anthemprescription.com (Physician Prior Authorization of Benefit Forms > Reports and Publications). Then download, print and fax the required information to the prior authorization department.

Medical Policy Update

Medical Policy Updates are on anthem.com

The following new and revised policies were endorsed at the May 17, 2007 Medical Policy & Technology Assessment Committee (MPTAC) meeting. These, and all Anthem Blue Cross and Blue Shield medical policies, are available at anthem.com (Providers > Choose your state > Enter > Medical Policy Updates).

If you do not have access to the Internet, you may request a hard copy of any updated policy by calling the Provider Call Center at 800-922-3242.

REVISED MEDICAL POLICIES EFFECTIVE 05-17-2007

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMIN.00002</td>
<td>Preventive Health Guidelines</td>
</tr>
<tr>
<td>SURG.00024</td>
<td>Surgery for Clinically Severe Obesity</td>
</tr>
<tr>
<td>TRANS.00011</td>
<td>Pancreas Transplantation and Pancreas – Kidney Transplantation</td>
</tr>
<tr>
<td>TRANS.00025</td>
<td>Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection</td>
</tr>
<tr>
<td>TRANS.00029</td>
<td>High-Dose Chemotherapy with Hematopoietic SCT for Genetic Diseases and Acquired Anemias</td>
</tr>
<tr>
<td>TRANS.0003</td>
<td>High-Dose Chemotherapy with Hematopoietic SCT for Autoimmune Disease and Miscellaneous Solid Tumors</td>
</tr>
</tbody>
</table>

NEW MEDICAL POLICIES EFFECTIVE 11-01-2007

(Some of the policies listed below might result in services that were previously paid being found to be either not medically necessary or investigational.)

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG.00037</td>
<td>Intravenous Ketamine and Intravenous Lidocaine for Chronic Pain Management</td>
</tr>
<tr>
<td>MED.00093</td>
<td>Corneal Hysteresis</td>
</tr>
<tr>
<td>MED.00094</td>
<td>ECG Body Surface Mapping</td>
</tr>
<tr>
<td>RAD.00052</td>
<td>Positional MRI</td>
</tr>
<tr>
<td>SURG.00100</td>
<td>Cryoblation for Plantar Fasciitis and Plantar Fibroma</td>
</tr>
</tbody>
</table>
**REVISED POLICIES EFFECTIVE 07-02-2007**
(The following policies were revised to expand Medical Necessity indications or criteria.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>DME.00005</td>
<td>Glucose Monitoring and Related Supplies</td>
</tr>
<tr>
<td>DRUG.00003</td>
<td>Chelation Therapy</td>
</tr>
<tr>
<td>MED.00005</td>
<td>Hyperbaric Oxygen Therapy (Systemic Topical)</td>
</tr>
<tr>
<td>MED.00014</td>
<td>Home Spirometry and Home Overnight Oximetry Services</td>
</tr>
<tr>
<td>MED.00026</td>
<td>Hyperthermia for Cancer Therapy</td>
</tr>
<tr>
<td>MED.00032</td>
<td>Treatment of Hyperhidrosis</td>
</tr>
<tr>
<td>MED.00043</td>
<td>Low Lever Laser Therapy</td>
</tr>
<tr>
<td>MED.00050</td>
<td>Skin Contact Monochromatic Infrared Energy Therapy (MIRE) (Anodyne Therapy)</td>
</tr>
<tr>
<td>RAD.00002</td>
<td>Positron Emission Tomography (PET) and PET/CT Fusion</td>
</tr>
<tr>
<td>RAD.00011</td>
<td>Transcatheter Arterial Chemoembolization (TACE)</td>
</tr>
<tr>
<td>RAD.00036</td>
<td>MRI of the Breast</td>
</tr>
</tbody>
</table>

