

Upcoming event

Don't miss the 10th annual VIPC&S conference on May 27, 2010

Virginians Improving Patient Care & Safety (VIPC&S) in partnership with the Virginia Business Coalition on Health will host its 10th annual conference on Thursday, May 27, 2010. The conference will take place at the downtown Richmond Marriott. This year's theme is "Ten Years After 'To Err Is Human' – Defining the Next Steps." As in the past, Anthem Blue Cross and Blue Shield (Anthem) will help sponsor the event. For further information, visit the website at www.vipcs.org.

VIPC&S believes that creating a forum for sharing knowledge about health care errors is essential for improving patient safety and assuring public trust, and that the interest of the public can be best served by adopting the most effective evidence-based methods available to prevent avoidable patient injury due to medical errors. The VIPC&S annual conference strives to bring together health care organizations and leaders from diverse disciplines who share a commitment to advancing patient safety.

Coverage guideline update

Updated coverage guidelines effective October 1, 2010

Anthem Health Plans of Virginia, Inc. d/b/a Anthem Blue Cross and Blue Shield (Anthem) will implement the following new Clinical Utilization Management (UM) Guidelines and revised coverage guidelines. **All the following guidelines are effective October 1, 2010, and are available for review at our website anthem.com.**

Ultra lightweight manual wheeled mobility devices (CG-DME-33)

A health services review will be required for HCPCS code K0005 for members enrolled in the HMOs (including Medicaid and FAMIS members), PPO, PAR and Virginia Lumenos plans. An ultra lightweight manual wheeled mobility device (K0005) will be considered medically necessary when all of the medically necessary criteria addressed in CG-DME-33 are met. Refer to the complete guideline posted on our website for the medically necessary criteria.

Intravenous Immune Globulin Therapy (IVIG) (CG-DRUG-09)

All CPT and HCPCS codes listed on CG-DRUG-09 will be reviewed per the medically necessary criteria outlined in the guideline. The CPT and HCPCS codes currently affected by this review are: 90283, J1459, J1561, J1566, J1568, J1569, J1572 and S9338. A health services review is currently required for J1459, J1561, J1566, J1568, J1569 and J1572 for members enrolled in the HMOs (including Medicaid and FAMIS members) and is highly recommended for members enrolled in our PPO, PAR and Virginia Lumenos plans, as these codes will be reviewed prior to claims adjudication.

Effective October 1, 2010, a health services review will also be required for CPT code 90283 for HMO members and is highly recommended for members enrolled in our PPO, PAR and Virginia Lumenos plans.

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Chelation Therapy

Anthem will implement the revised version of the coverage guideline *Chelation Therapy (DRUG.00003.)* HCPCS codes J0470, J0600, J0895, J3520, M0300 and S9355 will be reviewed per the medically necessary criteria outlined in DRUG.00003 when billed with diagnosis codes 275.42, 282.41-282.49, 282.60-282.69, 285.0, 585.6, 961.1, 961.2, 964.0, 965.69, 984.0-984.9, 985.0-985.1, 958.6-985.9, V15.86 or V45.11. Diagnosis codes 275.0 and 275.1 will be considered medically necessary without review when billed with the aforementioned HCPCS codes and all other diagnoses will be considered investigational. Visit our website, anthem.com, or access Point of Care (our web-based provider tool). You can also contact our Medical Management area for current health services review requirements.

Percutaneous and Endoscopic Spinal Surgery (SURG.00071)

Anthem will begin reviewing CPT codes 63020, 63030 and 63035 per SURG.00071 to determine if an open approach or an endoscopically-assisted approach is being used. Percutaneous or endoscopic spinal surgical techniques are considered investigational by Anthem. A health services review for these codes will be required effective October 1, 2010, for members enrolled in the HMOs (including Medicaid and FAMIS members) and is highly recommended for members enrolled in our PPO, PAR and Virginia Lumenos plans, as these codes will be reviewed prior to a coverage determination.

Business update

2010 updates to well-baby/preventive child services and procedures effective March 8, 2010

Below you'll find a comprehensive list of services and procedures covered under the well-baby/preventive child care benefits for our BlueCare, KeyCare and HealthKeepers plans. These recommendations come from the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC).

Coverage for these services and procedures are determined by the age limitations defined under the member's contract. Services not covered for "well-child" under the Blue Cross and Blue Shield Service Benefit Plan, also known as the Federal Employee Plan or FEP, have an asterisk (*) next to them.

It's important to note that the following information is current as of this publication date but is subject to change.

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PAR/PPO and HMO well-baby services

Preventive medicine evaluation and management services		
Procedure Code	Description	Well-baby/preventive child care age restriction
99381	Initial comprehensive preventive medicine evaluation and management of an individual; infant	Birth through 364 days
99391	Periodic comprehensive preventive medicine re-evaluation and management of an individual; infant	A total of 7 visits allowed between 99381 and 99391.
99382	Initial comprehensive preventive medicine evaluation and management of an individual; early childhood	Age 1 through 4 years
99392	Periodic comprehensive preventive medicine re-evaluation and management of an individual; early childhood	Age 1 through 4 years
99383	Initial comprehensive preventive medicine evaluation and management of an individual; late childhood	Age 5 through 6 years
99393	Periodic comprehensive preventive medicine re-evaluation and management of an individual; late childhood	Age 5 through 6 years

Newborn care		
Procedure Code	Description	Well-baby/preventive child care age restriction
99431	History and examination of the normal newborn infant. (Code deleted effective with date of service January 1, 2009)	Newborn through 364 days
99433	Subsequent hospital care, for the evaluation and management of a normal newborn, per day. (Code deleted effective with date of service January 1, 2009)	Newborn through 364 days
99460	Initial hospital or birthing center care, per day, for evaluation and management of a normal newborn infant. (Replaced 99431 effective with date of service January 1, 2009).	Newborn through 364 days
99462	Subsequent hospital care, per day, for the evaluation and management of a normal newborn. (Replaced 99433 effective with date of service January 1, 2009).	Newborn through 364 days

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PAR/PPO and HMO well-baby services, continued

