

A newsletter for  
Priority Partners,  
Johns Hopkins US  
Family Health Plan  
and Employer  
Health Programs  
network providers

# Hopkins ACROSS THE BOARD



JOHNS HOPKINS  
MEDICINE  
JOHNS HOPKINS  
HEALTHCARE

SUMMER 2013



## FOUR STEPS TOWARD ACCOUNTABLE ANTIBIOTICS

Page 2

# MEDICAL DIRECTOR'S Accountable Antibiotics

Corner



Dr. Amy Richardson is a medical director at Johns Hopkins HealthCare in Glen Burnie, Md.

*“No single raindrop believes it is to blame for the flood.”*

“That’s how I feel about my own role in creating the “flood” of antibiotic resistant bacteria. As a pediatrician working in the emergency department, I admit that there have been times when I’ve seen an older child with otitis media who was a candidate for watchful waiting, but have written a prescription for amoxicillin anyway because I didn’t have the time or energy to explain the alternative. Or worse, I have succumbed to pressure

to treat uncomplicated otitis with parenteral broad-spectrum ceftriaxone because the parents are too busy to give 10 days of more narrowly focused oral antibiotics.”

It’s easy to transiently wring our hands about the problem when, as it happened in Bethesda at the National Institutes of Health (NIH) Clinical Center last fall, there are highly publicized, preventable deaths from severe antibiotic-resistant bacteria in immunocompromised patients. It’s hard to change our long-established patterns of prescribing and patient expectations.

There are four important, yet challenging steps each of us can take toward *Accountable Antibiotics*:

#### PREPARE YOURSELF:

- Know your local patterns of antibiotic susceptibility and resistance
- Use your specialty publications and websites, as well as initiatives like Choosing Wisely®, to acquaint yourself with the most up-to-date, evidence-based recommendations for antibiotic use (or avoidance) in common conditions

#### PREPARE YOUR PATIENTS:

- Make your patients aware of your commitment to conservative and judicious use of antibiotics
- Gather and distribute some of the excellent patient education materials regarding antibiotic use and antibiotic resistance from organizations such as

Choosing Wisely®, American College of Physicians at [www.acponline.org/patients\\_families/pdfs/health/antibiotics.pdf](http://www.acponline.org/patients_families/pdfs/health/antibiotics.pdf), and the Centers for Disease Control and Prevention at [www.cdc.gov/getsmart/](http://www.cdc.gov/getsmart/)

#### PRESCRIBE ACCOUNTABLY:

- Before you prescribe an antibiotic:
  - Perform appropriate cultures or other tests to guide treatment
  - Refer to evidence-based guidelines for targeted antibiotic choices
- When you give a prescription to your patient:
  - Stress the importance of completing the entire treatment course
  - Caution against skipping doses, sharing with other family members, or saving some for a future illness

#### PROMOTE ANTIBIOTIC STEWARDSHIP:

- Create Quality Improvement projects within your office or practice setting to assure that you and your colleagues are prescribing in accordance with specialty society and other clinical practice guidelines. Intervene if you are not
- Support local, national and international efforts to raise awareness of antibiotic overuse and the need for a change of practice
- Join our colleagues at the Johns Hopkins Bloomberg School of Public Health’s Center for a Livable Future in their advocacy for control of antibiotic use in agriculture

Each of us can make a conscious choice not to be that “drop of rain” who contributes to the flood of antibiotic resistance. Creating a culture of *Accountable Antibiotic* use is challenging, but urgent. If we do not, someday we or one of our loved ones will be swept up in the tide of illness and death caused by highly resistant bacteria.

