

# THE INSIDE STORY

## Medical Delivery Development Team

Scott & White Health Plan (SWHP) had a very busy year in 2012. Celebrating our 30 year anniversary, we once again achieved an “Excellent” rating with NCQA. In fact no other health plan ranked higher than Scott & White throughout the south and southwest.

Operationally, many improvements were made which resulted in fewer issues for your staffs:

- Claims turnaround time improved to 2.0 days, with 99.8% of all claims paid within 30 days. At the same time our overall claims accuracy improved to 98.5%
- Customer Advocacy implemented several new processes resulting in their quality scores increasing to 97%.
- Compliance increased healthcare fraud awareness and strengthened provider, member and employer group partnerships with ongoing fraud, abuse and waste training.

Our future is bright as we prepare diligently for Health Care Reform and focus on new product designs for the Exchanges and for those continuing to purchase insurance outside the Exchange. Many new benefits are being added and these will provide additional services for your patients.

The Medical Delivery Development team (picture below) strives to address your concerns throughout the year and we trust that you will continue to receive exceptional service in the New Year. The new Medicaid product, RightCare was introduced with great success and many of you have met with Stacy, Kory and Kelsey, our Physician Liaisons or talked with Brenda and Gel, our network managers. We have also made several improvements to the Provider portal portion of our website [www.swhp.org](http://www.swhp.org). Enhancements to the “Provider Search” function allows a variety of search options such as specialty filtering, search by gender, language, hospital and group affiliations and a map view with tooltips. Our new Avatar allows for detailed condition searches. The coming year will see the team continuing to grow the network and we are looking forward to visiting with you in 2013!

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# Network Expansion

SWHP is seeking to expand its network of providers for SeniorCare (Medicare) and RightCare (Medicaid). Over the next two months, we will be asking providers that do not yet participate with one or both of these products to consider contracting to provide services to these populations. We especially encourage physicians and hospitals that do not yet participate to do so. For more information, please contact Bob Freisinger at 254.298.6997.

## Claims

### HELPFUL TIPS

#### TO SUBMIT A CLAIM:

**UB-04 Form** – standardized billing form for institutional services

**CMS-1500 Form** – standard claim form used by Physicians and Ancillary Providers to bill professional services and Durable Medical Equipment

#### TO CHECK ON A CLAIM:

MyBenefits at [www.swhp.org](http://www.swhp.org) is available for eligibility and claim searches. Also new provider can now self-register.

#### TO FIND A PROVIDER:

New enhanced “Provider Search“

Visit our website at [www.swhp.org](http://www.swhp.org)

Select “Find a Provider”

Select “Find a Health Plan Provider Now (interactive search)”

# SeniorCare Claims Processing – Medicare or SWHP Primary?



Many Scott & White Health Plan (SWHP) providers see SeniorCare members and are unsure whether to bill Medicare or SWHP primary. SWHP's Medicare product, SeniorCare, is an enhancement to Medicare, not a replacement. It is a cost contract, not a Medigap or Advantage plan; in fact it's the only cost contract in Texas and, as such, pays differently to Medicare Advantage plans.

## **Q. How do we identify SeniorCare members?**

**A.** SeniorCare members have an ID card with their contract number; name and a brief description of their benefits.

## **Q. How does a cost contract work?**

**A.** SeniorCare is an enhancement to Medicare, but operates with some managed care principles. Members enrolled in SeniorCare have most traditional Medicare out of pocket costs

paid directly by SWHP. If members receive routine services outside the plan's network without Prior Authorization, the member will be responsible for Original Medicare deductibles and coinsurance\*

## **Q. Who pays primary for Part A services for SeniorCare members?**

**A.** Part A providers such as hospitals, skilled nursing facilities, hospice care centers, home health agencies, and rehabilitation facilities should bill Medicare first and SWHP secondary.

## **Q. Who is responsible for any applicable Part A copays, deductibles and coinsurance?**

**A.** SWHP may pay the applicable copays, deductibles and coinsurance, depending on the level of coverage that the SeniorCare member purchased.

**Q. Who pays primary for Part B services for SeniorCare members?**

A. Most participating providers should bill SWHP primary and Medicare secondary for Part B services. However, if you bill on a UB04 for Part B services, please bill Medicare primary and SWHP secondary for those claims. Also, Medicare is billed directly for ESRD and some psychiatric codes.

**Q. Who is responsible for any applicable Part B copays, deductibles and coinsurance?**

A. SWHP will pay for all the benefits to which the member is entitled, including any additional benefits not covered by Medicare. The member is responsible for any applicable copays and or coinsurance.

**Q. When does SWHP pay for services outside the service area?**

A. SWHP pays for services outside its service area when they are emergency or urgently needed services only. Any routine, Medicare covered services outside the service area that are not pre-authorized can be billed to Medicare and the member will be responsible for any deductibles and coinsurance\*\*

**Q. What do I do if I bill Medicare Part B primary in error and receive payment from Medicare?**

A. Contact SWHP Customer Advocacy so that SWHP can initiate an overpayment adjustment. DO NOT REQUEST A REFUND FROM MEDICARE. SWHP coordinates all refunds from Medicare for any payment made in error.

**Q. What do I do if I have received a refund from Medicare and SWHP recoups also?**

A. Send an appeal to SWHP with proof of the Medicare refund. SWHP recoups overpayments from future payments on behalf of Medicare.

