



Published Monthly for Physicians, Health Care Providers, and Their Office Staff

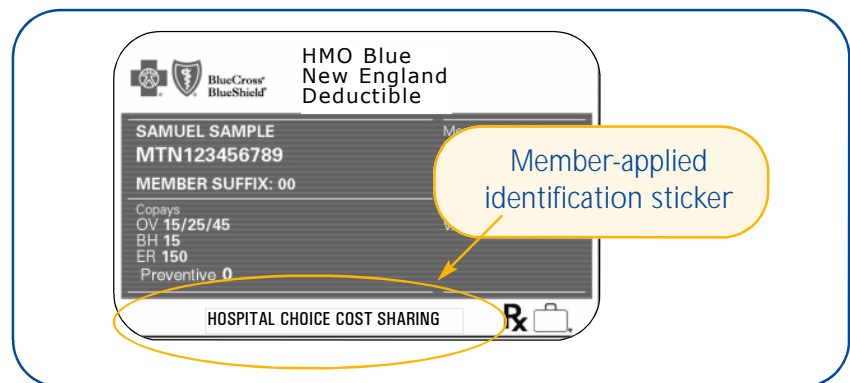
Identifying Hospital Choice Cost-Sharing Members: Helpful Tips for Providers

As health care costs continue to increase, individuals, families, and employers are looking to us to do our part to make health care more affordable. That's why we are committed to providing them with the choices and flexibility they need to get the highest quality health care at the most affordable price.

One of these options is our Hospital Choice Cost-Sharing benefit design. More than 31,000 BCBSMA members are enrolled in a plan with this feature, and those numbers are expected to increase.

Because benefit designs like Hospital Choice Cost-Sharing are different from traditional HMO plans, one of our top priorities is educating both members and providers about this feature.

Our member education efforts have included outreach communications and our Plan Education Center—a one-stop, online tool to help them



better understand costs, research options, and encourage them to make choices collaboratively with their physicians.

For providers like you, it's important to know which members have this benefit design so you can communicate with them about the most cost-effective and appropriate choices for them.

Here are some of the ways you can identify Hospital Choice Cost-Sharing members and better understand their benefits.

Member ID Cards

ID cards for these members currently do not indicate "Hospital Choice Cost-Sharing." In the future, we plan to provide these members with ID cards with the Hospital Choice Cost-Sharing information preprinted.

Until then, we are providing these members with a sticker to adhere to the bottom of their ID card, which identifies them as a member with this benefit design.

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In Brief

Have You Started Preparing for HIPAA Version 5010?

In preparation for the implementation of HIPAA version 5010, please be sure you're in touch with your vendor, or check with your IT staff on their 5010 preparation status.

All entities conducting electronic claim submissions, claim status requests and responses, referral/authorization requests and responses, eligibility/benefit requests and responses, and claim remittances will be required to use Version 5010. BCBSMA is targeting to begin external testing in late Q3 2011.

All testing must be completed by December 31, 2011, as the new Version 5010 will be adopted January 1, 2012.

Questions?

To help assist you, please refer to our *Frequently Asked Questions* document, available on our website. Go to www.bluecrossma.com/ provider, click on Manage Your Business, then scroll down to the HIPAA Version 5010 section and click on the link.



Specialists: Download Your Practice Pattern Variation Analysis Before July 15

In late May, we mailed a certified letter to physicians in the specialties listed below containing a website address and password to use to download data on practice pattern variation analyses:

- ▶ Allergy/Immunology
- ▶ Cardiology
- ▶ Dermatology
- ▶ Gastroenterology
- ▶ Neurology
- ▶ Orthopedic Surgery
- ▶ Otolaryngology.

We remind you to download your data before July 15, 2011. Once logged on to your secure website, you'll be able to access:

- ▶ Specific BCBSMA member analyses on the condition(s) of interest and data specifications to help you understand what's included in the analysis

- ▶ A graph that illustrates the variation in caring for members with each condition among physicians in your specialty who have a least five members attributed to them
- ▶ Individual physician detail that can help you to plot where your practice falls in comparison to your peers.