Immunizations		
Procedure Code	Description	Well-baby/preventive child care age restriction
90465	Immunization administration when physician counsels patient/family; first injection.	Birth through 6 years
90466	Immunization administration when physician counsels patient/family; each additional injection.	Birth through 6 years
90467	Immunization administration (intranasal or oral) when physician counsels patient/family; first administration.	Birth through 6 years
90468	Immunization administration (intranasal or oral) when physician counsels patient/family; each additional administration.	Birth through 6 years
90471	Immunization administration; one vaccine	Birth through 6 years
90472	Immunization administration; each additional vaccine	Birth through 6 years
90473	Immunization administration by intranasal or oral route; one vaccine.	Birth through 6 years
90474	Immunization administration by intranasal or oral route; each additional vaccine.	Birth through 6 years
90633	Hepatitis A vaccine, pediatric/adolescent dosage	Birth through 6 years
90645	Hib, HbOC conjugate	Birth through 6 years
90646	Hib, PRP-D conjugate	Birth through 6 years
90647	Hib, PRP-OMP conjugate	Birth through 6 years
90648	Hib, PRP-T conjugate	Birth through 6 years
90655	Influenza virus vaccine, split virus, preservative free	6-35 months
90656	Influenza virus vaccine, split virus, preservative free	Age 3 through 6 years
90657	Influenza virus vaccine, split virus	6-35 months
90658	Influenza virus vaccine, split virus	Age 3 through 6 years
90660	Influenza virus vaccine, for intranasal use	Age 5 through 6 years
90662*	Influenza virus vaccine, for intramuscular use	Birth through 6 years
90669	Prevnar vaccine	Birth through 6 years
90680	Rotavirus vaccine	Birth through 364 days
90681	Rotavirus vaccine	Birth through 364 days
90696	DTaP-IPV	Age 4 through 6 years
90698	DTaP-Hib-IPV	Birth through 4 years
90700	DTaP	Birth through 6 years
90701	DTP	Birth through 6 years
90702	DT	Birth through 6 years
90707	MMR	Birth through 6 years

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PAR/PPO and HMO well-baby services, continued

Immunizations - continued		
Procedure Code	Description	Well-baby/preventive child care age restriction
90710	MMR + varicella vaccine (MMRV)	Birth through 6 years
90712 *	Polio vaccine (OPV)	Birth through 6 years
90713	Polio vaccine (IPV)	Birth through 6 years
90716	Varicella virus vaccine (Vari Vax)	Birth through 6 years
90720	DTP – HIB	Birth through 6 years
90721	DtaP + HIB	Birth through 6 years
90723	DtaP-HepB-IPV	Birth through 6 years
90732	Pneumococcal vaccine	Age 2 through 6 years
90743	Hepatitis B, adolescent	Birth through 6 years
90744	Hepatitis B, pediatric/adolescent	Birth through 6 years
90748	HepB-Hib (Comvax)	Birth through 6 years
* Not covered under FEP well-child		

Screenings/tests		
Procedure Code	Description	Well-baby/preventive child care age restriction
S3620	Newborn metabolic screening panel	Birth through one year
81000	Urinalysis; non-automated, w/microscopy	Birth through 6 years
81001	Urinalysis; automated, w/microscopy	Birth through 6 years
81002	Urinalysis; non-automated, w/o microscopy	Birth through 6 years
81003	Urinalysis; automated, w/o microscopy	Birth through 6 years
83020 *	Hemoglobin; electrophoresis	Birth through 6 years
83498 *	Hydroxyprogesterone, 17-d	Birth through 6 years
83655	Lead testing	Birth through 6 years
84030	PKU, blood	Birth through 6 years
84203	Protoporphyrin, RBC; screen	Birth through 6 years
84437 *	Thyroxine; requiring elution	Birth through 6 years
85013	Blood count; spun microhematocrit	Birth through 6 years
85014	Blood count; hematocrit	Birth through 6 years
85018	Blood count; hemoglobin	Birth through 6 years
86580	Skin test; tuberculosis, intradermal	Birth through 6 years
86880 *	Coombs test; direct, each antiserum	Birth through 6 years
92551	Screening test, pure tone, air only	Age 3 through 6 years
96110	Developmental testing; limited	Birth through 3 years
96111 *	Developmental testing; extended	Birth through 6 years
99173	Screening test of visual acuity, quantitative, bilateral	Age 3 through 6 years
* Not covered under FEP well-child		

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Routine diabetic testing can help reduce risk of severe complications

It's often difficult for your patients to learn they have diabetes but your support can make all the difference. When you encourage them to get regular diabetes testing and actively participate in their personal health care, your positive influence may be reflected in their behavior. As you know, regular diabetes testing and treating to goal have been proven to lower the risks of complications.

Diabetes complications¹ can include:

- **Death:** Diabetes was the seventh leading cause of death listed on death certificates in 2006.
- **High blood pressure:** Controlling blood pressure reduces the risk of cardiovascular disease among persons with diabetes by 33 to 50 percent, and risk of microvascular complications by 33 percent.
- **Increased LDL cholesterol:** Improved control can reduce cardiovascular complications by 20 to 50 percent.
- **Kidney disease:** Diabetes is the leading cause of kidney failure and accounts for 44 percent of new cases in 2005. Detecting and treating diabetic kidney disease can help reduce the decline in kidney function by 30 to 70 percent.

For easy reference, you'll find a chart below with published testing recommendations that can help to better control diabetes.^{2, 3, 4, 5, 6} Please note that the following recommended services are reimbursed based on the members' available benefits and are subject to contract deductibles and limitations, as appropriate.

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Diabetes testing recommendations