**Q. What about Rural Health Clinics, therapists or counselors?**

A. Reimbursement may be unique for provider based or rural health clinics and may be customized to reflect the reimbursement methodology between the provider and CMS. Certain mental health counselors are also not eligible for Medicare certification, i.e. LPCs and therefore are not eligible to participate in SeniorCare. Individual provider contracts outline specific coverage.

**Q. Where do I find information on how to bill for these types of services?**

A. Individual provider contracts have information on how to bill for services provided by these types of clinics.

**Q. Are all codes covered for Part B professional services?**

A. No, CPT codes 90801 – 90899 for psychiatric services should be filed directly with Medicare and CPT codes 90918-90999 for dialysis should also be filed directly with Medicare.

\*From the Medicare gov website glossary

\*\*For more information on this topic, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c17b.pdf>, §300, page 20.



## A Guide for Completing the **CMS-1500 Form**

The Form CMS-1500 is the standard claim form used by Physicians and Ancillary Providers to bill professional services and Durable Medical Equipment. Scott & White Health Plan offers this guide to help you complete the CMS-1500 form for your patients with the Scott & White Health Plan coverage.

Thank you for helping us to process your claims efficiently and accurately.

### **MAIL CLAIMS TO:**

**Scott & White Health Plan  
P.O. Box 21800  
Eagan, MN 55121-0800**

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

SAMPLE

CARRIER

PICA										PICA																																																																																																			
1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA <input type="checkbox"/> (SSN) OTHER <input type="checkbox"/> (ID)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																																																																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD SEX M <input type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																									
5. PATIENT'S ADDRESS (No., Street)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																																																																																									
CITY					STATE					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					CITY					STATE																																																																																									
ZIP CODE					TELEPHONE (Include Area Code) ( )					Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Student <input type="checkbox"/> Part-Time <input type="checkbox"/>					ZIP CODE					TELEPHONE (Include Area Code) ( )																																																																																									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:										11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																																																																																									
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)										b. EMPLOYER'S NAME OR SCHOOL NAME																																																																																									
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>										c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. RESERVED FOR LOCAL USE										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.																																																																																									
<p align="center"><b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b></p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>SIGNED _____ DATE _____</p>																				<p>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.</p> <p>SIGNED _____</p>																																																																																									
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																																									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____ NR										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																																									
17b. NPI _____ C										19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES																																																																																									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.										23. PRIOR AUTHORIZATION NUMBER																																																																																									
1. _____ R										3. _____										C																																																																																									
2. _____										4. _____																																																																																																			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										B. PLACE OF SERVICE EMG										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										E. DIAGNOSIS POINTER										F. \$ CHARGES										G. DAYS OR UNITS										H. EPOSOT Family Plan										I. ID. QUAL										J. RENDERING PROVIDER ID. #																													
1 _____ R										R										R										R										R										R										NR										NR										C																													
2 _____																																																																																																													
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4 _____																																																																																																													
5 _____																																																																																																													
6 _____																																																																																																													
25. FEDERAL TAX I.D. NUMBER _____ R										SSN EIN _____										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For part claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>										28. TOTAL CHARGE \$ _____ R										29. AMOUNT PAID \$ _____ C										30. BALANCE DUE \$ _____																																																	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) _____ R										32. SERVICE FACILITY LOCATION INFORMATION _____ SW										33. BILLING PROVIDER INFO & PH# ( ) _____ R																																																																																									
SIGNED _____ DATE _____										a. _____ C										b. _____ NR										a. _____ R										b. _____ NR																																																																					

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

# KEY

- R TDI Requirement
- C TDI Conditional Element
- N Not Required/Not Used
- S Scott & White Health Plan Requested Element

## 1. Type of Health Insurance

**1a. Insured ID Number:** Enter the ID number found on the insured's Scott & White Health Plan card. R

**2. Patient's Name:** Enter patient's Last name, First name, middle initial. R

**3. Patient's Birth Date/Sex:** Enter patient's date of birth using an eight-digit format (MM/DD/CCYY), Enter "X" in appropriate box to indicate patient's sex. R

**4. Insured's Name:** Enter insured's Last name, First name, Middle initial. R

**5. Patient's Address/Telephone Number:** Enter patient's permanent mailing address and telephone number, Street, City, State, Zip Code. R

**6. Patient's relationship to Insured:** Place an "X" in the appropriate box for patient's relationship to the insured. R

**7. Insured's Address:** Enter insured's Street, City, State, Zip Code (complete if different than patient's address). R

**8. Patient Status:** Place "X" in the appropriate box for patient's marital, student and employment status.

**9. Other Insured's Name:** Enter other insured's Last name, First name, Middle initial, if applicable. When the patient has other insurance coverage complete 9 through 9d. This C

**9a. Other insured's policy or group number:** Enter group number and name, Medigap Policy number, Employee ID number of the other insured. C

**9b. Other insured's date of birth and sex:** Enter other insured's date of birth using (MM/DD/CCYY) format and mark an "X" to indicate insured's sex. C

**9c. Employer's name or school name:** Enter other insured's employer. C

**9d. Insurance plan name or program name:** Enter other insured's group name. C

### 10 a-d. Is patient's condition related to

**10a. Employment:** For employment related indicator, place an "X" in the appropriate box R

**10b. Auto Accident:** For auto accident related indicator, place an "X" in the appropriate box. If yes, enter the state in which the accident occurred. Use two-character abbreviation, R

**10c. Other Accident:** For other accident related indicator, place an "X" in the appropriate box. R

**10d. Reserved for local use:** If claim is a duplicate claim, a "D" is required. If claim is a corrected claim, a "C" is required. C

**(11 thru 11d, refer to Scott & White Health Plan subscriber coverage)** R

**11. Insured's policy group or FECA number:** Enter the group number from the subscriber's insurance card.

**11a. Insured's date of birth and sex:** Enter insured's date of birth using (MM/DD/CCYY) format and mark an "X" to indicate insured's sex.