*Hopkins Across the Board* is published quarterly for Priority Partners, Johns Hopkins US Family Health Plan and Employer Health Programs network providers by Johns Hopkins HealthCare LLC, Marketing and Communications Department. JHHC President – **Patricia Brown**; Acting Chief Operating Officer – **Keith Vander Kolk**; Chief Executive Officer (Priority Partners) – **Robert R. Neall**; Vice President (EHP) – **Keith Vander Kolk**; Vice President (USFHP) – **Mary Cooke**; Chief Financial Officer (EHP) – **Mike Larson**; Vice President (Care Management) – **Linda Dunbar**; Provider Relations Senior Director – **Dina Goldberg**; Marketing and Communications Senior Director – **Victoria Fretwell**; Editorial and Visual Media Services Administrator – **Donna L. Chase**. To submit information or articles, email [dchase@jhhc.com](mailto:dchase@jhhc.com)

# FOR ALL

Providers



## New Contact Numbers

If you need to contact our Care Management Department, please note that our options have changed. Call 410-424-4480 or 800-261-2421 for the following:

#### For EHP – Option 1

- Behavioral Health Services – Option 1
- Inpatient – Option 2
- DME/HH – Option 3
- Outpatient Intake Services – Option 4
- EHP Disease Management – Option 5

#### Priority Partners – Option 2

- Behavioral Health Services – Option 1
- Inpatient – Option 2
- DME/HH – Option 3
- Outpatient Intake Services – Option 4

#### USFHP – Option 3

- Behavioral Health Services – Option 1
- Inpatient – Option 2
- DME/HH – Option 3
- Outpatient Intake Services – Option 4
- ECHO – Option 5



## Member Not Found

When submitting a claim it is important to ensure that all the correct fields are completed accurately. This includes the member’s date of birth and member ID.

Please note that Johns Hopkins HealthCare will begin returning claims to providers for the following reasons:

- Incorrect date of birth
- Incorrect date of birth format (Correct format: MM/DD/YYYY)
- Incorrect, incomplete or missing Plan ID number or Maryland Medicaid number (the plan ID or MD Medicaid number must be in box 1a of the CMS 1500 or box 60 of the UB-04 claim form)

Claims will then need to be resubmitted with the correct information in order to be processed.

FOR ALL

Providers

## -50 Modifier Reminder

Effective October 1, 2013, Johns Hopkins US Family Health Plan (USFHP) will now require providers to bill bilateral procedures on two lines. This is already a requirement for Priority Partners and Employer Health Programs (EHP). Bilateral procedures must be billed on two lines with modifier -50 attached to one of the CPT codes. This will allow the claim to process at 150% (100% of the allowed amount for the first CPT code without the modifier -50, and 50% of the allowed amount for the CPT code with -50 as the first modifier).

## 90-Day Appeal Time

Administrative appeals (timely filing, care not coordinated by PCP, authorization not on file, member not eligible at time of service, incorrect coding) must be submitted within 90 business days of the date of the denial.

## Molecular Pathology Pricing

On November 8, 2012 the Centers for Medicare and Medicaid (CMS) published its determination to “gap fill” the new 2013 molecular pathology codes. As a result, CMS will not be publishing the national rates for these codes until 2014. The vast majority of these coding changes relate to procedures currently offered by many laboratories.

Johns Hopkins HealthCare (JHHC), on behalf of Priority Partners, the Johns Hopkins US Family Health Plan (USFHP), and Employer Health Programs (EHP) has developed pricing for these new molecular pathology codes. The rates, in effect as of January 1, 2013, will apply to any claims submitted with dates of service 1/1/13 and beyond, until such time CMS develops pricing for these codes. Any claims received to date that are on file and pending pricing will be processed accordingly.

Please note that JHHC will **not** accept the “old” 2012 stacked codes for any of our plans and that you must bill with the new 2013 codes for these services or the claims will be denied.

If you should have additional questions, please contact Gitu Mirchandani, Provider Relations program consultant at 410-762-5279 or gmirchanda@jhhc.com.

## Submitting claims with EDI

Submitting claims electronically is easier than you think. It can save you time and money. Johns Hopkins HealthCare (JHHC) partners with most major clearinghouses. To submit a claim, just use one of the following payer ID numbers:

- Priority Partners and Employer Health Programs (EHP): 52189
- Johns Hopkins US Family Health Plan (USFHP): 52123 (Emdeon only)

If you'd like to take advantage of Electronic Funds Transfer, receive 835 files, use our Priority Partners/EHP online eligibility and claims status web portal or discuss direct submission (large providers only), contact our EDI analyst at 410-424-4710 or EDI@jhhc.com.

