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Providerfocus

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

How Lowell General PHO Improved Performance on Outpatient Quality Measures

As health care continues to take center stage in the country and in Massachusetts, the spotlight is on providers and other stakeholders to improve the quality and affordability of health care. As part of our commitment to put our members' health first, Blue Cross Blue Shield of Massachusetts (BCBSMA) continues to partner with providers in their efforts to improve performance on quality measures.

Lowell General Hospital's Physician Hospital Organization (PHO), a participant in BCBSMA's Alternative Quality Contract (AQC) since 2009, has experienced impressive improvement in performance on clinical process measures across all of their physician practices.

Lowell General's preliminary 2009 results show an average increase over 2008 performance of 6% for the following process measures: diabetic A1c (twice during the year), colorectal cancer screening, breast cancer screening, and adolescent well care.

Best Practice Spotlight

For diabetic eye exams, the 2009 preliminary results show a 13% increase over 2008 results.

To achieve the improved performance, the PHO implemented several programs.

Patient Outreach

Lowell General PHO's practices made phone calls and sent letters to members who were due for mammograms and diabetic screenings. For the diabetic retinal exams, the PHO partnered with an individual optometry group that agreed to be the sole provider for this outreach effort.

Scheduling Specialist Visits

The practices used BCBSMA member registries to identify patients who had not received an appropriate office visit or screening. Over a three-week period, the physician practices called these members to initiate scheduling an appointment with the appropriate specialist. While the member was on the phone, the practice called the provider to schedule the appointment.

"Members loved this concierge-level service," said Melanie Comeau, the PHO's Manager of Physician Services, who worked to develop this initiative.

"This was time-consuming, but we were wildly surprised by how positively patients reacted," said Emily Young, Lowell General PHO's Director of Health Care Operations. "One woman loved it so much, she asked if I would also set up her colorectal cancer screening."

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Tell Us Your Story

Does your organization have a best practice you'd like to share? If so, contact your Network Manager to discuss, or call Network Management Services at **1-800-316-BLUE (2583)**.

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In Brief

BCBSMA Ranks High in Eligibility, Claims Payment

BCBSMA was ranked first among all Blue Cross Blue Shield plans nationwide on eligibility accuracy in 2009, based on data from athenahealth, a provider of medical billing and electronic health record solutions to doctors. In addition, BCBSMA is one of only four payers nationwide that pays provider claims in less than 20 days.

The rankings are based on specific metrics compiled by athenahealth to encourage industry transparency.

According to athenahealth, "BCBSMA continues to be a center of excellence, ranked third among all payers, second among Blues, and second in the northeast."

For more details about the metrics and the rankings, go to **www.athenahealth.com** and click on **PayerView**.❖

Physician News

MASSACHUSETTS

Update on Health Management Program

The March 2010 issue of *Provider Focus* noted that we would be moving to a total population approach to health management, which focuses on the comprehensive medical and psycho-social needs of our entire membership. As part of the transition to this new model, effective July 1, 2010, members who were engaged in our Synergy Personal Health Management®˝ program (which provided support through a vendor to certain members with both medical and behavioral health conditions) will be assessed and transitioned as appropriate to BCBSMA case management and health management programs. They will also continue to be supported by our specialty pharmacy vendors.❖

CPOE Will Not Be Required for Participation in BCBSMA'S Hospital Incentive Program

As you may know, the Commonwealth of Massachusetts will require hospitals to use computerized physician order entry (CPOE) starting in 2012 as a condition of licensure. In light of this and recent federal efforts to stimulate the adoption and meaningful use of electronic health records (EHRs)—including the mandatory use of CPOE—BCBSMA has decided it will not require hospitals to implement and use CPOE as a threshold for participation in our incentive programs.

Our original decision to require CPOE, announced in 2008, was compelled by work done by the Massachusetts Hospital CPOE Initiative* that clearly demonstrated the quality, safety, and financial benefits of these systems.

While we still support the Massachusetts Hospital CPOE Initiative's efforts and believe CPOE is an important tool in the effort to avoid preventable medical errors, we want to avoid creating any potential conflicts that may result from varying timelines set by BCBSMA, the state, and the Centers for Medicare & Medicaid Services.

