



Public Employees Insurance Agency

# ProviderNews

Timely News & Information Of Interest To Healthcare Providers

## Fee schedule changes

PEIA adopted a number of changes to its medical fee schedules since the beginning of 2008. The following changes became effective on Feb. 1, 2008.

**Resource Based Relative Value Scale (RBRVS)** – PEIA currently uses Medicare’s Relative Value Units (RVUs), adjusted by the West Virginia geographical factors. We continue to multiply the malpractice factor by 2.7 in order to increase the allowance for the more difficult and costly procedures. The new conversion factor is \$43.46.

**Clinical Lab** – The clinical lab fee schedule was updated, making the allowance 105 percent of Medicare’s January 2008 rates.

**Durable Medical Equipment (DME)** – The DME fee schedule was updated, making the allowance 84 percent of Medicare’s January 2008 rates.

**Ground Ambulance** - reimbursement will increase to 90 percent of Medicare’ rate, effective July 1, 2008.

**Outpatient Prospective Payment System (OPPS)** – PEIA updated its OPPS rates. The statewide conversion factor for all hospitals paid through OPPS is \$70.70, which is 111 percent of Medicare’s rates. The fixed dollar threshold is \$1,575. The new outlier threshold is the maximum of 1.75 x APC pay and APC pay + \$1,575.

**Drugs and Biologicals** – The agency updated the Drugs

and Biologicals fee schedule. PEIA adopted Medicare allowances. Therefore, most drugs are covered at average wholesale price plus five percent. Vaccines are included in this fee schedule, but their rates are set at 95 percent of average wholesale price (AWP).

The RBRVS, Clinical Lab, DME, and Drugs and Biologicals fee schedules are on PEIA’s Web site at [www.wvpeia.com](http://www.wvpeia.com). In the left column, select Providers, and then select Current Fee Schedules in the right column. Previous fee schedules are filed under Historical Fee Schedules.

PEIA is currently working on the Prospective Payment System (PPS) update for inpatient services at acute care hospitals. When finalized, the rates will be mailed to each hospital. It is likely that the PPS update will be delayed until October 2008 or January 2009.

## Billing for PEIA retiree services

To ensure prompt payment of medical invoices for retirees covered under PEIA, it’s important to remember which program to bill and when to bill it.

Service Description	Plan Year 2009 Benefit
Primary Care Office Visit	\$10
Specialty Office Visit	\$20
Emergency Room	\$50
Hospital Inpatient care	\$100 per admission
Outpatient and Office Surgery	\$50
Other services (testing, etc)	\$0
Out-Of-Pocket Maximum	\$500

If you provide care for a retiree who turns 65 in the middle of a fiscal year, and becomes eligible for Medicare, continue to bill PEIA as the second-

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ary payer via Wells Fargo through the end of the fiscal year (June 30). Retirees who “age-in” to Medicare in this way maintain their secondary coverage with PEIA until the beginning of the next fiscal year, when they automatically transfer to Coventry’s Advantra Freedom plan.

At that time, medical providers should bill Coventry for their claims.

For more information or to contact Coventry, visit the company Web site at [www.advantrafreedom.com/medicare.asp](http://www.advantrafreedom.com/medicare.asp) or call 1-877-337-4178.

## Coding medical claims – be specific

To ensure your medical claims are paid as quickly and as fully as possible, be sure to attach the HCPCS codes that best describe each service on the claim.

Each service requires a specific code, and some medical providers attach a non-specific or “catch-all” code, A9270, to some invoices. Under PEIA, A9270 is non-covered and always will be denied. Use of this code can also trigger an audit of your claims, which can delay payment of legitimate services on the same claim.

Whenever possible, avoid using the A9270 code.

## Prescription drug changes

Effective July 1, 2008, PEIA will change the maximum supply of prescription drugs covered from a 34-day supply to a 30-day supply. Maintenance medications will continue to be covered up to a 90-day supply.

A 30-day supply is widely considered the industry standard. For example, Coventry’s Advantra Freedom plan, which provides coverage for PEIA retirees who are eligible for Medicare, uses a 30-day supply.

Effective July 1, prescriptions (medications not on the Maintenance Drug List) will only be covered for up to a 30-day supply.