**11b. Employer's name or school name:** Enter insured's employer or school.

**11c. Insurance plan name or program name:** Enter insured's insurance name.

**11d. Is there another health insurance benefit plan:** Select whether there is another health insurance plan. Remember, if there is another health insurance plan, you will need to complete fields 9a through 9d. This information is necessary to coordinate benefits with other

**12. Patient or authorized person's signature:** Signature required but may indicate "Signature on File". R

**13. Insured's or authorized person's signature:** Signature required but may indicate "Signature on File". R

**14. Date of current illness, injury, pregnancy:** Enter date using (MM/DD/CCYY) format. C

15. If patient has had same or similar illness give first date: Enter date using (MM/DD/CCYY) format.

16. Date patient unable to work: From date, To Date. Enter date using (MM/DD/CCYY) format.

17a. Other ID#: Not required.

17b. NPI#: Enter the 10-digit NPI number of the referring, ordering, or supervising provider.

20. Outside lab/charges: If lab was performed outside the physician's office, place an "X" in "yes" box and enter total charges.

21. Diagnosis or nature of illness or injury: Enter the ICD-9-CM codes. The primary diagnosis should be first, followed by other diagnoses. Enter up to 4 ICD-9-CM codes. R

22. Medicaid Submission Code: Enter Medicaid Submission Code, if applicable.

23. Prior Authorization Number: Required if a Preauthorization or Verification is done. C

24. Shaded Area—Supplemental Information: The shaded area of field 24a-24h was created to accommodate supplemental information (i.e. Anesthesia.) R

24a. Date(s) of service: From, To. Enter dates of service using (MM/DD/CCYY) format. R

24b. Place of service: Enter the appropriate 2 digit Place of Service code (must be valid industry standard codes). R

24c. EMG: Emergency indicator—Y for "Yes" or N for "No." R

24d. Procedures, Services, or Supplies: Enter the CPT or HCPCS code for the procedures, service or supplies and enter a modifier, if applicable. (Must be valid industry codes.) R

24e. Diagnosis Code: Enter one ICD-9-CM diagnosis code for each procedure performed, Enter one code per line of service. R

24f. Charges: Enter charge for each line of service. (This should be original charge not the balance due or patient liability. Do not include discounts.) R

24g. Days or Units: Enter number of days or units. R

24h. EPSTD Family Plan: For Early & Periodic Screening, Diagnosis, or Treatment or family planning services.

24i. ID Qualifier: Not required.

24j. Rendering Provider ID.#: Shaded Field—Not Required. Non-Shaded Field— Enter performing provider 10-digit NPI number. C

25. Federal Tax I.D. Number: Enter the provider of services' Federal Tax ID number. Place an "X" in the appropriate box or SSN or EIN. R

26. Patient Account Number: Enter account number assigned to patient, if applicable.

27. Accept Assignment: Enter "Yes" if the provider should be paid or enter "No" if the patient should be paid. C

28. Total Charge: Enter total charges. This should total all charges in 24hr. R

29. Amount Paid: Enter any amount paid by the patient. C

30. Balance Due: Enter the difference, if any, between the total charge and amount paid.

31. Signature of Physician or Supplier: The claim must be signed by the physician/supplier or an authorized representative. The form must also be dated using an eight-digit date format (MM/DD/CCYY). R

32. Service Facility Location: Enter location where services were rendered. According to Texas state law, this field is required if the services were performed somewhere other than the patient's home.

32a. NPI#: Enter the 10-digit NPI number of the service facility location. C

32b. Provider ID#: Not required.

33. Billing Provider Info & Phone: Enter provider's or supplier's information that is requesting to be paid for services rendered. R

33a. NPI#: Enter the 10-digit NPI number of the service facility location. R

33b. Provider ID#: Not required.



A Guide for Completing the

# UB-04 Form

The Uniform Bill (UB-04) is the standardized billing form for institutional services. Scott & White Health Plan offers this guide to help you complete the UB-04 form for your patients with the Scott & White Health Plan coverage.

Thank you for helping us to process your claims efficiently and accurately.

**MAIL CLAIMS TO:**

Scott & White Health Plan  
P.O. Box 21800  
Eagan, MN 55121-0800



1	2	3a PAT. CNTL. # b. MED. REC. #	R	4 TYPE OF BILL	R
8 PATIENT NAME	a	R	9 PATIENT ADDRESS	a	R
10 BIRTHDATE	b	R	11 SEX	R	12 DATE
13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18
19	20	21	22	23	24
25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH
37	38	39 CODE	40 CODE	41 CODE	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102

