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Clinical Update: December 1, 2009, Radiology Benefit Management Program

HealthAmerica has entered into an agreement with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health Services, to implement a radiology benefit management program. The program is effective December 1, 2009.

The program includes the management and prior authorization of non-emergent, high-tech, outpatient radiology services, and is consistent with industry-wide efforts to manage the increasing utilization of these services and to ensure quality of care. Prior authorization will be required for the following outpatient radiology procedures:

CT / CTA	PET Scan
MRI / MRA	Nuclear Stress (MPI)
CCTA	Echo Stress
Nuclear Cardiology	Diagnostic Nuclear Medicine

Key Provisions:

- Emergency room, observation and inpatient imaging procedures do not require authorization.
- The ordering physician must obtain authorization.
- Failure to verify that affected services have been preauthorized may result in non-payment of your claim.

Under the terms of the agreement, HealthAmerica will oversee the NIA program and will continue to be responsible for claims adjudication.

Prior Authorization guidelines will be posted under the "Pre-Authorization Requirements" section of our website and also at www.RadMd.com. If you have any questions, please call your Provider Relations representative.

2009 MEDICARE Glaucoma QIP PROGRAM

CMS (Center for Medicare and Medicaid Services) requires managed care plans to implement a quality project each year. For 2009, HealthAmerica Advantra has chosen to implement a Glaucoma QIP (Quality Improvement Program), which will be ongoing for 4 years.

We will be targeting the following outcome for this program.

- HEDIS measure- All Medicare members age 65 years of age and older who had one or more eye exams for glaucoma by an eye care professional (Optometrist, Ophthalmologist) during the measurement year or the year prior.

At this time we have placed an article in the member newsletter, Good Times and also are investigating barriers to member's receiving a glaucoma screening. We will also be notifying PCP offices of members who need the screening and encouraging them to speak to their patients.

The mailers and initiatives will be ongoing for the next four years and occasionally additional mailers will be done as the program data is evaluated.

We may have already contacted you to ask for a copy of the eye exam testing. Please be advised that this information will be used to increase our HEDIS scores. We will also yearly collect HEDIS data on this outcome of the QIP program to report to CMS.

We appreciate you assisting us with this project and complying with CMS. If you have any comments or questions on this program, please contact Janae Smith, RN at (412) 553-7355.

Advising Smokers to Quit Measure Rate Increases

The HEDIS 2009 rates for advising smokers to quit measure have **INCREASED** from last year. This HEDIS question is asked on the member's (CAHPS) satisfaction survey. We are encouraging all physicians and office managers to continually encourage smokers to quit smoking. Please do not assume that a smoker realizes the health risks that are associated with smoking. It is important that you advise smokers to quit smoking when they are seen in your office for sick visits as well as health physicals.

Seventy percent of smokers are interested in stopping smoking completely, and smokers report that they would be more likely to stop smoking if their doctor **advised** them to quit. A number of clinical trials have demonstrated that getting even brief advice from a physician to stop smoking, has increased the likelihood that a person will quit smoking by 30%.

This CAHPS HEDIS measure depicts the percentage of adult smokers or recent quitters who received advice to quit smoking from a health professional in their plan. HealthAmerica does offer smoking cessation programs through our health education department. Please refer members to our Health Education Department at (866) 232-2171 if they are interested in quitting smoking.

Results	<u>HEDIS</u> <u>2003</u> (2002 Rate)	<u>HEDIS</u> <u>2004</u> (2003 Rate)	<u>HEDI</u> <u>S</u> <u>2005</u> (2004 Rate)	<u>HEDIS</u> <u>2006</u> (2005 Rate)	<u>HEDIS</u> <u>2007</u> (2006 Rate)	<u>HEDIS</u> <u>2008</u> (2007 Rate)	<u>HEDIS</u> <u>2009</u> (2008 rate)
HMO/POS	66.62%	63.51%	57.9%	65.5%	75.4%	75%	76.3%
Medicare HMO	48%	73.2%	62.7%	70.4%	N/A	79%	*
Medicare PPO	N/A	N/A	N/A	N/A	N/A	73%	*

* Data will not be available until December 2009.

