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Providerfocus

MASSACHUSETTS

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

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E-prescribing Required to Qualify for Incentive Programs Starting Next January

Given the complex challenges of health care quality and cost, Blue Cross Blue Shield of Massachusetts (BCBSMA) Chairman and CEO Cleve Killingsworth has charged the company with finding solutions. Our solutions are based on the belief that the most promising way to slow rising health care costs is to improve the quality, safety, and effectiveness of the health care our members receive.

Research by the well-respected New England Healthcare Institute (NEHI) reveals that approximately one-third of the $2.4 trillion the nation spends annually on health care (or about $800 billion) is wasted on medical mistakes, hospital-acquired infections, medication errors, overuse of emergency rooms, and unnecessary laboratory tests and medical imaging.

BCBSMA has developed a number of initiatives designed to promote high-quality, cost-effective, efficient care for our members and help reduce wasteful practices, including medication errors.

As part of these efforts, starting January 1, 2011, providers who prescribe and wish to participate in BCBSMA provider incentive programs must use electronic prescribing for BCBSMA members by January 1, 2011. These providers will be required to demonstrate e-prescribing use or their incentive payments will be impacted.

The requirement applies to both primary care providers, including nurse practitioner PCPs, and specialists who prescribe medications in the ambulatory care setting.

A study commissioned by BCBSMA has shown that e-prescribing can:

- Enhance patient safety through alerts to potential drug interactions and reduced handwriting interpretation errors
- Improve office efficiency by speeding the renewal process

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In This Issue

In Brief

BCBSMA Collaborates on Administrative Simplification Efforts

As the debate continues over how to control health care costs, BCBSMA is collaborating with providers, payers, and employers to reduce administrative costs in Massachusetts.

Through its involvement in Employers Action Coalition on Healthcare (EACH), BCBSMA, along with the Massachusetts Hospital Association, Massachusetts Medical Society, and the Massachusetts Association of Health Plans, is supporting efforts to improve and streamline administrative processes in Massachusetts. As a member of the Administrative Simplification Collaborative, EACH is driving efforts to:

- Standardize and streamline eligibility processes across all payers
- Reduce the occurrence of duplicate claim denials
- Standardize and streamline denied claims appeals processes
- Research the possibility of standardizing payer medical policies.

The Collaborative plans to implement a multi-payer, community-wide, web-based provider training program early this year to help address the complexities associated with eligibility verification.❖

Physician News

MASSACHUSETTS

Red Blood Cell Agents Transition to Pharmacy Benefit Delayed Until April 1, 2010

We previously communicated that, effective as of January 1, 2010 (and upon account renewal), some members would only have access to certain specialty medications through their pharmacy benefit. At this time, we have decided to delay the start of the transition of three of these medications to the pharmacy benefit until April 1, 2010 and upon account renewal.

The three delayed medications are Aranesp, Epogen, and Procrit. We will implement the benefit change for the other medications, as communicated, starting January 1, 2010 and upon account renewal.

To view an updated list of *Medications Transitioning from the Medical Benefit to the Pharmacy Benefit* starting January 1, 2010, log on to **www.bluecrossma.com/provider** and click on **Manage Your Business>Search Pharmacy & Info>Drug Management Programs.**❖

Double Your Patients' Chances of Quitting Smoking with QuitWorks℠

Smoking remains the number one preventable cause of illness and death in the Commonwealth and in the United States, according to the Massachusetts Department of Public Health (MDPH). More than 8,000 Massachusetts residents die annually from the effects of smoking, and tobacco use is associated with $4.3 billion in excess health care costs in Massachusetts each year.

To address this problem, the MDPH, in collaboration with all major Massachusetts health plans, offers QuitWorks, a free, evidence-based referral service. QuitWorks connects patients with phone-based counseling to help them stop smoking.

Now, when you refer your patients to QuitWorks, they will receive a free two-week supply of nicotine patches* in addition to free, phone-based counseling.