Activity	How often	Patient goal
Lab tests		
A1C	<ul style="list-style-type: none"> DM controlled: twice per year DM NOT controlled or change in medication: four times a year 	<ul style="list-style-type: none"> A1C < 7%
Lipid panel	<ul style="list-style-type: none"> Once per year 	<ul style="list-style-type: none"> LDL: <100 mg/dl Triglyceride: <150 mg/dl HDL (Male): >40 mg/dl HDL (Female): >50 mg/dl
Urine test for albumin	<ul style="list-style-type: none"> Once per year 	<ul style="list-style-type: none"> Albumin excretion <30 µg/mg
Serum Creatinine (Scr)	<ul style="list-style-type: none"> Once per year 	<ul style="list-style-type: none"> Normal value is 0.8 to 1.4 mg/dl
Exams		
Foot	<ul style="list-style-type: none"> Once per year at minimum More frequently if patient is at risk for foot ulcers 	<ul style="list-style-type: none"> Check for sores, loss of sensation, foot pulses and blood circulation
Blood pressure	<ul style="list-style-type: none"> Every time patient visits the office 	<ul style="list-style-type: none"> BP <130/80 mmHg
Weight	<ul style="list-style-type: none"> Every time patient visits the office 	<ul style="list-style-type: none"> Encourage healthy weight control
Body Mass Index (BMI)	<ul style="list-style-type: none"> When there's increase in weight and/or additional diabetes risk factors are recognized 	<ul style="list-style-type: none"> Underweight: <18.5 Normal weight: 18.5-24.9 Overweight: 25-29.9 Obesity: >30
Physical exam	<ul style="list-style-type: none"> Once per year 	<ul style="list-style-type: none"> Overall well-being of a patient
Depression screening	<ul style="list-style-type: none"> Assessment of Psychological & Social situations every visit. Questions to be asked: "Over the past two weeks, have you often been bothered by" Q1: little interest or pleasure in doing things? Q2: Feeling down, depressed, or hopeless? 	<ul style="list-style-type: none"> Overall well-being of a patient
Dilated retinal eye exam	<ul style="list-style-type: none"> Refer to a specialist (once per year) 	<ul style="list-style-type: none"> Overall well-being of a patient
Dental checkup	<ul style="list-style-type: none"> Refer to a specialist (twice a year) 	<ul style="list-style-type: none"> Overall well-being of a patient
Assessment of physical activity	<ul style="list-style-type: none"> At every visit 	<ul style="list-style-type: none"> 150 minutes/week of moderate intensity activity (20 mins/day)
Flu vaccine	<ul style="list-style-type: none"> Once per year 	<ul style="list-style-type: none"> Avoid getting flu
Pneumococcal vaccine	<ul style="list-style-type: none"> At least one time 	<ul style="list-style-type: none"> Avoid getting pneumonia

Having routine lab tests, exams and managing to goal helps reduce the risk of complications; however, lifestyle modification and medication compliance are just as important. The 2010 American Diabetes Association's (ADA) Standards of Care recommends assessment of depression and physical activity at every opportunity. Also, when evaluating a patient's clinical condition and their response to treatment, the ADA suggests that physicians assess the patient's compliance with medications as ordered before making changes to medication therapy.⁷

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References:

- 1 Center of Disease Control. National Diabetes Fact Sheet: general information. Available at: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf. Accessed on November 3, 2009.
- 2 National Institute of Diabetes and Digestive and Kidney Diseases. Prevent Diabetes Problems: Keep your diabetes under control. Available at: http://diabetes.niddk.nih.gov/dm/pubs/complications_control/control.pdf. Accessed on October 30, 2009.
- 3 American Diabetes Association. CheckUp America. Available at: <http://www.diabetes.org/diabetes-basics/prevention/checkup-america/>. Accessed on November 3, 2009.
- 4 American Diabetes Association. Executive Summary: Standards of Medical Care in Diabetes—2010. *Diabetes Care January 2010 33:S4-S10*.
- 5 Jeanette M. Daly RN, PhD, Dr. Hartz, Yingui Xu, M.S., " An assessment of attitudes, behaviors, and outcomes of patients with Type II Diabetes", *Journal of the American Board of Family Medicine*. May-June 2009 22(3), pp280-290.
- 6 Jeffery S. Gonzalez PhD, Steven A. Sefren PhD, Enrico Cagliero MD. "Depression, Self-care and Medication Adherence in Type 2 Diabetics. *Diabetes Care*, September 2007 pp 2222-2227.
- 7 Heisler M, Hogan MM, Hofer TP, et al. When more is not better: treatment intensification among hypertensive patients with poor medication adherence. *Circulation*. 2008;117:2884-2892. [Abstract](#).

Availability of criteria for medical necessity and other coverage determinations

When making medical necessity and other coverage determinations, Anthem may give consideration to nationally recognized, consensus-based and/or published medical literature and guidelines. We may also give consideration to criteria that are based on the foregoing literature and guidelines. Examples include — but are not limited to — Milliman Care Guidelines® and/or literature developed by other national or specialty organizations.

Specific guidelines used may change periodically as a result of the ongoing evaluation process of available medical literature. Information about any guidelines and/or literature Anthem is currently using can be obtained by calling the Utilization Management Program (UMP) toll free at 800-533-1120 (select option 2, then 5 and 4) for UM guidelines and 800-991-6045 for behavioral health guidelines.

Milliman Care Guidelines are a set of optimal clinical practice benchmarks for treating uncomplicated members with common conditions. To obtain information about Milliman Inc. or to obtain a copy of the guidelines, visit Milliman's website at www.mnr.com or call toll free 888-464-4746.

Due to licensing restrictions, the UMP is unable to release entire volumes of the criteria. Guidelines for an individual diagnosis and related to an adverse decision are available — upon request — if a question should arise during the authorization process. These may be obtained by contacting the UMP.

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Clinical guidelines available on the web

As part of our commitment to provide you with the latest clinical information and educational materials, we've adopted nationally recognized clinical guidelines, which we make available to providers on our website. The guidelines, which are used for our quality programs, are based on reasonable medical evidence and are reviewed for content accuracy, current primary sources, the newest technological advances and most recent medical research.

The guidelines are available at anthem.com > Providers > Select Virginia > Health & Wellness > Practice Guidelines.

If you would like a paper copy of a guideline, please contact Clinical Quality at 203-985-6171 or 800-545-0948, ext. 6171.

Contacting Utilization Management

If you have any questions about Utilization Management (UM), you can contact us weekdays (except holidays), from 8 a.m. to 5 p.m. by calling:

- Utilization Management at 800-533-1120; select option 2, then 5 and 4
- Behavioral Healthcare Utilization Management at 800-991-6045
- Medicare Advantage at 866-797-9884

After business hours, you may leave a message with our confidential answering service, and a member of the UM staff will follow up on the next business day.

Physician reviewers available to discuss utilization management decisions

Anthem physician reviewers are available to discuss UM determinations that result in a denial of benefits by calling:

- Utilization Management at 800-533-1120, select option 2, then 5 and 4
- Behavioral Health: 800-991-6045

Our utilization management commitment

UM is a review process that helps determine the medical necessity of certain outpatient care, a requested stay or a procedure. Our UM decisions are based upon standards of appropriate care using medical policies, nationally recognized clinical guidelines and on the applicable terms of your patient's health benefits contract. In addition, we do not reward our associates, consultants or others for denying care, nor do we use incentives to encourage a denial of care or service.

Anthem's Case Management program

Anthem's Case Management program is designed to enable registered nurses to work one-on-one with Anthem members and their families. The nurses engage them in order to address health and care coordination issues more effectively and improve health outcomes. Our goal is to reach more members and assist them with their needs.