If you'd like to learn more about the methodology used and our goals in sharing this data with specialists, please listen to a recording of a webinar that was held for your specialty. To access the webinar, log on to www.bluecrossma.com/provider and select PPVA Resources from the blue box on the home page.

Questions?

If you did not receive a letter or you have questions, please send an e-mail to specialists@bcbsma.com. We look forward to your feedback. ❖

McKesson's InterQual® Criteria Have Been Updated for 2011

As you know, BCBSMA uses InterQual® criteria to make medical necessity determinations.

Effective June 20, 2011, we are now using the 2011 version of McKesson's InterQual criteria, including SmartSheets™.

As always, you can access the criteria by logging on to BlueLinks for Providers and following the steps below.

Using the 2011 version of the SmartSheets to submit your prior authorization requests will help to expedite the review process.

How to Access the Criteria Online

SmartSheets are available through McKesson's CareEnhance® Review Manager Enterprise, which you can access via BlueLinks:

- ▶ Log on to www.bluecrossma.com/provider.
- ▶ Click on Manage Your Business> Medical Review Resources.
- ▶ Select InterQual Behavioral Health and Medical-Surgical Level of Care Criteria.
- ▶ Agree to the "Terms and Conditions" and you'll be taken to a series of drop-down menus. Then follow the instructions to access the SmartSheets and tailor them for your patient.

Questions?

Learn more about using SmartSheets by taking our online training course. After logging on to BlueLinks, click on Training & Registration> Course List, then select Authorization Basics from the Primary Care or Specialty Care drop-down menu. ❖

Oral Health Tips Clinicians Can Share with Patients



You love that old car. You wash it regularly, park it where it's safe, and fix it when something goes wrong. Why should your mouth be any different? There are many things your patients can do to have an impact on their oral health and it starts

with clean teeth. Here are some tips you can share with your patients.

The Right Equipment

You need the proper equipment to do the job right.

- ▶ If your toothbrush is more than three months old, throw it out. A new toothbrush is a small investment, but the benefits of cleaner teeth are great.
- ▶ Power toothbrushes may be helpful for those who have difficulty reaching some areas of the mouth. Many power toothbrushes have a timer that indicates when to move on to a different area.
- ▶ Brush your teeth at least twice a day and allow the bristles of the toothbrush to dry between each use, since bacteria multiply on moist bristles.
- ▶ Use a soft toothbrush to prevent damage to the teeth or gums.

Benefits of Fluoride for Everyone

While especially important for children, fluoride toothpaste has been shown to reduce the likelihood of cavities even in adults. Children need only a pea-sized amount and they should spit out any excess after brushing.

Older adults have a higher likelihood of gum recession and are more prone to cavities when the roots are exposed. Fluoride strengthens the roots and makes them less sensitive to hot and cold.

Why Flossing Is Vital

Bacteria can reach areas of your mouth inaccessible to a toothbrush, typically between the teeth. Unless you remove acid-producing bacteria regularly, they can decalcify the tooth. Removing bacteria with floss will help to prevent cavity formation in these areas. To floss properly, wrap the floss around your fingers and run it up and down the surface between the teeth. Repeat this along the tooth's other surface. Other devices, such as interdental cleaners, can also be helpful in cleaning hard-to-reach areas.



Robert Lewando, DDS, BCBSMA's Dental Director, is a regular contributor to *Provider Focus*, offering oral health tips for clinicians to share with patients. He can be reached at robert.lewando@bcbsma.com.

The Downside of Oral Piercings

Encourage younger patients to avoid the growing fads of tongue and lip piercing. Piercing can lead to infections at the pierced site, cracked teeth from biting down on the pierced object, and gum recession.

Advice for the Sports-minded

For young athletes, there are two major concerns: sports drinks and safety. While sports drinks may improve performance, they may also be high in acid and sugar. If used often, these drinks can cause tooth enamel to dissolve or cavities to form. Additionally, to help reduce the risk of injury, young athletes who play contact sports should always use a mouth guard.