SAMPLE

# KEY


- R TDI Requirement
- C Conditional
- SW SWHP Requirement
- NR Not Required

- |   |  |
|---|--|
| <p>1. <b>BILLING PROVIDER NAME, ADDRESS &amp; TELEPHONE NUMBER</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the billing name, street address, city, state, zip code and telephone number of the billing provider submitting the claim. Note: this should be the facility address.</p> <p>2. <b>PAY TO NAME AND ADDRESS:</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the name, street address, city, state, and zip code where the provider submitting the claims intends payment to be sent. Note: This is required when information is different from the billing provider's information in form locator 1.</p> <p>3a. <b>PATIENT CONTROL NUMBER</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the patient's unique alphanumeric control number assigned to the patient by the provider.</p> <p>3b. <b>MEDICAL RECORD NUMBER</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the number assigned to the patient's medical health record by the provider.</p> <p>4. <b>TYPE OF BILL</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the appropriate code that indicates the specific type of bill such as inpatient, outpatient, late charges, etc.<br/><br/>For more information on Type of Bill, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>5. <b>FEDERAL TAX NUMBER</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the provider's Federal Tax Identification number.</p> <p>6. <b>STATEMENT COVERS PERIOD (From/Through)</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the beginning and ending service dates of the period included on the bill using a six-digit date format (MMDDYY). For example: 010107.</p> <p>7. <span style="border: 1px solid black; padding: 2px;">NR</span> Reserved for assignment by the NUBC. Providers do not use this field.</p> <p>8a. <b>PATIENT NAME/IDENTIFIER</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the patient's identifier. Note: The patient identifier is situational/conditional, if different than what is in field locator 8b (Insured's Subscriber/Insured's Identifier).</p> <p>8b. <b>PATIENT NAME</b> <span style="border: 1px solid black; padding: 2px;">SW</span> Enter the patient's last name, first name and middle initial.</p> <p>9. <b>PATIENT ADDRESS</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the patient's complete mailing address (fields 9a – 9e), including street address (9a), city (9b), state (9c), zip code (9d) and country code (9e), if applicable to the claim.</p> <p>10. <b>PATIENT BIRTH DATE</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the patient's date of birth using an eight-digit date format (MMDDYYYY). For example: 01281970.</p> <p>11. <b>PATIENT SEX</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the patient's gender using an "F" for female, "M" for male or "U" for unknown.</p> <p>12. <b>ADMISSION/START OF CARE DATE (MMDDYY)</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the start date for this episode of care using a six-digit format (MMDDYY). For inpatient services, this is the date of admission. For other (Home Health) services, it is the date the episode of care began. Note: This is required on all inpatient claims.</p> <p>13. <b>ADMISSION HOUR</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit admission code referring to the hour during which the patient was admitted. Required for all inpatient claims, observations and emergency room care.<br/><br/>For more information on Admission Hour, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>14. <b>PRIORITY (TYPE) OF VISIT</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate code indicating the priority of this admission.<br/><br/>For more information on Priority (TYPE) of Visit, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>15. <b>POINT OF ORIGIN FOR ADMISSION OR VISIT</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the appropriate code indicating the point of patient origin for this admission or visit.<br/><br/>For more information on Point of Origin for Admission or Visit, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>16. <b>DISCHARGE HOUR</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit discharge code referring to the hour during which the patient was discharged. Note: Required on all final inpatient claims.</p> | <p>17. <b>PATIENT DISCHARGE STATUS</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit code indicating the patient's discharge status. Note: Required on all inpatient, observation, or emergency room care claims.</p> <p>18-28. <b>CONDITION CODES</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit condition code or codes if applicable to the patient's condition.</p> <p>29. <b>ACCIDENT STATE</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter the appropriate two-digit state abbreviation where the auto accident occurred, if applicable to the claim.</p> <p>30. <span style="border: 1px solid black; padding: 2px;">NR</span> Reserved for assignment by the NUBC. Providers do not use this field.</p> <p>31-34. <b>OCCURRENCE CODES/DATES (MMDDYY)</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit occurrence codes and associated dates using a six-digit format (MMDDYY), if there is an occurrence code appropriate to the patient's condition.</p> <p>35-38. <b>OCCURRENCE SPAN CODES/DATES (From/Through) (MMDDYY)</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit occurrence codes and related from/through dates using a six-digit format (MMDDYY) that identifies an event that relates to the payment of the claim. These codes identify occurrences that happened over a span of time.</p> <p>37. <span style="border: 1px solid black; padding: 2px;">NR</span> Reserved for assignment by the NUBC. Providers do not use this field.</p> <p>38. Enter the name, address, city, state and zip code of the party responsible for the bill. <span style="border: 1px solid black; padding: 2px;">NR</span></p> <p>39-41. <b>VALUE CODES AND AMOUNT</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the appropriate two-digit value code and value if there is a value code and value appropriate for this claim.</p> <p>42. <b>REVENUE CODE</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the applicable Revenue Code for the services rendered.<br/><br/>For more information on Revenue Codes, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>43. <b>REVENUE DESCRIPTION</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the standard abbreviated description of the related revenue code categories included on this bill. (See Form Locator 42 for description of each revenue code category.) Note: The standard abbreviated description should correspond with the Revenue Codes as defined by the NUBC.<br/><br/>For more information on Revenue Description, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>44. <b>HCPCS/RATES/HIPPS CODE</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the applicable HCPCS (CPT)/HIPPS rate code for the service line item if the claim was for ancillary outpatient services and accommodation rates. Also report HCPCS modifiers when a modifier clarifies or improves the reporting accuracy.</p> <p>45. <b>SERVICE DATE (MMDDYY)</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the applicable six-digit format (MMDDYY) for the service line item if the claim was for outpatient services, SNIPPS assessment date, or needed to report the creation date for line 23. Note: Line 23 - Creation Date is Required.<br/><br/>For more information on Service Dates, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>46. <b>SERVICE UNITS</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the number of units provided for the service line item.</p> <p>47. <b>TOTAL CHARGES</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the total charges using Revenue Code 0001. Total charges include both covered and non-covered services.<br/><br/>For more information on Total Charges, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>48. <b>NON-COVERED CHARGES</b> <span style="border: 1px solid black; padding: 2px;">SW</span> Enter any non-covered charges as it pertains to related Revenue Code.<br/><br/>For more information on Non-Covered Charges, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>49. <span style="border: 1px solid black; padding: 2px;">NR</span> Reserved for assignment by the NUBC. Providers do not use this field.</p> |
|---|--|

