

# Providerfocus



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

## Performance Data Is a Key Component of Health Care Reform

As Massachusetts and the nation seek ways to improve the quality of health care and slow the growth of spending, providers are increasingly being evaluated and compensated based on quality measurements. Public reporting of provider performance data will play a key role in health care reform.

For the sixth year, Massachusetts Health Quality Partners (MHQP) has released its *Quality Insights: Clinical Quality in Primary Care* report. Based on data from 2008 on HEDIS measures, this year's report evaluates the performance of more than 150 medical groups across the state.

Overall, Massachusetts physicians continue to provide excellent adult and pediatric care; however, half of the measures of clinical process reported by MHQP showed varia-

tions of 40 percentage points or more across the state's medical groups (see chart on page 9).

MHQP's clinical quality reports allow physicians to compare their results with those of other groups across the state and within specific geographic regions, focus on gaps in their performance, examine best practices, and target opportunities to improve the way they provide care.

Consumers can use the report to compare medical groups' performance on measures in various aspects of care, such as managing chronic illness or avoiding the overuse of certain medications and tests.

To view MHQP's *Quality Insights* report, go to [www.mhqp.org](http://www.mhqp.org).



### How BCBSMA Is Addressing Variations in Care

BCBSMA is also taking significant steps to improve the quality, affordability, and effectiveness of care our members receive. Through our innovative Alternative Quality Contract (AQC), we offer substantial performance incentives tied to the latest nationally accepted measures of quality, effectiveness, and patient experience of care.

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### In Brief

#### Updated PCP Group Quality Data Now Online

BCBSMA publishes physician group quality data on the Find a Doctor feature on our member website to help our members make choices about the cost and quality of their own health care. Members can access this information by going to [www.bluecrossma.com](http://www.bluecrossma.com) and clicking on **Member**.

We recently posted data based on results from our 2008 PCP Incentive Program, with the addition of diabetic cholesterol screening. PCPs had

the opportunity during 2009 to review their data and submit any necessary corrections to us. For more information about the ratings, please refer to our article on page 3 of the December 2009 issue of *Provider Focus*.

As a reminder, providers can access Find a Doctor on BlueLinks for Providers by logging on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and clicking on **Manage Your Business>Find a Doctor**. ❖



## BCBSMA Encourages Colorectal Cancer Screening for Members

The American Cancer Society estimates that among men and women combined, 106,100 new cases of colon cancer and 40,870 new cases of rectal cancer were diagnosed in 2009. An estimated 49,920 people in the United States were expected to die from colorectal cancer last year.

About 80-90% of colorectal cancer (CRC) is preventable with the appropriate screening, but screening rates remain low. Estimates from 2005 show that only half of all people in the United States 50 years of age and older—for whom regular screening is recommended—received a CRC screening test.

According to the National Cancer Institute, a recommendation from a physician is the most influential factor in whether a patient is screened for CRC. To coincide with National Colorectal Cancer Awareness Month in March, BCBSMA will encourage greater use of the screening benefit by advising eligible HMO, POS, and PPO members to speak with their doctors to select the screening option that is right for them.

Eligible members who have not yet been screened 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 Services at **1-800-316-BLUE (2583)**.

To access CRC screening guidelines and other resources to educate your patients, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider), click **Manage Your Business>Manage Patient Care**, then choose **Colorectal Cancer** from the drop-down menu. You can also access BCBSMA's benefit information document 413, *Preventive Screening Tests*, under the **Medical Policies** section of our website. ❖

### Reminder About Member Benefit Change for Medications Transitioning to the Pharmacy Benefit

We recently began implementing a member benefit change, affecting fewer than 1,000 members throughout 2010, that transitions certain specialty medications\* from the medical benefit to the pharmacy benefit. Three of those medications—Aranesp, Epogen, and Procrit—will begin transitioning starting on April 1. Since physicians will no longer be able to buy and bill BCBSMA for these medications, members have options for obtaining these medications that facilitate continued access, but at a more affordable cost.

Providing our members with these medications through their pharmacy benefit enables BCBSMA to negotiate directly with the specialty pharmacy on the

cost of the medications, rather than reimbursing hospitals and physicians who purchase these medications and bill BCBSMA for them at higher rates.

We are mailing quarterly letters to physicians that include a list of members that have a claim history for the specific medications included in this benefit change. This will assist you in talking with the member about selecting the option that is right for him/her. ❖

*\*Some medications require prior authorization.*

*Please see related article on page 4 to learn about the member options for obtaining these medications.*

# Physician News

## A New Approach: BCBSMA Launches Total Population Health for Members

Our Blue Care Connection® programs are designed to provide effective health management to our members through interventions that moderate the rising trend of health care costs. During early 2010, BCBSMA will transition to a care management model developed in collaboration with our health management partner, Healthways, Inc.