Oral Health and Other Conditions

BCBSMA has long been a leader in connecting oral health with the management of diabetes, the risk of heart disease, and the potential complication of pre-term birth in pregnant women. The infection or inflammation resulting from poor oral health has manifestations throughout the body. Proper dental care is another way your patients keep these other conditions to a more manageable level.

The path to good oral health is paved with doing a lot of little things well. Healthy habits include brushing, flossing, and using a fluoride-containing toothpaste regularly. Common sense regarding oral piercing and appropriate teeth protection during sports can help your patients prevent oral injury and keep teeth for their lifetime. Good oral health can also help control a risk factor important in the management of many other health issues your patients may have.

Remember, the mouth is connected to the rest of the body and it should be given the same level of importance and respect...just like an old car. ❖

Office Staff Notes

Identifying Hospital Choice Cost-Sharing Members: Helpful Tips for Providers

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Provider Quick Tips

We have developed two *Quick Tips* to help you understand how to verify cost-sharing for these members using Online Services and NEHEN/Net. The *Quick Tips*, which you can download from our website, provide step-by-step instructions and visuals to help you identify members with this benefit design.

Provider Training

We encourage you to view our online presentation, *BCBSMA Hospital Choice Cost-Sharing Overview*, which provides information on cost-share amounts for lower- and higher-cost-share hospitals, a list of higher-cost-share hospitals, and tips for determining the member's cost-share. We also talk about how we're educating our members about Hospital Choice Cost-Sharing through phone calls, welcome kits, e-mails, and the Plan Education Center.

Questions?

Refer to the chart below for instructions on accessing Hospital Choice Cost-Sharing tools online. Or, if you have any questions after reviewing these tools, please call Network Management Services at 1-800-316-BLUE (2583). ❖

Hospital Choice Cost-Sharing Resources for Providers

To access:	Follow these instructions:
Our <i>Quick Tips</i> for Online Services and NEHEN/Net	Log on to www.bluecrossma.com/provider and click on Resource Center>Admin Guidelines & Info>Quick Tips.
The <i>Hospital Choice Cost-Sharing Overview</i> presentation	Log on to www.bluecrossma.com/provider and click on Resource Center>Training and Registration. Under the All Providers drop-down menu, select the course title.
The Hospital Choice Cost-Sharing section of our Plan Education Center	Go to www.bluecrossma.com/hospitalchoice and click on HCCS Planning Guide on the left-hand side. Scroll to the bottom of the page to download lists of: <ul style="list-style-type: none"> ▶ Lower- and higher-cost hospitals ▶ Lower-cost freestanding labs and imaging facilities.

Office Staff Notes

PCP Medical Record Reviews Continue to Improve

To support quality care and remain compliant with requirements of accrediting agencies, BCBSMA continues to assess the medical record-keeping practices of practitioners who provide primary care. For more than 10 years, we have seen major improvements in the quality of medical record-keeping throughout the networks.

Results of the 2010 primary care provider (PCP) documentation review revealed substantial compliance (77%-96%) in these areas:

- ▶ Member information and documentation processes
- ▶ Continuity and coordination of care
- ▶ Review of tests and follow-up care
- ▶ Medical appropriateness.

We also identified opportunities for improvement (10%-67% compliance) related to preventative screening, such as advance directives, and influenza, pneumonia, and tetanus immunizations.

BCBSMA's Corporate Peer Review staff will continue to conduct PCP documentation reviews. Randomly selected PCPs with panels of 50 or more patients will be asked to participate in this review process by submitting three member records to us.

With the growing emphasis on transitions of care and the role of the PCP, we commend clinicians for their efforts in quality improvement to provide safe, efficient patient-centered care. ❖

Keep BCBSMA Updated on NPI Changes

To avoid claim payment delays, be sure to notify BCBSMA if there are any change to your current national provider identifier (NPI) or if a new provider joins your practice/facility and has a new NPI.

It's important that we keep our systems updated with the most current NPI information.