**KEY**

- R TDI Requirement
- C Conditional
- SW SWHP Requirement
- NR Not Required

<p>50. <b>PAYER NAME</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the health plan that the provider might expect some payment from for the claim.</p> <p>51. <b>HEALTH PLAN IDENTIFICATION NUMBER</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter the number used by the primary (51a) health plan to identify itself. Enter a secondary (51b) or tertiary (51c) health plan, if applicable.</p> <p>52. <b>RELEASE OF INFORMATION</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter a "Y" or "I" to indicate if the provider has a signed statement on file from the patient or patient's legal representative allowing the provider to release information to the carrier.</p> <p>53. <b>ASSIGNMENT OF BENEFITS</b> Enter a "Y", "N" or "W" to indicate if the provider has a signed statement on file from the patient or patient's legal representative assigning payment to the provider for the primary payer (53a). Enter a secondary (53b) or tertiary (53c) payer, if applicable.</p> <p>54. <b>PRIOR PAYMENTS</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the amount of payment the provider has received (to date) from the payer toward payment of the claim.</p> <p>55. <b>ESTIMATED AMOUNT DUE</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter the amount estimated by the provider to be due from the payer.</p> <p>56. <b>NATIONAL PROVIDER IDENTIFIER (NPI)</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the billing provider's 10-digit NPI number.</p> <p>57. <b>OTHER PROVIDER IDENTIFIER</b> <span style="border: 1px solid black; padding: 2px;">R</span> Required on or after the mandated NPI implementation date when the 10-digit NPI number is not used in IL 56.</p> <p>58. <b>INSURED'S NAME</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the name of the individual (primary – 58a) under whose name the insurance is carried. Enter the other insured's name when other payers are known to be involved (58b and 58c).</p> <p>59. <b>PATIENT'S RELATIONSHIP TO INSURED</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the appropriate two-digit code (59a) to describe the patient's relationship to the insured. If applicable, enter the appropriate two-digit code to describe the patient's relationship to the insured when other payers are involved (59b and 59c).</p> <p>60. <b>INSURED'S UNIQUE IDENTIFIER</b> <span style="border: 1px solid black; padding: 2px;">SW</span> Enter the insured's identification number (60a). If applicable, enter the other insured's identification number when other payers are known to be involved (60b and 60c).</p> <p>61. <b>INSURED'S GROUP NAME</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter insured's employer group name (61a). If applicable, enter other insured's employer group names when other payers are known to be involved (61b and 61c).</p> <p>62. <b>INSURED'S GROUP NUMBER</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter insured's employer group number (62a). If applicable, enter other insured's employer group numbers when other payers are known to be involved (62b and 62c). <b>Note: BCBSTX requires the group number on local claims.</b></p> <p>63. <b>TREATMENT AUTHORIZATION CODES</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the pre-authorization for treatment code assigned by the primary payer (63a). If applicable, enter the pre-authorization for treatment code assigned by the secondary and tertiary payer (63b and 63c).</p> <p>64. <b>DOCUMENT CONTROL NUMBER (DCN)</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter if this is a void or replacement bill to a previously adjudicated claim (64a – 64c).</p> <p>65. <b>EMPLOYER NAME</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter when the employer of the insured is known to potentially be involved in paying claims.  For more information on Employer Name, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>66. <b>DIAGNOSIS AND PROCEDURE CODE QUALIFIER</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter the required value of "9". Note: "0" is allowed if ICD-10 is named as an allowable code set under HIPAA.  For more information, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p>	<p>67. <b>PRINCIPAL DIAGNOSIS CODE AND PRESENT ON ADMISSION INDICATOR</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the principal diagnosis code for the patient's condition.  For more information on POAs, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>67a-67c. <b>OTHER DIAGNOSIS CODES</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter additional diagnosis codes if more than one diagnosis code applies to claim.</p> <p>68. <b>RESERVED FOR ASSIGNMENT BY THE NUBC. PROVIDERS DO NOT USE THIS FIELD.</b></p> <p>69. <b>ADMITTING DIAGNOSIS CODE</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the diagnosis code for the patient's condition upon an inpatient admission.</p> <p>70. <b>PATIENT'S REASON FOR VISIT</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter the appropriate reason for visit code only for bill types 012X and 025X and 045X, 0516, 0526, or 0762 (observation room).</p> <p>71. <b>PROSPECTIVE PAYMENT SYSTEM (PPS) CODE</b> <span style="border: 1px solid black; padding: 2px;">SW</span> Enter the DRG based on software for inpatient claims when required under contract grouper with a payer.</p> <p>72. <b>EXTERNAL CAUSE OF INJURY (ECI) CODE</b> <span style="border: 1px solid black; padding: 2px;">NR</span> Enter the cause of injury code or codes when injury, poisoning or adverse effect is the cause for seeking medical care.</p> <p>73. <b>RESERVED FOR ASSIGNMENT BY THE NUBC. PROVIDERS DO NOT USE THIS FIELD.</b></p> <p>74. <b>PRINCIPAL PROCEDURE CODE AND DATE (MMDDYY)</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the principal procedure code and date using a six-digit format (MMDDYY) if the patient has undergone an inpatient procedure. <b>Note: Required on inpatient claims.</b></p> <p>74a-c. <b>OTHER PROCEDURE CODES AND DATES (MMDDYY)</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the other procedure codes and dates using a six-digit format (MMDDYY) if the patient has undergone additional inpatient procedure. <b>Note: Required on inpatient claims.</b></p> <p>75. <b>RESERVED FOR ASSIGNMENT BY THE NUBC. PROVIDERS DO NOT USE THIS FIELD.</b></p> <p>76. <b>ATTENDING PROVIDER NAME AND IDENTIFIERS</b> <span style="border: 1px solid black; padding: 2px;">R</span> Enter the attending provider's 10-digit NPI number and last name and first name. Enter secondary identifier qualifiers and numbers as needed. *Situational: Not required for non-scheduled transportation claims.  For more information on Attending Provider, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>77. <b>OPERATING PROVIDER NAME AND IDENTIFIERS</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter the operating provider's 10-digit NPI number, identification qualifier, identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.  For more information on Operating Provider, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>78-79. <b>OTHER PROVIDER NAME AND IDENTIFIERS</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter any other provider's 10-digit NPI number, identification qualifier, identification number, last name and first name. Enter secondary identifier qualifiers and numbers as needed.  For more information on Other Provider, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>80. <b>REMARKS</b> <span style="border: 1px solid black; padding: 2px;">C</span> Enter any information that the provider deems appropriate to share that is not supported elsewhere.</p> <p>810-814. <b>CODE-CODE FIELD</b> <span style="border: 1px solid black; padding: 2px;">C</span> Report additional codes related to a Form Locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.  <b>Note:</b> To further identify the billing provider (R01), enter the taxonomy code along with the "B3" qualifier. For more information on requirements for Form Locator 81, refer to the National Uniform Billing Committee's Official UB-04 Data Specifications Manual.</p> <p>Line 23 The 23rd line contains an incrementing page and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total for covered and non-covered charges on the final claim page only indicated using Revenue Code 0001.</p>
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## Finding a provider has never been easier!