This new model will focus on the comprehensive medical and psycho-social needs of our total population.

“This new approach integrates the Prochaska behavior change model into every intervention,” says Lee Steingisser, M.D., Director in BCBSMA’s Medical Innovation and Leadership area. “Program staff engage participants based on where they fall in the readiness-to-change cycle and deliver targeted guidance and strategies to drive adherence and behavior change. Members will appreciate this approach because it guides and empowers them to get to where they want to be in their health care goals.”



Through the use of sophisticated predictive modeling and gaps-in-care tools, the program identifies those members who are at risk of adverse clinical events, such as preventable hospitalization.

The model uses factors such as medication adherence, the presence of chronic conditions, and gaps in evidence-based care. Identified members receive a nurse outreach call designed to avoid an adverse clinical event.

Identified members will also continue to receive services that support your plan of care, such as coaching and educational materials, discharge calls to prevent readmissions, and access to online coaching tools.

“Members will appreciate this approach because it guides and empowers them to get to where they want to be in their health care goals.”

Lee Steingisser, M.D., Director, Medical Innovation and Leadership at BCBSMA

Recognizing that our members’ health conditions and needs often change, this model offers differing level of interventions as individuals move across the care continuum.

All BCBSMA members will have access to online disease-specific and general educational materials. They will continue to have access to our enhanced wellness portal, which enables them to perform health self-assessments, create individualized reports, complete smoking cessation modules, and download lifestyle management guidance.

We will provide updates on this new care management model in future issues of *Provider Focus*. ❖

## Next Medical Policy Review Meeting Will Be Held March 30

BCBSMA’s Medical Policy Group meets monthly to review policies for specific specialty areas. The next meeting will be held on **Tuesday, March 30, 2010**, and will focus on **pulmonology, allergy, and ENT/otolaryngology**.

Any contracted clinician may attend and provide feedback. All meetings are held at Landmark Center, 401 Park Drive, Boston.

We also remind you that as part of our Electric Blue Review, BCBSMA’s medical policy physician review and comment process, you may also review any medical policy on our website and submit your comments to us at any time.

To access all of our medical policies, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Manage Your Business>Review Medical Policies**. ❖

# Pharmacy Update

## Member Options for Obtaining Medications Transitioning to the Pharmacy Benefit

To obtain one of the medications transitioning from the medical benefit to the pharmacy benefit starting April 1, 2010, the member with BCBSMA pharmacy benefits\* may:

- ▶ Fill a prescription for the medication using one of our designated retail specialty pharmacies and self-administer the medication; the applicable retail pharmacy cost share would apply.
- ▶ Have the physician administer the medication in his or her office by writing a prescription for the medication and sending it to one of our designated retail specialty pharmacies. The specialty pharmacy will ship the medication directly to the provider's office for administration.

### Home Health Care Is An Option

In some instances, the member or his or her designee may need

education or assistance with self-injection from a participating home health care provider.

For members of our managed care plans, either the member's primary care provider (PCP) or an ordering specialist with an open referral from the PCP may refer the member for a nursing visit or visits by requesting an authorization. For members of our PPO plans, the member's ordering physician may refer the member for a nursing visit or visits by requesting an authorization. (This process is outlined in section 2 of the *Blue Book* manual.)

To obtain the medication, the prescribing physician may write a prescription for the medication and request prior authorization for the medication (if required). Then, the member or provider should contact one of our designated retail specialty pharmacies to fill the prescription, and the member would be

responsible for his/her applicable retail pharmacy cost share. The medication will be delivered to the member's home where the visiting nurse can assist in education and administration.

### Resources

Our *Medical Benefit to Pharmacy Benefit Transition Fact Sheet* contains information about the change, such as products affected and links to a list of retail specialty pharmacies in our designated network.

To access the *Fact Sheet*, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Resource Center> Admin Guidelines & Info> Fact Sheets> Program Information**. ❖

*\* Please note that some accounts carve out pharmacy benefits. Please refer to the Fact Sheet for more information on assisting members that don't have BCBSMA pharmacy benefits.*

## Reminder About BCBSMA's Proton Pump Inhibitor (PPI) Policy

We previously communicated updates to our *Proton Pump Inhibitors* pharmacy medical policy, which took effect January 1, 2010. We believe this policy change provides an opportunity for providers to reassess our members' use of these medications, including compliance and symptom control, and the appropriateness of an over-the-counter (OTC) medication.