BCBSMA applauds hospitals that have already implemented CPOE and those that are currently or planning to undertake this important work.❖

**The Massachusetts CPOE Initiative is a collaborative effort among the New England Healthcare Institute, the Massachusetts Technology Collaborative, and other community stakeholders.*

Updated Disease Guidelines Are Available on BlueLinks for Providers

Several disease guidelines have been reviewed and approved, and are now available on our website. To access these evidence-based guidelines, log on to **www.bluecrossma.com/provider** and click on **Manage Your Business>Manage Patient Care**. After selecting the appropriate condition from the drop-down menu, you can find the guidelines listed under the **Medical Decision Support** tab.❖

Guidelines:	Update status:
Care Guide for Cardiovascular Disorders ▸ Atrial Fibrillation ▸ Coronary Heart Disease ▸ Heart Failure ▸ Hypertension	Guidelines have been updated.
Care Guide for Major Depression in Adults in Primary Care	Dosing guidelines have been updated to reflect BCBSMA's current formulary.
2009 Massachusetts Guidelines for Adult Diabetes Care	No changes were made for 2010.

Physician News

Total Health Connection: The Link Between Children's Oral and Overall Health

The Centers for Disease Control & Prevention reports that tooth decay (dental caries) is one of the most common diseases in children in the United States—five times as common as asthma. It affects nearly 60% of children and has gotten worse, increasing 15% among children ages two to five between 1994 and 2004 (Pew Children's Dental Campaign).

As with any chronic disease, prevention is key.

Oral health, as you know, is an important component of a child's overall health and development. Since physicians and other pediatric health care providers see babies and infants more regularly in their offices than a dentist, it's important to be aware of the child's oral health and to intervene, if necessary.

"The physician's role doesn't replace the role of the dentist," says Robert Lewando, DDS, BCBSMA Dental Director. "It's part of a collaborative responsibility for the child's oral health."

The American Academy of Pediatric Dentistry (AAPD) recommends establishing a "dental home," derived from the American Academy of Pediatrics concept of the medical home, by the child's first birthday. The physician or other primary care provider can be instrumental in explaining the importance of this to the child's caregiver.

Recommending an early dental appointment offers a professional, preventive intervention and education at an age when dental caries can best be reduced or eliminated.

Tips for Health Care Professionals

Dr. Lewando suggests educating caregivers of young children so they can institute preventive therapies to decrease the incidence of dental caries in the child during this at-risk time in their development. This includes:

- Caregiver education
- Oral health screening for evident decay and normal tooth development
- Oral hygiene recommendations
- Dietary information
- Prescription of fluoride supplements, if indicated.❖

Oral Health Educational Resources for Pediatric Health Care Providers

Many educational opportunities provided through these resources offer continuing education credits:

- AAP's Oral Health Initiative: **www.aap.org/oralhealth**
- American Academy of Family Physicians, Smiles for Life: **www.smilesforlife2.org**
- AAPD's *Policy on Use of a Caries-risk Assessment Tool (CAT) for Infants, Children, and Adolescents*: go to **www.aapd.org**, click on **Policies and Guidelines**, then scroll down to **Oral Health Policies**.❖

Physician News

BCBSMA Sponsoring Limited Number of eRx Licenses in 2010

Supporting e-prescribing (eRx) is part of BCBSMA's efforts to enhance the safety, quality, and affordability of patient care in Massachusetts. BCBSMA, recognized nationally as a leader, has helped sponsor more than 6,000 providers with eRx technology, enabling more than 20 million prescriptions to be transmitted electronically in the state over the last six years.

This year, BCBSMA continues to sponsor license subsidies for providers that can be used for select standalone eRx systems or to enable eRx within an electronic health record (EHR) system. The limited one-year subsidies, offered through DrFirst and MedPlus, are available on a first-come, first-served basis to select prescribers who have not yet adopted eRx technology. As a reminder, prescribing providers must use eRx for our members starting January 1, 2011 to be eligible to earn full incentives in BCBSMA provider incentive programs.

By offering providers the option to enable eRx within an EHR, we aim to help providers move toward a fully functional EHR and achieve "meaningful EHR use" as defined by the federal HITECH Act. The HITECH Act provides incentive payments to eligible providers who reach a certain threshold of EHR utilization. eRx is one qualifying component for the incentive.