### *Prescriptions requiring prior authorization (PA) or step therapy (ST) reminder*

PEIA will only cover PA drugs if they are prescribed for certain uses and amounts as per the Food and Drug Administration (FDA) approved indications. Step therapy requires that participants try one or

two first-line medications before a second-line medication is covered. The Rational Drug Therapy Program (RDTP) reviews PA and ST requests.

To maintain compliance with PA and ST rules, it’s important to report any samples given to patients to RDTP. This information must include exact quantities and dates the samples were provided. Use of samples does not guarantee prior authorization approval.

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### *The following medications require prior authorization:*

- adalimumab (Humira®)\*
- anakinra (Kineret®)\*
- becaplermin (Regranex®)
- botulinum toxin Type A (Botox®)\*
- Brand-name medically necessary prescriptions. If the medication your doctor prescribes is a multi-source drug (more than one manufacturer markets the drug) and there is an FDA-approved or “A-B-rated” generic on the market, then PEIA will pay only for the generic version, unless your physician provides medical justification for coverage of the brand-name drug. If prior authorization is granted, these drugs will be covered as non-preferred brand-name drugs.
- ciclopirox (Penlac®)
- corticotropin (Acthar®)
- enfuvirtide (Fuzeon®)
- erythroid stimulants (Epogen®, Procrit®, Aranesp®)\*
- etanercept (Enbrel®)\*
- etravirine (Intelence®)
- fentanyl (Actiq®, Duragesic®, and Fentora®)
- fluconazole (Diflucan®)
- growth hormones\*
- itraconazole (Sporanox®)
- legend oral contraceptives for dependents (covered for treatment of medical conditions only)
- leuprolide (Lupron®, Lupron Depot®)\*
- maraviroc (Selzentry®)
- modafinil (Provigil®)
- botulinum toxin Type B (Myobloc®)\*
- oxycodone hydrochloride (Oxycontin®)
- quetiapine (Seroquel®)
- raltegravir (Isentress®)
- tazarotene (Tazorac®)
- terbinafine (Lamisil®)
- teriparatide (Forteo®)\*
- tretinoin cream (e.g. Retin-A) for individuals 27 years of age or older
- topiramate (Topamax®)
- vacation supplies of medication for foreign travel (allow 7 days for processing)

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- voriconazole (VFEND®)
- zonisamide (Zonegran®)

\* These drugs must be purchased through the Common Specialty Medications Program. See information later in this section.

**Step therapy applies to the following therapeutic classes:**

- Angiotensin-Converting Enzyme (ACE) Inhibitors (Accuretic®, Accupril®, Aceon®, Altace®, Capoten® Capozide®, Lexxel®, Lotesin/HCT®, Lotrel®, Mavik®, Monopril/HCT®, Prinivil®, Prinizide®, Tarka®, Uniretic®, Univasc®, Vasotec®, Vaseretic®)
- Angiotensin II Receptor Antagonists (Atacand/HCT®, Teveten/HCT®, Avapro®, Cozaar®, Benicar/HCT®, Micardis/HCT®, Diovan/HCT®, Avalide®, Hyzaar®, Azor®, Exforge®)
- Anti-depressants (Cymbalta®, Effexor/XR®, Symbyax®, Wellbutrin XL®, Pristiq®)
- Antihistamines (Zyrtec®, Allegra®, Clarinex®; Clarinex® Reditabs®)
- Anti-hypertensives (Covera HS®, Verelan PM®, Norvasc®, Cardene SR®, Sular®, DynaCirc CR®, Tekturna®)
- Benign Prostatic Hypertrophy (Avodart®, Proscar®)
- Beta Blockers (Sectral®, Tenormin®, Kerlone®, Zebeta®, Coreg®, Trandate®, Lopressor®, Toprol XL®, Corgard®, Levatol®, Viskin®, Inderal®, Inderal® LA, InnoPran XL®, Blocadren®, Tenoretic®, Ziac®, Lopressor® HCT, Corzide®, Inderide®, Timolide®, Coreg CR®, Bystolic®)
- Bisphosphonates (Fosamax®, Fosamax Plus D™, Actonel®, Actonel® with Calcium, Boniva®)
- Cholesterol-lowering medications (Advicor®, Altoprev®, Caduet®, Crestor®, Lescol®, Lipitor®, Pravachol®, Vytorin®, Zetia®, Simcor®)
- Inspra®
- Leukotriene Inhibitors (e.g., Accolate®, Singulair®, Zylflo®, Zylflo CR®)
- Lyrica®
- Nasal Steroids (Rhinocort Aqua™, Flonase®, Beconase AQ®, Nasacort AQ®, Nasarel®, Nasonex®, Veramyst®, Omnisaris®)
- Non-Steroidal Anti-inflammatory Drugs (brand-name NSAID e.g., Celebrex®, Arthrotec®, Mobic®),
- Overactive Bladder: (Ditropan®, Ditropan XL®, Oxytrol®, Detrol®, Detrol LA®, Sanctura®, Vesicare®, Enablex®, Sanctura XR®)
- Proton Pump Inhibitors (e.g., Prilosec®, Prevacid®, Nexium®, Aciphex®, Protonix®, Zegerid®),
- Sedative Hypnotics (Ambien®, Ambien CR™, Sonata®, Lunesta™, Rozerem™)
- Selective Serotonin Reuptake Inhibitors (e.g., Celexa®, Lexapro®, Luvox®, Paxil®, Paxil CR®, Prozac®, Prozac Weekly®, Zolof®, Sarafem®, Pexeva®, Luvox CR®, )
- Strattera®
- Xopenex®

