August 2011

Providerfocus

MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

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

Medication Management Programs Support Members, Help Improve Compliance

According to the *New England Journal of Medicine*, $106 billion is wasted annually in the United States because of patient non-adherence with prescribed medication. Alternatively, good medication adherence can lead to improved health outcomes and lower health care costs.

For this reason, Blue Cross Blue Shield of Massachusetts (BCBSMA) has a number of existing and newly targeted programs that help support our members in taking their prescriptions.

Helping Medicare Patients Adhere to Medication Therapy

To help our Medicare Advantage members take their medications the right way, we are teaming up with Express Scripts, Inc (ESI) on an adherence pilot program. The pilot targets members with opportunities to improve their compliance with prescribed medication for diabetes, high cholesterol, or high blood pressure. This initiative is part of our 5-Star quality rating improvement program designed to help our Medicare Advantage members stay healthy and manage chronic illness.*

In early fall 2011, ESI will mail letters to approximately 5,000 Medicare members with Medicare Part D, offering them one of these options:

- Didit®˝, a reminder device that adheres to the side of a prescription vial. It contains a tab for each day and helps patients track whether they have taken their medication. This option is available for members on a twice-a-day dose regime.

- Dose-Alert®˝, a timer that adheres to the top of a prescription vial cap and helps patients remember to take their pills by beeping at pre-set intervals based on when their medication should be taken. For example, once-a-day dosing is set at 24-hour intervals. This option is available for members on a once- *or* twice-a-day dose regime.

Participation is voluntary, and the devices are provided free of charge. ESI will monitor patient adherence for 6–12 months. The pilot will also include a control group that will not receive a device or communications.

If your patients have questions about these devices, please instruct them to call the number on their BCBSMA member ID card.

Personal Medication Coach for Complex Medical Conditions

This summer, we started automatically enrolling certain members into a Personal Medication Coach program when they are taking multiple

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In Brief

Nurse Practitioners: Complete Our Credentialing Survey Online

We are reviewing our credentialing and contracting policies for nurse practitioners (NPs) and are looking for feedback from NPs.

Please take our brief online survey, which asks questions about your accreditation, the specialty that best reflects the care you provide, and your collaborating physician and affiliated practice(s). Your answers will guide us in developing NP credentialing and contracting policies to help us better serve our members.

To access the survey, log on to www.bluecrossma.com/provider and click the NP Survey link from the home page. Please reply no later than September 1, 2011. We appreciate your input.

Please note that we also recently mailed an *F.Y.I.* with a copy of the survey to NPs. To view it online, log on to www.bluecrossma.com/provider and click on News for You>FYIs.❖

Physician News

Cognitive Behavioral Therapy for Members with Insomnia

BCBSMA offers our members *Overcoming Insomnia*, a free, web-based cognitive behavioral therapy (CBT) program designed to address short- and long-term bouts of insomnia. The five-module program, offered through our vendor, LifeOptions, addresses sleep loss factors, establishes goals, and offers tools to chart progress. The program is suitable for members currently taking sleeping medications or experiencing sleep difficulties. If you think your patients may benefit from this program, refer them to the member website, www.bluecrossma.com; they can access the program by clicking on Healthier Living>My Programs>Overcoming Insomnia.

BCBSMA's Policy on Physicians and Other Clinicians Treating Family Members

As a reminder, BCBSMA does not cover services that contracted physicians and other licensed clinicians provide to themselves or to immediate family members. Please note that this policy is in accordance with all member subscriber certificates and benefit descriptions. Providers should not submit claims to BCBSMA for such services. If you have any questions about this policy, please consult your participating provider Agreement or contact Network Management Services at 1-800-316-BLUE (2583).❖

Pharmacy Update

ExpressPA Now Lets You Renew Existing Authorizations Before They Expire

Our pharmacy benefit manager, Express Scripts, Inc., offers prescribers an online tool, ExpressPA, to submit requests for retail prior authorization, quality care dosing, and formulary exceptions. ExpressPA was recently enhanced to allow prescribers to renew an existing authorization before it expires to prevent disruptions in your patients' therapies.

Once you've logged onto the site, simply click Initiate an Appeal or Renewal and follow the instructions. You'll see details about your existing request and will then be prompted to enter updated information about the renewal. An immediate response will be posted once you have entered all the required information. If further clinical review by BCBSMA is necessary, the system will indicate this in the response.

For more details on the renewal process or to learn how to register for ExpressPA, please refer to our *Quick Start Guide* online. Log on to www.bluecrossma.com/provider, scroll down to the ExpressPA section, then click on Learn More.❖

EXPRESS SCRIPTS®
Prior Authorization | Settings | Logout

Prior Authorization Portal for Physicians.