For more details, refer to our *2010 eRx License Sponsorship Program Fact Sheet*, log on to **www.bluecrossma.com/provider** and click on **Resource Center>Admin Guidelines & Info>Fact Sheets**; then scroll down to the Technology menu.❖

Pharmacy Update

Troubleshooting Your Patients' Pharmacy-related Issues

It's a common scenario—your patient tells you she went to the pharmacy to pick up her prescription, but the claim was rejected and she couldn't get her prescription filled. She then calls you for help. Your office manager calls Express Scripts, Inc. (ESI), our pharmacy benefit manager and learns that a call to BCBSMA's Clinical Pharmacy Operations is required for authorization. Our technologies can help you avoid such experiences.

Using BCBSMA's technology tools can help you get answers to your pharmacy questions, help your patient get his or her prescription sooner, and reduce effort for your staff. You can use technologies to:

- Search our formularies to learn about coverage and requirements for specific medications. Log on to **www.bluecrossma.com/provider**; then click **Manage Your Business>Search Pharmacy & Info.**
- Submit requests for prior authorization, quality care dosing overrides, and formulary exceptions. Visit ExpressPA at **https://www.express-pa.com** (registration is required).

If you have clinical questions that cannot be addressed by using these tools, call Clinical Pharmacy Operations at **1-800-366-7778.** Calls placed to this number after business hours are routed to ESI, where their staff are available to help.❖

About ESI, Our Pharmacy Benefit Manager

- ESI, our pharmacy benefits manager, negotiates medication prices with drug companies and contracts with pharmacies nationwide to dispense drugs to our members.
- Call ESI directly ***only*** if you want to learn if an e-prescribing vendor is certified by them.
- Do not call ESI for member benefit information or medication authorization. Sometimes, a retail pharmacy will erroneously tell a member or provider that they should call ESI for questions about a prescription that cannot be processed; please call BCBSMA instead.❖

BCBSMA News

Local Firefighters Participate in BCBSMA's Fitness Challenge

More than 160 Massachusetts firefighters recently completed BCBSMA's Firefighter Fitness Challenge. The goal of the 12-week friendly competition, which kicked off in January, was to improve their health and wellness. Firefighters from Arlington, Framingham, Hingham, Hudson, Ludlow, Peabody, and Rockland participated.

Hudson, the winning station, received a $2,000 wellness grant, and several other prizes valued at $50 were given to the top performers and those with the most improvement from each station.

Participants joined gyms, began eating healthier foods with their families, and lost weight. Rob O'Hare, a Hudson firefighter and the top performer across all stations, made a seven-hour trek from Hudson to Arlington on foot.

"It was not easy to get the steps that I did, but the ActionTracker gave me the motivation and the accountability that I needed to stick with it," said O'Hare. "This challenge has helped me reflect on areas of my life I've been ignoring."

Left: Arlington Firefighter Lt. Paul Houser has his blood pressure evaluated as part of the official screening for the 12-week Firefighter Fitness Challenge, sponsored by BCBSMA.

Above, Hudson firefighers receive a $2,000 wellness grant from BCBSMA. From left: BCBSMA's Steve Shay, Melissa Miner, and Jamie McCourt; Hudson firefighters Bryan Johannes, Judy Rice, Rob O'Hare (the top performer across all stations), and Doug Schaeffer; and BCBSMA's Tim O'Brien and John Coughlin.

The participants' success was measured by FitAware ActionTrackers provided by AWare Technologies. The devices recorded the number of steps each person took during the challenge, whether walking, running, or climbing a ladder.

Tracking Trends

Looking at health care trends of labor unions, including firefighters, BCBSMA found that many individuals did not visit their primary care providers regularly, and could use help improving their fitness and lowering the risk of cardiovascular disease. Last fall, participating firefighters began taking part in nutrition and educational seminars to prepare them for the challenge. They underwent pre-challenge biometric assessment, and received on-site physical training sessions and healthy cooking demonstrations.

The challenge also had a social networking component that kept participants engaged. Firefighters could monitor progress tracked by their ActionTrackers on the FitAware website and communicate online with each other throughout the 12 weeks. The top performers from each station achieved an average number of steps ranging from 12,924 to 46,189, and those showing the most improvement saw results ranging from a 57% to 1,342% improvement in steps from the start to the finish of the challenge.