## Lack of Servicing Provider NPI

Effective January 1, 2014, for Priority Partners and Employer Health Programs (EHP), Johns Hopkins HealthCare (JHHC) will start denying claims received when the rendering provider's NPI number is missing from the claim form. The rendering provider's NPI should always be placed in Box 24J of the CMS 1500 claim form.



FOR ALL

Providers

## QI Corner

### Improve Health Outcomes with Patient Engagement



There is a new direction in health care, and the patients will play an important role in those changes. Patients will be urged to become more engaged in their own health management.

Many patients lack the knowledge, skill and confidence to become active participants in their own health care. Patient engagement can improve health outcomes when they are encouraged to ask questions and by following their physician's directions.

Having access to tools and resources that can provide accurate information and guidance while patients are making health care decisions may assist in supporting patient engagement. Patient portals, electronic health records and self-management tools that patients can easily access have the potential to help them become more involved in their own care. Electronic tools that increase patient engagement in their care contribute to better performance on cost, quality, and outcome.

Initiatives such as health coaching and health literacy are examples of ways to encourage patients to improve their understanding of their role in managing behaviors and attitudes toward health maintenance. Providers should encourage their patients to ask questions and develop an open flow of communication for shared decision making. Coordinated care through telephone, email and integrated patient communications help to allow patient feedback, provide reminders for future appointments and improve quality of care.

By having an engaged patient and developing a better means of communication through health coaching and health literacy initiatives, health care providers can treat their patients who have a clear understanding of their health care plan to move toward achieving optimal health outcomes.

*Source: NCQA Quality Profiles, Supporting Quality Improvement Through Patient Engagement – The Leadership Series*

## Optimizing HEDIS®

Johns Hopkins HealthCare (JHHC) wants to make providers aware of website resources that are easily accessible. Recently, the JHHC Provider Relations Department hosted a provider seminar workshop to share information about the 2013 Healthcare Effectiveness Data and Information Set (HEDIS®) and Value Base Purchasing (VBP) measures. During the workshop, it was determined that only a small percentage of providers were aware of our online tools, to include the HEDIS® Tip Sheet (also called Provider Tips for Optimizing HEDIS® Results).

The HEDIS® resources on [www.jhhc.com](http://www.jhhc.com) can be of great value to you and your staff for the following reasons:

- ✓ Improved documentation supports the important care that you provide, as measured by HEDIS® and VBP scores
- ✓ Correct coding yields more accurate and timely reimbursement
- ✓ Can help reduce the number of HEDIS® and VBP Medical Records requests from JHHC

The HEDIS® Tip Sheet can be located on [www.jhhc.com](http://www.jhhc.com) or by contacting your Provider Relations Representative at 888-895-4998.

If you would like to view the HEDIS Coding Seminar, please visit [http://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/provider\\_seminar/coding\\_seminar/](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/provider_seminar/coding_seminar/)



**JUST FOR**

*Priority Partners MCO Providers*

## 2012 Provider Satisfaction Survey Results



Priority Partners is committed to collaborating with providers in order to ensure that our members receive outstanding care. Open communication and feedback among providers, members and the health plan is important to Priority Partners so that we can continue to improve services.

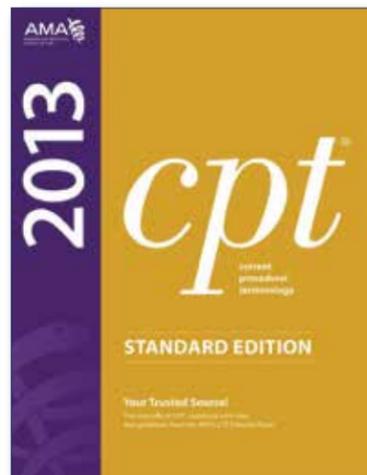
In the fall of 2012, WB&A Market Research conducted the Priority Partners Provider Satisfaction Survey. The overall satisfaction with the plan was 84% which was rated higher than the HealthChoice Aggregate of 81%. Comparatively, the following categories demonstrated improvement: Finance Issues, Coordination of Care/Case Management, and Utilization Management. The Customer Service/Provider Relations category was identified as an opportunity for improvement.