The change also provides consistency with these Food and Drug Administration (FDA) guidelines for this therapeutic class:

- ▶ To maximize their effectiveness, prescription drug PPIs should not be used in a

“start-and-stop” (intermittent) fashion.

- ▶ Prescription PPIs should have continuous use; OTC PPIs are FDA-approved for intermittent use.

Prescriptions are limited to a 90-consecutive-day supply per calendar year. Some step therapy requirements may apply, and coverage for treatment beyond 90 days will require medical necessity review and will be based on diagnosis, clinical appropriateness, and medical necessity.

All formulary exceptions prior to January 1 have expired; providers

will need to request a new authorization.

If the medication is not covered on our formulary (e.g., Nexium), the prescriber must request both formulary exception and prior authorization. Medical necessity requirements and the step therapy requirements outlined in the policy apply.

For a copy of medical policy 030, *Proton Pump Inhibitors*, go [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click **Medical Policies** in the blue box. ❖

# Pharmacy Update

## Tips for Searching Our Formularies on BlueLinks for Providers

To find out if a specific medication is part of your patients' formulary, or to learn about prior authorization or quality care dosing (QCD) requirements, use our online formulary search tools.

Log on to our website at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Manage Your Business>Search Pharmacy & Info**. (See chart for instructions.)

### Using ExpressPA for Formulary Requests

You can use ExpressPA, a web-based tool, to submit requests for prior authorization, a formulary exception, or a QCD override. ExpressPA is available 24 hours a day, 7 days a week. It's fast and easy, and when your request meets BCBSMA criteria, it will be approved immediately.

Registration is required before you can begin using ExpressPA. To get started, please visit <https://express-pa.com>. Or, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Technology Tools**.

Our phone and fax-based options for submitting requests are also available. ❖

For this formulary:	Click this link on the Search Pharmacy & Info page:	Search Capabilities:
Standard formulary	<b>Medication Search</b>	Search by medication name or therapeutic class. You'll learn the medication's tier, covered alternatives that may save your patient money, and any prior authorization or QCD limits.
BlueValue Rx formulary (generic-based) Members with this formulary have the Blue Value Rx logo on their ID card.	<b>BlueValue Rx Medication Search</b> . Be sure to select the <b>BlueValueRx Formulary</b> tab for your search.	Search by medication name. You'll learn the medication's tier and any limits or restrictions. <i>Hint:</i> If you select the <b>Medication Look-Up</b> feature in the left navigation menu, the system defaults to the standard formulary. Then, you'll need to select the <b>BlueValueRx Formulary</b> tab in the center of the page. Upon entering the medication name, click <b>Search</b> , rather than pressing the "Enter" button on your computer keyboard.
Medicare Advantage formulary	<b>Formulary for Medicare Beneficiaries</b>	View or download PDFs of the formulary listed by medical condition or alphabetically. The list includes the medication's tier and any QCD limits, or step therapy and prior authorization requirements.

## Specialty Pharmacy Network Updated Due to Walgreens Acquisition

BCBSMA has a designated retail pharmacy network for certain specialty medications and requires some members to fill their prescriptions through this network. Walgreens Specialty Pharmacy purchased IVPCARE and SpecialtyScripts, two pharmacies in the network, and will

dispense the same medications as these pharmacies out of the former IVPCARE dispensing site under the Walgreens name.

As a result of these acquisitions, members have been notified and will have their prescriptions transferred to Walgreens, unless they decide to select another network pharmacy.

Our *Specialty Pharmacy Medication List* has been updated online to include new contact information for Walgreens. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Manage Your Business>Search Pharmacy & Info>Specialty Pharmacy Medication List**. ❖

The My Links feature on the BlueLinks for Providers home page keeps track of your most frequently visited links on our website. My Links is located on the bottom left-hand side of the page and can be accessed from any page in our site.