Currently HealthAmerica is sending out smoking cessation materials to all members that inform us that they are smokers through our case and disease management departments and HRA's (Health Risk Assessments)

We also have available smoking materials from the American Cancer Society (ACS) that we can send to your office free of charge. Please fill out the attached form, telling us how many of each of the posters you need and fax it back to us and we will send you the materials that you need for your office. These materials are perfect for waiting and exam rooms and could be used by all providers for their smoking patients.

If you have any questions about the HEDIS CAHPS measures, please contact Janae Smith at (412) 553- 7355. **Please complete the attached form for your smoking materials today.**

2009 HEDIS/ CAHPS Commercial Member Satisfaction Survey Results

We would like to share with you the results of our Commercial CAHPS HEDIS survey. This survey is done for each line of business that the plan measures HEDIS for during the year. This year we did a combined commercial HEDIS report for HMO/POS and a Medicare CAHPS report. The CAHPS survey measures members overall satisfaction with the healthplan and physician group. Specific objectives of the 2009 HEDIS/ CAHPS member satisfaction survey were, assessment of the member perceptions related to:

- Getting Needed Care
- Getting Care Quickly
- How well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service
- Claims Processing
- Doctor /Patient Shared Decision Making

Determination of Member Ratings of:

- Their Healthplan Overall
- Overall Health Care Provided
- Their Personal Doctor
- Specialist Care Overall

Please find below a sample of highlighted areas that we wish to share with you, we cannot show the entire survey due to the length of the survey. As you can see overall we have done worse this year compared to the previous year's rates but overall we are in the 50th percentile nationally, we have a lot of work to do.

Please note specifically the composite (Overall) scores that make up a total of a few of the questions combined together. These questions are the ones that NCQA uses when determining an accreditation status rating for a healthplan.

If you have any questions related to the HEDIS/ CAHPS member satisfaction survey, please contact Janae Smith at (412) 553-7355.

<u>HMO / POS</u>	HEDIS 2004 (2003 rate)	HEDIS 2005 (2004 rate)	HEDIS 2006 (2005 rate)	HEDIS 2007 (2006 rate)	HEDIS 2008 (2007 rate)	HEDIS 2009 (2008 rate)
Health Plan Overall	61.61%	64.6%	66.9%	68.5%	68.10%	66.2%
Health Care Overall	76.64%	79.5%	80.4%	76%	78.81%	80.3%
Personal Doctor Overall	79.73%	77.9%	82.1%	81.2%	82.52%	83.1%
Specialist Overall	77.73%	75.1%	79.6%	78.5%	81.12%	80.7%

Customer Service*	69.47%	72.8%	77%	81.1%*	88.05%	85%
Getting Needed Care*	81.88%	82.1%	87.2%	85.3%*	86.70%	87.9%
How well Doctors Communicate	92.84%	92.8%	93.5%	90.7%	93.35%	93.2%
Claims Processing	90.99%	91.4%	93.8%	81.6%	93.20%	84.1%
Getting Care Quickly*	81.64%	82.1%	84.1%	79.9%*	88.58%	89.1%
Shared Decision Making	N/A	N/A	N/A	57.00%	63.41%	61.9%
Plan Information on Costs- (2 year average)	N/A	N/A	N/A	N/A	69.9%	71.7%

*Survey question not trendable from HEDIS 2006-2007 –many changes to the survey during that time frame. All data is a combined rate for HMO and POS.

Mental Health Measures HEDIS 2009 (2008 rate)

Antidepressant Medication Management HEDIS measure

HealthAmerica has recently concentrated resources in an effort to improve our Antidepressant Medication Management HEDIS measure scores. Chart 1 below outlines the HEDIS measure specifications for the Antidepressant Medication Management measure, along with the current HEDIS plan score and national average for the measure in 2008. As you can see, our scores have improved over last year but we are still only in the 50th percentile overall so we have a lot of room for improvement and we really appreciate your valuable assistance to help us improve our HEDIS scores.

