



IN-TOUCH

PHYSICIAN UPDATE

Fourth Quarter 2014

Prepared by HealthLink for Participating Health Care Practitioners

Capsules

HealthLink Pre-Cert List Updates Effective Jan. 1, 2015

Effective January 1, 2015, HealthLink will be updating the list of procedures and services subject to medical necessity review under the Utilization Management Program. The additional services include:

- Cervical Spine Surgery
- Infusion of Infiximab (Remicade)

Please contact your network consultant if you need more information.



Have You Moved, or Are You Planning to Move?

Please let us know by completing the Provider Name/Address/TIN/NPI Change Form at www.healthlink.com or email us at networkreps@healthlink.com to ensure accurate claims processing and directory information.



Administrative Manual Update

Claims Processing Guidelines (Chapter 6) of the Provider Administrative Manual have been updated to include Preventable Adverse Events. Visit www.healthlink.com for more information.

Combining 3-D and Digital Mammograms Finds More Cancers, Fewer False Positives

Several large studies, including a review by the U.S. Preventive Services Task Force in 2009 and a study on the causes of death in the United Kingdom in 2013, have questioned the value of screening mammograms due to false positives and overdiagnosis.

Doctors who question the value of mammograms say that while mammograms do save lives, for each breast cancer death prevented, three to four women are overdiagnosed. Overdiagnosis is when a screening finds a suspicious area that would have never affected a woman's health if it hadn't been found or treated. It can also mean a spot is found that would have been eventually diagnosed as cancer by other means, without any effect on prognosis.

False positive results from mammograms have also helped fuel the debate about the value of breast cancer screening. When a mammogram shows an abnormal area that looks like a cancer but turns out to be normal, it's called a false positive. Ultimately the news is good: no breast cancer. But the suspicious area usually requires follow-up with more than one doctor, extra tests and extra procedures, including a possible biopsy. There are psychological, physical and economic costs that come with a false positive.

While mammograms aren't perfect, they are one of the best tools we have to find breast cancer early. So researchers are always looking for ways to improve the accuracy of mammogram results. While other screening techniques, such as breast MRI and breast ultrasound, have improved breast cancer detection, they haven't reduced the rate of false positives.

A study suggests that combining digital mammography with three-dimensional (3-D)

mammograms detects more breast cancers with fewer false positive results compared to digital mammography alone. The research was published in the June 25, 2014 issue of *The Journal of the American Medical Association*.

Three-dimensional mammography is also called tomosynthesis or digital tomosynthesis. Tomosynthesis creates a 3-D picture of the breast using X-rays. Several low-dose images from different angles around the breast are used to create the 3-D picture.

A conventional mammogram creates a two-dimensional image of the breast from two X-ray images of each breast. Digital mammograms record the images of the breast into a computer instead of on to film.

Breastcancer.org Professional Advisory Board member Emily Conant, M.D., chief of breast imaging at the Perelman School of Medicine at the University of Pennsylvania, was one of the authors of the study. She found that, compared to digital mammography alone, screening that included both digital mammography and 3-D mammography found 41% more invasive cancers and reduced false positives by 15%.

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PHYSICIAN SPOTLIGHT

Meet Dr. Victor J. Lanzotti, Founder and President of Central Illinois Hematology Oncology Center



Dr. Victor J. Lanzotti

Dr. Lanzotti founded the Central Illinois Hematology Oncology Center (CIHOC) in 1986. He earned his medical degree from the University of Illinois College of Medicine in Chicago, IL. Dr. Lanzotti is certified by the American Board of Internal Medicine in Hematology, Medical Oncology and Internal Medicine. Currently, he works as a physician at CIHOC as well as a Clinical Associate Professor at SIU School of Medicine. His areas of clinical interest include adult hematology oncology, clinical cancer research and advanced, complex or difficult cancer challenges.

Central Illinois Hematology Oncology Center is an independent, four physician Medical Oncology and Hematology practice centrally located with offices and clinics at Baylis Medical Building in Springfield, Passavant Area Hospital in Jacksonville and St. Francis Hospital in Litchfield, Illinois. CIHOC was originally located in the Centrum Building in downtown Springfield, but

in 2010 moved to their current location at Baylis Medical Building. CIHOC employs 25 professional and supportive staff dedicated to meeting their patient's needs. The primary mission for CIHOC is to provide high quality, evidenced based, compassionate care for cancer and hematology patients in their region.