Initiate a new Prior Authorization Request
Create/initiate a new Prior Authorization request for your patients using this website. No need to call or send faxes to obtain a prior authorization. Go

Complete Existing Prior Authorization requests
Complete exisiting prior authorization requests that were initiated by you or your patients' insurance plans and require your input. Go

Check status of a submitted prior authorization request
View the status of a previously submitted Prior Authorization requests for your patients. Search by patient details such as member number, date of birth, etc. and view the status of a submitted PA form. Go

Initiate an Appeal or Renewal
If your patient has received a denial or "Adverse decision" notice and would like to appeal the decision, or If Patient has received a Approval and required to initate the renewal for the request click Go. Go

ExpressPA's new "Initiate an Appeal or Renewal" option allows you to request renewal of an existing authorization before it expires.

Focus on Quality

Medication Management Programs Support Members, Help Improve Compliance

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prescriptions for two or more complex disease states. ESI offers this service through the Medication Management Center of the University of Arizona College of Pharmacy. University of Arizona personnel work with patients, their providers, and community pharmacists to ensure optimal treatment while reducing the risk of adverse events and drug interactions. They will also look for opportunities to educate members about their medications, the importance of adherence, and how to reduce the cost of medication treatment.

In their coaching of our members, a pharmacy representative may reach out to you—the prescriber—with findings related to your patients and their medications. Or, your patient may share some of the information they've discussed with the coach. We appreciate your support of these efforts.

Reaching Out to Members with Diabetes, Coronary Artery Disease, and Asthma

ESI also regularly uses sophisticated modeling techniques to identify members who are non-adherent with prescription medications used to treat diabetes, coronary artery disease, and asthma. Members receive an automated message with an option to complete a telephonic survey about their medication use.

Based on survey responses, BCBSMA nurse coaches reach out to members to educate them on the impact of medication adherence on their specific medical condition, and to address barriers that may be preventing them from following the prescribed regime.

Questions?

For more information about our medication management programs, please contact Network Management Services at 1-800-316-BLUE (2583).❖

** BCBSMA's CMS Star Rating is 4.5 out of 5, which falls between "Above Average and "Excellent."*

Medicare News

Encouraging Members to Start a Healthy Conversation with You

This summer, our Medicare HMO Blue® and Medicare PPO Blue℠ members are receiving a special edition of our *Healthy Times* newsletter encouraging them to be proactive in talking to their primary care provider or specialist about their health care.

To help them get a conversation started, we provide a list of conditions that commonly pose issues for this group of members—such as improving their level of exercise or physical activity, improving bladder control, reducing the risk of falling, and osteoporosis.

We also provide a tear-off chart with the full range of preventive services that Medicare covers, and ask them to take it to their next doctor's appointment to discuss which services are right for them.❖

Are you up-to-date on your preventive services?

Medicare covers a full range of preventive services to help keep you healthy. Keep track of the preventive services you need by using the tear-off chart below. Take it with you to your next doctor's appointment and ask your doctor which of these services is right for you.

✔	Medicare-Covered Preventive Services	Date Last Received	Notes
	Yearly "Welcome" Physical Exam		
	Screenings		
	Colorectal Cancer		
	Skin Cancer		
	Breast Cancer (Women)		
	Cervical Cancer (Women)		
	Testicular and Prostate Cancer (Men)		

Office Staff Notes

Google Health Personal Health Record™ Program to be Discontinued

Google Health will discontinue its Google Health Personal Health Record™ (PHR) service, effective January 1, 2012. Google will continue to operate its Health site through January 1, 2012 and will allow users to access and download the data they have stored in Google Health through January 1, 2013. Google Health is a free online tool that allows individuals to voluntarily create a personal health record in a secure, central location. To read more, go to the Google Health website at www.google.com/health.

BCBSMA believes that personal health records can be a valuable tool for members to manage, store, and share their health and medical information, and we'll evaluate options to continue providing our members with this functionality. ❖

Important Dates Concerning Google Health

For these dates:	Members:
Now through January 1, 2012	‣ Can access the site's full functionality, and add or edit profile data. ‣ May choose to continue to use the service.
January 1, 2012 – January 1, 2013:	‣ Will no longer have access to functionality or features of the site, but may continue to download stored data. Instructions for downloading and continuing to use data outside of Google Health are available on the Google Health website. ‣ If users would like data destroyed now, they must request the deletion via the Google Health website. To ensure they have uninterrupted access to the data they've stored in Google Health, we are encouraging our members to download a personal copy of the data stored in their Google Health profile(s). *Note:* During this period, user information will remain secure; in accordance with Google's privacy policy, information in the Google Health records will be kept private and confidential, and may not be shared without the user's explicit consent.
After January 1, 2013	‣ Will no longer be able to download data stored on the site, and data will be systematically destroyed.