*The following medications have preset quantity limits:*

- Antipsychotic Drugs (Abilify® 30 units, Geodon® 60 units, Risperdal® 60 units, Seroquel® varies, Zyprexa® 30 units, and Zyprexa Zydis® 30 units)

- Anzemet®, Emend®, Kytril®, Zofran® coverage limitations:
  - a. Anzemet® is limited to 1 tablet per prescription
  - b. Emend® 80 mg is limited to 2 capsules per prescription
  - c. Emend® 125 mg is limited to 1 capsule per prescription
  - d. Emend® Tri-fold Pack is limited to 1 package per prescription
  - e. Kytril® is limited to 2 tablets per prescription
  - f. Zofran® four (4)mg is limited to 1 tablet per prescription
  - g. Zofran® four (4)mg and 8 mg are limited to 12 tablets per prescription
  - h. Zofran® Solution is limited to 3 bottles per prescription
- Actiq®. Coverage is limited to 90 lozenges per prescription
- Cholesterol Lowering Medications. (Advicor® varies, Caduet® 30 units, Vytorin® 30 units, Altoprev® 30 units, Crestor® 30 units, Lescol® varies, Lipitor® 30 units, Lovastatin® varies, Pravachol® 30 units, Pravastatin Sodium® 30 units, Simvastatin® 30 units, and Zocor® 30 units)
- Diflucan® 150 mg. Coverage is limited to 2 tablets per prescription.
- Enbrel®. Coverage is limited to 4 syringes or 8 vials per 28 days
- Fentora®. Coverage is limited to 84 lozenges per prescription
- Humira®. Coverage is limited to 2 syringes/pens per 28 days
- Migraine medications. Coverage is limited to quantities listed in the chart on page four.
- New drugs approved by the FDA that have not yet been reviewed by Express Scripts' Pharmacy and Therapeutics Committee will have a non-preferred status. PEIA reserves the right to exclude a drug or technology from coverage until it has been proven effective.
- Other Antidepressants (Budeprion SR® 60 units, Budeprion XL® 30 units, Bupropion HCL SR® 60 units, Cymbalta® varies, Wellbutrin SR® 60 units and Wellbutrin XL® 30 units)
- Oxycontin®. Coverage is limited to 90 tablets per prescription
- Sedative Hypnotics (Ambien®, Ambien CR™, Sonata®, Lunesta™, Rozerem™). Coverage is limited to 15 units per 30 days.
- Selective Serotonin Reuptake Inhibitors (Celexa® 30 units, Citalopram HBR® 30 units, Fluoxetine HCL® varies, Fluvoxamine Maleate® varies, Lexapro® 30 units, Paroxetine HCL® varies, Paxil® varies, Paxil CR® 60 units, Pexeva® varies, Prozac Weekly® 5 units, Sarafem® 30 units, Sertraline HCL® varies, and Zolof® varies)
- Toradol. Coverage is limited to one course of treatment (5 days) per 90-day period.
- Tamiflu® and Relenza®. Coverage is limited to one course of treatment within 180 days. Additional quantities require prior authorization from RDT.
- Vasodilator Antihypertensives (Cardura XL® 30 units, Doxazosin Mesylate® varies, and Terazosin HCL® varies)

†These drugs must be purchased through the Common Specialty Medications Program.