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This is an optional and voluntary program, and is available at no additional cost. If interested, members and providers can request Case Management assistance for the following:

- High risk pregnancies
- Organ transplants
- Pharmacy specialty assistance (for example, prior authorization requests or special needs such as daily dosing overrides (for example, prescription is to be taken two times a day but is normally prescribed once a day) or non-formulary drugs (for example, member cannot tolerate a generic equivalent and must take a brand name drug)
- Chronic illnesses such as diabetes and hypertension, etc
- Long-term hospitalizations
- Acute inpatient rehabilitation and skilled nursing facilities
- Oncology care management
- Neonatal care management
- Children with special health care needs
- Medicare issues regarding those individuals who are elderly, blind and/or disabled
- Complex discharge planning
- End of life care needs
- Multiple admissions
- Diagnostic triggers:
 - Amputations
 - Bariatric surgery
 - Blood disorders
 - Brain injuries
 - Eating disorders
 - Immune disorders
 - Peripheral vascular disease
 - Pulmonary conditions
 - Spinal cord injuries
 - Non-healing wounds

Referral to Case Management may be done in any of the following ways:

- E-mail our referral/enrollment specialists: VA.CM@anthem.com.
- Call our confidential referral telephone line: 804-354-2441 or toll free at 877-332-8193.
- Send a confidential referral fax to: 804-354-7550 or toll free at 888-227-3041.

Hours of operation for Case Management:

- 8 a.m. to 5 p.m. EST, Monday through Friday.

For the Blue Cross and Blue Shield Service Benefit Plan (also called the Federal Employee Program or FEP):

- Call our confidential referral telephone line:
804-354-2282 or toll free 800-242-7277, option 2, enter extension
- Send a confidential referral fax to 804-354-7550 or toll free 866-862-4288
Hours of operation
8 a.m. to 5 p.m. EST, Monday through Friday.

Network Update is produced bi-monthly by Anthem Blue Cross and Blue Shield's Marketing Communications Department.

2221 Edward Holland Drive
Richmond, VA 23230

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Appropriate coding helps provide a comprehensive picture of patients' health and services provided

At Anthem, we continue to work collaboratively with the health care community to improve the health of the people we serve while simultaneously balancing escalating health care costs. We continue to work with physicians through a program that helps ensure our members have a comprehensive picture of their health – with access to the preventive care our members need. (i.e., wellness visits.)

Ongoing documentation ensures conditions are managed

Any time that a patient visits you for care, we encourage you to document **all** of their health conditions, especially chronic diseases. As a result, there will be ongoing documentation to indicate that these conditions are being assessed and managed.

ICD-9 CM coding

As you know, the health care industry uses the ICD-9 CM coding system to translate medical terminology for diseases and procedures into universally recognizable codes – defining the patient's condition, diagnosis, disease, injury, anomaly or other reasons for medical services, procedures and supplies. The ICD-9 CM coding system is also used to:

- Justify the medical necessity for services provided
- Track morbidity and mortality
- Determine benefits

In addition, Anthem – along with our affiliated HMOs – uses ICD-9 CM codes submitted on health care claims to monitor health care trends and costs, disease management and clinical effectiveness of medical conditions.

Demonstrating medical necessity and complexity

We encourage you to follow the principles below for **diagnostic** coding to properly demonstrate medical necessity and complexity:

- Code the primary diagnosis, condition, problem or other reason for the medical service or procedure in the first diagnosis position of the claim whether on a paper claim form or the 837 electronic claim transaction, or point to the primary diagnosis by using the correct indicator/pointer.
- Include any secondary diagnosis codes that are actively managed during a face-to-face, provider-patient encounter, or any condition that impacts the provider's overall management or treatment of that patient in the remaining three positions (total of four diagnoses allowed per claim line).
- Always assign the ICD-9 code to the highest level of specificity, using four- or five-position codes as appropriate.

Example 1: A patient with end stage renal disease (ESRD) and vascular catheter for dialysis comes in to see a physician regarding care of the catheter. The primary diagnosis would be vascular catheter care V58.8, and the secondary diagnosis would be ESRD 585.6 to support the medical importance of the vascular catheter.

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Example 2: A patient with diabetes and hypertension visits a physician regarding the patient's unstable blood sugars. The patient has a history of ESRD. The primary diagnosis would be diabetes, uncontrolled 250.04, and the secondary diagnoses would be hypertension 403.1 and ESRD 585.6 to support the complexity of the diabetes.

For your reference, we've developed a quick coder guide that provides examples of chronic illness and/or disability diagnosis codes. The guide is available by request from your Anthem network manager and illustrates best practices for physicians and medical billing staff to code ICD-9 CM diagnosis codes on CMS-1500 claim forms to the highest level of specificity.

Promoting behavior change and patient compliance

Anthem continues to focus our efforts on meeting the needs of our members. We are working collaboratively with the health care community to find ways to help members better manage their health and take a more active role in adhering to their physicians' recommended treatment plans. Our goal is to help empower members to make informed decisions about their health care, improving health outcomes and patient compliance.

Series on promoting behavior change and compliance – Part 1

Last year, we began a multi-part series that we hope will aid you in promoting behavioral change and patient compliance. Our first installment addressed the use of a special communications method – motivational interviewing (MI). Whether you're working to aid your patients in smoking cessation, medication compliance or keeping their cholesterol in check, motivational interviewing can help. The basic approach of MI includes the OARS technique:

- **(O)** Ask open-ended questions: "What brings you here today?" or "Tell me about what's been happening since we last met?" Open-ended questions create a forward momentum in order to explore change.
- **(A)** Affirm member's perceptions and strengths: Statements about how they accomplished something in the past will help them realize that they can make change. Affirmations can be effective rapport builders.
- **(R)** Reflective Listening: Is the key to this work. The best motivation you can give to your patients is to listen carefully.
- **(S)** Summarize the conversation: Reflect back to the patient what he or she has been telling you. This is an effective way to communicate your interest in a patient, build rapport and call attention to elements of the discussion to shift direction.

Lending your voice to influence change – Part 2

Your patients – our members – count on you to offer guidance and direction regarding their health care. Please continue to encourage your patients to take a more active role in their health to achieve better outcomes and to participate in health care reform solutions. After all, patients are a part of their health care team and, ultimately, the owners of their treatment plans – making lifestyle and behavioral choices in the process.

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And finally, we urge you to continue using motivational interviewing and the OARS technique, as appropriate, to enhance communications with your patients. We understand how difficult it is to find time to motivate patients towards change and compliance. It can be frustrating and challenging at times. However, effective provider-patient communication in the office setting is value added – yields patient satisfaction and retention, builds trust and confidence, enhances medical office reputation, potentially increases revenue streams from patient referrals and maximizes the efficient use of patient office visits (time).

