

CAPSULE

Code Changes

For 2008, there are 423 new, 144 deleted, and 350 revised CPT or HCPCS codes. All changes are effective January 1, 2008 with no grace periods. Don't forget to review and revise any lists used in your office (i.e., super bills, check lists, etc.) to reflect these changes.

CAQH Update

Effective January 1, 2008, use of the Council for Affordable Healthcare's (CAQH) Universal Credentialing Data Source (UCD) will be required for initial credentialing and recredentialing with HealthLink.

Customer Service to be Relocated to HealthLink Headquarters

HealthLink customer service will be relocated to the St. Louis during the second quarter of 2008. Staffing is currently underway. The department is projected to be up and running by the end of April, 2008.

HealthLink Extends NPI Deadline

To assist contracted providers in their efforts to meet NPI compliance requirements, HealthLink will extend the NPI deadline to May 23, 2008. Please let us know your NPI by **May 1, 2008**. For more information, please refer to the article on page two of this newsletter.

IN-TOUCH

PHYSICIAN UPDATE

PREPARED BY HEALTHLINK FOR PARTICIPATING HEALTH CARE PRACTITIONERS WINTER 2008

Roux-en Y Divided Gastric Bypass

In recent years, better clinical understanding of procedures combining restrictive and malabsorptive approaches has increased the choices of effective weight loss surgery for thousands of patients. The Roux-en-Y Divided Gastric Bypass is a combined Restrictive and Malabsorptive procedure. By adding malabsorption to a restrictive pouch, food is delayed in mixing with bile and pancreatic juices that aid in the absorption of nutrients. The result is an early sense of fullness, combined with a sense of satisfaction that reduces the desire to eat.

According to the American Society for Bariatric Surgery and the National Institutes of Health, Roux-en-Y gastric bypass is the current gold standard procedure for weight loss surgery. It is the most frequently performed weight loss procedure in the United States.

In this operation, the surgeon divides the stomach and creates a small (15 to 20cc) stomach pouch. The remainder of the stomach is not removed, and it continues to make acid, intrinsic factor and other substances which then empty into the duodenum.

The outlet from the newly formed, upper pouch empties directly into a portion of the jejunum (the Roux limb), thus bypassing calorie absorption. This is done by dividing the small intestine beyond the duodenum for the purpose of bringing it up and constructing a connection with the newly formed stomach pouch. The other end is connected into the side of the Roux limb of the intestine creating the "Y" shape that gives the technique its name. The length of either segment of the intestine can be increased to produce lower or higher levels of malabsorption.

Advantages

The average excess weight loss after the Roux-en-Y procedure is generally higher in a compliant patient than with purely restrictive procedures. One year after surgery, weight loss can average 77% of excess body weight. Studies show that after 10 to 14 years, around 60% of excess body weight loss is maintained. A 2000 study of 500 patients showed that 96% of certain associated health conditions studied (back pain, sleep apnea, high blood pressure, diabetes and depression)

were improved or resolved.

Risks

Because the duodenum is bypassed, poor absorption of certain minerals such as iron can result in the lowering of total body iron and a predisposition to iron deficiency anemia. This is a particular concern for patients who experience chronic blood loss during excessive menstrual flow or bleeding hemorrhoids. Women, already at risk for osteoporosis that can occur after menopause, should be aware of the potential for heightened bone calcium loss. Bypassing the duodenum has caused metabolic bone disease in some patients, resulting in bone pain, loss of height, humped back and fractures of the ribs and hip bones. This deficiency as well as that of iron, magnesium and others can be managed through proper diet and vitamin supplements. A chronic anemia due to Vitamin B12 deficiency may occur. The problem can usually be managed with Vitamin B12 pills or injections.

A condition known as "dumping syndrome" can occur as the result of rapid emptying of stomach contents into the small intestine. This is sometimes triggered when too much sugar or large amounts of food are consumed. While generally not considered to be a serious risk to health, the results can be extremely unpleasant and can include nausea, weakness, sweating, faintness and, on occasion, diarrhea after eating. Some patients are unable to eat any form of sweets after surgery.

In some cases, the effectiveness of the procedure may be reduced if the stomach pouch is stretched and/or if it is initially left larger than 15-30cc.

The bypassed portion of the stomach, duodenum and segments of the small intestine cannot be as easily visualized using X-ray or endoscopy if ever necessary.

This article, and others relating to bariatric surgery, may be found on Dr. Roger A. de la Torre's web site, www.obesurgery.com. The article has been reprinted with the permission of Dr. de la Torre.