"The commitment firefighters in this challenge made to improve their health and fitness is commendable," said Bryce Williams, BCBSMA's Senior Director of Health and Wellness. "Several participants experienced a weight loss of 10 pounds or more, which can make a noticeable difference in helping to lower their blood pressure, reduce the risk of diabetes, and improve overall health. We look forward to their continued success."

To see more results, go to **www.bluecrossma.com** and click on **Visitor>Newsroom>Press Releases.**❖

Office Staff Notes

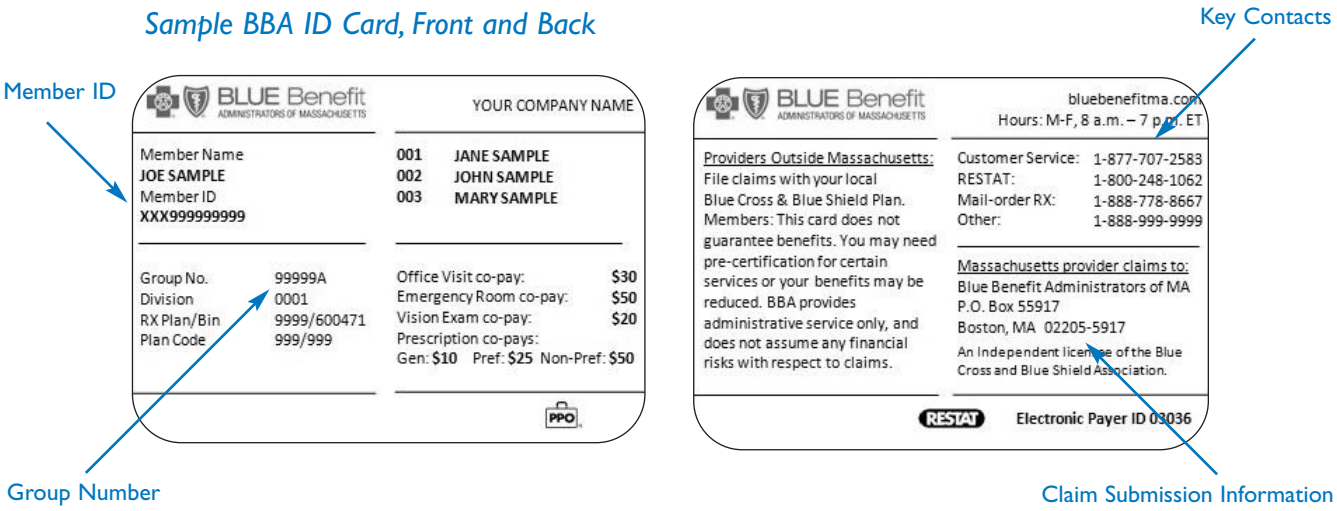
Blue Benefit Administrator of Massachusetts Member Information

Blue Benefit Administrator of Massachusetts (BBA) health plans are self-funded, ERISA-based, PPO plans that can be customized by each employer group. These plans offer in- and out-of-network benefits and give the member the flexibility to coordinate his or her own care.

BBA members have access to the BCBSMA network of providers and to the National BlueCard® Program network for in-network benefits. A copy of the BBA member ID card is shown below.

For more information about the BBA benefit designs, including information about how to do business with BBA of Massachusetts, refer to your recent *F.Y.I.* from BBA; call their customer service number at **1-877-707-BLUE (2583)**; or go to their website at **www.bluebenefitma.com.**❖

Sample BBA ID Card, Front and Back



Our Provider Services Hours Have Changed

BCBSMA's Provider Services area recently adjusted its Thursday hours. Effective June 1, 2010, the new hours are **9:30 a.m. to 4:30 p.m.** Please note, this change applies to professional and ancillary providers, as well as hospitals. For all hours and phone numbers, please refer to the listing on the back page. As a reminder, we offer technology tools—available through our provider website, **www.bluecrossma.com/provider**—that can help you quickly resolve simple issues, such as checking claim status and verifying eligibility.❖

BCBSMA Will Implement Global Surgical Periods for NOC Codes

Effective September 1, 2010, BCBSMA will begin processing "Not Otherwise Classified" (NOC) surgical claims and associated medical care according to the global surgical rules.

