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Providerfocus

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

MASSACHUSETTS

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

What You Need to Know about the 2012-2013 Flu Season

To help limit the spread of the flu virus, we provide our members with coverage for flu vaccination through both medical and pharmacy benefits.

This gives members access to a broad range of participating providers, including retail and other public clinics, pharmacies, and provider offices.

We encourage you to speak to your patients about the importance of this preventive service.

Medical benefit coverage for our HMO, POS, Access Blue, PPO, Medicare Advantage, and Indemnity* plans is available without a cost-share. However, if the member receives flu vaccination along with other covered services, they will be subject to any applicable cost-share for the other services in accordance with their benefits.

As always, be sure to check benefits and eligibility before performing services.

Members with pharmacy benefit coverage can go to any Express Scripts, Inc. participating pharmacy to receive flu vaccination from a registered, licensed pharmacist without a cost-share or a prescription.

Billing and Reimbursement Information On Our Website

The flu information page on our BlueLinks for Providers website provides details on how to bill for flu vaccine not supplied by the Massachusetts Department of Public Health, and how to bill for vaccine administration.

For details, log on to our website at **bluecrossma.com/provider** and click on the Flu link on the home page.❖

**Most Indemnity plans cover the flu shot at no cost, provided the account has not opted out of National Health Care Reform's preventive care provision.*

In This Issue

In Brief

Walgreens Returning to Express Scripts Pharmacy Network

Our pharmacy benefit manager, Express Scripts, Inc. (ESI), recently announced a multi-year agreement with Walgreens to return to the ESI traditional network of pharmacies.

As of September 15, most members with our pharmacy benefits will be able to fill prescriptions or receive a flu shot at a Walgreens pharmacy.

BCBSMA offers an alternative retail network, the Select Network, to some employers. At this time, Walgreens will not be a part of the Select Network or our retail specialty pharmacy networks.❖

Physician News

Mammography Screening Outreach Planned for This Fall

The American Cancer Society (ACS) reports that breast cancer is the most common cancer among women in the United States, other than skin cancer, and it is the second leading cause of cancer death in women, after lung cancer.

One of the most influential factors in whether a patient is screened for breast cancer is a recommendation from a physician.

To support you in educating your female patients—and in recognition of Breast Cancer Awareness Month in October—BCBSMA is reminding eligible female members, ages 42-69, to speak with their doctors about when they should receive a mammogram.

Throughout the fall, eligible HMO, POS, and PPO members who have not yet been screened (based on our data) will receive a reminder from BCBSMA via e-mail, postcard, or pre-recorded telephone message encouraging them to talk to their provider about getting screened.

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

Breast Cancer by the Numbers

The chance of a woman having invasive breast cancer some time during her lifetime is less than one in eight, and the chance of dying from breast cancer is about one in 36. The ACS estimates that in 2011, there were:

- 226,870 new cases of invasive breast cancer in women
- 63,000 new cases of carcinoma in situ (CIS), non-invasive and earliest form of breast cancer
- 39,510 deaths among women due to breast cancer.

The good news is, breast cancer death rates have been decreasing, most likely the result of early detection and better treatment.❖

Pharmacy Update

BCBSMA's Policy for Members Who Require Synagis®´´

BCBSMA offers choices to our members who require RSV immunoprophylaxis and who meet requirements outlined in pharmacy medical policy 422, *RSV Immunoprophylaxis*. For members who have BCBSMA pharmacy benefits, we have contracted with two of our retail specialty pharmacies to offer the medication. If the member does not have pharmacy benefit coverage through BCBSMA and meets pharmacy medical policy requirements, coverage is available through the member's medical benefits.

Please contact one of the BCBSMA specialty pharmacies listed in the chart to obtain Synagis®´´ for your BCBSMA members who require respiratory syncytial virus (RSV) immunoprophylaxis.

Pharmacy Medical Policy Requirements Apply

This medication is subject to prior review under BCBSMA pharmacy medical policy 422, *RSV Immunoprophylaxis*. To access this policy, go to our website at **bluecrossma.com/provider** and click on **Medical Policies** in the blue box.❖

Specialty Pharmacy:	Phone Number:
AcariaHealth	▸ **1-866-892-1202**
CVS Caremark	▸ **1-800-237-2767** (new patients) ▸ **1-800-753-2777** (refills)

September is Fall Prevention Month: *Preventing Falls in Older Adults*

Falls are the leading cause of injury, death, and disability among older adults in the United States and in Massachusetts. And with an aging population, the number of adults affected by falls is increasing. In fact:

- The U.S. Preventive Services Task Force (USPSTF) reports that between 30% and 40% of community-dwelling adults 65 or older fall at least once per year.
- The Massachusetts Fall Prevention Coalition says that in 2010, 14.3% of Massachusetts adults 65 and older reported at least one fall in the past three months. Of these, 34.6% were injured as a result.