Note: Please check with the payor listed on the back of the patient's health ID card regarding coverage of these procedures.



PROVIDER SPOTLIGHT

Meet Dr. Roger A. de la Torre of DePaul Health Center



Roger A. de la Torre, M.D., FACS
Dir. of Minimally Invasive Surgery
DePaul Health Center

Dr. Roger A. de la Torre completed his collegiate studies with honors from the University of Notre Dame and then went on to graduate from Indiana University School of Medicine in 1986. He did his internship and residency in General Surgery at Mount Sinai Medical Center in Miami Beach, Florida. Upon finishing his residency in 1991, he went into private practice where he soon became recognized for

his abilities as a laparoscopic surgeon.

Dr. de la Torre is the holder of over 40 patents worldwide. One of these, for "Laparoscopic Access Port for Surgical Instruments or the Hand," has proven instrumental in initiating a whole new field of minimally invasive surgery. Dr. de la Torre is one of the first surgeons in the world to have performed a Roux-en-Y divided

gastric bypass laparoscopically. He has been designated an "American Society for Bariatric Surgery Center of Excellence surgeon."

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314-344-6800*

NPI: Get It. Share It. Use It!

In September, HealthLink announced our NPI contingency plan – we would accept the NPI, the current provider identification number, or both, in electronic and paper transactions until January 25, 2008. Despite the many challenges NPI brings to the health care community, and to honor our commitment of “customer first,” HealthLink will extend the deadline to May 23, 2008.



FOR YOUR CONVENIENCE

Please let us know your NPI by **May 1, 2008**. Providers who do not communicate NPIs to HealthLink by the contingency deadline of May 23, 2008 may risk claims processing and payment delays. If you have any questions, please contact your Network Consultant at 877-284-0101. You may email or fax the following information:

contact name - phone number - provider name - physical address - city/state/zip - tax ID # - HealthLink provider ID # - NPI # (type 1, type 2 if applicable, or subpart if applicable)

Include existing files for bulk submission.

Email to: healthlinkpdo@healthlink.com

Fax to: 314-989-6627

REMEMBER...

Each entity type has its own unique NPI number. Whether you bill with NPI entity type 1, entity type 2 or as a subpart depends on your organizational structure, as follows:

Entity Type 1 is a health care provider who is an individual human being. This includes, but is not limited to, physicians, dentists and chiropractors.

Entity Type 2 is an organization such as a hospital, residential treatment center, laboratory or group practice. Type 2 providers may also apply for separate NPIs for each of the specific departments/components (e.g., pharmacies, labs, etc.)

Subparts are not legal entities; the legal entity is the organization. Health care providers are required to obtain NPIs for each of the subparts of their organization.

GET ALL THE DETAILS

You can find more information about NPI on HealthLink’s web site, www.healthlink.com/nppes.asp.

STILL CONFUSED?
Visit HealthLink’s web site for answers to your questions about NPI requirements and claim filing guidelines.

www.healthlink.com/nppes.asp



CODING CORNER

For 2008, sweeping changes have been made in modifier 51 exempt codes and add-on codes. Because these codes are not subject to reductions for multiple procedures, you may notice changes in reimbursement levels because of the removal of modifier 51 exempt status. Some of the former modifier 51 exempt codes have been reclassified as add-on codes.

Whenever using an add-on code, be sure to refer to CPT for information on the correct base code to use with the add-on code. For example, 77052 (computer aided detection) must be used in conjunction with 77057 (screening mammogram). Use of an add-on code without the proper base code will delay the processing of your claim.

If you have a coding issue you would like to see addressed in this column, please contact your Network Consultant.

UTILIZATION MANAGEMENT ENHANCEMENTS FOR PARTICIPATING PROVIDERS

In our continuing effort to provide outstanding service to participating physicians, hospitals and other health care professionals, HealthLink is pleased to announce the following Utilization Management enhancements, effective immediately:

HealthLink Web Site

Visit the HealthLink web site at www.healthlink.com to access new on-line tools for Utilization Management administration. Included are Utilization Contact Information and fax-back forms. Both are time-saving alternatives to the telephone procedures and voice mail messaging associated with telephonic pre-certification/certification.