Global surgical reimbursement includes services rendered by the surgeon during the global period that are related to the surgery.

For more details, refer to billing guideline 394, *Global Surgical Package*, available online. Go to **www.bluecrossma.com/provider** and click on **Medical Policies.**❖

ClaimCheck™ Will Be Updated This Fall

BCBSMA will implement the latest version of ClaimCheck claims editing software in early fall. To access our Internet-based code auditing tool, log on to our website at **www.bluecrossma.com/provider** and click on **Manage Your Business>Use Clear Claim Connection**. Then, enter your NPI for secure access to code editing policies, rules, and clinical rationale.❖

Office Staff Notes

BCBSMA Improves Automatic Fax-back Program for Physicians

BCBSMA communicates our medical necessity authorization decision to the hospital and physician through our auto fax-back process, letters, and our weekly fax reports.

With the increased use of InterQual®´ SmartSheets™ to submit your prior authorization requests, BCBSMA improved the Automatic Fax-back (AFB) Program, our automated fax process for generating the *Daily Inpatient and Outpatient Notification Report* to providers.

Our AFB Program enables both facilities **and physicians** to receive notices of medical determination within 24 hours.

The report contains all service approvals and denials entered daily into our medical management authorization system for facilities and practices.

If you are not already enrolled in our AFB Program, please complete the *Daily Notification Report Request Form* and fax it to the number listed on the form.

To download the form, log on to **www.bluecrossma.com/provider** and click on **Resource Center> Forms>Authorization Forms**.

Once enrolled, you will receive a fax notification each time a member's case is entered into our system.❖

How Lowell General PHO Improved Performance on Outpatient Quality Measures

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Young and Comeau said this outreach effort was successful because the practices dedicated the time and resources to call the patients.

Practice Results Shared

Each practice's results were reported to the entire PHO, which provided even more incentive to succeed. Young said this was an important initiative to motivate the doctors.

"Doctors are proud of their numbers and want to share them across the practice. It helped with physician buy-in," she said.

Weekly E-mails and Basic Coding

Office staff were kept up-to-speed on correct coding for the AQC quality measures. All the PHO practices received the "Friday Flash"—weekly reminders on specific codes to use for the defined AQC quality measures.

Communicating Goals

Young attributes the PHO's success to its commitment, starting from its leadership, to communicate its AQC quality goals throughout the affiliated practices and share best practices throughout the organization—quite a challenge, since the PHO is comprised mostly of small practices with one to three physicians each.

"We really focused on physician practice outreach," said Young. "We used our bi-monthly PCP meetings to continually emphasize the importance of the measures, and we used follow-up one-on-one meetings to discuss implementing these outreach approaches."

Looking Ahead

In 2010, Lowell General PHO plans to focus on helping its younger patients receive recommended well visits, particularly college students. Young says this is a challenge, as college students who live at school typically only come home for short visits. As a result, the physician practices are getting creative.

"We have one doctor who kept his practice open the day after Thanksgiving to accommodate college students," said Young. "These physician practices are dedicated to improving patient care."❖

About BCBSMA's Alternative Quality Contract (AQC)

The AQC offers our physician and hospital partners an opportunity to earn reimbursement through a payment structure that rewards efficiency and quality of care. It includes substantial performance incentives tied to nationally accepted measures of quality, effectiveness, and patient experience. Learn more at **www.bluecrossma.com/quality**.❖

Coding Corner

Correct Coding and Documentation for Diabetes Mellitus

Accurate documentation and ICD-9-CM coding of a patient's condition in the medical record paints a comprehensive and complete picture of a patient's overall health and potential needed treatments. Assigning the correct ICD-9-CM code for diabetes mellitus and associated conditions can be challenging for providers and coders.

For diabetes mellitus, the correct ICD-9-CM category is 250. In addition, fourth and fifth digits are required:

- The **fourth digit** identifies any **condition or manifestation** associated with diabetes.
- The **fifth digit** refers to **Type 1 or Type 2 diabetes**, and whether the diabetes is **controlled or uncontrolled**.