We've enhanced our "Provider Search" function on our website at [swhp.org](http://swhp.org). We now provide:

- Enhanced specialty filtering
- Searching by gender, language, accepting new patients, board certified status, group affiliation and hospital affiliation
- Map view and tooltips

You can also:

- Use an Avatar for condition searches – male, female and child
- Automatically save recently viewed providers on left side bar
- Customize your own profile
- Print, email and fax your custom directory search results

Try it out! Go to [swhp.org](http://swhp.org) and select the "Find a Provider" link from the home page. Then select "Find a Health Plan Provider Now (interactive search)" and you will be on your way.



**SCOTT & WHITE**  
**HEALTH PLAN**

The one Texans trust.



It's 2013! What are your patient's resolutions? Scott & White Health Plan and Texas A&M AgriLife Extension are partnering to bring you some great opportunities to help your patients improve their health in 2013.

Our first 12 week program featuring nutrition and exercise education called Step Up Scale Down began in January. Participants received the tools and support to change their lifestyle and incorporate healthy living choices.

Each week features a different topic including goal setting, reading nutrition labels, and meal planning, and starting or stepping up your exercise program. The classes will be taught by nurses, clinical pharmacists, and wellness professionals with expertise in exercise and nutrition.

Classes are offered at selected Scott & White Clinics and Pharmacies across our service area as well as at the Health Plan. Step Up Scale Down is free for Scott & White Health Plan members and Scott & White employees. Other participants will be charged a small \$30 fee to cover costs and supplies.

Please encourage your patients to register for the next class.

For details and registration information please contact Ian Goodman at the Scott & White Health Plan at 254-298-3416 or by email at [igoodman@sw.org](mailto:igoodman@sw.org).



# Empower Your Patients

## Two-Year Outcomes of the Diabetes Medication Management Program

Since 2006, Scott & White has implemented a pharmacy-based diabetes medication management program (MMP), which aims to address the growing diabetes problem in central Texas by expanding the provision of diabetes care. Patients with uncontrolled blood glucose are invited to participate in the program. Through monthly visits at a Scott & White pharmacy, ambulatory care pharmacists educate patients on lifestyle modification, risk factor management, and blood glucose monitoring. Under a collaborative care agreement with physicians, the pharmacists can also adjust medications necessary to control blood glucose based on recommendations by the American Diabetes Association. To encourage participation and continuation of care, copays for diabetic medications and supplies are waived for MMP enrollees. Since CMS does not allow copay waivers in the Medicare population, the program is limited to commercial insurance members only.