Studies have shown that smokers who use medication and counseling together are more than twice as likely to quit smoking for good.

Enrolling your patients is easy. Identify your patients who use tobacco and want to try to quit, then fax a simple enrollment form. QuitWorks will contact your patient and offer them patches and counseling. You will be notified of the services your patient selects.

Access to QuitWorks' acclaimed phone-based counseling is not time-limited, but the patch promotion will be offered while supplies last.

For more information and referral forms, go to **www.quitworks.com**. Or, contact John Bry at **617-624-5973** or **john.bry@state.ma.us.**❖

**QuitWorks will conduct a medical eligibility screening on all patients.*

QuitWorks: By the Numbers

- Since July 2009, more than 300 providers have used QuitWorks for the first time.
- Since April 2002, 22,742 tobacco users have been referred to QuitWorks.
- 79% of patients contacted by QuitWorks have made serious quit attempts; 25% of these patients have quit.❖

Training Update

Take Advantage of Our Training Opportunities on BlueLinks for Providers

BCBSMA offers many online training courses to help you better serve your BCBSMA patients.

To register or to view a list of all our online training courses, log on to **www.bluecrossma.com/provider** and click on **Resource Center>Training & Registration>Course List**. Select the course title that meets your needs.

The following two courses have recently been posted online:

Blue Options Tiered Network Product Overview—*NEW*

Learn about the new Blue Options family of tiered network plan designs. Blue Options offers members an affordable choice that encourages them to make health care decisions using provider cost and quality criteria. Learn about the tier structure and deductible amounts, how we educate members to make informed choices using resources such as our Find a Doctor directory, how to identify a Blue Options member, and more.

BlueCard® Program—*UPDATED*

The BlueCard Program allows members of other Blue Cross Blue Shield plans to receive covered services through BCBSMA's provider networks. By completing this course, you'll be able to recognize BlueCard members, check eligibility, bill for covered services, troubleshoot common issues encountered with claims, and learn about recent enhancements and changes to the BlueCard Program.❖

E-prescribing Required to Qualify for Incentive Programs Starting in 2011

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and reducing pharmacy callbacks

- Simplify the prescription process by sending the prescription directly to the patient's pharmacy
- Lower the cost of copayments for patients through increased formulary compliance.*

Utilization Requirement

To meet the e-prescribing requirements, 50% or more of BCBSMA prescriptions must be written electronically. This will be measured as the average over a 12-month period (January to December), beginning in January 2011.

Meeting the utilization threshold provides eligibility to earn the full incentive, but this does not guarantee that the incentive measure will be earned. If the utilization threshold is not achieved, eligibility for the incentive will not be granted.

System Requirements

Providers must use a qualified e-prescribing technology that must be either:

- An electronic medical record (EMR) with eRx functionality enabled
- A stand-alone eRx system.

The specific product, version, and instance of the product must be Surescripts-certified for the following services, and e-prescribing must be enabled in the EMR or stand-alone system:

- Prescription benefit, including eligibility/formulary and reporting
- Prescription history (at a minimum, medication history from health plans/pharmacy benefit managers is required)
- Prescription routing (electronic transmission) for new retail and mail order prescriptions and retail prescription renewals.

To find out if an application is Surescripts-certified, please visit **www.surescripts.com/certification-status.html**.

The requirements are subject to change depending on industry developments prior to 2011.

Questions?

Please contact your Network Manager at **1-800-316-BLUE (2583)**.❖

To read more about the e-prescribing study, go to **www.bluecrossma.com/provider and click on **News>What's New at BCBSMA**.*

Office Staff Notes

Medical Security Program (MSP) Selects Blue Options Tiered Network Plan

The Massachusetts Division of Unemployment Assistance has recently selected Network Blue® Options v.3 Deductible for its clients who receive direct coverage through the Medical Security Program (MSP), effective January 1, 2010.

Network Blue Options v.3 Deductible is a tiered network product. Currently, Medical Security Program members have Network Blue Preferences.