Identifying Risk Factors to Prevent Falls

Dr. Lyndon Joseph, a program officer at the National Institute on Aging, says physicians should think of this issue as they do other chronic conditions in geriatrics and approach the topic from a public health, as well as a patient-centered perspective.

Although there are currently no evidence-based instruments to accurately identify older adults at increased risk for falling, experts cite a number of factors to consider when assessing a patient's risk and to intervene to prevent falls:

- The USPSTF suggests considering the following when assessing patients' risk: age, history of falls, mobility problems, poor performance on the Get-Up-and-Go test, and interventions, consisting of exercise, physical therapy, and/or vitamin D supplementation, particularly for community-dwelling adults 65 and older.
- The Centers for Disease Control and Prevention recommends: exercise; home-hazard safety, and medical screening, including a review of all medications.

Experts say it is important to discuss risk factors with patients and to explain that fall injuries are largely preventable.

Tools

- Read the USPSTF recommendations by going to **uspreventiveservicestaskforce.org** and entering "falls prevention" in the search field.
- Have your patients visit **bluecrossma.com/GetActive.**❖

Update on Member Cost-Share for Medicare Eligible Patients

Effective July 1, 2012, claims for members in our commercial products who are eligible for Medicare Parts A and B but are not enrolled began to process as if they are enrolled in accordance with our standard subscriber certificate language.* These members are responsible for the amount Medicare would have paid.

For example: If we receive a claim for $100 in covered services and Medicare would have paid $80, we will provide benefits for $20, and the member will be responsible for the balance ($80 in this example).

Please note: If the member is responsible for cost-sharing after the Medicare allowance, they would owe that in addition to the amount Medicare would have paid. If the member in the example above was responsible for a $20 copayment, BCBSMA would provide zero benefits on the claim (the $20 would be the member's copayment) and the member would owe the full $100 charge.

We have contacted these members to advise them that our records show they are eligible for Medicare Parts A and B but are not enrolled, and suggest that they consider enrolling. If they are enrolled or are not eligible for Medicare, we ask that they complete and return a certification form.

Please follow standard procedures and collect the member's copayment at their visit. After the claim has adjudicated, the member may have an additional balance to pay; the amount will be reflected in the Provider Detail Advisory (PDA), your PaySpan output, or the 835 payment advice.❖

** This change does not apply to Federal Employee Program (FEP) members.*

Coding Corner

This section offers tips on how to code services for complex cases and how to complete your CMS-1500 claims accurately to help ensure prompt payment.

Coding Active Cancer Versus History of Cancer

Documenting and coding for patients with cancer can present a challenge to both health care providers and coding staff. To accurately code a cancer diagnosis, it is important that the medical documentation clearly states if the cancer is a current and active condition ***or*** a past condition that has been excised or eradicated with no further treatment.

Per *ICD-9-CM Official Guidelines for Coding and Reporting*, a primary malignancy that has been excised or eradicated with no further treatment and no evidence of a recurrence should be reported with a **V10 code: "personal history of malignant neoplasm."**

When coding the office note, ask these important questions to determine the correct code:

- Is the cancer a current and active condition or a past condition?
- Has the cancer been excised or eradicated?
- Is the cancer still under treatment?
- Is there any evidence of recurrence?

To code as an active cancer using ICD-9-CM codes 140- 239* from the Neoplasm chapter, the cancer must currently be present ***or*** the patient must be undergoing treatment (e.g., surgery, chemotherapy, radiation therapy, hormone therapy, etc.).

Patients with a history of cancer that has been excised or eradicated with no further treatment and no evidence of a recurrence should be reported with a **V10 code: "personal history of malignant neoplasm."**

The office note should clearly state:

- If the cancer is present or has been excised or eradicated
- Any current treatment
- Any evidence of recurrence of cancer.❖

Example 1:

The office note states the patient has completed active treatment for prostate cancer and there is no evidence of the disease. The patient is now under surveillance and being monitored with PSAs. The correct code would be **V10.46: personal history of malignant neoplasm of prostate**.