To contact RDTP, call 1-800-847-3859.

## Migraine Medications

Generic Name	Brand Name	Quantity Limit per Dispensing	Total Quantity Level Limit within a 28-Day Period
Almotriptan tablets 6.25 mg, 12.5 mg	Axert® - Pharmacia	6 tablets	18 tablets
Dihydrergotamine nasal spray	MIgranal® - Novartis	4 spray devices	2 kits = 8 unit dose sprays
Eletriptan tablets 20 mg, 40 mg	Relpax® - Phizer	6 tablets	18 tablets
Frovatriptan tablets 2.5 mg	Frova® - ELAN	9 tablets	27 tablets
Naratriptan tablets 1 mg, 2.5 mg	Amerge® - GSK	9 tablets	18 tablets
Rizatriptan tablets 5 mg, 10 mg orally disintegrating tablest	Maxalt-MLT® - Merck	6 tablets	24 tablets
Rizatriptan tablets 5 mg, 10 mg	Maxalt® - Merck	6 tablets	24 tablets
Sumatriptan injection syringes	Imitrex® - GSK	1 kit (2 syringes)	8 kits = 16 injections
Sumatriptan injection vials	Imitrex® - GSK	2 vials	16 vials
Sumatriptan nasal spray 20 mg	Imitrex® - GSK	6 spray devices	3 boxes = 18 unit dose spray devices
Sumatriptan nasal spray 5 mg	Imitrex® - GSK	6 spray devices	6 boxes = 36 unit dose spray devices
Sumatriptan tablets 25 mg, 50 mg, 100 mg	Imitrex® - GSK	9 tablets	18 tablets
Zolmatriptan tablets 2.5 mg, 5 mg orally disintegrating tablets	Zomig-ZMT® - AstraZenca	6 tablets for 2.5 mg 3 tablets for 5 mg	18 tablets
Zolmatriptan tablets 2.5 mg, 5 mg	Zomig® - AstraZenca	6 tablets for 2.5 mg 3 tablets for 5 mg	18 tablets

## Go electronic, get paid the easy way!

Did you know you can receive payments electronically for medical services provided to patients covered by PEIA, CHIP and AccessWV?

Here are some of the advantages:

- Payments are sent directly to your financial institution, reducing the amount of paperwork for your office staff to process.
- Electronic payments eliminate the risk of paper checks being lost or stolen in the mail.
- Electronic payments are often available faster than deposits made by check.
- Electronic payments are easier to track and reconcile with bank statements.

Electronic funds transfers (EFT) are processed and issued by the state Treasurer's Office. To learn more or sign up for EFTs, go to Wells Fargo's Web site, [www.wellsfargo.com/tpa/](http://www.wellsfargo.com/tpa/). In the left column, select *resources*, then *forms* and select the *PEIA Electronic*

*Funds Transfer Information Form*. Complete the form and return to EFT Enrollment, Wells Fargo Third Party Administrators, Inc., P.O. Box 2451, Charleston, WV 25329-2451 with a voided original check.

If you have questions, contact Wells Fargo by e-mail at [webmail@wellsfargotpa.com](mailto:webmail@wellsfargotpa.com) or by phone at 1-888-440-7342.

### *More ways to streamline paperwork*

To further reduce office paperwork, medical vendors now can receive electronic remittance advice (ERAs) for payments processed by Wells Fargo. The advantages include:

- Storage and back up of ERAs electronically, reducing the need for physical filing space
- Eliminate the chance ERAs will be lost in the mail,
- Save tax dollars normally spent on mailing costs

To learn more or sign up for the service, go to Emdeon's Web site, [www.emdeon.com](http://www.emdeon.com). In the left column, select

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enrollment forms, then select *ERA Provider Setup Form* from the Emdeon Setup Forms drop-down menu. Send the completed form by e-mail to [batchenrollment@emdeon.com](mailto:batchenrollment@emdeon.com) or by fax at 1-615-885-3713. If you have questions, call Emdeon at 1-877-363-3666.

## Billing E&M, hospital clinic services

When billing for Evaluation and Management (E&M) services provided by physicians at a hospital clinic, you must attach a Technical Component (TC) modifier to the hospital bill.

This allows the RBRVS non-facility allowance to be processed for the physician's services and the difference between the facility and non-facility allowance to be processed to the hospital.