Update on Checking Eligibility and Claim Status for Blue Benefit Administrators of Massachusetts Plans

Blue Benefit Administrators (BBA) of Massachusetts has announced that eligibility and claim status inquiry and response for BBA plans are now available via NEHEN and NEHEN*Net.* BBA, a wholly owned subsidiary of BCBSMA, offers administrative service-only plans to self-insured accounts. NEHEN will send a follow-up mailing to their members with technical details and instructions. ❖

Ambulance Authorization Function to be Eliminated from Our Technologies This Fall

In preparation for the implementation of HIPAA 5010, we are reviewing the utilization of our technology tools. During this process, we found that the ambulance authorization submission option is not used because of the challenges of automating this authorization type.

To streamline our processes, starting in fall 2011, we plan to eliminate the electronic ambulance authorization option.

We will continue to evaluate opportunities to increase automation.

Just as you do today, if you need to obtain an ambulance authorization, please call Clinical Coordination at 1-800-327-6716. ❖

Office Staff Notes

Important Update: Change to Our Provider Appeals Address

Effective October, 1, 2011, BCBSMA will eliminate the following appeals address:

BCBSMA Provider Services
P.O. Box 986090
Boston, MA 02298-6090

This P.O. box was previously reserved for providers submitting individual consideration (IC) appeals for claims that were denied for reasons related to our medical technology assessment criteria or our medical policy guidelines.

Starting October 1, please send all appeals for CMS-1500 claims to the address below. After this date, mail sent to the expired P.O. box will be forwarded to the new address, but only for a limited time. ❖

For this type of appeal:	Please send to:
IC appeals related to our medical technology assessment criteria or medical policy guidelines	BCBSMA Provider Appeals P.O. Box 986065 Boston, MA 02298
Non-clinical appeals, such as: • Member benefits • Coding adjustments • Referral/authorization adjustments • IC appeals not related to our medical technology assessment criteria or medical policy guidelines	

Update on BCBSMA's Provider Audit Notification Process

BCBSMA will be expanding our relationship with Connolly, Inc. to assist us in conducting provider audits.

As part of our efforts to manage the cost of health care for our members and employers, Connolly will support our Provider Audit team—one area within BCBSMA reviewing medical records for coding appropriateness, payments, and medical policy—to ensure accurate billing and payment for services performed.

Connolly will follow the audit process outlined in our *Blue Book* manual, and will perform the following types of provider audits:

- Inpatient DRG validation and bill audit
- Outpatient hospital
- Non-participating/non-contracted for all provider type and specialties
- Pay subscriber claims.

Notification letters are being sent to impacted providers starting in the third quarter of 2011, either to request documentation or to schedule on-site visits.

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

Reminder: Coverage of Mammography Services

HMO Blue® members who are age 40 or older have coverage for one mammogram per calendar year.

For example, a member could receive a mammogram on December 31, 2011 and another on January 5, 2012, and both would be covered.

Because some services, such as mammography, are covered as a calendar-year benefit, while some other annual services, like vision, may be covered once every 24 months, it's important that you check benefits and eligibility for your BCBSMA members prior to rendering services. ❖

Coding Corner

This Coding Corner continues our series on diabetes. Previous Provider Focus articles have included:

- *"How to Code Diabetes Mellitus When Associated Conditions Exist" (February 2011)*
- *"Diabetes with Complications: Documenting and Coding Cause and Effect" (April 2011).*

Diabetes Mellitus with Renal Complications: Documenting and Coding Cause and Effect

Capturing the complexity of patients with diabetic complications can present a challenge to both health providers and coding staff. The key to capturing this complexity is documenting the cause-and-effect relationship between diabetes and any associated conditions. This leads to more complete and accurate ICD-9-CM coding.

In our last Coding Corner (April 2011 *Provider Focus*) we addressed diabetes mellitus with associated conditions and the importance of establishing a cause-and-effect relationship in the medical documentation. With the exception of osteomyelitis, there must be a cause-and-effect relationship between the diabetes and the associated condition before it can be coded as a diabetic condition.*

Linking the associated condition to the diabetes using terms such as "*due to*," "*with*," or "*secondary to*" creates this causal relationship. In this issue, we'd like to focus on *diabetes with renal complications* and establishing a cause-and-effect relationship by using such terms.