Using the Fourth-digit Descriptor: Diabetic Complications

If your patient has a diabetic condition or a condition associated with diabetes, the diabetic code (250.xx) for the specific condition should be assigned. (See left-hand chart below for fourth-digit descriptors for diabetic complications or manifestations.)

Scenario

Your patient has non-insulin dependent Type 2 diabetes mellitus and has numbness in both of his feet. If you diagnose peripheral neuropathy due to diabetes, the chart note must specifically state that the peripheral neuropathy is due to the diabetes or that the patient has diabetic peripheral neuropathy. The code for peripheral neuropathy is also assigned as an additional code for the manifestation.

Using the Fifth-digit Descriptor: Type 1 and Type 2, Controlled or Uncontrolled

In 2004, ICD-9-CM guidelines changed the fifth-digit descriptors for diabetes category 250 to "Type 1" and "Type 2" (described as "controlled" or "uncontrolled") and removed the parenthetical references to "non-insulin dependent type," "insulin dependent type," and "adult-onset type" diabetes. (See right-hand chart below for fifth-digit descriptors for diabetes category 250.)

While uncontrolled diabetes is a non-specific term indicating that the patient's blood sugar level is not kept within acceptable levels by his or her current treatment regimen, documenting "poorly controlled" cannot be assumed to mean "uncontrolled" according to coding guidelines.

Always remember to document Type 1 or Type 2 diabetes, and whether the diabetes mellitus is controlled or not controlled.❖

Fourth-digit Descriptors: Diabetic Complications or Manifestations

ICD-9 Code:	Narrative:
250.0x	Diabetes without mention of complication
250.4x	Diabetes with renal manifestations
250.5x	Diabetes with ophthalmic manifestations
250.6x	Diabetes with neurological manifestations
250.7x	Diabetes with peripheral circulatory disorders
250.8x	Diabetes with other specified manifestations

Fifth-digit Descriptors: Diabetes Category 250

Fifth digit:	Description:
0	Type II or unspecified type, not stated as uncontrolled
1	Type I (juvenile type), not stated as uncontrolled
2	Type II or unspecified type, uncontrolled
3	Type I (juvenile type), uncontrolled

Ancillary News

Codes Added to the Durable Medical Equipment (DME) Fee Schedule

The codes below were added to the fee schedule for DME providers, effective for dates of services on or after March 1, 2010 for all products.

Please note that we have developed medical policy 003, *TENS*, effective March 1, 2010, to address coverage criteria for these procedure codes.

To access this medical policy, go to **www.bluecrossma.com/provider** and click on **Medical Policies.**❖

Code:	Narrative:	Modifier:	Fee:	Designation:
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	RR	$37.82	Supply
		NU	$378.24	
E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	RR	$38.13	
		NU	$381.31	
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	RR	$31.20	
		NU	$311.97	
A4595	TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	NU	$29.65	

Medical Policy Update

All updated medical policies will be available via:

- www.bluecrossma.com/provider>Medical Policies.
- Fax-on-Demand at 1-888-633-7654

Changes

Array Comparative Genomic Hybridization (aCGH) for the Genetic Evaluation of Patients with Developmental Delay/ Mental Retardation or Autism Spectrum Disorder, 228. New medical policy describing non-coverage of array comparative genomic hybridization to determine genetic etiology. Effective 9/1/10.

Assays of Genetic Expression in Tumor Tissue: Technique to Determine Prognosis of Breast Cancer, 055. Excluding coverage for ICD-9-CM diagnosis code 198.81 (secondary malignant neoplasm of other specified sites, breast). Effective 9/1/10.

Automated Percutaneous Discectomy, 231. New medical policy describing non-coverage of automated percutaneous discectomy. Coverage statements regarding this procedure will be removed from medical policy 099, *Percutaneous Lumbar Discectomy*. Effective 9/1/10.

Genetic Testing for Inherited Susceptibility to Colon Cancer, including Microsatellite Instability Testing, 226. New medical policy describing coverage of genetic testing for inherited susceptibility to colon cancer and microsatellite instability testing. The same information regarding these tests will be removed from clinical recommendation document 365, *Genetic Testing & Counseling*. Effective 9/1/10.