Example 2:

The office note states the patient had breast cancer 10 years ago and had a radical mastectomy. She is no longer receiving any treatment and there is no evidence of the disease. The correct code would be **V10.3: personal history of malignant neoplasm of breast**.

**Lymphoma patients who are in remission are still considered to have lymphoma and should be assigned the appropriate code from categories 200-202.*

Source: Coding Clinic, Second Quarter 1992, page 3, lymphoma patients who are in remission are still considered to have lymphoma and should be assigned the appropriate code from categories 200-202.

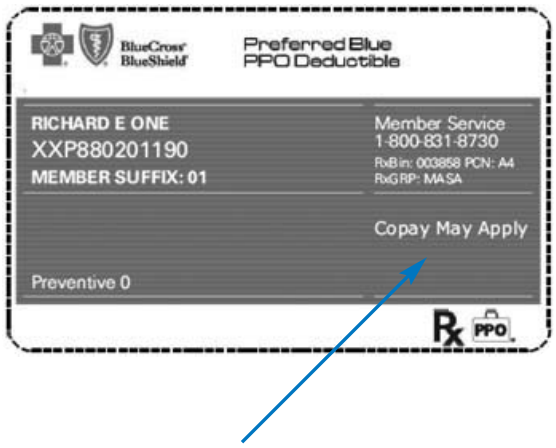
Office Staff Notes

Member ID Cards Will Be Simplified and Re-issued This Fall

For the BCBSMA products listed below, members must pay their deductible limit before copayments apply to their medical services. To simplify members' visits with you and ensure that members are paying the appropriate cost-share, we will begin issuing new ID cards (without copayments listed) to members in these plans in October:

- Access Blue Basic $2,000
- Access Blue Basic Saver
- Access Blue NE Saver
- Access Blue Saver II
- Blue Care Elect Deductible
- Blue Care Elect $4,500 Deductible
- Preferred Blue PPO Deductible.

After October 1, 2012, information on the member's cost-share responsibility **will only be available** by using provider technologies to check eligibility and benefits.❖



ID cards for certain members will no longer list copayment amounts.

Payment Policy Update

Reminder on Billing for Anesthesia Services

We'd like to remind you about our policy on the billing for anesthesia services performed by certified registered nurse anesthetists (CRNAs) under the supervision of an anesthesiologist.

We reimburse anesthesia services, whether performed by an anesthesiologist or a CRNA supervised by an anesthesiologist, billed with the applicable procedure code along with revenue code 963. The use of revenue code 964 for services provided by CRNAs is not recognized by BCBSMA since the Board of Registration in Nursing regulations stipulate that CRNAs be supervised by a physician.

Also, we do not expect to be billed by an anesthesiology group practice and a hospital for the same service.

Previously, we reviewed billing and reimbursement of anesthesia services through an audit process after claims are submitted. Effective immediately, we have put automated systems in place to review claims upon submission to facilitate proper payment.

Later this month, we'll post an *Anesthesia Payment Policy* on our website to document current reimbursement policies in place for these services (this does not change our current policy).

Resources Online

To access our *Anesthesia Payment Policy* later this month, log on to **bluecrossma.com/provider** and click on **Manage Your Business>Access Payment Policies.**❖

Important Updates

Annual Alcohol Screening

Annual alcohol screening is considered incidental to evaluation and management (E/M) services, and will not be separately reimbursed when submitted with E/M office visit claims. Please continue to report all services rendered to BCBSMA members.

Limited Ultrasound

Effective January 1, 2013, limited ultrasound services will be considered incidental to all E/M services, and will not be reimbursed separately when submitted with E/M office visit claims. For information on ultrasound during pregnancy, please refer to medical policy 007, *Ultrasound*.

Prolonged Services

Effective January 1, 2013, we will not reimburse for prolonged physician services in conjunction with E/M services. These services may be reimbursed only after requesting individual consideration and based on the submission of supporting clinical documentation.❖

Ancillary News

Addition of Codes to Technical Diagnostic Imaging (TDI) Agreements

For physicians who have TDI agreements, we have added the codes listed below to the TDI fee schedule for all products for dates of service on and after September 15, 2012.

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

HCPCS Code:	Description:	HCPCS Code Dosage:	Fee:
A9585	Gadobutrol injection	0.1 ml	$0.57
Q9967	LOCM 300-399 mg/ml iodine, 1 ml	1 ml	$0.13

Medical Policy Update

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

Changes

Allogeneic Pancreas Transplant, 328. Removed the "not medically necessary" statement. Effective 12/1/12.