You can either fax your NPI information (on your practice's letterhead) to 617-246-7771, or call Network Management and Credentialing Services at 1-800-419-4419. ❖

Coming Soon: Universal Review Form for Submitting BCBSMA Provider Appeals

In an effort to streamline the claim review process for providers, the Massachusetts Health Care Administrative Simplification Collaborative* is pleased to announce the launch of the *Universal Provider Request for Claim Review Form*. This form, developed in collaboration with local providers and hospitals, will be used by these participating health plans:

- ▶ BCBSMA
- ▶ Fallon Community Health Plan
- ▶ Harvard Pilgrim Health Care
- ▶ Health New England
- ▶ Neighborhood Health Plan
- ▶ Network Health
- ▶ Tufts Health Plan.

The new form and an accompanying *Reference Guide* will be available on BlueLinks for Providers in mid-June. The *Reference Guide* offers examples to help you complete the *Review Form*, and contains information for each participating health plan, such as filing limits and documentation requirements. Both documents will also be posted on the Health Care Administrative Solutions (HCAS) website at www.hcasma.org, and on the other participating payers' sites.

Important: the *Universal Provider Request for Claim Review Form* will replace our *Provider Appeal Form*, effective October 1, 2011, so we encourage you to start using the new form when once it becomes available.

The Collaborative also plans to look at standardizing filing and response timeframes in the near future. ❖

** The Mass. Health Care Administrative Simplification Collaborative is a multi-stakeholder group committed to reducing health care administrative costs. Participants include: BCBSMA, HCAS, the Employers Action Coalition on Healthcare, Mass. Association of Health Plans, Mass. Health Data Consortium, Mass. Hospital Association, Mass. Medical Society, Harvard Pilgrim Health Care, Tufts Health Plan, Neighborhood Health Plan, Network Health, Fallon Community Health Plan, Health New England, Boston Medical Center HealthNet Plan, MassHealth, Unicare, Wellpoint, UnitedHealthcare, Partners HealthCare, Winchester Hospital, North Adams Regional Health Center, Jordan Hospital, Harrington Hospital, Baystate Medical Center, and Atrius Health.*

Medical Policy Update

All updated medical policies will be available online. Go to www.bluecrossma.com/provider>Medical Policies.

Changes

[Acute and Maintenance Tocolysis, 518](#). Excluding coverage for maintenance tocolysis therapy via home infusion. Effective 9/1/11.

[Epidermal Growth Factor Receptor \(EGFR\) Mutation Analysis for Patients with Non-Small Cell Lung Cancer \(NSCLC\), 563](#). New medical policy adding coverage of analysis of two types of somatic mutation within the EGFR gene—small deletions in exon 19 and a point mutation in exon 21 (L858R) to predict treatment response to erlotinib in patients with advanced NSCLC. Effective 9/1/11.

[Implanted Devices for Deafness: Cochlear Implants; Implantable Bone-Conduction Hearing Aid \[Bone Anchored Hearing Aid \(BAHA\)\]; and Auditory Brainstem Implant Semi Implantable Hearing Aid, 087](#). Removing the requirement for a hearing-aid rider for implantable bone-conduction devices. Effective 9/1/11.

[Medical Technology Assessment Non-covered Services, 400](#). Adding coverage for A9277 (transmitter; external, for use with interstitial continuous glucose monitoring system) for Medicare Advantage members. Effective 7/1/10.

[Serological Diagnosis of Celiac Disease, 138](#). Adding non-coverage of deaminated gliadin peptide antibodies. Effective 9/1/11.

[Surgical Vision Services and Vision Training, 241](#). Adding indication for office-based vergence/accommodative therapy for patients with symptomatic convergence insufficiency. Effective 9/1/11.

Clarifications

[Actigraphy, 533](#). New medical policy describing ongoing non-coverage. This test is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Balloon Sinuplasty for Treatment of Chronic Sinusitis, 582](#). New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Cooling Devices Used in the Outpatient Setting, 510](#). New medical policy describing ongoing non-coverage. These devices are currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Epiretinal Radiation Therapy for Age-Related Macular Degeneration, 610](#). New medical policy describing ongoing non-coverage. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Extracorporeal Photopheresis after Solid-Organ Transplant and for Graft-versus-Host Disease, Autoimmune Disease, and Cutaneous T-Cell Lymphoma, 248](#). Removing information on the latter three conditions from medical policy 071, *Pheresis*, and clarifying that photopheresis is not covered for bullous diseases of the skin.