CHART 1

**HEDIS 2007 HEDIS 2008 HEDIS 2009 National avgs.
(HEDIS 2008)**

	2006 claims	2007 claims	2008 claims	
• Effective Acute Phase (patient stayed on medication for 4 months –had refill claims)	<u>COM</u> 56.10%	<u>COM</u> 65.45%	<u>COM</u> 69.67%	<u>Nat average-COM</u> <u>62.25%</u>
	<u>MCR</u> 60.82%	<u>MCR</u> 67.46%	<u>MCR</u> 68.18%	
• Effective Continuation Phase (patient stayed on medication for 6 months had refill claims)	<u>COM</u> 39.30%	<u>COM</u> 49.25%	<u>COM</u> 54.75%	<u>Nat average-COM</u> <u>45.44%</u>
	<u>MCR</u> 48.97%	<u>MCR</u> 51.98%	<u>MCR</u> 57.69%	

Follow up after a Major Affective Disorder-

This HEDIS measure reports how many members discharged from a hospital inpatient stay with a primary diagnosis of a major affective disorder, including but not limited to depression, and are seen for a follow-up visit within 7 days of that discharge. At this time we are in the 75th percentile overall and have initiatives in place with many facilities and our MH vendor MNet to assist us in meeting this timeframe.

**HEDIS 2007 HEDIS 2008 HEDIS 2009 National avgs.
(HEDIS 2008)**

	2006 claims	2007 claims	2008 claims	

Follow –up visit within 7 days of discharge. (this is based on claims only data)	<u>COM</u>	<u>COM</u>	<u>COM</u>	<u>Nat</u>
	67.20%	71.12%	70.03%	<u>average-</u>
	<u>MCR</u>	<u>MCR</u>	<u>MCR</u>	<u>COM</u>
	53.42%	70.51%	69.90%	55.56%

We also have available to you at your request, the current depression guideline. This guideline follows national guideline and was approved by our UM/QI committee. Our guideline is currently on our website, then click on provider section then document library. If you have any questions about the HEDIS Mental Health Initiatives, or if you require a copy of the current depression guideline, please contact Janae Smith, RN at 412-553-7355.

HEDIS 2009 Results (2008 rate)

This year HealthAmerica reported two HEDIS reports. A commercial HMO/POS report and a Medicare report. We have continued to make strides in increasing the preventive services that our members are receiving. In most of our HEDIS measures, we have either continued to do well or increased our rates. This year we also are giving you the national average so you can see how well we do when compared nationally with other plans.

We also recognize that without the physician provider community we would not be successful at keeping our members healthy. Thank you for the care you devote to our members.

Please see below for a snapshot of our current HEDIS rates. Please keep in mind that HEDIS data is at least one year old, so the data and rates below reflect activities that occurred in the year 2008 or back. HEDIS data is submitted yearly to NCQA in June of the reporting year by product line of business, therefore in June of this year we submitted data claims 2008 and back.

If you have any questions or comments regarding HEDIS and our HEDIS rates, please contact Janae Smith at (412) 553- 7355.

HEDIS 2009 (2008 Rates) HMO/POS

	2003 HMO/POS rate	2004 HMO/POS rate	2005 HMO/POS rate	2006 HMO/POS rate	2007 HMO/POS rate	2008 (HEDIS 2009) HMO/POS rate	2008 HMO/PO S national average
Persistence of Beta Blocker Treatment	N/A	73.38%	75.54%	66.78%	71.72%	77.8%	74.92%
Breast Cancer Screening	85.39%*	82.77%	71.51%	67.32%	70.15%	71.60%	69.86%
Cervical Cancer Screening	91.71%	93.59%	93.59%	94.44%	94.44%	94.39%	81.32%
Cholesterol Screening after a cardiac event	85.13%	85.13%*	85.39%	92.79%	92.08%	92.08%	88.97%
Cholesterol Management Level <100mg/dl after a cardiac	N/A	N/A	N/A	60.23%	66.09%	66.09%	60.70%