Hematopoietic Stem Cell Transplantation for Acute Lymphocytic Leukemia and Small Lymphocytic Lymphoma, 074. New medical policy describing coverage/non-coverage of this treatment for these diagnoses. The same information will be removed from medical policies 092, *Allogeneic Stem Cell Transplants*, and 126, *Autologous Stem Cell Transplants*. New statement adding coverage of allogeneic transplant in patients with markers for poor risk disease. Effective 9/1/10.

Home Apnea Monitoring, 224. New medical policy describing coverage and non-coverage of home apnea monitoring. Effective 9/1/10.

Home Apnea Monitors & Pneumograms, 151. This clinical recommendation will be removed from our BlueLinks for Providers website, and replaced with new medical policy 224, *Home Apnea Monitoring*. Effective 9/1/10.

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Medical Policy Update

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Meniscal Allograft Transplantation and Collagen Meniscus Implants, 110. Adding body mass index (BMI) less than 35 as a covered criterion for meniscal allograft transplantation. Effective 9/1/10.

Microprocessor Controlled Prostheses for the Lower Limb, 133. Implementing prior authorization for our commercial managed care products only. Effective 9/1/10.

MRI of the Breast, 230. New medical policy describing coverage and non-coverage for MRI of the breast. The same information will be removed from medical policy 106, *Magnetic Resonance*. Also adding coverage to evaluate a documented abnormality of the breast prior to obtaining an MRI-guided biopsy when there is documentation that other methods, such as palpation or ultrasound, are not able to localize the lesion for biopsy. Effective 9/1/10.

Myoelectric Prosthetic Components for the Upper Limb, 227. New medical policy describing coverage and non-coverage. Effective 9/1/10.

Oncologic Applications of PET Scanning, 229. New medical policy document describing coverage and non-coverage for oncologic applications of PET scanning. The same information will be removed from medical policy 358, *PET Scan*. Also adding covered indications for ovarian, cervical, and testicular cancer. Effective 9/1/10.

Percutaneous Transluminal Angioplasty, 077. Adding complicated distal thoracic aortic dissections as covered indications for endovascular stent grafting. Effective 9/1/10.

Sleep Disorders, 293. Coverage and non-coverage of unattended home sleep studies will be added to this medical policy. All of the changes below are effective 9/1/10.

- Adding coverage of auto-adjusting continuous positive airway pressure (CPAP) during a 2-week trial to initiate and titrate CPAP in adult patients with clinically significant obstructive sleep apnea (OSA). Effective 9/1/10.
- Adding coverage of supervised polysomnography as a diagnostic test in patients with the following:
  - Obesity, defined as a body mass index greater than 35kg/m2 in adults, or greater than 90th percentile for the weight/height ratio in pediatric patients
  - Craniofacial or upper airway soft tissue abnormalities, including adenotonsillar hypertrophy, or neuromuscular disease
  - Moderate or severe congestive heart failure, stroke/transient ischemic attack, coronary artery disease or significant tachycardia or bradycardic arrhythmias in patients who have nocturnal symptoms suggestive of a sleep-related breathing disorder. or otherwise are suspected of having sleep apnea.
- Clarifying coverage of repeated supervised polysomnography to initiate and titrate CPAP in adult patients with clinically significant OSA.
- Adding coverage of repeated supervised polysomnography under the following circumstances:
  - Failure of resolution of symptoms or recurrence of symptoms during treatment, or
  - To assess efficacy of surgery (including adenotonsillectomy) or oral appliances/devices, or
  - To re-evaluate the diagnosis of OSA and need for continued CPAP (e.g., if there is a significant change in weight or change in symptoms suggesting that CPAP should be retitrated or possibly discontinued).
- Adding coverage of repeat unattended home sleep studies.
- Excluding coverage of unattended home sleep studies for pediatric patients (under age 18).
- Clarifying non-coverage of unattended sleep studies in adult patients who are considered at low-to-moderate risk for obstructive sleep apnea. Effective 9/1/10.

Stereotactic Body Radiation Therapy, 277. In March 2010 *Provider Focus*, we announced that BCBSMA would require prior authorization for stereotactic body radiation therapy for our managed care products (excluding Medicare HMO Blue) for the following CPT codes, effective 6/1/10: 77373 (Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions) and 77435 (Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions). In addition, we stated in May *Provider Focus* that prior authorization would be required for Medicare HMO Blue, effective 8/1/10. ***Please note: we will not*** be implementing prior authorization for any of our managed care products, including Medicare HMO Blue.