As a result of the change, more than 25,000 members who receive coverage through the MSP will be moving to a tiered network plan design.

Many BCBSMA employees have also selected a tiered network plan design for 2010. For this reason, we'd like to remind you about the tiered network plan design's structure so you can help your patients keep their health care costs low.

The tiered network benefit design gives members access to care for a full range of services, including:

- Preventive care, including routine physicals
- Emergency care across the country
- Access to specialists, inpatient care, and surgery
- Medications
- More than 17,000 doctors and over 70 hospitals.

Under the tiered network benefit designs, primary care providers (PCPs) and hospitals in Massachusetts are grouped into three benefits levels—or tiers:

- Enhanced Benefits Tier. When members seek care from these providers, they pay the lowest cost-sharing. This tier includes Massachusetts primary care providers (PCPs) and hospitals that meet our quality benchmark and our benchmark for lowest cost.
- Standard Benefits Tier. This tier offers mid-level cost-sharing, and includes Massachusetts PCPs and hospitals that meet our quality benchmark and our benchmark for moderate cost. It also includes providers without sufficient data for measurement on one or both benchmarks. In limited circumstances, to provide geographic access for members, the Standard Benefits Tier includes certain providers whose scores would put them in the Basic Benefits Tier.
- Basic Benefits Tier. This tier includes Massachusetts PCPs and hospitals that score below our quality benchmark and/or our benchmark for moderate cost, and therefore the cost-sharing for seeking care from these providers is highest for members.

The tiered network cost differentials apply to most of the care patients receive from their PCP and hospital, such as surgery, and lab and radiology tests.

To help your patients manage their costs, we urge you to refer them to Enhanced or Standard Benefits Tier hospitals if they require hospital care.

To check the tiering of providers, visit **www.bluecrossma.com/msp**.

Questions?

- If your MSP patients have questions regarding their health insurance benefits, please encourage them to go to **www.bluecrossma.com/msp** or to call the Member Service number on their ID card.
- Questions regarding MSP program eligibility, application, or enrollment status should be directed to the Massachusetts Division of Unemployment Assistance by visiting **www.mass.gov/dua/msp** or by calling **1-800-908-8801**.❖

Office Staff Notes

BCBSMA Clarifies Its Policy on Credentialing Fellows

BCBSMA has clarified our existing policy regarding the credentialing of providers who are board-certified or board-admissible in their primary specialty and in an active clinical fellowship program. BCBSMA may credential such providers for "moonlighting" services they provide at that training facility that are outside the scope of the fellowship, only if the facility submits a signed attestation stating it will not use the fellow's individual national provider identifier (NPI) number to bill for services rendered as part of the fellowship program.

To obtain an attestation form, please contact your Network Manager at **1-800-316-BLUE (2583).**❖

Updated DME Codes Available for Physicians, Podiatrists, and Nurse Practitioners

BCBSMA has updated its list of reimbursable durable medical equipment (DME) items for physicians, podiatrists, and nurse practitioners.

These updates, effective for dates of service on or after January 1, 2010, result from recent Healthcare Common Procedure Coding System (HCPCS) changes:

- Added A6549, L0637, L3807 and L5000
- Deleted A6542, A6543, L0210, L1800, L1815, and L3700
- Updated fees for L3908 and L3927.

To access the revised document, *Durable Medical Equipment and Supplies That Can Be Billed by a Physician, Podiatrist, and Nurse Practitioner*, log on to our website at **www.bluecrossma.com/provider** and click **Resource Center> Admin Guidelines & Info**, then scroll down to **Updated DME Codes.**

As always, be sure to bill only codes within the scope of your practice specialty, and check member benefits and eligibility prior to rendering services.❖

Reminder: Billing for Durable Medical Equipment Services Provided During an Inpatient Hospital Stay and at a Skilled Nursing Facility

When durable medical equipment (DME) services are provided to a BCBSMA member during an inpatient stay at a hospital or facility (i.e., acute care, rehabilitation, or long-term care), only the hospital/facility—not the DME provider—should submit a claim to us for DME services rendered during the inpatient stay. The hospital/facility is then responsible for reimbursing the contracted DME provider.

