



December 14, 2011

<<Provider Business Name>>
<<Address>>
<<City>>, <<State>> <<ZIP>>

**Re: Amendment to Prudent Buyer Participating Physician Agreement;
McKesson ClaimsXten™ Rule and Professional Reimbursement Policy Updates**

Dear Participating Prudent Buyer Physician:

Thank you for participating in our network and for the care you provide to your patients who are our members. I am writing to inform you of changes to your current Prudent Buyer Participating Physician Agreement as well as updates to several McKesson ClaimsXten™ rules and a reimbursement policy that will be effective on April 1, 2012. The following documents are enclosed:

- Amendment to Prudent Buyer Participating Physician Agreement
- Professional Reimbursement Policy for Routine Obstetric Services

Prudent Buyer Participating Physician Agreement Amendment

Enclosed is an Amendment to your Prudent Buyer Participating Physician Agreement that will be effective April 1, 2012. This Amendment updates several aspects of the Agreement.

- Section 2.2 has been revised to state that the list of "Affiliates" is available through the Anthem Blue Cross Professional Provider Manual.
- Section 3.7 has been revised to clarify the parties' obligations related to disclosure of proprietary information.
- Section 4.17 is included in this Amendment to ensure consistency of its terms across all participating practices. Practices whose Agreement was established prior to 2004 did not include the reference to automobile insurers that is reflected in the enclosed version.
- Section 4.18 has been revised to indicate that payment for Medical Services rendered for a work-related illness or injury shall be the lesser of the California Division of Workers' Compensation Official Medical Fee Schedule (OMFS) or the Anthem Blue Cross fee schedule. Additionally, Medical Legal services as defined in the California Labor Code are specifically excluded from this Agreement and are reimbursable based upon the allowable charges under the Medical Legal Fee Schedule (MLFS). *Please note that this revision will not apply to practices which have opted-out or executed separate workers' compensation contracts.*
- Section 10.2 has been revised to clarify that marketing, advertising and publicity materials includes information related to transparency initiatives.
- Exhibit F (Medicare Advantage PPO Participation Attachment) has been revised to ensure compliance with CMS requirements.



McKesson ClaimsXten™ Rule and Professional Reimbursement Policy Updates

We are taking this opportunity to notify you of changes to our claims editing rules administered by ClaimsXten™ and to our professional reimbursement policy for Routine Obstetric Services effective April 1, 2012.

- CPT 20930 (allograft, morselized or placement of osteopromotive material, for spinal surgery only) will not be eligible for separate reimbursement. When an allograft or osteopromotive material is used during the performance of a spinal arthrodesis, the allograft or osteopromotive material is considered integral to the performance of the primary procedure and not eligible for separate reimbursement, which is consistent with CMS.
- CPT 20936 (autograft for spinal surgery including harvesting obtained from the same incision) will not be eligible for separate reimbursement. When an autograft for spinal surgery is harvested from a local site through the same incision as the arthrodesis procedure being performed, the procedure is considered integral to the primary procedure and not eligible for separate reimbursement, which is consistent with CMS.
- CPT 92250 will be limited to one unit per date of service. Previously this code had been allowed at two units per date of service. This change is due to the code being based on the CMS decision that the RVU's for 92250 are based on the procedure being performed on both eyes. We do not publish a specific reimbursement policy for this rule.
- Diagnosis codes V23.85, V23.86 and V23.89 will be considered indicative of normal pregnancy. ***Enclosed is a copy of the Anthem Blue Cross professional reimbursement policy for Routine Obstetric Services that becomes effective April 1, 2012 and replaces the Routine Obstetric Services reimbursement policy that became effective November 7, 2009 and is currently in effect.***

Complete versions of the PPO Professional Reimbursement Policies are available online via our secure ProviderAccess website. If you are registered for ProviderAccess, go to <https://provider2.anthem.com/wps/portal/ebpmybcc> and select the "McKesson ClaimsXten™ Rules and PPO Professional Reimbursement Policies" link under the "What's New" section. If your organization is not registered for ProviderAccess, contact your office administrator or click on the "Register for ProviderAccess" link.

We value and appreciate you as our partner in providing quality care. If you have any questions about these changes, please contact our **Provider Care Department** at **(800) 677-6669**.

Sincerely,

Aldo De La Torre
Vice President, Provider Engagement and Contracting

Enclosures