event							
Diabetic Eye Exam	65.43%	67.74%	67.74%	69.72%	70.36%	70.36%*	56.80%
Diabetic HBA1c Screen	90.02%	95.39%	95.39%*	93.90%	93.25%	93.25%*	86%
Diabetic HBA1c Poorly Control (lower the better)	25.06%	22.81%	22.81%*	20.66%	21.93%	21.93%*	28%
Diabetic LDL Screen	94.66%	95.62%	95.62%*	94.84%	94.94%	94.94%*	84.96%
Diabetic LDL Level <100 mg/dl	N/A	N/A	N/A	57.75%	53.73%	53.73%*	46.11%
Diabetic Nephropathy	67.98%	68.89%	68.89%	78.17%	85.06%	85.06%*	70%
Controlling High Blood Pressure	68.03%	73.17%	73.17%	75.23%	74.78%	78.93%	64.02%
Childhood immunization status-combo II	81.07%	81.07%*	86.51%	86.51%*	85.32%	85.32%*	82.26%
Adolescent Immunization status-Combo II	73.83%	73.83%*	79.23%	79.23%	N/A*	N/A*	-----
Use of Spirometry testing in the assessment and treatment of COPD	N/A	N/A	N/A	32.65%	49.48%	39.65%	38.21%
Use of Appropriate medications for Asthma (combo)	76.17%	76.22%	90.7%**	91.37%	93.36%	94.67%	92.58%

** Measure rotated use previous years rate.

Medicare HMO (H3959)

	2003 RATE	2004 RATE	2005 RATE	2006 RATE	2007 RATE	2008 RATE (HEDIS 2009)	2007 RATE (Medicare national avg)
Persistence of Beta Blocker	N/A	74.74%	72.73%	74.87%	80.54%	82.68%	81%
Breast Cancer	85.29%	83.75%	68.37%	68.53%	68.28%	69.38%	69.50%
Cholesterol Screening after a cardiac event	84.23%	89.66%	89.04%	93.50%	94.15%	94.50%	88%
Cholesterol Screening level <100mg/dl after a cardiac	N/A	N/A	N/A	68.68%	75.80%	74.62%	55.90%

event							
Diabetic Eye Exam	77.90%	76.68%	76.51%	79.86%	79.25%	84.20%	62.30%
Diabetic HBA1C Testing	88.38%	93.95%	94.18%	96.21%	95.80%	97.09%	87.20%
Diabetic HBA1c Poorly controlled (lower the better)	21.18%	14.35%	14.99%	13.51%	11.66%	11.35%	27.30%
Diabetic LDL Screen	93.62%	95.29%	95.75%	95.50%	93.47%	92.64%	84.80%
Diabetic LDL level 100 mg/dl	N/A	N/A	N/A	66.35%	64.10%	65.95%	46.90%
Diabetic Nephropathy	68.79%	71.75%	70.92%	85.78%	88.81%	93.56%	85.30%
Controlling Hypertension	66.28%	75.12%	75.15%	75.50%	75.07%	80.06%	56.80%
Osteoporosis screening	21.85%	18.97%	25.48%	20%	31.22%	33.29%	N/A
Use of Spirometry testing in the assessment and treatment of COPD	N/A	N/A	N/A	27.29%	36.10%	34.98%	26.20%

Currently there is not a national average available for MEDICARE HEDIS 2009(2008 rate) so we used last years national average.

CHF Clinical Practice Guidelines Updated

Updated CHF Clinical Practice Guidelines were adopted by HealthAmerica's Utilization Management/ Quality Improvement Committee at a recent meeting. HealthAmerica utilizes the American College of Cardiology Foundation and American Heart Association's guideline for CHF. HealthAmerica updates guidelines at least every 2 years, or sooner if changes are made by the developing organization. To view the updated CHF guidelines, click [here](#). Clinical practice guidelines can also be obtained by calling your provider relations representative or by calling Carol Partridge, RN, Quality Improvement Coordinator at 1-800-788-6445, extension 2893.

2009 Echocardiography Coding Changes for Spectral and Color Flow Doppler

For 2009, AMA CPT made significant changes that impact the coding of spectral and color flow Doppler studies when performed with a complete transthoracic echocardiogram.

CPT add-on codes for spectral Doppler (+93320, +93321) and color flow Doppler (+93325) should no longer be reported with newly revised echocardiography CPT code 93307.

New CPT code 93306, Echocardiography, transthoracic, real-time with image documentation [2D], includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography, combines all these services into one code.

The revised code descriptor for 93307 now reads "Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography."

When performing a complete study, providers should report CPT 93306 for an echocardiogram with spectral and color flow Doppler and CPT 93307 for an echocardiogram without spectral and color flow Doppler.