For BCBSMA members receiving care at a skilled nursing facility (SNF), the following guidelines apply:

- The contracted DME provider may bill BCBSMA directly for specialized DME items, included but not limited to such items as wheelchairs, customized prosthetics and orthotics, and certain types of specialty beds. Claims will be paid according to the BCBSMA DME fee schedule and provider contract, and are subject to the member's DME benefits.
- The DME provider may not bill BCBSMA for disposable items, such as wound dressing, ostomy, and tracheostomy supplies, listed on the DME fee schedule. These items are included in the SNF's per diem rate. The SNF is responsible for billing us and reimbursing the DME provider for these items.❖

Billing Notes

Billing Correctly for Post-operative Nasal Debridement

When billing for nasal debridement procedures following functional endoscopic sinus surgery, be sure to follow the guidelines in the chart below.

In accordance with our policy of following federal regulations, noted in the Billing and Reimbursement section of your *Blue Book* manual, BCBSMA follows federal regulations for global surgical periods when processing postoperative debridement procedures. Therefore, HCPCS code S2342 and CPT® code 31237 will not be reimbursed separately following a surgical procedure with a 10-day or 90-day global period.

To access your *Blue Book* online, log on to **www.bluecrossma.com/provider** and click on **Resource Center>Admin Guidelines & Info>Blue Books.**❖

When billing for:	Use this code:
The limited removal of secretions, crust, or debris from the middle meatus or middle turbinate using suction, irrigation, or straight forceps requiring topical anesthesia (i.e., debridement after functional endoscopic sinus surgery [FESS])	HCPCS code S2342—nasal endoscopy for post-operative debridement following functional sinus surgery, nasal, and sinus cavity(s), unilateral or bilateral.
The removal of crust, debris, or devitalized tissue from the ethmoid, maxillary, and frontal sinus cavities requiring topical or general anesthesia and instrumentation (i.e., debridement of the posterior ethmoid cavity, frontal recess or maxillary sinus)	CPT code 31237—nasal/sinus endoscopy, surgical with biopsy, polypectomy or debridement (separate procedure).

Medical Policy Update

Access the latest updates to medical policies and other documents via:

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

Changes

Cancer Therapy, 051. Adding coverage criteria for prophylactic oophorectomy. Effective 5/1/10.

Endothelial Keratoplasty, 180. New medical policy detailing coverage for endothelial keratoplasty. Effective 5/1/10.

Hematopoietic Stem Cell Transplantation for Primary Amyloidosis or Waldenstrom Macroglobulinemia, 181. New medical policy developed, and comparable language removed from existing medical policies 092, *Allogeneic Stem Cell Transplants* and 126, *Autologous Stem Cell Transplants*. Effective 5/1/10.

Immune Cell Function Assay in Solid Organ Transplantation, 182. New medical policy detailing non-coverage of this assay proposed to monitor and predict immune function after solid organ transplantation. Effective 5/1/10.

Non-BRCA Breast Cancer Risk Assessment, 188. New medical policy describing non-coverage for non-BRCA breast cancer risk assessment. Effective 5/1/10.

Virtual Colonoscopy/CT Colonography, 179. New medical policy document describing the covered and non-covered criteria for virtual colonoscopy. Effective 5/1/10. Information regarding this procedure is currently addressed in medical policy 009, *CT Scan*.

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Medical Policy Update

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Clarifications

Biofeedback for Miscellaneous Indications, 187. Developed new medical policy document describing non-coverage for biofeedback for miscellaneous indications. Comparable information regarding this treatment will be removed from medical policy 178, *Complementary Medicine*.) Effective 5/1/10.