**REVISED POLICIES EFFECTIVE 11-01-2007**
(Some of the policies listed below involve changes to policy that might result in services that were previously covered being found to be either not medically necessary or investigational.)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>DME.00004</td>
<td>Electrical Bone Growth Stimulation</td>
</tr>
<tr>
<td>DME.00022</td>
<td>Functional Electrical Stimulation FES: Threshold Electrical Stimulation (TES)</td>
</tr>
<tr>
<td>DRUG.00026</td>
<td>Aerosolized Anti-Infective Therapy for Sinusitis</td>
</tr>
<tr>
<td>LAB.00009</td>
<td>Pharmacogenomic and Metabolite Markers for Patients with Inflammatory Bowel Disease Treated with Azathioprine or 6-Mercaptopurine</td>
</tr>
<tr>
<td>LAB.00018</td>
<td>Serum Tumor Markers</td>
</tr>
<tr>
<td>MED.00003</td>
<td>Thermography/temperature Gradient Studies</td>
</tr>
<tr>
<td>MED.00034</td>
<td>Noninvasive Measurement of Cardiac Output in the Outpatient Setting including Thoracic Electrical Bioimpedance and Inert Gas Rebreathing</td>
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<tr>
<td>MED.00056</td>
<td>Techniques for Measurement of Body Composition</td>
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<tr>
<td>MED.00064</td>
<td>Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation (Radiofrequency and Cryoablation)</td>
</tr>
<tr>
<td>MED.00066</td>
<td>Cooling Devices and Combined Cooling/Heating Devices in the Outpatient Setting</td>
</tr>
<tr>
<td>RAD.00014</td>
<td>Brachytherapy</td>
</tr>
<tr>
<td>RAD.00038</td>
<td>Use of 3-D and 4-D Ultrasound in Maternity Care</td>
</tr>
<tr>
<td>SURG.00009</td>
<td>Refractive Surgery</td>
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<tr>
<td>SURG.00056</td>
<td>Transanal Radiofrequency Treatment of Fecal Incontinence</td>
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<tr>
<td>SURG.00062</td>
<td>Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome</td>
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<tr>
<td>SURG.00066</td>
<td>Percutaneous Radiofrequency Neurolysis</td>
</tr>
<tr>
<td>SURG.00075</td>
<td>Intervertebral Stabilization Devices (Dynesys®, Spinal System, SATELLITE™ Spinal System)</td>
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<tr>
<td>Code</td>
<td>Service Description</td>
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<tr>
<td>BEH.00001</td>
<td>Opioid Antagonists Under Heavy Sedation or General Anesthesia as a Technique of Opioid Detoxification</td>
</tr>
<tr>
<td>BEH.00002</td>
<td>Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric Disorders</td>
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<tr>
<td>DME.00002</td>
<td>Phototherapy for Seasonal Affective Disorder</td>
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<tr>
<td>DME.00011</td>
<td>Electrical Stimulation as a Treatment for Pain and Related Conditions: Surface and Percutaneous Devices</td>
</tr>
<tr>
<td>DME.00014</td>
<td>Computerized Dynamic Posturography</td>
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<td>DME.00020</td>
<td>Non-Contact Normothermic Wound Therapy (Radiant Heat Bandage)</td>
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<tr>
<td>DME.00025</td>
<td>Patient-Operated Spinal Unloading Devices</td>
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<td>DME.00032</td>
<td>Automated External Defibrillators for Home Use</td>
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<td>DRUG.00006</td>
<td>Botulinum Toxin</td>
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<tr>
<td>DRUG.00013</td>
<td>Intravenous Immunoglobulin as a Treatment of Recurrent Spontaneous Abortion and Associated Laboratory Tests</td>
</tr>
<tr>
<td>DRUG.00015</td>
<td>Prevention of Respiratory Syncytial Virus Infections</td>
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<tr>
<td>DRUG.00017</td>
<td>Hyaluronan Injections for Musculoskeletal Conditions</td>
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<tr>
<td>GENE.00002</td>
<td>Preimplantation Genetic Diagnosis Testing</td>
</tr>
<tr>
<td>GENE.00003</td>
<td>Genetic Testing and Biochemical Markers for the Diagnosis of Alzheimer’s Disease</td>
</tr>
<tr>
<td>GENE.00009</td>
<td>Gene-Based Tests for Screening, Detection and Management of Prostate Cancer</td>
</tr>
<tr>
<td>GENE.00011</td>
<td>Gene Expression Profiling for Managing Breast Cancer Treatment</td>
</tr>
<tr>
<td>LAB.00002</td>
<td>Salivary Estriol Testing for Preterm Labor</td>
</tr>
<tr>
<td>LAB.00003</td>
<td>In Vitro Chemotherapy Sensitivity and In Vitro Resistance Assays</td>
</tr>
<tr>
<td>LAB.00011</td>
<td>Analysis of Proteomic Patterns in Serum to Identify Ovarian Cancer</td>
</tr>
<tr>
<td>LAB.00012</td>
<td>Hyaluronan Binding Assay (HBA)</td>
</tr>
<tr>
<td>LAB.00015</td>
<td>Detection of Circulating Tumor Cells in the Blood as a Prognostic Factor in Patients with Metastatic Cancer</td>
</tr>
<tr>
<td>LAB.00020</td>
<td>Intraepidermal Nerve Fiber Density Testing</td>
</tr>
<tr>
<td>MED.00004</td>
<td>Technologies for the Evaluation of Skin Lesions (Dermatoscopy, Epiluminescence, Microscopy, Videomicroscopy, Ultrasonography)</td>
</tr>
<tr>
<td>MED.00006</td>
<td>Ophthalmologic Techniques for Evaluating Glaucoma</td>
</tr>
<tr>
<td>MED.00007</td>
<td>Prolotherapy, Sclerotherapy for Joint and Ligamentous Injections</td>
</tr>
<tr>
<td>MED.00010</td>
<td>Enhanced External Counterpulsation EECP in the Outpatient Setting</td>
</tr>
<tr>
<td>MED.00011</td>
<td>Sensory Stimulation for Brain-Injured Patients in Coma or Vegetative State</td>
</tr>
<tr>
<td>MED.00012</td>
<td>Gait Analysis</td>
</tr>
<tr>
<td>MED.00024</td>
<td>Adoptive Immunotherapy and Cellular Therapy</td>
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<tr>
<td>MED.00044</td>
<td>Electrical Impedance Scanning of the Breast</td>
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<tr>
<td>Code</td>
<td>Procedure</td>
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<tr>
<td>SURG.00050</td>
<td>Radiofrequency Ablation to Treat Tumors Outside the Liver</td>
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<tr>
<td>SURG.00053</td>
<td>Unicondylar Interpositional Spacer</td>
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<td>SURG.00054</td>
<td>Endovascular, Endoluminal Repair of Aortic Aneurysms</td>
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<td>SURG.00057</td>
<td>Microwave Thermotherapy for Primary Breast Cancer</td>
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<tr>
<td>SURG.00058</td>
<td>Prophylactic Bilateral Oophorectomy and Prophylactic Hysterectomy</td>
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<td>SURG.00059</td>
<td>Recombinant Human Bone Morphogenetic Protein</td>
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<td>SURG.00061</td>
<td>Presbyopia-Correcting Intraocular Lenses</td>
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<td>SURG.00065</td>
<td>Locally Ablative Techniques for Treating Primary and Metastatic Liver Malignancies</td>
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<tr>
<td>SURG.00067</td>
<td>Percutaneous Vertebroplasty and Percutaneous Kyphoplasty</td>
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<td>SURG.00069</td>
<td>Transpupillary Thermotherapy</td>
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<tr>
<td>SURG.00070</td>
<td>Photocoagulation of Macular Drusen</td>
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<tr>
<td>SURG.00072</td>
<td>Lysis of Epidural Adhesions Using Hypertonic Solutions</td>
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<tr>
<td>SURG.00073</td>
<td>Epiduroscopy</td>
</tr>
<tr>
<td>SURG.00079</td>
<td>Nasal Valve Suspension</td>
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</tbody>
</table>
CLINICAL GUIDELINES