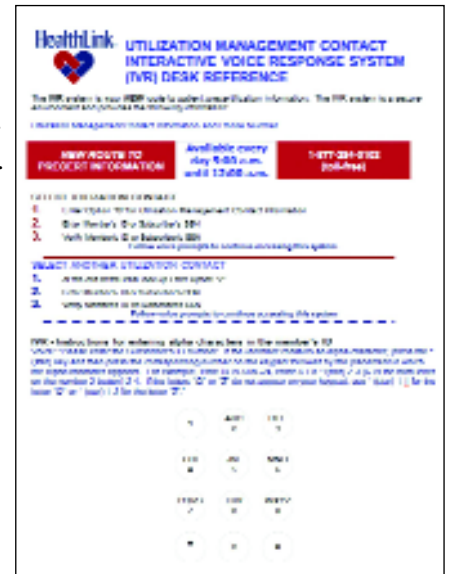
Fax and Fax-Back Procedures

Our new Fax and Fax-Back procedures streamline the pre-certification/certification process for health care providers. The Fax-Back form requests information pertinent only to the current admission or service requested, and to relevant discharge planning needs. The fax number for HealthLink’s Medical Management Department is 800-510-2162.

Interactive Voice Response System (IVR)

HealthLink’s enhanced Interactive Voice Response System allows access to patient Utilization Management contact information in a secure environment. A telephonic alternative to our web-based Utilization Management tools, IVR provides the same information as the on-line service. The IVR tutorial is available on the HealthLink web site, www.healthlink.com.

Toll-free phone lines are open every business day from 5:00 a.m. to 12:00 a.m. To get started, call 877-284-0102 and use Option 8 to access the system.



HealthLink UM Contact Information

Phone 877-284-0102 8:00 a.m.–5:00 p.m. CST (business days)
IVR 877-284-0102, Option 8 5:00 a.m.–12:00 a.m. CST (business days)
Fax 800-510-2162 Open 24 hours a day/seven days a week

**New for HealthLink Members
SpecialOffers Online Discount Program**

Effective January 15, 2008, HealthLink members have access to an online discount program, SpecialOffers. HealthLink members access the program through a link on the HealthLink web site. SpecialOffers vendors represent the following areas: Family & Home; Fitness & Health; Medicine & Treatment; and Vision, Hearing & Dental. Vendors offer discounts on services, supplies and subscriptions.

SpecialOffers vendors are not contracted HealthLink providers and do not compete in any way with contracted HealthLink providers. SpecialOffers does not supercede or change any provision of a member’s benefit plan. Nor has it been designed or developed by

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REMINDER

DO WE HAVE YOUR CURRENT INFORMATION?

Have you relocated? Going into solo practice? Do you have a new Tax ID number?

Please be sure to inform us of these types of changes as soon as possible. You can contact your network specialist or visit HealthLink’s web site, www.healthlink.com to update your information. From the main menu, click the “Physician/Hospital” tab and in the “Documents” section, click on the “Physician Address/Name/TIN” change form. If you are moving to a new practice, be sure to include both your former practice and new practice TINs.

Please note that failure to notify HealthLink of these changes could result in claim processing delays as the payor verifies current information.

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Welcome to IN-TOUCH!

IN-TOUCH is created by HealthLink specifically for participating physicians, hospitals and other health care professionals. Our goal in creating IN-TOUCH is to bring HealthLink and participating physicians closer together by providing information that will be helpful to you and your staff. We welcome your ongoing feedback.

IN-TOUCH ROUTE LIST

Route among your staff...

- ▶ Dr. _____
- ▶ Dr. _____
- ▶ Office Manager
- ▶ Claims Administrator
- ▶ Marketing Director

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IN-TOUCH

Editorial Board: Bruce Gosser, General Manager; Robert Sorrenti, M.D., Chief Medical Officer; Mary Ellen Detrick, Director of Grievance & Appeals; Donna Free-Wiese, Manager II, Network Relations; Susan French, Manager, Marketing/Communications; Laura Hargate, Manager II Nurse Medical Review; Susie McDonald, Managing Editor *Comments or suggestions: (800) 624-2356*

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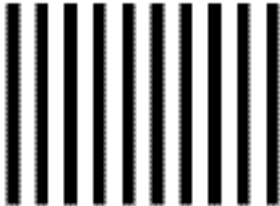


Go Green with HealthLink

Help us save the environment!
Please complete this tear-off card if you wish to receive the *In Touch* quarterly newsletter via email. Be sure to include your email address and update any other information as needed. It's postage-paid so drop it in any mailbox.

Going green helps the earth.
Thanks for your help in this initiative!

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NETWORK SERVICES
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CONTACT NAME

OFFICE NAME/PROVIDER NAME

CONTACT EMAIL

MAIN OFFICE ADDRESS/CITY/STATE/ZIP

CONTACT PHONE

CONTACT FAX

TAX ID NUMBER

NPI NUMBER