Magnetic Resonance, 106. Clarifying covered indications for magnetic resonance angiography (MRA) of the head to include sudden onset of headache associated with exertion or positional changes.

Mechanical Embolectomy for Treatment of Acute Stroke, 184. Developed new medical policy describing non-coverage of mechanical embolectomy for treatment of acute stroke. Comparable information regarding this procedure will be removed from medical policy 400, *Medical Technology Assessment Non-Covered Services*. Effective 5/1/10.

Medical Technology Assessment Guidelines Non-covered List, 400.

- Clarifying coverage of the following CPT® codes, which aligns with medical policy 388, *Ventricular Assist Devices and Total Artificial Heart*:
  - 0050T: Removal of a ventricular assist device, extracorporeal, percutaneous transseptal access, single or dual cannulation
  - 0051T: Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
  - 0052T: Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)
  - 0053T: Replacement or repair of implantable component or components of total replacement heart system (artificial heart) excluding thoracic unit.
- Clarifying non-coverage of:
  - XLIF® Procedure (Extreme Lateral Interbody Fusion)
  - PillCam™ ESO capsule for esophagus, including but not limited to, the Given® Diagnostic System with the PillCam ESO capsule, PillCam ESO2 Capsule, Given AGILE patency system.

Plastic Surgery, 068. Clarifying coverage of physical complications related to staged mastectomy for breast reconstruction.

Prolotherapy, 183. Developed new medical policy describing non-coverage of prolotherapy. Comparable information regarding this treatment will be removed from benefit information document 215, *Physical Therapy, Occupational Therapy and Speech Therapy*. Effective 5/1/10.

Recombinant and Autologous Platelet Derived Growth Factors as a Treatment of Wound Healing and Other Miscellaneous Conditions, 186. Developed new medical policy document describing the covered and non-covered criteria for recombinant and autologous platelet derived growth factors as a treatment for wound healing. Comparable information regarding this treatment will be removed from medical policy 435, *Wound Healing*.

Ultrasound, Wireless Capsule Endoscopy, 007. Clarifying non-coverage of wireless capsule endoscopy for evaluation of the colon including, but not limited to, detection of colonic polyps or colon cancer.

Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon, 185. Developed new medical policy document describing the covered and non-covered criteria for wireless capsule endoscopy. Comparable information regarding this procedure will be removed from medical policy 007, *Ultrasound*.❖

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Landmark Center
401 Park Drive
Boston, MA 02215

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ROUTING BOX
Date received:_____
Please route to:
- ☐ **Office manager**
- ☐ **Physician**
- ☐ **Nurse**
- ☐ **Billing manager**
- ☐ **Billing agency**
- ☐ **Receptionist**
- ☐ **Other:** _____

_____

Submit retail prescription requests using **ExpressPA**.
Log on to **www.bluecrossma.com/provider** and click on **Technology Tools**.

Important Update

Delay to January 1, 2010 Medicare Advantage Physician Fee Schedule Update

In the December issue of *Provider Focus*, we shared that in alignment with changes enacted by the Centers for Medicare & Medicaid Services, BCBSMA would update our physician fee schedule for services provided to members of our Medicare Advantage plans (Medicare HMO Blue® and Medicare PPO Blue℠) effective January 1, 2010.

Since then, President Barack Obama signed a bill delaying the proposed reduction by two months.

Therefore, until Congress issues a final decision:

- BCBSMA's Medicare Advantage physician fee schedule will remain at 2009 levels
- BCBSMA will continue to recognize consult codes (99241-99245 and 99251-99255).

If you have any questions please contact your Network Manager at **1-800-316-2583**.❖

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

Editor, *Provider Focus*
Provider Education and Communications
Blue Cross Blue Shield of MA
Landmark Center, MS 01/08
401 Park Drive
Boston, MA 02215-3326
—or—
E-mail: **focus@bcbsma.com**

- **Cleve L. Killingsworth,** *Chairman and Chief Executive Officer*
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