We hope you find our series on promoting behavior change and patient compliance helpful. Watch for more information on this topic in upcoming editions of our provider newsletter.

Black box warning for ESAs impacts billing and medical review for FEP claims

Effective February 1, 2010, the Blue Cross and Blue Shield Service Benefit Plan, (also known as the Federal Employee Plan or FEP), no longer accepts value codes 48 and 49 to provide an estimate of the patient's blood levels at the time of injection for HCPCS **Q4081** and **J0886** – Epoetin Alpha. Recently, the U.S. Food and Drug Administration (FDA) ordered a “black box” warning to Erythropoiesis-Stimulating Agents (ESAs) labeling to indicate potential serious adverse effects:

“Kidney patients who receive these drugs are at risk for blood clots, heart attacks, and death when receiving higher than recommended doses.”

For this reason, we need to determine (for each dose) if the drug was medically necessary at the time of administration. Therefore, our medical review area will require 30 days of lab results and the standing orders from the facility. To avoid a delay in processing, providers must submit the required information with their claims.

Please visit the website below for additional information regarding the use of this drug for other indications. Thank you for your patience as we work through this process change. If you have questions, contact your local FEP Customer Service.

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm200391.htm>

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Limited benefit plans now called MyBasic

Consistent with Blue Cross and Blue Shield Association, an association of independently licensed Blue Cross and/or Blue Shield plans, (BCBSA) requirements, Anthem is re-branding health plans that have an annual maximum benefit of \$50,000 or less for each covered member.

This branding change **does not** affect the underlying provider network. However, you will notice a change to the health plan name “MyBasic” on documents where the health plan name is referenced, such as ID cards and remittance vouchers. Some documents will also carry the disclosure language: “a health care plan providing limited benefits,” and ID cards will be further identified by a green strip on the bottom of the card.

This change helps ensure that members clearly understand they have limited benefits. Please contact your Anthem network manager if you have questions.

Helping to ensure members who are at risk for alcohol and/or drug dependence receive appropriate care

Anthem members count on health experts like you to offer guidance and direction regarding their health care needs. As a result, we consider you to be critical participants in the screening and diagnosis of substance use disorders since many conditions that present in your offices may be due to underlying alcohol and drug use. With that in mind, we’re asking you to support the identification and treatment of your patients – our members – at risk for alcohol and/or drug use and dependence. As part of this effort, we also ask your help in ensuring patients receive appropriate interventions, and when needed, patients are linked to treatment resources.

The Anthem Preferred and Professional Provider Network agreements for our PPO/PAR business will reimburse for structured screenings for Anthem members using the two CPT codes (99408 and 99409) that became available January 1, 2008. It’s important to note that these codes are not reimbursable for our HMO business.

Consulting Current Procedural Terminology™ (CPT) sources will provide additional information on code use. The expectation is that most patients will be well-served by a 15- to 30-minute screening and when a substance abuse diagnosis is made, a brief intervention. This approach may result in more than 15 percent of the patient population with substance abuse problems choosing a healthier approach for a sustained period of time.

Should your patients require further evaluation and treatment, contact the number on the back of the members’ ID cards to obtain additional information regarding authorization requirements and benefits. As always, we appreciate your help, as we continue to work collaboratively to provide access to quality health care for our members.

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eBusiness

Learn about electronic filing – attend seminar on June 24, 2010

EDI Basics seminar

We've added a new seminar called "EDI Basics" that addresses the advantages of electronic claims submission through a process that requires no payments, fees or contracts. Don't miss an opportunity to learn more about web-based CMS-1500 claim submissions.

Seating is limited, so please register today for one of two sessions offered – at no charge – on June 24, 2010. Select the session that best suits your needs and schedule. **All billing agencies, vendors and providers** are invited to attend including physicians, ancillary professionals and their staffs.

Why you should attend EDI Basics

Providers who currently submit CMS-1500 paper claim forms and would like to begin filing claims electronically to Anthem are invited to attend the free session. During the session, you'll receive information about:

- Advantages and benefits of electronic submission – ways to increase efficiency and accuracy of your electronic submissions
- Overview and demonstration of the **free** web claims submission process – no special hardware or equipment needed
- Detailed information on sending/receiving files and the self-service tools available such as eligibility, benefit and claims status inquiry capabilities
- Electronic Remittance Advices/Electronic Funds Transfer (EFT) enrollment
- Using EDI website for news and information
- Filing coordination of benefits (COB) claims
- Onsite enrollment

Registration instructions

Important information – please read **before** registering:

- Register now to ensure your choice of seating times. These presentations are offered at **no charge** and are intended for the office managers and billing office staff of practices filing CMS-1500 claim forms. Attendance is by **reservation only**, and registrations are accepted as requests are received.
- If you register and then cannot attend, please call 800-991-7259 or 804-354-4470 **to cancel immediately** or at least 24 hours in advance of the seminar, so we may offer your seat to another participant.
- **E-mail confirmation will be sent to those participants who provide their e-mail address. Otherwise, please mark your calendar and save your original reservation notice. We will, however, notify you if the session you select is either full or cancelled.**
- Refreshments will be available and don't miss an opportunity to win a prize – to be awarded at the end of each session.

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To register, *clearly* check the appropriate box for the presentation time you select. Next, *legibly* complete the rest of the form and fax or mail it (not both to avoid duplication). If you prefer, you can call us to register:

Telephone: 804-354-4470 or toll free 800-991-7259

OR

Fax: 804-354-2529

OR

Mail: Anthem Blue Cross and Blue Shield
2015 Staples Mill Road
Mail Drop VA1003-N170
Richmond, VA 23230

EDI Basics Schedule

<p>Thursday June 24, 2010</p> <p>8:30 a.m. – 9 a.m. Registration 9 a.m. – 11 a.m. Program</p> <p><input type="checkbox"/> EDI Basics</p> <p>Anthem Blue Cross and Blue Shield Headquarters Shenandoah Room 2015 Staples Mill Road Richmond, VA 23230 804-354-7000</p>	<p>Thursday June 24, 2010</p> <p>1 p.m. – 1:30 p.m. Registration 1:30 p.m. – 3:30 p.m. Program</p> <p><input type="checkbox"/> EDI Basics</p> <p>Anthem Blue Cross and Blue Shield Headquarters Shenandoah Room 2015 Staples Mill Road Richmond, VA 23230 804-354-7000</p>
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EDI Basics seminar registration form

EDI Basics seminar time _____

Attendee #1 _____ Attendee #2 _____

Provider name _____ Provider specialty _____

NPI # (individual) _____ NPI # (group) _____

Provider address with City/State/Zip

Phone number (with area code) _____ Fax number _____

E-mail address _____

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Electronic claims submission – selecting a vendor

In our ongoing efforts to make it easier for providers to do business with us, we're including helpful tips in this edition for the practice or facility considering electronic claims submission. An efficient e-billing process leads to quicker payments, fewer billing errors, increased claims submission throughput and improved claims acceptance rates. Every practice or facility must manage its own unique set of marketplace requirements, operational needs and system capabilities.