Since its inception, 802 patients have participated in the program and 481 of them are actively enrolled in the program as of December 2012. Recently, a two-year analysis was performed to evaluate the impact of the MMP on glycemic control, medication adherence, and health care utilization. Glycemic control was determined using changes in hemoglobin A1c two years after MMP enrollment. Medication adherence was measured using medication possession ratio (MPR), which was calculated using the number of days the patient has medication at hand throughout the study period. Health care utilization included inpatient, outpatient, and pharmacy costs. Outcomes of the MMP enrollees were compared to a control group with similar demographic and clinical characteristics who did not participate in the program.

The analysis included 189 MMP enrollees who had at least two years of clinical data and met the following inclusion and exclusion criteria:

### Inclusion Criteria

- Age between 18 and 63 years old at the time of enrollment
- English-speaking
- Written informed consent to participate in the study
- Diabetes diagnosis at least one-year prior to enrollment
- At least one diabetes-related prescription claim before and after enrollment
- Continuous enrollment in the program throughout the study period

### Exclusion Criteria

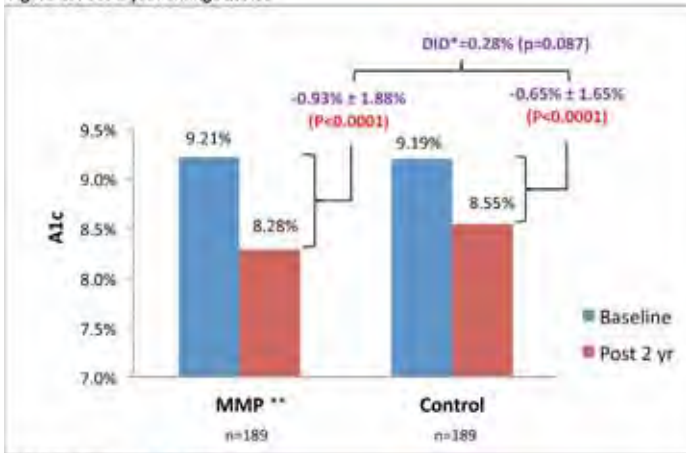
- Participation in other medication management programs
- Physician refusal
- Enrollment in Medicare

As illustrated in Figure 1 and 2, both the MMP and group groups had statistically significant reductions in A1c. The MMP group had a greater reduction in mean A1c (-0.93% vs. -0.65%,  $p=0.0869$ ), but it was not significantly different from the control group. MPR dropped after two years in both groups. The reduction in MPR was significantly smaller in the MMP group (-5.8% vs. -17.0%,  $p<0.05$ ). Overall, both groups had an increase in total and diabetes-related costs (Table 1). However, there was no significant difference in total health care cost per member per year between the MMP and control group (increase of 2% vs. 8%, respectively,  $p=0.576$ ). Despite an increase in prescription cost due to copay waivers, the increase in

diabetes-related costs for the MMP group was significantly less (7% vs. 37%, p=0.029). This was primarily driven by savings in inpatient costs in the MMP group.

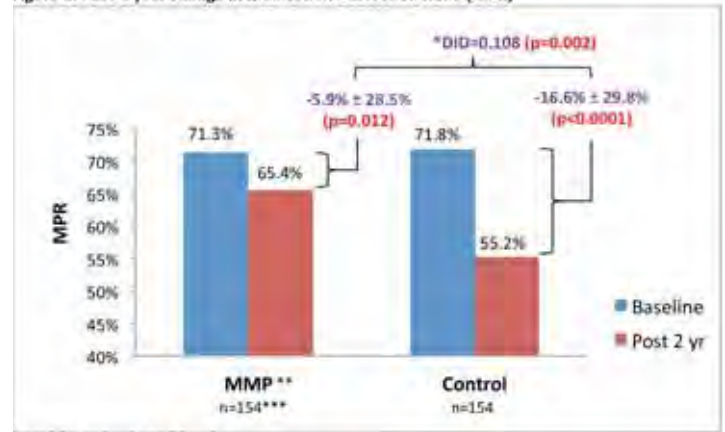
Currently, the two-year impact of the MMP on A1c remains unclear. The decrease in medication adherence despite the copay waivers suggests a more complex issue beyond financial barriers to adherence. Nonetheless, study results show that it may prevent a decline in medication adherence and help contain health care spending. Particularly, the significant decrease in inpatient service utilization not only indicates financial benefit, but also implies an improved quality of life for the patients. It is a benefit worth examining further. The MMP team continues to evaluate the effectiveness of the program and fine-tune the process to optimize outcome. Meanwhile, a three-year outcomes analysis is underway, and a five-year study will be conducted when adequate sample size is attained.

Figure 1: Post-2 year change in A1c



\* DID = difference in difference  
\*\* MMP = medication management program

Figure 2: Post-2 year change in Medication Possession Ratio (MPR)



\* DID = difference in difference  
\*\* MMP = medication management program  
\*\*\* Patients on insulin were excluded from MPR analysis

Table 1: Post-2 year Per Member Per Month (PMPM) Cost Difference

	MMP n=189	Control n=189	p-value
<b>Post two-year cost difference, \$ (%)</b>			
<b>All-cause costs</b>	\$20 (2%)	\$61 (8%)	0.576
<b>Pharmacy</b>	\$107 (38%)	\$25 (12%)	<0.001
<b>Outpatient</b>	\$61 (16%)	\$32 (8%)	0.614
<b>Inpatient</b>	-\$148 (-54%)	\$3 (2%)	0.099
<b>Diabetes-related costs</b>	\$33 (7%)	\$69 (37%)	0.029
<b>Pharmacy</b>	\$104 (62%)	\$30 (32%)	<0.001
<b>Outpatient</b>	\$63 (55%)	\$14 (19%)	0.002
<b>Inpatient</b>	-\$134 (-78%)	\$24 (133%)	0.018

## Look for Fraud, Waste & Abuse (FWA) Training in 2013!

The Centers for Medicare and Medicaid Services (CMS) require that Managed Medicare Plans provide an effective fraud, waste and abuse training program to its staff and first tier downstream and related entities. Through our website, SWHP will offer this FWA training. If you and your staff take the training through another venue, it will be your responsibility to provide SWHP proof of such other training on an annual basis.