Please note that when performing spectral and color flow Doppler studies for a follow-up or limited echocardiogram (CPT 93308), the code for a limited spectral Doppler (CPT 93321) and the code for color flow Doppler (CPT 93325) may be reported separately.

The National Correct Coding Initiative (NCCI) edits are consistent with these changes and definitions.

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Find the information you need on the HealthAmerica website

HealthAmerica's website includes a document library designed specifically for network providers. You'll find the most frequently used documents in one location, including provider manuals, formularies, pre-certification requirements, and other supporting documentation to help you provide superior service to our patients. Here is a complete list of documents you can download or view from the site:

- Access standards
- Confidentiality policy
- Pregnancy assessment form
- Practice safety assessment form
- CT Scan worksheet
- New therapy progress worksheet
- Medical record review policy and guidelines
- Clinical Practice Guidelines
 - ADHD
 - Asthma
 - Bipolar Disease
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive Heart Failure
 - Coronary Artery Disease
 - Depression
 - Diabetes
 - Osteoporosis (Adult)
- Advance Directives ("Living Wills") for Health Care in Pennsylvania and Ohio
- Filing a complaint or appeal (both in Ohio and Pennsylvania)
- Finding a network health care professional
- Clinical requirements, reference & worksheets (for providers)
- How to contact us
- Information about our chronic disease management programs
- Information about the national Leapfrog hospital safety survey.
- Member rights and responsibilities
- Notice of privacy practices
- Obtaining care when outside the service area
- Obtaining emergency care
- Pennsylvania health care cost containment council
- Precertification requirements
- Quality and compliance, including a description of the QI process and the QI newsletter
- Receiving primary care
- Reviewing the prescription drug formulary
- Pharmacy forms (for providers)
- Standards HealthAmerica network providers must meet
- Submitting a claim form for covered services
- What Utilization Management is and how decisions are made

If you wish, you may view, print, or store these files below for your future reference. Click [here](#) to go to the document library.

P&T HIGHLIGHTS (PA & OH)

Following are the actions taken at the Coventry Commercial Pharmacy & Therapeutics Committee meetings in July.

Formulary Additions

The drugs in Table 1 have been added to the formulary with the effective date indicated.

Table 1. Formulary Additions

Effective	Brand Name	Generic Name	Comment
immediate	Adcirca (SP/PA)	Tadalafil	Favorable cost over Revatio
immediate	Keppra*	levetiracetam	several mfgs & reasonably priced
immediate	Lamictal*~	lamotrigine	several mfgs & reasonably priced
immediate	Testosterone inj*	Various mfgs	several mfgs & reasonably priced
immediate	TriLeptal*	oxcarbazepine	several mfgs & reasonably priced
immediate	Trilipix	Fenofibric acid	Favorable cost over TriCor
immediate	Ulesfia	Benzyl alcohol	Less toxic alternative to Ovide
immediate	Zonegran*	zonisamide	several mfgs & reasonably priced
Jan 2010	Androgel (PA)	testosterone	Favorable cost over other brand
Jan 2010	Nexium	Esomeprazole	Favorable cost over other brands
Jan 2010	Ventolin HFA	Albuterol HFA	Favorable cost over other brands

* generic available on Tier One ~ ODT, XR and Starter pak remain Tier 3

SP – Limited to Specialty Pharmacy for supply PA – Prior Authorization req'd

Formulary Deletions effective January 2010

The drugs in Table 2 will be removed from formulary effective Jan 2010. Most members have a three tier pharmacy copay design and these drugs will be available for a Tier 3 copay.