Treatment of Damaged Myocardium, Transmyocardial Laser Revascularization, 424. Adding required criteria for the coverage of transmyocardial laser revascularization. Effective 9/1/10.

Changes, continued on page 11

Medical Policy Update

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Tyrosine Kinase Mutations in Myeloproliferative Neoplasms, 079. New medical policy describing coverage and non-coverage of genetic testing in the diagnosis of patients presenting with clinical, laboratory, or pathological findings suggesting classic forms of myeloproliferative neoplasms (MPN), such as, polycythemia vera (PV), essential thrombocythemia (ET), or primary myelofibrosis (PMF). Effective 9/1/10.

Unattended Home Sleep Studies, 129: This medical policy will be removed from our BlueLinks for Providers website effective 9/1/10. Coverage and non-coverage statements regarding this procedure will be found in medical policy 293, *Sleep Disorders*, effective 9/1/10.

Clarifications

Chelation Therapy, 122. Clarifying the non-covered indication of arthritis, which now includes rheumatoid arthritis.

Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, 076. New medical policy describing coverage and non-coverage of this treatment for this diagnosis. The same information will be removed from medical policy 092, *Allogeneic Stem Cell Transplants*, and 126, *Autologous Stem Cell Transplants*.

Hematopoietic Stem Cell Transplantation for Multiple Myeloma, 075. New medical policy describing coverage and non-coverage of this treatment for this diagnosis. The same information will be removed from medical policy 092, *Allogeneic Stem Cell Transplants*, and 126, *Autologous Stem Cell Transplants*.

Magnetic Resonance, Breast, 106. Clarifying non-coverage of MRI of the breast for diagnosis of a suspicious breast lesion in order to avoid biopsy.

Medical Technology Assessment Non-Covered Services, 400. The updates below were posted to this policy 6/1/10:

- Clarifying coverage of surgical techniques requiring use of robotic surgical system (addressed in our *Robotic Surgical Systems Payment Policy*). BCBSMA reimburses contracted providers for covered surgical services at a global rate, in accordance with their provider contract and network fee schedules. BCBSMA does not provide additional reimbursement for surgical services that use a robotic surgical system. The underlying surgery is reimbursed based on the provider's fee schedule.
- Removing ImPACT™ concussion management test from the list of non-covered services. This test is part of the evaluation and management of patients with sports-related injuries. The provision of and/or the interpretation of the ImPACT test will not receive any additional reimbursement above and beyond the reimbursement for an appropriately billed office visit.

PET Scan, 358. Clarifying:

- The ICD-9-CM diagnosis codes for petit mal status (345.2) and grand mal status (345.3) listed as covered indications in footnote 30
- PET scan for prostate cancer and surveillance imaging is considered investigational
- The investigational non-covered applications for PET scan for soft tissue sarcoma.

Phototherapy, 059. Clarifying UV-B language, covered indications, and formatting changes.

Plastic Surgery, 068:

- Clarifying coverage exclusion of laser hair removal as a treatment of a pilonidal cyst
- Clarifying coverage of excess skin removal when there is documentation of functional impairment or recurrent documented rashes or non-healing ulcers.

Spinal, Vagal, Deep Brain, Cerebellar Stimulation, 083. Clarifying non-coverage of the use of these stimulators as a treatment for critical limb ischemia as a technique to forestall amputation and as a treatment for refractory angina pectoris.

Ultrasound, Obstetrical, 007. Clarifying that covered clinical indications for CPT code 76815 include ICD-9-CM diagnosis 634.92 (complete spontaneous abortion without mention of complication).❖

New Numbers Assigned to Previously Announced Medical Policies

The following new medical policies, originally announced in March 2010 *Provider Focus* with an effective date of 6/1/10, have been assigned new policy numbers.

- *Endovascular Stent Grafts for Thoracic Aortic Aneurysms or Dissections*, 233
- *Intraepidermal Nerve Fiber Density*, 234
- *Implantation of Intrastromal Corneal Ring Segments*, 235.❖

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Providerfocus

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