If you suspect fraud, please contact the Compliance Officer, Pamela O'Bannon at 254-298-3499 and/or email: [pobannon@sw.org](mailto:pobannon@sw.org) or you may report it anonymously through the hotline number 1-888-484-6977.





## Drug-Specific Prior Authorization (PA) Forms Available Online

Scott & White Prescription Services, the pharmacy benefit provider for SWHP, has uploaded NEW prior authorization criteria for drugs & drug-specific criteria forms on the SWHP website. The NEW forms only apply to SWHP Commercial members, not Medicare or Medicaid members.

We hope access to this information will help you and your staff complete the necessary information for a prior authorization and with a goal to decrease the need to fax back and delay treatment for your patients.

**Please download drug-specific forms at:**

<http://www.swhp.org/homepage/providers/pharmacy/prior-auth-forms>.

**Prior authorization criteria for drugs can also be found on the SWHP website at:**

<http://www.swhp.org/homepage/providers/pharmacy>.

If you cannot locate a form or have questions, please call SWPS Customer Service at 1-800-728-7947.



# Customer Advocacy

Our Customer Advocacy team is prepared for our busy January peak call volume. Historically, after Open Enrollment, the call volume is very high and we want to be prepared. We have hired additional staff and all of our team has had additional training to ensure we are ready for our Members!

We also want to remind all of our Members and Providers that the Scott & White Health Plan wants to help our Members get an appointment when they need care. If the Member is having a difficulty getting an appointment to see one of our participating providers please have them call our Customer Advocacy department at 1-800-321-7947.



## Marketing

SWHP continues to prepare for the “health insurance exchanges”

Look for several new products in the 1st quarter of 2013 to position us well with the “individual” buyer market

# Policy Update/ New Policy Releases

## Scott & White Health Plan Medical Coverage Policies Update

The Scott & White Health Plan Medical Coverage Policies are reviewed on an annual basis to assure continued relevance and to keep them current. This review is conducted by SWHP medical directors. Each policy is reviewed using a number of resources such as:

1. Medical literature
2. Hayes Technology® database
3. InterQual® guidelines
4. SW Technology Assessment Determinations
5. Specialty Society or other national guidelines

Once policies have been reviewed by the medical directors, they are sent for specialty review. Recommendations from the specialty reviewers are considered at a subsequent Medical Director Committee meeting and a final decision on the content of the policies under consideration is made.

The review process for the above policies has been completed and they have now been published to the website. Your comments and suggestions regarding the Medical Coverage Policies are always welcome and may be forwarded to Dr. David Krauss [DKRAUSS@sw.org](mailto:DKRAUSS@sw.org).

### October 2012

Number	Title	Comment
031	Epidural Adhesiolysis	
035	Cold Therapy Devices	
042	Custodial Care	
044	Hyperbaric Oxygen Therapy	
046	Implantable Intrathecal Drug Delivery System	
049	Dermatoscopy	
059	Joint Resurfacing (Hip and Shoulder)	
066	Neuromuscular Re-education	
082	Ultrasound/Phonophoresis	
099	Pulsed Dye Laser Treatment	
101	Regional Sympathetic Blocks	
110	Obstructive Sleep Apnea: Diagnosis and Treatment	
112	Speech Therapy	
129	Organ Transplantation	
130	Vagus Nerve Stimulation	
141	Infertility/Assisted Reproductive Technology	

## November 2012

Number	Title	Comment
011	Botulinum Toxin Injection for Chemodenervation	
013	Seizure Disorders-Invasive Rx	
025	Deep Brain Stimulation	
034	Neurotransplantation for Parkinsons Disease	
047	Chemoresponse Assays for Therapeutic Agents	
051	Percutaneous Facet Joint Fusion TruFUSE	
052	Urinary Incontinence Treatments	
053	Bariatric Surgery	
056	X Stop Interspinous Process Decompression System	
058	Regional Cerebral Blood Flow via Implanted Cerebral Thermal Probe	
060	Nerve Graft with Radical Prostatectomy	
062	Off-Label of FDA Approved Drugs	
063	PPACA No Cost-Sharing for Preventive Care	
065	Mobile Cardiac Outpatient Telemetry	
067	Neutralizing Antibody Testing in Multiple Sclerosis Patients	
068	Oncotype DX	
070	Outpatient Pulmonary Rehabilitation	
076	Radio Frequency Facet Joint Denervation	
081	Trigger Point Injections	
083	Panniculectomy	
104	Orthognathic Surgery	
127	Treatment of Asymptomatic Abnormal Spine Curvatures	
133	Wearable Cardioverter Defibrillator	
136	Wireless Capsule Endoscopy	

## December 2012

Number	Title	Comment
037	Genetic Testing	
055	Insulin Pump and Continuous Glucose Monitoring	



The one Texans trust.

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