[Fecal Analysis in the Diagnosis of Intestinal Dysbiosis, 556](#). New medical policy describing ongoing non-coverage. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Ingestible pH and Pressure Capsule, 045](#). New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy, 129](#). New policy describing ongoing non-coverage of this test.

[KRAS Mutation Analysis in Non-Small Cell Lung Cancer \(NSCLC\), 194](#). Clarifying non-coverage of this lab test for predicting non-response to cetuximab.

[Laboratory Testing to Allow Area Under the Curve \(AUC\) Targeted 5-Fluorouracil \(5-FU\) Dosing for Patients Administered 5-FU for Cancer, 318](#). New medical policy describing ongoing non-coverage of this test.

Clarifications continued on page 7

Medical Policy Update

Clarifications, continued

Ophthalmologic Techniques to Evaluate the Retinal Nerve Fiber Layer; Pulsatile Ocular Blood Flow; Blood Flow Velocity with Doppler Ultrasonography, 053. Clarifying ongoing non-coverage of ocular blood flow measurement.

Plastic Surgery, 068. Clarifying continued coverage of tunable dye laser treatment of port wine stains of the face and neck without other medical necessity requirement.

Plastic Surgery, 068. Clarifying documentation and authorization requirements and CPT code information for laser treatment of hypertrophic scars.

Positron Emission Mammography (PEM), 176. New medical policy clarifying ongoing non-coverage for this imaging test.

Retinal Prosthesis, 606. New medical policy describing ongoing non-coverage. These prostheses are currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Thoracic-Lumbo-Sacral Orthosis with Pneumatics, 511. New medical policy describing ongoing non-coverage. These orthoses are currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Threshold Electrical Stimulation as a Treatment of Motor Disorders, 321. New medical policy describing ongoing non-coverage. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

T-Wave Alternans, 539. New policy describing ongoing coverage for Medicare HMO Blue® and Medicare PPO BlueSM and ongoing non-coverage for commercial products. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Pharmacy

Makena™ (hydroxyprogesterone caproate), 314. New medical policy for coverage of Makena™ to reduce the risk of preterm birth in women with singleton pregnancy who have a history of spontaneous preterm birth (delivery < 37 weeks gestation) with previous singleton pregnancies. Effective 9/1/11.

Pradaxa® (Dabigatran Etexilate), 315. New medical policy for coverage of Pradaxa® for prevention of stroke and systemic embolism. Effective 9/1/11. Coverage criteria will include:

- ▶ Age 18 years of age or older
- ▶ Documented paroxysmal, persistent, or permanent atrial fibrillation (AF) not complicated by valvular disease with at least one of the following:
 - History of previous stroke, transient ischemic attack, or systemic embolism
 - Ejection fraction less than 40% documented by echocardiogram, radionuclide, or contrast angiogram in the last six months
 - Symptomatic heart failure (New York Heart Association class 2 or higher in the last six months)
 - Age of at least 75 years, *or* at least 65 years with one of the following: diabetes mellitus, documented coronary artery disease, or hypertension requiring medical treatment
 - CrCl greater than 30mL/min. ❖



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Important Update

Visit Function to Be Discontinued for Our Technologies

In preparation for the implementation of HIPAA Version 5010, BCBSMA has been reviewing the utilization of our technology tools. During this process, we found that the Record a Patient Visit function—currently available on Emdeon Office, the Point of Service device, and InfoDial®—has a low utilization rate by providers.

In an effort to streamline our processes, starting in fall 2011, we plan to eliminate the Record a Patient Visit function.

We encourage you to use the following functions, which are also currently available when using these technologies:

- ▶ Eligibility Request: Can be used to check eligibility
- ▶ Service Review Inquiry: Can be used to check for the presence of a referral, outpatient authorization, or inpatient authorization.

If you have any questions, please call Network Management Services 1-800-316-BLUE (2583). ❖

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