Looking to implement electronic claims filing?

If your practice or facility is considering a move to electronic claims submission be sure to:

- Determine your needs
- Ask the right questions
- Make an informed decision

Determine your needs

- Does your office or facility require billing for multiple practices or locations?
- Would it help to quickly resolve claim errors and reduce reimbursement times?
- Does your current practice management software include electronic claims submission capability? Are there fees involved in adding software components?
- What are the volumes and type of claims submitted each month to payers?
- Which insurance companies receive the highest number of your claims?
- Does the local payer offer claim submission options at no charge?
- Is there a need to perform other transactions electronically such as electronic remittance advices, eligibility and claims status?
- Is there staff available to assist with the submission and reconciliation of electronic submissions?

Ask the right questions when selecting a vendor

- Does the vendor have a product demo?
- Can the vendor provide a written list of references and/or provider referrals?
- What are the fees associated with electronic filing? For example, does the vendor charge a monthly or per claim fee?
- Is the system compatible with your current practice management system?
- In terms of support and training, what does the vendor offer? Is there an extra fee for such services?
- What are the terms of the service level agreement such as support, training, call response and issue resolution?
- What mechanisms are in place to ensure current and valid codes such as CPT, HCPCS, CDT, ICD-9-CM and national drug codes NDC are submitted and updated as appropriate?
- Are the vendor's systems compliant with Health Insurance Portability and Accountability Act (HIPAA) requirements?
- Is there a mechanism such as an online claim validation that prevents the submission of invalid, incomplete or inaccurate information?

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- Does the vendor offer easy-to-use reports with audit trails to reconcile electronic submissions from (1) the provider's office to the EDI vendor and from (2) the EDI vendor to the payer?
- Is electronic claims filing for all claim types to Medicare and private insurance companies permitted?
- Does the vendor offer claims follow-up with the ability to correct and re-submit claims electronically?
- Is there a capability to receive and forward important vendor and/or payer communications?
- Does the vendor offer accounts receivable management that will automate posting the electronic remittance advice?
- Is there an option to access payer eligibility and/or claim transactions?

Make an informed decision about your electronic filing needs

- Talk with other providers about their methods of electronic submission.
- Compare the cost and benefits of electronic filing versus paper submissions.
- Check out at least two to three different companies who offer electronic filing services.
- Evaluate the different types of submission options and select the method that best suits your needs.
 - Clearinghouse
 - Billing agency
 - Direct submission to the payer
 - Web submission service

If you could easily identify claim errors – correcting them prior to submission, have confirmation that each payer received your claims and speed claims payments, how much would that be worth?

To learn more about choosing electronic submission and the options available with Anthem visit our website for a list of clearinghouses, software vendors and billing agencies who submit electronic transactions to Anthem. If you have questions regarding electronic filing, call Anthem to speak with an EDI specialist toll free at 800-991-7259. Select option 2 and option 2 again.

Coming soon: “Network Rapid Update” for important need-to-know information

Shortly we will be launching “Network Rapid Update.” our **new**, streamlined e-mail communications tool. Network Rapid Update will make staying in contact with Anthem and staying up-to-date on the latest information easier, faster and more convenient.

This new tool will be delivered via e-mail to providers who choose to receive this communication. If you'd like to receive Network Rapid Updates, please provide us with an e-mail address.

We recognize that your practice is extremely busy and we value your time. With that in mind, we will only use the e-mail function to share critical and timely information that your office may need right away.

Watch for additional information and a registration form coming soon online at anthem.com.

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Pharmacy update

Prescription reminders for ADHD

Anthem Blue Cross and Blue Shield in Virginia and Anthem HealthKeepers Plus (our Medicaid program) would like to remind you to review our respective formularies when prescribing medications for Attention Deficit Hyperactivity Disorder (ADHD) to our members.

Recently, we surveyed parents whose children were newly started on ADHD medications and did NOT have a 30-day follow-up with their prescriber. The goal of the survey was to determine parents' impressions and satisfaction with their children's recommended treatment. Overall, parents were overwhelmingly satisfied with the treatment results. However, a small number of parents expressed a wish for less follow-up.

Member survey results suggest changes are needed

Best practices and Health Effectiveness Data and Information Set (HEDIS®) recommend a 30-day follow-up with the prescriber once a new prescription is given. However, a majority of our members surveyed reported that they were advised by their children's physicians that a three- to six-month follow-up was required. We would like to encourage practitioners to speak with the parents/guardians of their young patients and inform them that a follow-up within 30 days of a new prescription and two additional follow-up visits in the nine months following the first follow-up, are recommended. Considering the class of drugs being used, this helps to ensure the safety of the children.

Additionally, members surveyed reported that their children were prescribed medications that were not covered on their formulary. This caused breaks in their children's treatment plans and created frustration and confusion. As a reminder, providers can check the online formularies for our members prior to prescribing ADHD medications if they are unsure whether a medication is on the formulary. A list of formulary medications for Anthem HealthKeepers Plus is provided below.

Focusing on Anthem HealthKeepers Plus members

Anthem HealthKeepers Plus is the managed care program offered to Virginia Medicaid and FAMIS eligible people through our Anthem-affiliated HMOs – HealthKeepers, Inc., Peninsula Health Care, Inc. and Priority Health Care, Inc. Although the best practices described above for prescribing ADHD medications are for all of our members, we especially encourage these practices for our HealthKeepers Plus members.

Our HealthKeepers Plus members have a mandatory generic benefit that only covers brand- name drugs listed on the formulary if there is no generic alternative available. If there's a medical reason for the brand name version, a prior authorization is required. In addition, HealthKeepers Plus does NOT have a 90-day supply benefit for pharmacy.