Table 2. Formulary Deletions with Alternatives

Brand Name	Generic Name	Comment/ Formulary Alternatives
Advicor	Lovastatin + niacin	Zocor*, Mevacor* with or without Niacin
Alomide	Lodoxamide Tromethamine	Zaditor OTC or Alaway* (with a prescription – Tier 1 copay), Crolom*
Betoptic S	Betaxolol HCl	Betoptic*, Timoptic*, Timoptic XE*, Betagan*
Estratest/HS	Est Estrogens- Methyltestosterone	Estrace*, Estratab*, Ogen*,
Forteo	T eriparatide	Fosamax*, Fosamax Plus D, Miacalcin nasal spray*
Metrogel 1% topical (ST)	Metronidazole 1%	Metrogel* Gel 0.75%
PrevPac	Lansoprazole-Amoxicillin- Clarithromycin	Prilosec OTC*20mg (with a prescription – Tier 1 copay) or omeprazole 20mg, + amoxicillin & clarithromycin
ProAir HFA	Albuterol HFA	Ventolin HFA
Protonix (ST)	Pantoprazole	Prilosec OTC*20mg (with a prescription – Tier 1 copay), omeprazole 20mg, Nexium
Renagel	Sevelamer hcl	Phoslo*, Renvela
Suprax	Cefixime	Various first line generic antibiotics
Testim^	Testosterone gel	Testosterone inj (Tier 1 copay), Androgel (PA)
Trizivir	Abacavir-Lamivudine- Zidovudine	Ziagen, Epivir, and Retrovir* or Ziagen + Combivir
Vancocin	Vancomycin	Flagyl*

Zylet	Loteprednol-Tobramycin	TobraDex*, Maxitrol*
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^ - Androgel is the only covered topical testosterone product covered on most benefits. ST = Step Therapy

Prior Authorization Additions

The drugs in Table 3 were reviewed and will require prior authorization.

Table 3. Prior Authorization Additions with Alternatives

Agent	Tier	Formulary Alternatives/Comments
Diovan, Atacand, Avapro, Teveten	3	Tier One ACE-Is such as Prinivil*, Accupril*, Altace*, Lotensin*, or Benicar, Micardis
DiovanHCT, AtacandHCT, Avalide, TevetenHCT, Azor, Exforge, Tektura	3	Tier One ACE-I combinations such as Prinzide*, Accuretic*, Lotensin HCT*, or Benicar HCT, Micardis HCT
Nucynta	3	Opioid and non opioid analgesics
Onsolis	3	Immediate release morphine, oxycodone
Lipitor 40mg	3	Zocor* 80mg, Crestor 20mg, Vytorin 10/40
Lipitor 80mg	3	Crestor 40mg, Vytorin 10/80

Other Actions/Information

New Claims Administrator

Effective January 1, 2010, HealthAmerica and Coventry Health Care will transition claims processing, mail order and specialty pharmacy services to Medco from Caremark. The commercial benefit conversion follows the successful conversion of Coventry's and HealthAmerica's (Advantra) Medicare prescription benefits in January 2009. As part of this conversion, we will transfer open prior authorization files, open mail order and self administered injectable prescriptions. General and targeted member mailings will be sent related to this conversion beginning in the Fall 2009. HealthAmerica and Coventry used Caremark's services for the past 10 years.

Specialty Drug Formulary

HealthAmerica will expand the list of covered Specialty drugs to include other routes of administration besides self administered injectables. The expanded list will include drugs to treat cystic fibrosis, HIV & transplant rejection, Hepatitis B & C, PAH, cancer oral cyclical meds such as Temodar, Tarceva and fertility when covered under the RX benefit.

CR Best Buy Drugs

Consumer Reports continues to publish drug class and disease state reviews. Consumer Reports developed these easy to read (non-healthcare professional) documents from work done at various Academic Drug Effectiveness Project Centers (Oregon State, Duke, Johns Hopkins, etc). These documents are available for free at www.CRBestBuyDrugs.org.

Value Formulary (\$0 copay mailings)

HealthAmerica continues to expand the copay waiver program for most of our employers. Under this program, certain members can get up to three prescription fills for \$0 copay. Members who have a drug filled in our prescription drug history from our Target Drug List are eligible if they are prescribed a Select Drug from the table below. Members and their prescribing doctor are notified and encouraged to consider these low cost drugs that have proven therapeutic outcomes. Each month, new members to our plan or new starts on a target drug are notified.