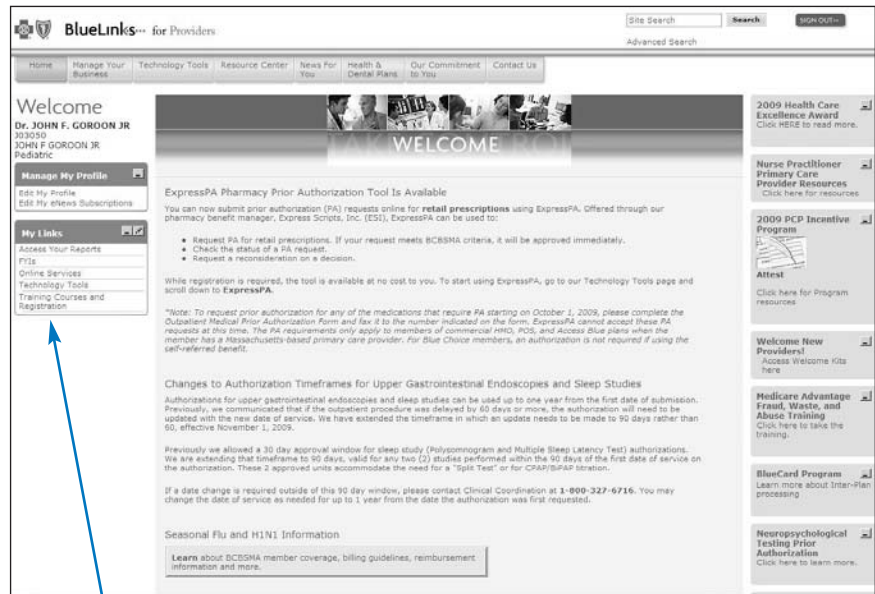
To edit the links, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and:

- ▶ Click on the pencil icon under the My Links section.
- ▶ Select up to five categories that you would like to have listed by clicking on the box next to each category.
- ▶ Scroll down and click **Save**.
- ▶ Click **OK**.

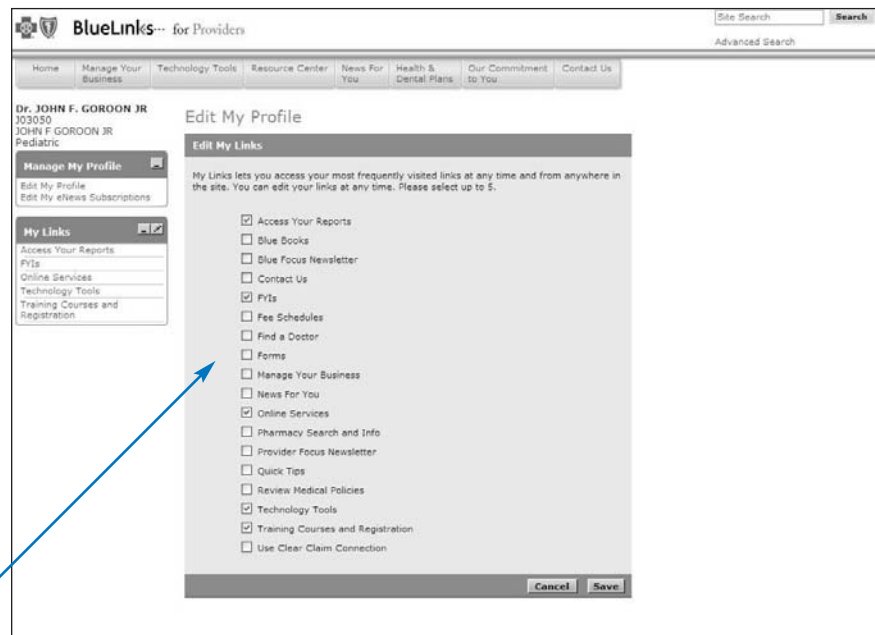
You will then be returned to the home page and your My Links list will be updated with your new preferences.

For more tips on using our website, please refer to the *User Guide*. Click **Help** in the top right-hand corner of the home page, then click on **User Guide**. ❖

## Sample Screenshots



After logging on to BlueLinks for Providers, you'll find the MyLinks feature on the left-hand side of the home page,



You may select up to five categories to have listed as your MyLinks preferences.

# Training Update

## Coming Soon—Technology Solutions 2010 Webinars

Join two of our most popular presenters—**Tom Madden** and **Patrick Collins**—for our *Technology Solutions 2010* webinar. During this presentation, they'll update you on BCBSMA's technology tools. You'll learn about:

- ▶ NEHENet's professional claim direct data entry tool
- ▶ Registering for ExpressPA, our web-based pharmacy authorization tool
- ▶ Using ExpressPA to request authorization for retail pharmacy prescription medications that process through the member's pharmacy benefit
- ▶ Using Online Services to inquire on the status of a referral or authorization.

### How to Register

To let us know you'll be attending, please register at least one week prior to the session. For online registration, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Resource Center>Training & Registration>Course List**.

Under the Primary Care, Specialty Care, or Ancillary subheading, choose **Technology Solutions 2010**. Then select a session. (See chart for dates and times.)❖



Join Tom Madden, left, and Patrick Collins, right, of BCBSMA for one of our *Technology Solutions 2010* webinars.