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Current ADHD formulary for Anthem HealthKeepers Plus:

- Adderall XR ... [generic mandatory; brand with PA approval]
- Amphet Asp/Amphet/D-Amphet
- Concerta
- Methylphenidate ER
- Methylphenidate HCL
- Strattera (Step therapy required)

The Anthem HealthKeepers Plus preferred drug list is updated quarterly and is subject to change without prior notification. Please check for regular updates to the preferred drug list at anthem.com; access the **Virginia Provider Home** website / **Plans & Benefits** tab / **Prescription** link. This allows you to access both our Anthem National Formulary, Prescription Services and the Virginia Managed-Medicaid (HealthKeepers Plus) Formulary Drug List and changes which are at the bottom of the page. You may also contact the WellPoint NextRx Prior Authorization Department toll free at 800-338-6180, or fax 800-601-4829.

MD certification required for HGH prescriptions

Anthem's specialty pharmacy – in accordance with the Food & Drug Cosmetic Act – requires that every new prescription for human growth hormone (HGH) be verified and certified by a pharmacist to ensure dispensing occurs only for approved use. This new law limits the possession and distribution of HGH medications to the treatment of only those recognized medical conditions for which HGH has been approved by the U.S. Food and Drug Administration (FDA).

Physician requirements

One of the following certifications must be completed and signed by the prescribing physician before the specialty pharmacy can dispense HGH prescriptions.

- A copy of the human growth hormone manufacturer's statement of medical necessity form.
- A prescriber certification form (PCF) if a prescription is already on file.
- A new enrollment form that includes the certification.

A member of the specialty pharmacy team may contact physicians to obtain the relevant certification. Certifications will be stored in patients' prescription records and will not expire.

This certification process is a legal requirement for the dispensing of medications; this is not related to medication coverage.

Although this is an additional step in filling patients' prescriptions, the specialty pharmacy will try to expedite the process as much as possible. Physicians may contact our specialty pharmacy toll free at 888-662-0944, extension 73902, to request a relevant form or for any other assistance in the certification process.

Anthem drug list updates

The latest drug list updates to the Anthem Drug List/Formulary are available on our website. To access the drug list/formulary updates, visit anthem.com. Select "Search the Anthem Prescription Formulary."

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Bulletin board

Medical office seminars – register soon

This year we're continuing our long tradition of offering informative medical office seminars to **participating network** physicians and their staffs throughout the state of Virginia. The series gets under way in May and registration is now open.

These educational seminars are offered at no charge to participating network providers and their staffs. They're a benefit of your network participation. Please make plans now to attend a session near you – choose from central, eastern, northern or western regions of Virginia.

In the past, and again for 2010, health care professionals who fall into the following categories are cordially invited: medical doctors (MDs), doctors of osteopathy (DOs), doctors of podiatric medicine (DPMs) and behavioral health professionals.

This year we've open up the seminars to the following additional types of participating network providers and their staffs: doctors of chiropractic (DCs), certified nurse midwives (CNMs), dental/oral surgery providers of medical (*non-routine*) services, and optometrists (ODs) and opticians for medical (*non-routine*) services rendered to Anthem members.

We know it's often difficult to leave your office due to a busy schedule. So we're working hard to make sure our sessions will help you stay up-to-date on business changes and initiatives, and make it easier for you to do business with us.

Seminar topics

Due to the multi-specialty composition of our audiences, seminar materials will not be targeted to any specific areas of medicine. We will, however, include a variety of topics useful to all physicians, such as:

- Claims filing for *professional* providers (those filing on the CMS-1500 claim format) with emphasis on the 837P electronic claim transactions and other e-transactions
- Use of e-tools such as anthem.com and our secure website, "Point of Care"
- Plan and/or benefit changes for our PAR, PPO, HMO, Medicaid HMO and Medicare Advantage plans
- The BlueCard® (out-of area) Program from the national Blue Cross and Blue Shield Association
- Updates for state (Commonwealth of Virginia), local (The Local Choice), and federal (Blue Cross and Blue Shield Service Benefit Plan or FEP) government programs
- Management, UM; and pharmacy management

Certificate of Completion

Those who complete a seminar will receive a "*Certificate of Completion*" they can submit to various professional organizations for possible continuing education credit. We anticipate approval for continuing education credit from the American Academy of Professional Coders (AAPC) for those CPCs who attend.

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2221 Edward Holland Drive
Richmond, VA 23230

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Registration/cancellation

Reservations are required and seating will be available as registrations are received. We'll contact you if your session is full or is being cancelled so it's imperative that you include your e-mail address, business telephone number and fax number. Submit your *completed* form as follows:

- For central, northern and eastern region seminars ONLY
Fax: 804-354-2979 **or**
Mail: Anthem Blue Cross and Blue Shield
Attn: **Central, eastern and northern** medical office seminars
Mail Drop VA4004-RR10
P.O. Box 27401
Richmond, VA 23279
- For western region seminars ONLY
Fax: 703-227-5355 **or**
Mail: Anthem Blue Cross and Blue Shield
Attn: **Western** medical office seminars
Mail Drop VACH01-A000
3800 Concorde Parkway, Suite 2000
Chantilly, VA 20151

Note: If you must cancel after registering, please provide us with at least 24 hours notice or call as soon as possible. For central, eastern and northern seminars call 804-354-2723 to cancel and for western seminars call 703-227-5315.

Webinar option coming in 2010

To make it easier for you to receive the information you need, we're currently hard at work developing an online "webinar" that would take place before the end of the year. Watch for details about this creative web conferencing option that brings our Anthem seminars right to your office – via the Internet.

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2010 medical office seminars