By documenting and coding the cause-and-effect relationship between diabetes and associated conditions, you'll capture a more complete picture of a patient's overall health and potential needed treatment. ❖

**AHA Coding Clinic 2nd Quarter 2009, 1st Quarter 2004, 1st Quarter 1991.*

Example 1

Stage III Chronic Kidney Disease *due to* Type 2 Diabetes Mellitus

The correct code assignment would be:

- 250.40: Diabetes Mellitus With Renal Manifestations, Type Two or unspecified type, not stated as uncontrolled
- 585.3: Chronic Kidney Disease, Stage III (moderate)

"Stage lll Chronic Kidney Disease and Type 2 Diabetes Mellitus" *does not* show a causal relationship.

Example 2

Type 2 Diabetes Mellitus *with* Diabetic Nephropathy

The correct code assignment would be:

- 250.40: Diabetes Mellitus With Renal Manifestations, Type Two or unspecified type, not stated as uncontrolled
- 583.81: Nephritis And Nephropathy, Not Specified As Acute Or Chronic, In Diseases Classified Elsewhere

"Type 2 Diabetes Mellitus and Nephropathy" *does not* show a causal relationship.

If you have any comments about Coding Corner or an idea for a future topic, please send an e-mail to focus@bcbsma.com.

Medical Policy Update

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

Changes

Endovascular Procedures (Angioplasty and/or Stenting) for Intracranial Arterial Disease (Atherosclerosis and Aneurysms), 323. New policy adding coverage for angioplasty and stenting of intracranial vessels for aneurysms for commercial products. Information on endovascular procedures (angioplasty and/or stenting) for intracranial arterial disease (atherosclerosis and aneurysms) was removed from medical policy 077, *Percutaneous Transluminal Angioplasty*. Effective 11/1/11.

Hematopoietic Stem Cell Transplantation for Non-Hodgkin Lymphomas, 143. Adding explicit coverage and non-coverage indications for mantle cell lymphoma, and revising coverage and non-coverage indications for peripheral T-cell lymphoma. Effective 11/1/11.

Special Foods (Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures, and Formula Infusion Pumps), 304. Removing statement that ketogenic diets are initiated on an inpatient basis (based on clinical evidence that inpatient initiation does not improve outcomes compared to outpatient initiation). Effective 11/1/11.

Clarifications

Allogeneic Pancreas Transplant, 328. Clarifying non-coverage statements. Information on islet cell transplantation was removed from this policy and transferred to medical policy 324, *Islet Transplantation*.

Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis, 181. Removed information on stem-cell transplantation for Waldenstrom's macroglobulinemia and transferred to medical policy 322, *Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia*.

Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia, 322. New medical policy clarifying coverage of autologous stem-cell transplantation for Waldenstrom's macroglobulinemia. This information was previously included in medical policy 181, *Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis*.

Islet Transplantation, 324. New medical policy containing information that was removed from medical policy 328, *Allogeneic Pancreas Transplant*.

Medical Technology Assessment Non-Covered Services, 400. Clarifying non-coverage of Category III CPT codes:

- 0260T: Total body systemic hypothermia, per day, in the neonate 28 days of age or younger
- 0261T: Selective head hypothermia, per day, in the neonate 28 days or younger.

Minimally Invasive Hip and Total Knee Arthroplasty, 199. We are removing this policy as the same coverage information is included on InterQual®˝ SmartSheets™. To access InterQual SmartSheets on BlueLinks for Providers, log on to www.bluecrossma.com/provider and click on Manage Your Business>Medical Review Resources. Then select InterQual Behavioral Health and Medical/Surgical Level of Care Criteria and follow the steps provided.

Outpatient Pulmonary Rehabilitation, 136. Clarifying non-coverage of home-based pulmonary rehabilitation.

Percutaneous Transluminal Angioplasty; Pulmonary Thromboendarterectomy, 077. Removed information on intracranial endovascular procedures and transferred to medical policy 323, *Endovascular Procedures for Intracranial Arterial Disease*.❖

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Learn about our plans to make premiums more affordable for our members.
www.bluecrossma.com/affordability

Ancillary News

Clarification: DME Items Provided During Inpatient Stay

In the February 2010 issue of *Provider Focus* (page 5), we mentioned that it is the responsibility of a hospital/facility to reimburse the durable medical equipment (DME) provider for covered DME items rendered to a patient during an inpatient stay.

Providers should follow the Centers for Medicare & Medicaid Services (CMS) two-day rule guidelines when providing covered DME, prosthetics, orthotics, and supplies (DMEPOS) to BCBSMA members.

A DME provider may deliver a DMEPOS item to a patient in a hospital or a facility for the purpose of fitting or training the patient in the proper use of the item. This may be done up to two days prior to the patent's anticipated discharge to their home.

The DME provider must bill the date of service on the claim as the date of discharge and should use place of service (POS) code 12 (patient's home). The item must be for subsequent use in the patient's home.❖

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