The annual provider satisfaction survey is currently being conducted again. If you receive a survey, we ask that you take a few moments to fill it out. Your answers are important to us in our continued quest of exceeding our customer expectations.

## New Lab Codes for PAC Members

The following additional codes were added to the Priority Partners Primary Adult Care (PAC) covered laboratory services benefit. Due to the limited benefit for PAC members, it's extremely important to always verify coverage prior to rendering services. Please note that PAC members cannot be billed for non-covered services unless a waiver is signed prior to the service being rendered.

80047, 80055, 80074, 80104, 80150, 80152, 80154, 80156, 80157, 80158, 80160, 80162, 80164, 80166, 80168, 80170, 80172, 80173, 80174, 80176, 80178, 80182, 80184, 80185, 80186, 80188, 80190, 80192, 80194, 80195, 80196, 80197, 80198, 80200, 80201, 80202, 80299, 80418, 80438, 80439, 80440, 81007, 81015, 81020, 81050, 82043, 82044, 82271, 82272, 82274, 82947, 82948, 82950, 82953, 82962, 83036, 85027, 87110, 87181, 87184, 87185, 87186, 87187, 87188, 87190, 87220, 87274, 87390, 87391, 87480, 84781, 87482, 87528, 87529, 87530, 87534, 87535, 87536, 87537, 87538, 87539, 87620, 87621, 87622, 87808, 88164, 88165, 88166, 88167.



## PROVIDER UPDATES

*Priority Partners*

### Value Based Purchasing Services

Priority Partners schedules appointments and provides transportation services to members who are missing important preventive health services as identified by Value Based Purchasing (VBP) measures.

Priority Partners contracts with *Optum* to schedule VBP appointments. It is important that your office staff assist *Optum* in scheduling member appointments in order to ensure that members receive needed services. Please note that some appointments are time sensitive due to the age of the member, the measure requirement or the calendar year, and consider these time restrictions when scheduling. Priority Partners appreciates your help with this important service for the health of our members!

*Optum* is responsible for calling members and scheduling appointments for members identified as missing needed services. For example, if a teen has not had a well visit within the past year, that member will be identified and the parent or legal guardian will be contacted by *Optum* in order to schedule a well visit. On a daily basis, *Optum* sends Priority Partners Quality Improvement (QI) Outreach a list of members who had an appointment scheduled by *Optum*. QI Outreach then calls the member to arrange for transportation to the appointment, or, if needed, to reschedule the appointment and transportation. QI Outreach will coordinate these activities with the physician office or clinic.

We appreciate your assistance in scheduling these important health care services for our Priority Partners members. If you have any questions regarding *Optum* or Value Based Purchasing measures, please contact your Provider Relations network representative at 888-895-4998.



## Member Well-Visits

Unlike many commercial carriers, Priority Partners does not have a frequency or date limitation on well-visits for our members. This means that a well visit does not have to be exactly 365 days and/or one year apart and there are no visit frequency limitations for this service during the year. This applies for both children and adult well-visits.

# PROVIDER UPDATES

*Priority Partners*



## JUST FOR *Employer Health Programs Providers* My EHP Story

### Maryland Healthy Kids Provider Recognition

Every year, nurse consultants contracted with the Maryland Healthy Kids Program perform medical record reviews with participating providers' offices that serve children, twenty-one years of age and younger, who are enrolled in HealthChoice Managed Care Organizations.