Central, Eastern, Northern and Western Regions of Virginia

REGION	DATE/TIME	PROVIDER TYPE	LOCATION / ADDRESS	SEATS
WESTERN	Thursday May 6 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Alleghany Regional Hospital – Conference Room B 1 Arch Lane LOW MOOR, VA 24457	30
WESTERN	Wednesday May 12 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Roanoke Higher Education Center – Room 212 108 North Jefferson Street (Validated parking available in the Gainsboro Parking Garage adjacent to building) ROANOKE, VA 24016	120
CENTRAL	Thursday May 13 9:30 a.m. – 12:30 p.m.	MD, DO, DPM, and Behavioral Health	Anthem Blue Cross and Blue Shield Davis Center South (HQ Bldg.) – Shenandoah Room 2015 Staples Mill Road RICHMOND, VA 23230	60
WESTERN	Thursday May 20 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Southwest Virginia Higher Education Center Classroom 240 One Partnership Circle ABINGDON, VA 24212	65
EASTERN	Tuesday May 25 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Chesapeake Regional Medical Center Lifestyle & Fitness Center – Classroom E 800 Battlefield Boulevard North CHESAPEAKE, VA 23320	50
WESTERN	Thursday June 3 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Carilion New River Valley Medical Center Room Fireside A 2900 Lamb Circle CHRISTIANSBURG, VA 24073	30
NORTHERN	Wednesday June 9 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Anthem Blue Cross and Blue Shield Large Conference Room 3800 Concorde Parkway, Suite 2000 CHANTILLY, VA 20151	25
WESTERN	Thursday June 10 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Twin County Community Hospital Twin County Room 200 Hospital Drive GALAX, VA 24333	70
WESTERN	Thursday June 17 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Holiday Inn Staunton – Golf & Conference Center Madison/Lee Room 152 Fairway Lane (I-81, Exit 225) STAUNTON, VA 24402	60
NORTHERN	Tuesday June 29 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Fauquier Hospital 1 st Floor – Sycamore Room 500 Hospital Drive WARRENTON, VA 20186	60
NORTHERN	Thursday July 8 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Winchester Medical Center WMC Conference Center 1840 Amherst Street WINCHESTER, VA 22601	50
EASTERN	Tuesday July 13 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Bon Secours Mary Immaculate Hospital Conference Center Building – Rooms A&B 2 Bernadine Drive NEWPORT NEWS, VA 23602	50
CENTRAL/ NORTHERN	Wednesday July 21 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Stafford Hospital Center Level Below Main Lobby – Rooms 5&6 101 Hospital Center Boulevard STAFFORD, VA 22554	50

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CENTRAL	Thursday July 29 1 p.m. – 4 p.m. (Lunch provided)	MD, DO, DPM, and Behavioral Health	Centra Southside Community Hospital 1st Floor Conference Room 800 Oak Street FARMVILLE, VA 23901	30
WESTERN	Thursday August 5 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Clinch Valley Medical Center Basement Level, Classroom 2 6801 Governor GC Peery Highway RICHLANDS, VA 24641	30
CENTRAL	Thursday August 12 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Southside Regional Medical Center Main Floor – Classroom A/B 200 Medical Park Boulevard PETERSBURG, VA 23805	50
EASTERN	Thursday August 19 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Anthem Blue Cross and Blue Shield Convergence Center II – Hampton Roads Room 277 Bendix Road, Suite 200 VA BEACH, VA 23452	50
NORTHERN	Thursday August 26 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Sentara Potomac Hospital Hilton Education Center – Rooms ABFE 2300 Opitz Boulevard WOODBIDGE, VA	50
EASTERN	Thursday September 9 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Shore Memorial Hospital 6th Floor Boardroom 9507 Hospital Avenue NASSAWADOX, VA 23413	25
NORTHERN	Tuesday September 14 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Prince William Hospital 4th Floor - Conference Room C 8700 Sudley Road MANASSAS, VA 20010	35
WESTERN	Thursday September 16 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Wytheville Meeting Center 333 Community Boulevard – Meeting Room 2 (across from Wytheville Community College) WYTHEVILLE, VA 24382	30
WESTERN	Thursday September 23 10 a.m. – 1 p.m.	MD, DO, DPM, and Behavioral Health	Martinsville Memorial Hospital First Floor Classroom 320 Hospital Drive MARTINSVILLE, VA 24115	60
EASTERN	Thursday October 28 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Sentara Louise Obici Hospital Garden Level – Classroom AB 2800 Godwin Boulevard SUFFOLK, VA 23434	40
NORTHERN	Tuesday October 12 1 p.m. – 4 p.m.	MD, DO, DPM, and Behavioral Health	Reston Hospital Center West Wing – Conference Room C 1850 Town Center Parkway RESTON, VA 20190	50
CENTRAL	Thursday October 14 1 p.m. – 4 p.m. (Lunch provided)	MD, DO, DPM, and Behavioral Health	Bon Secours St. Francis Medical Center Main Level – Florence/Orviato Rooms 13710 St. Francis Boulevard MIDLOTHIAN, VA 23114	50

Important tips:

- We highly recommend attendees bring a sweater or jacket for personal comfort.
- Beverages/snacks will be provided at all seminars or you may “brown bag” it. Lunch may be provided courtesy of hospital and if so, it will be listed on the schedule.
- Please note that seminars for the **WESTERN** region are indicated by shading,
- Please be sure to submit your completed registration form to the fax number that corresponds with your seminar’s region.

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2010 Anthem medical office seminar registration form

**Central, Eastern and Northern Regions
of Virginia ONLY**

Complete entire form; then **FAX to 804-354-2979**

Western Region of Virginia ONLY

Complete entire form; then **FAX to 703-227-5355**

IMPORTANT! Please read and complete the information below.

Remember that faxes often lose quality in transit so please print **legibly!**

- These **free** seminars are for *network-participating* physicians (MDs, DOs and DPMs), and their office personnel; as well as Behavioral Health providers (MDs, PhDs, LPCs, LCPs, LCSWs, MFTs, and CNSs) – those considered “professional” providers who file claims on the CMS-1500 (paper) and 837P (electronic) format.
- Each 2010 Medical Office Seminar will contain current updates on a variety of topics as described online at anthem.com under Provider Seminars or in each issue of the provider newsletter, *Network Update*.
- An Anthem “*Certificate of Completion*” will be given to attendees at the conclusion of each seminar for submission to various professional organizations for possible CEU credit. Additionally, Certified Professional Coders (CPCs) will also receive a separate certificate that has been officially approved by the AAPC.
- For seating purposes, reservations are **required**; seating is on a first-come, first-served basis. *If you register and then need to cancel, please give us as much notice as possible by calling 804-354-2723 (for Central, Eastern, and Northern region providers) or 703-227-5315 (for Western region providers).*
- For personal comfort, we highly recommend attendees bring a sweater or jacket. Beverages/snacks will be provided at all seminars; you may also “brown bag” it. If a hospital is providing lunch, this will be specified on the schedule.

Seminar Date/Time _____ and Location _____

Attendee #1 _____ Attendee #2 _____

Provider Name _____ Provider Specialty _____

NPI # (individual) _____ NPI # (group) _____

Provider Address with City /State

Phone Number _____ Fax Number _____

E-mail Address _____

Provider Website (if applicable) _____

Confirmation of your registration or notification that your selection is full or has been cancelled will be sent to you via E-MAIL or FAX so it is critical that you include your e-mail, phone and fax numbers when completing this form. THANK YOU.

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