New Clinical Guidelines Effective 11-01-2007
(The new clinical guidelines listed below might result in services that were previously paid being found to be either not medically necessary or investigational.)

CG.DRUG.12 Biologics for Psoriasis and Psoriatic Arthritis
CG.DRUG.21 Naltrexone (Vivitrol®) Injection for Treatment of Alcohol Dependence

REVISED CLINICAL GUIDELINES EFFECTIVE 07-02-2007
(The following clinical guidelines were revised and had no significant changes to the policy position or criteria.)

CG.DME.24 Manual Wheeled Mobility Devices
CG.DME.31 Power Wheeled Mobility Devices
CG.DRUG.01 Off-Label Drug and Approved Orphan Drug Use
CG.DRUG.08 Pharmocotherapy for Gaucher Disease
CG.MED.04 Tilt Table Testing
CG.MED.29 Inpatient Subacute Care
CG.RAD.14 CT/MRI of the Spine (Cervical, Thoracic, Lumbar)
CG.REHAB.01 Vestibular Rehabilitation and Canalith Repositioning
CG.REHAB.09 Acute Inpatient Rehabilitation

REVISED CLINICAL GUIDELINES EFFECTIVE 11-01-2007
(The clinical guideline listed below involves changes to policy that might result in services that were previously covered being found to be either not medically necessary or investigational.)

CG.DRUG.15 Gonadotropin Releasing Hormone (GnRH) Analogs
Network Update is produced bi-monthly by Anthem Blue Cross and Blue Shield’s Marketing Communications Department. Editor: JoAnn Boyd 4361 Irwin Simpson Road Mason, OH 45040.

E-mail: joann.boyd@anthem.com.

Pass it along! We only send one issue of Network Update to each provider group practice, and a limited number to facilities. Please pass along your copy to other offices/departments, or download this and previous issues from our website, anthem.com.

The information in this newsletter is for informational purposes only and should not be construed as treatment protocols or required practice guidelines. Diagnosis, treatment recommendations, and the provision of medical care services for our members and enrollees is the responsibility of physicians and providers.

Unless otherwise noted, the information contained in this newsletter applies to Anthem Blue Cross and Blue Shield’s commercial plans and programs in Connecticut, excluding BlueCare Health Plan, Century Preferred, Century Preferred Care, Century Preferred Direct, Century Preferred HSA, Century 90, State BlueCare, State Preferred, BlueCard, New England Health Plans (formerly NNO-New England), HMO, and National Account plans.

Unless specifically indicated, this newsletter does not refer to the BlueCare Family Plan (HUSKY A and B) program or Medicare Advantage HMO program. Questions regarding this program should be directed to your BlueCare Family Plan representative.

Unless otherwise noted, the information contained in the Behavioral Health Update section in this newsletter applies to services managed by Anthem Behavioral Health.

Please note: All policies are subject to the terms, conditions and limitations of the member’s plan or program.

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