These annual performance improvement activities serve to ensure that Maryland Healthy Kids Program participants are receiving quality health care services in accordance with the Maryland Schedule of Preventive Health Care. Recognition is given in the form of a **Certificate of Merit** from the Maryland Department of Health and Mental Hygiene (DHMH) for those providers that meet the following criteria:

- Achieve 90% or better for over-all score **and**,
- Achieve a minimum 75% score in each of the five components scored

Priority Partners would like to recognize the following providers for their achievement in receiving the DHMH Certificate of Merit for their performance in the CY 2011 EPSDT Medical Record Review:

**Dr. Patience Williams, of the  
Child and Adolescent Center, LLC  
and to  
The Pediatric Place**

**Congratulations!**



### Healthy Kids/EPSTD Program

The Early and Periodic Screening, Diagnosis and Treatment (EPSTD) Program is a federal requirement that mandates that states cover certain benefits for Medicaid recipients from birth through 20 years of age.

In Maryland, the preventive care component of the EPSTD Program is known as the **Healthy Kids Program**. Preventive health care services allow for early identification and treatment of health problems before they become medically complex and costly to treat.

It is important to note that the Maryland Healthy Kids Program must certify all Primary Care Providers (PCPs) who plan to serve Medicaid/MCHP children and young adults less than 21 years of age.

For additional information regarding Healthy Kids Program certification, please visit [http:// dhmh.maryland.gov/epsdt/ healthykids](http://dhmh.maryland.gov/epsdt/healthykids).

"Atkins, Medifast, the Scarsdale Diet, Weight Watchers, Jenny Craig. I've gone to weight loss clinics, I've used diet pills and I even tried hypnosis," said Debbie Nowakowski, project manager, Johns Hopkins Bloomberg School of Public Health.

She laughs a bit as she describes all the diets and weight loss programs she's tried over the years.

"All of the diet programs worked, but only for a short time. But the MOVE program, taught by Katie Powell (a Johns Hopkins HealthCare health educator), was different. I went to my first meeting after receiving a post card in the mail."

MOVE! is a national weight management program designed by the Veterans Health Administration (VHA) National Center for Health Promotion and Disease Prevention (NCP), as part of the Office of Patient Care Services. It was designed to help veterans lose weight, to keep it off and to improve their health.

"The group of people in this program really clicked together, and we all learned a lot. My goal at first was to lose weight, but I gained knowledge. I learned about nutrition and reading labels. I learned how to count fat grams; learned about sugars, calories, and portion sizes. I learned that a lot of packaged diet meals are processed foods, and not very good for you.

"I've learned what's good for my diet and what isn't. And Katie, Katie is great. She always brought healthy snacks to the class, and she helped me keep on track."

Debbie isn't sure how much weight she has lost. But she knows she feels better, her clothes are loose and she gets daily compliments about her appearance from her co-workers.



Debbie Nowakowski gives credit to the MOVE! Program and Health Educator, Katie Powell.



Katie Powell

### More Than a Health Educator

She has a smile that can light up a room. Before coming to Johns Hopkins HealthCare, Health Educator Katie Powell worked in administration at Johns Hopkins Community Physicians (JHCP), Odenton. She coordinated health education opportunities for members there. In recent years, as an associate at JHHC, she has taught a myriad of classes to EHP members throughout the community.

Katie has been lauded time and time again for her enthusiasm, her knowledge and her support of the people she works with. But when asked about the praise she receives, Katie is very modest.

"It's not me. All I do is teach the classes. The members are the ones who go home and use what I've taught. But I do get a lot of satisfaction from what I do. The reward and compensation when they succeed, well that's priceless."

**JUST FOR**

*Employer Health Programs Providers*



## 2012 EHP Provider Satisfaction Survey Results

EHP is committed to providing excellent service to our providers. Our providers are the backbone of the health care system. Open communication and feedback among providers, members and the health plan is important to EHP so we can continue to improve our services. Your satisfaction with our services is an important indicator of our success.

Annually, The Myers Group (TMG) conducts a Provider Satisfaction Survey on behalf of EHP. In 2012, 95.6% of providers reported that they would recommend EHP to other providers. Providers also reported higher overall satisfaction with EHP in comparison to other local plans in which they

participate with. EHP ranked higher than the TMG Book of Business benchmark in all other the survey categories: Finance Issues, Utilization & Quality Management, Network & Coordination of Care, Pharmacy, Health Plan Call Center, and Provider Relations.