CIHOC – Baylis

747 N Rutledge St., # 2204
Springfield, IL 62702

CIHOC – Jacksonville

Passavant Area Hospital Outpatient Clinic
1600 W Walnut St.
Jacksonville, IL 62650

CIHOC – Litchfield

St. Francis Hospital Outpatient Clinic
1215 Franciscan Dr.
Litchfield, IL 62056

Notice to HealthLink Providers: Register on *ProviderInfoSource* by January 1, 2015!

In the first Quarter of 2015, HealthLink will relocate all provider materials from the public website, www.healthlink.com, to the secure portal, *ProviderInfoSource*, <https://providerinfosource.healthlink.com>.

ProviderInfoSource enables HealthLink contracted providers to access secure information such as member eligibility, payor information and claim status. *ProviderInfoSource* also contains HealthLink manuals, forms, policies and procedures for providers along with the ability to email your Network Consultant and HealthLink Customer Service directly from the site. Not Registered? Register Today!



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Adaptive Behavior Assessments and Treatment Descriptors

On July 1, 2014 the American Medical Association (AMA) announced new Current Procedural Terminology (CPT®) Category III Adaptive Behavior Assessment (ABA) and Treatment codes. Beginning January 1, 2015 providers may bill the new ABA codes listed below to HealthLink. Please note that HealthLink is not an insurance carrier and does not determine benefit coverage. For benefit and precertification information, please contact the benefit administrator listed on the back of the patient's ID card to determine whether the patient's health plan provides coverage for the diagnosis and treatment of autism.

Code	Description
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report
0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient
0361T	Each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient
0363T	Each additional 30 minutes of technician(s) time, face-to-face with the patient (List separately in addition to code for primary procedure)
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
0365T	Each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
0367T	Each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
0369T	Each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
0374T	Each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primary procedure)

SB 668 Missouri Oral Chemotherapy Parity

Missouri Oral Chemotherapy Parity SB 668 will be effective for plans issued or renewed on or after January 1, 2015. SB 668 requires that insurers that offer benefits for cancer treatment offer oral anti-cancer medication at terms at least as favorable as intravenously administered anticancer medications. Health benefit plans can be in compliance with this section if orally prescribed anti-cancer medications are offered at a rate that limits total out-of-pocket costs to seventy-five dollars for a thirty day period. High deductible plans can meet these compliance terms after the satisfaction of the annual deductible.

For more information on benefits for oral chemotherapy medicines, contact the benefits administrator located on the back of the enrollee's health ID card. For more information on Missouri Senate Bill 668 please visit www.senate.mo.gov.

Need to Know News

Smoking Cessation Programs

Physicians play a critical role in helping patients to quit smoking. Studies show that advice from a doctor more than doubles the chance that a patient will quit. Quitting is one of the best things a smoker can do to improve their health and the health of their loved ones who may be exposed to secondhand smoke. Talk to your patients today about kicking the habit for good and contacting their benefits administrator for programs available for them. For more information and resources from the CDC's anti-tobacco campaign, visit www.cdc.gov/tobacco/.



Coding Corner



CPT Changes for 2015

CPT 2015 has been updated for vascular and non-vascular interventional radiology, breast imaging and radiation therapy.

New Category III Codes have been introduced for radiostereometric analysis.

Changes will be effective for procedures with dates of service of January 1, 2015. For a complete list of updates, please refer to your 2015 AMA CPT.

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

Cover story information source:

BreastCancer.org. June 26, 2014. <http://www.breastcancer.org/research-news/3d-plus-digital-mammos-find-more-cancers> Study: Breast Cancer Screening Using Tomosynthesis in Combination With Digital Mammography, published in The Journal of the American Medical Association

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Stay In-Touch!

Online Resources for HealthLink Providers

Provider Satisfaction Survey

<https://www.surveymonkey.com/s/HealthLinkProviderSatisfactionSurvey>

Provider Name/Address/TIN/NPI Change Form

https://www.healthlink.com/physician_add_name_tin_form.asp

ProviderInfoSource

<https://providerinfosource.healthlink.com/ProviderInfoSource/public/Home>

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