<i>Value Drug</i>	<i>Select Brand Drugs</i>	<i>Class</i>
<i>Simvastatin (Zocor)^, Pravastatin (Pravachol)^</i>	<i>Lipitor 10 & 20mg, Lescol/Lescol XL, Zetia</i>	<i>Cholesterol</i>
<i>Fenofibrate tabs</i>	<i>TriCor brand of fenofibrate, Lovaza, Antara, Lipofen</i>	<i>Triglycerides</i>
<i>Prilosec OTC or Omeprazole 20mg (Prilosec)^</i>	<i>Nexium, Prevacid, Aciphex, Kapidex</i>	<i>GERD, Heartburn</i>

Lisinopril (Prinivil)^, Benazepril (Lotensin)^	Diovan, Avapro, Cozaar, Atacand, Teveten, Tekturna, Exforge*, Azor*, Aceon	Blood Pressure
Lisinopril-HCTZ (Prinzide) ^, benazepril HCTZ(Lotensin HCT) ^	Diovan HCT, Avalide, Hyzaar, Atacand HCT, Teveten HCT, Exforge HCT*	Blood Pressure
Amlodipine (Norvasc) ^	Cardizem LA, Dynacirc CR	Blood Pressure
Metoprolol tartrate(Lopressor)^, carvedilol (Coreg)^	Bystolic, Coreg CR	Blood Pressure
Clonidine (Catapres)^	Catapres TTS	Blood Pressure
Glimepiride (Amaryl) or Glipizide (Glucotrol)	Starlix, Prandin	Diabetes
Finasteride (Proscar)^	Avodart	BPH
Doxazosin (Cardura)^	Flomax, Cardura XL, Rapaflo	BPH
Naproxen (Naprosyn) ^, Meloxicam (Mobic) ^	Celebrex, Nalfon 200, Ponstel, Naprelan 375mg	Pain, Arthritis
Alendronate (Fosamax) ^	Actonel, Actonel with Calcium, Boniva	Osteoporosis
Loratadine (Claritin) ^, Cetirizine (Zyrtec)	Clarinet, Xyzal	Allergy
Loratadine D-24 (Claritin D- 24) ^, Cetirizine-D (Zyrtec-D)	Clarinet D	Allergy
Fluticasone (Flonase) ^	Rhinocort/Aqua, Veramyst, Nasacort/AQ, Nasarel, Omnaris	Allergy
Alaway or Zaditor OTC	Patanol, Pataday, Optivar, Emadine, Elestat, Alamast, Alocril, Crolom	Eye symptoms of allergy

^ Generic form only eligible for \$0 copay program.
Exforge/HCT & Azor

* amlodipine will also be covered for mbrs taking

Add-on Codes

Add-on codes, as described in the American Medical Association Current Procedural Terminology: CPT 2009, Professional Edition, are procedures that are commonly carried out in addition to the primary procedure by the same provider on the same date of service and describe additional intra-service work associated with the primary procedure. On this basis, they are not stand-alone codes. They must be reported with the corresponding primary procedure.

Add-on codes are identified in the AMA CPT book by a plus mark (+) symbol and are listed in Appendix D.* Add-on codes are further identified by key phrases in the code descriptor such as “list separately in addition to code for primary procedure”, “each additional”, “done at the time of other major surgery”, or “performed with”.

* Add-on codes in the HCPCS (Health Care Common Procedure Coding System) Level II book are not identified with a plus mark (+) symbol.

Examples:

+ 90466 ...each additional injection (single or combination vaccine/toxoid) per day (*List separately in addition to code for primary procedure*)

G0289 Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) *at the time of the other surgical knee arthroscopy in a different compartment of the same knee*

There is often parenthetical text following the add-on code descriptor listing the code or codes that qualify as appropriate primary procedures. There may be also be parenthetical text listing codes that would not be appropriate primary procedures.

Example:

+ 0196T each additional interspace (List separately in addition to code for primary procedure)
(Use 0196T in conjunction with 0195T)
(Do not report 0195T, 0196T in conjunction with 22558, 22845, 22851, 76000, 76380, 76496, 76497)

Add-on procedure codes should be reported on the same claim as their primary procedure code. If an add-on code is reported on a different claim than the primary procedure code, and the claim with the add-on code is processed prior to the claim with the primary procedure, the add-on code will be denied as not appropriately reported with a primary procedure.

Also, for professional claims, add-on codes are exempt from multiple procedure reduction as they are already valued as secondary procedures. They describe only intra-service work associated with the primary procedure so they do not have relative value units (RVUs) associated with pre- and post-operative periods belonging to the primary procedure. Therefore, they should not be reported with multiple procedure modifier -51. (Add-on codes are subject to multiple procedure reduction for outpatient facility claims.)

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