Get ready! The provider satisfaction survey is currently being conducted again in order to target specific areas that may need improvement, or identify best practices for future support of our provider network. Your feedback is important. If you receive a survey, we ask that you take a few moments to fill it out. Your answers are important to us in our continued quest of exceeding our customers' expectations.

# PROVIDER UPDATES

*Johns Hopkins US Family Health Plan*

## 2012 USFHP Provider Satisfaction Survey Results



The Johns Hopkins US Family Health Plan (USFHP) conducts a Provider Satisfaction Survey annually in order to ensure that we are providing high quality service to our providers. Open communication and feedback among providers, members and the health plan is important to USFHP so that we can continue to improve our services.

In the fall of 2012, The Myers Group (TMG) conducted the USFHP Provider Satisfaction Survey, and 95% of the providers surveyed said they would recommend USFHP to other providers. USFHP ranked higher in seven out of the eight survey categories in comparison to the TMG Book of Business benchmark.

In response to your feedback, USFHP has identified Customer Service and Provider Relations as areas of opportunity. USFHP will continue to use the Provider Satisfaction survey results to identify opportunities to improve our service to you.

The annual provider satisfaction survey is currently being conducted again. Your answers are important to us in our continued quest of exceeding our customers' expectations. If you receive a survey, please take a few moments to fill it out.

## HPV Coverage

Reminder...HPV testing is covered as a cervical cancer screening only when performed in conjunction with a Pap smear, and only for women aged 30 and older. It is not covered for women under the age of 30. Please note that members cannot be balance-billed for this non-covered service unless a waiver is signed prior to services being rendered.

## Appointment Standards for USFHP Members

### WAIT TIMES FOR PRIMARY CARE APPOINTMENTS

Appointment Type and Standard

- Health Assessment – Appointments should be scheduled within 4 weeks of the appointment request
- Routine Visit – Appointments should be scheduled within 1 week of the appointment request
- Urgent – Members should be seen within 24 hours of the request

### WAIT TIMES FOR SPECIALTY CARE APPOINTMENTS

- Appointment access is determined by the PCP based on the nature of the care required; however, the wait time should be no longer than four (4) weeks

### OFFICE WAIT TIME

- The wait time in the office in non-emergency situations shall not exceed 30 minutes

# PRACTICALLY *Speaking*

## Provider Relations Meet and Greet



Patrice Williamson

Meet Patrice Williamson... a Johns Hopkins HealthCare (JHHC) servicing network manager in the Provider Relations Department. As a servicing network manager, Patrice's territories include Baltimore City, Baltimore County, Harford County, Cecil County and Southern Pennsylvania.

Patrice previously worked for another health care organization before coming to JHHC. Patrice has over 20 years of health care experience and is happy to be part of the JHHC team.

If Patrice can assist you with any questions or concerns, please don't hesitate to contact her at 410-762-1509 or by email at [PWilliamson@jhhc.com](mailto:PWilliamson@jhhc.com). If you can't reach Patrice, please contact her network coordinator, Debbie O'Brien, at 410-762-5221 or [OBrienD@jhhc.com](mailto:OBrienD@jhhc.com).

### MEDICAL FACTOID

The soles of your feet contain more sweat glands and more pressure-sensitive nerve endings per square inch than any other part of your body.



Like fingerprints, every person has a unique tongue print.

If you have questions regarding fraud or suspected fraudulent activities involving a Priority Partners, USFHP or EHP member, provider or employee, please contact the Corporate Compliance Department at 410-424-4996; by fax at 410-762-1527 or email [compliance@jhhc.com](mailto:compliance@jhhc.com).