Member copayments are applied to the professional service, and the facility allowance is covered at 100 percent of the allowed amount.

## Wellness: Improve Your Score program

Patients insured by PEIA can participate in an incentive-based program to improve their overall health.

Improve Your Score screens patients' health in four areas: total cholesterol, body mass index (BMI), blood pressure, and glucose or blood sugar. Patients who score in the top two ranges can receive rewards of up to \$50. The program also tracks patients' progress over time, allowing them to see how they're doing in these important areas of personal health.

Testing for the program is done at various participating agencies each year. The basic blood tests are free to people insured under PEIA, but participants can elect to pay for other tests, including complete blood count, complete metabolic panel, thyroid-stimulating hormone, hemoglobin A1C and prostate-specific antigen.

Pathways to Wellness also offers programs designed

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## Diet: It's more than losing weight

It's no secret that diet can play an important role in recovering from an illness, coping with a disease or maintaining health.

Beginning on July 1, 2008, PEIA will cover two in-network visits to a licensed, registered dietician each plan year, when prescribed by a physician for members with the following conditions: diabetes, hypertension, hyperlipidemia, heart disease, kidney disease, metabolic syndrome and other medically

necessary conditions as determined by PEIA.

In addition, the agency also will cover two in-network dietician visits annually for children in the following weight classifications: (1) children greater than or equal to the 95th percentile on the growth chart for weight and (2) children greater than or equal to the 85th percentile with complicating conditions.

Dietician visits are subject to a \$15 copayment per visit. Fee allowances as of July 1, 2008 are:

<b>CPT Code</b>	<b>Description</b>	<b>Units Allowed per Visit</b>	<b>Facility Fee Allowance (per unit)</b>	<b>Non-Facility Fee-Allowance (per unit)</b>
97802	Medical nutrition, individual, initial assessment assessment and intervention, face-to-face with patient; each 15 minutes	4	\$28.81	\$29.16
97803	Med nutrition, individual, subsequent, reassessment and intervention, face-to-face with patient; each 15 minutes	2	\$25.47	\$25.83
97804	Medical nutrition, group (2 or more individuals); each 30 minutes.	2	\$15.28	\$15.64

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to help patients with weight management, tobacco cessation, diabetes management, fitness and nutrition. To learn more about Pathways to Wellness programs, contact the program by phone, 1-866-YOURGUIDE, or e-mail, [pathwaysinfo@bebetter.net](mailto:pathwaysinfo@bebetter.net), or by mail at 1191 Pineview Drive, Suite F, Morgantown, WV 26505. Information also is available on the program's Web site at [www.peiapathways.com](http://www.peiapathways.com).

## Help patients kick the habit

Interest in kicking the tobacco habit seems to be at an all-time high. That's the good news. The bad news is tobacco use continues to take a major toll on our nation's health and work habits.

Beginning on July 1, 2008, PEIA will offer the following benefits to people who would like to give up the habit: (1) Physicians may bill for office visit when documented as such, (2) In addition to the office visit, physicians may also bill for counseling services as follows:

- There is a maximum of two counseling visits per 12-month period, per patient.

CPT Code	Description	July 2008 Fee Allowance
99406	Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$14.19
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$26.73

- This benefit is limited to three attempts per lifetime.
- Nicotine patches are covered at no cost to the patient (deductible and copayments are waived) when prescribed by a physician and purchased at a network pharmacy.
- Other prescription and over-the-counter cessation products are covered with the applicable generic, preferred or non-preferred copayments after the deductible is met.

Only members paying the "tobacco-user" premium will have access to these benefits. Reimbursement for the office visits and cessation counseling (codes 99406 and 99407) is based on RBRVS allowances.

## Carelink, The Health Plan to eliminate PPOs

PEIA's managed care plans will eliminate their preferred provider organization (PPO) offerings for fiscal year 2009, which begins on July 1, 2008.

Both Carelink and Health Plan nixed their PPOs because of a lack of participation. Any insured covered by either the Carelink or The Health Plan PPO during the last fiscal year will automatically will be transferred to PEIA PPB A, unless the insured requested another option during the recent open enrollment period. The new fiscal year begins on July 1, 2008.

Carelink and The Health Plan will continue to offer health maintenance organizations (HMO) to PEIA members.

To ensure you bill the correct plan, check each patient's insurance card before each visit. Correct billing will help make sure your invoices are processed and paid in a timely manner.

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