Genetic Testing of Hereditary Breast and/or Ovarian Cancer, 245. Amended policy statement on CHEK2 testing to read: "Testing for mutations other than BRCA1 and BRCA2, such as the CHEK2 abnormality (mutations, deletions, etc.) is considered investigational in affected and unaffected patients with breast cancer, irrespective of the family history." Effective 12/1/12.

Genetic Testing for Inherited Susceptibility to Colon Cancer, Including Microsatellite Instability Testing, 226. Added additional medically necessary indications for testing for EPCAM (epithelial cell adhesion molecule) mutations in patients with colorectal cancer and negative MMR (mismatch repair) mutations. Effective 12/1/12.

Heart/Lung Transplant, 269. Added severe heart failure to the medically necessary statement. Effective 12/1/12.

Immune Cell Function Assay, 182. Added additional investigational indication for hematopoietic stem cell transplantation and all other indications. Changed title to *Immune Cell Function Assay.* Effective 12/1/12.

Monitored Anesthesia Care (MAC), 154. Changed the BMI (body mass index) indication for morbid obesity from >50 to >40. Effective 12/1/12.

Small Bowel/Liver and Multivisceral Transplant, 407. Information on small bowel/liver and multivisceral transplant was transferred from medical policy 368, *Isolated Small Bowel Transplant.*) Effective 12/1/12.

Transcatheter Pulmonary Valve Implantation, 403. New policy describing coverage and non-coverage information. Effective 12/1/12.

Clarifications

Axial Lumbosacral Interbody Fusion (AxiaLIF), 404. New medical policy describing ongoing non-coverage. Information was transferred from medical policy 617, *Minimally Invasive Lumbar Interbody Fusion*.

Clarifications, continued on page 7

Medical Policy Update

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

Clarifications, continued

Injections for Osteoarthritis: Hyalgan (sodium hyaluronate); Euflexxa (sodium hyaluronate); Orthovisc (high molecular weight hyaluronan); Supartz (sodium hyaluronate); Synvisc (hylan G-F 20); Synvisc-One (hylan G-F 20), 427. Converted from a medical policy to a pharmacy medical policy. All prior authorization requests should be submitted to BCBSMA's Clinical Pharmacy Department.

Minimally Invasive Lumbar Interbody Fusion, 617. Transferred section on Axial LIF to medical policy 404, *Axial Lumbosacral Interbody Fusion (AxiaLIF).*

Pharmacy

Erythropoietin Recombinant Human, 262. Implementing prior authorization for Omontys injection when obtained through the pharmacy benefit for all members and when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13. Coverage criteria to include:

- Patient age 18 and over
- Diagnosis of anemia due to chronic kidney disease (CKD) requiring dialysis
- Pretreatment hemoglobin< 10g/dL
- Continuation hemoglobin <11 g/dL.

Hepatitis C Medication Management, 344. Implementing prior authorization for Pegasys ProClick injection when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13.

Human Anti-hemophilic Factor, 360. Implementing prior authorization for AlphaNine SD, Bebulin VH, BeneFIX, Corifact and Wilate injection when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13.

Injectable Clostridial Collagenase for Fibroproliferative Disorders, 225. Implementing prior authorization for Xiaflex injection when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13.

Intravenous Immunoglobulin, 310. Implementing prior authorization for Gammaked and Gamunex-C injection when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13.

Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions, 343. Implementing prior authorization for Eylea, Lucentis and Macugen injection when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13.

Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Conditions, 186. Implementing prior authorization for Regranex gel when obtained through the p harmacy benefit for all members and when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/13.❖

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_____

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Important Reminder

Be Sure to Refer Members to BCBSMA-participating Clinical Labs and DME Providers

As you know, BCBSMA members receive the highest benefit levels when using participating providers. This is particularly important for laboratory services and DME services.

Due to changes in billing procedures, BCBSMA members may pay significantly more out-of-pocket if they receive services from a laboratory or DME provider that is not part of the BCBSMA network.

To locate a participating provider, use the Find A Doctor search tool on our website. Log on to **bluecrossma.com/provider** and click on **Manage Your Business>Find a Doctor**, then scroll down to **Find Other Medical Services/Supplies**.❖

Providerfocus is published monthly for BCBSMA physicians, health care providers, and their office staff. Please submit letters and suggestions for future articles to:

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