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# SPECIAL INSERT

## MEDICAL POLICY UPDATES continued

MEDICAL POLICY AND/OR PROCEDURE	SUMMARY	POLICY STATUS AND EFFECTIVE DATE	LOB
<b>RETIRED / ARCHIVED</b>			
Osteogenic Stimulation	Retired.	Effective 06/07/13 This policy has been retired. For coverage criteria for related claims refer to Interqual Evidence Based Clinical Content.	EHP PPMCO
Oncotype DX	Retired.	Effective 09/01/13 This policy has been retired. For coverage criteria for related claims refer to CMS07.03 Genetic Testing.	EHP PPMCO
Fundus Photography for Diabetics	Archived.	Effective 06/07/13 This document has been archived and is no longer scheduled for review as it is unlikely that further published literature would change the determination.	USFHP EHP PPMCO
Fecal DNA (Pre-Gen-Plus)	Archived.	Effective 06/07/13 This document has been archived and is no longer scheduled for review as it is unlikely that further published literature would change the determination.	USFHP EHP PPMCO
<b>CORRECTIONS</b>			
Radiofrequency Ablation (RFA)	Revision of Policy. The last Policy update should have stated the following: Radiofrequency Ablation (RFA) medically necessary after medical review for members meeting certain criteria for facet or sacroiliac pain.	Effective 3/01/13 Investigational and medically necessary criteria for a related CPT® and HCPCS® codes.	EHP PPMCO

## ADMINISTRATIVE POLICY UPDATE

ADMINISTRATIVE POLICY	SUMMARY	POLICY STATUS AND EFFECTIVE DATE	LOB
COR.027 Electronic Evaluation and Management Services	New administrative policy that outlines criteria for electronic evaluation and management.	Effective 10/01/13	USFHP EHP PPMCO

Policies can be found at the following website:

[http://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/providers\\_physicians/policies/](http://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/policies/)

# SPECIAL INSERT

## MEDICAL POLICY UPDATES

MEDICAL POLICY AND/OR PROCEDURE	SUMMARY	POLICY STATUS AND EFFECTIVE DATE	LINE OF BUSINESS
New Policy Structure and Interactive Policy Manual	New Policy structure divided into services suggestive of CPT manual to include: Introduction, Durable Medical Equipment, Medicine, OB/GYN/Reproduction, Radiology/Imaging, Surgery, Rehabilitation Therapy, Anesthesia, Administration, Laboratory/Pathology, Mental Health, Archived, and Retired.	Effective 09/01/13	USFHP EHP PPMCO
New Policy Structure and Interactive Policy Manual Clinical Practice Guidelines	Revision of Policy. The guidelines are now referenced via links to the nationally recognized medical organization with the aim of guiding decisions and providing criteria regarding diagnosis, management, and treatment in specific areas of healthcare, based on an examination of current evidence in the medical literature.	Effective 09/01/13	USFHP EHP PPMCO
Implantable Infusion Pumps	Revision of Policy.	Effective 09/01/13 Investigational and medically necessary criteria for a related CPT® and HCPCS® codes.	EHP PPMCO
Bariatric Surgery	Revision of Policy.	Effective 09/01/13 Investigational and medically necessary criteria for a related CPT® and HCPCS® codes.	EHP PPMCO
Genetic Testing	Revision of Policy.	Effective 09/01/13 Investigational and medically necessary criteria for CPT® and HCPCS® codes.	EHP PPMCO
<b>RETIRED / ARCHIVED</b>			
Bone Mineral Density	Retired.	Effective 06/07/13 This policy has been retired. For coverage criteria for related claims refer to Interqual Evidence Based Clinical Content.	EHP PPMCO
Electron Beam Computed Tomography (Calcium Score)	Retired.	Effective 06/07/13 This policy has been retired. For coverage criteria for related claims refer to Interqual Evidence Based Clinical Content.	EHP PPMCO
Genetic Counseling	Retired.	Effective 09/01/13 This policy has been retired. For coverage criteria for related claims refer to CMS07.03 Genetic Testing.	EHP PPMCO
Genetic Testing for Colon Cancer	Retired.	Effective 09/01/13 This policy has been retired. For coverage criteria for related claims refer to CMS07.03 Genetic Testing.	EHP PPMCO
Hyperbaric Oxygen Therapy	Retired.	Effective 06/07/13 This policy has been retired. For coverage criteria for related claims refer to Interqual Evidence Based Clinical Content.	EHP PPMCO