Date:	Time:
Tuesday, April 6	10 – 11 a.m.
Thursday, May 20	2 – 3 p.m.
Wednesday, September 22	11 a.m. – noon

# Payment Policy Update

## Provider Payment Policies Have a New Home on BlueLinks for Providers

As we've communicated to you recently, BCBSMA has been developing provider payment policy documentation for both new and existing policies. To help you locate these policies easily, we've created a new section on BlueLinks for Providers.

Log on to our website at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Manage Your Business>Access Payment Policies**.

**Please note:** These policies were previously located under the Resource Center.

We will continue to post the policies online as they are developed and will communicate any changes and updates to you in the Payment Policy Update section of *Provider Focus*.

### About BCBSMA's Payment Policies

BCBSMA's provider payment policies determine the rationale and methodology by which a submitted claim for service is billed,

processed, and paid by BCBSMA. BCBSMA's payment policies are distinct from our medical policies, which address coverage of services.

In addition, BCBSMA payment policies do not contain information about how to code services; however, we do provide links to applicable websites where providers can find more information.❖

# Office Staff Notes

## Annual HEDIS Medical Record Review Begins March 1

BCBSMA conducts an annual medical record review to meet our National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) data collection requirements. Outcomes Health Information Solutions, LLC, (OHIS) is currently in the process of collecting medical record data from physicians on behalf of

BCBSMA for the 2010 HEDIS data submission.

This year, OHIS will retrieve information for a sample of our HMO *and* PPO members. If any of your patients are selected, OHIS will examine their medical record data and provide immediate feedback if additional information is necessary. Note that primary care providers'

BCBSMA contracts require participation in our quality improvement initiatives, including cooperating with us on data collection and improvement activities, such as the HEDIS data collection.

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

## Requesting Referrals and Authorizations In Other-Party Liability Situations

Even when a BCBSMA member believes his/her care will be covered by other-party liability coverage, such as after a motor vehicle accident, we suggest that providers follow BCBSMA's guidelines for referrals and authorizations. This reduces the risk of being denied a request for a referral or authorization after the patient's personal injury protection is exhausted. BCBSMA allows retroactive

requests for referrals and authorizations up to 90 days after the date of service for our HMO and POS members.

We recommend that you seek authorizations and/or referrals prior to rendering care when BCBSMA is a primary or secondary payer.

To check the status of a referral or authorization, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider)

and select **Technology Tools>Go to Online Services**.

### Attention Chiropractors

Please refer to page 13 of the *Chiropractic Services Authorization Program Guide* for the personal injury protection benefit process. Log on to our website and click on **Resource Center>Admin Guidelines & Info**. Then scroll down to the **Review Guidelines for Chiropractors** section. ❖

## Prior Authorization Is Now Required for Intensity-Modulated Radiation Therapy for All FEP Members

Effective January 1, 2010, prior approval is required for the services listed below for Federal Employee Program (FEP)

members. To request an authorization for intensity-modulated radiation therapy for FEP members, call **1-800-689-7219**. ❖

Code:	Narrative:
77301	Intensity-modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77418	Intensity-modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high-resolution (milled or cast) compensator convergent beam modulated fields, per treatment session

## Requesting Behavioral Health Authorizations for FEP Members

Effective January 1, 2010, the Federal Employee Program (FEP) Basic and Standard options requires initial authorization for outpatient behavioral health care services from preferred and non-preferred providers. Prior to January 1, 2010, FEP did not require authorization for non-preferred providers for the Standard option plan. To request behavioral health authorizations for FEP members, call **1-800-524-4010**. ❖



# Focus on Quality

## Performance Data Is a Key Component of Health Care Reform

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For those not in an AQC, the same set of performance measures form the basis for all BCBSMA performance-based incentive programs and contracts.

In addition, for the many important aspects of ambulatory care not addressed by HEDIS measures, but for which there are substantial and clinically important practice pattern variations, BCBSMA is sharing information to help our AQC groups identify and address treatment differences among clinicians within their group, and between their group and others.

To date, we have provided group-level and physician-specific data for more than two dozen clinical areas, including MRI use for low-back pain and generic prescribing of antidepressants.

“We believe that the combination of financial incentives and public reporting of measures that are well-validated and ‘ready for prime-time,’ together with confidential reporting on topics for which there is not yet clinical consensus or standards, represents an effective mix to help advance Massachusetts toward the goal of safe, affordable,

effective, patient-centered care for every patient, every time,” said Dana Gelb Safran, ScD, BCBSMA’s Senior Vice President for Performance Measurement & Improvement. ❖

*\* The MHQP Quality Insights report is based on widely accepted standards developed by the National Committee for Quality Assurance (NCQA) to assess the quality of care delivered to members of health insurance plans nationally. It uses performance data for patients covered by BCBSMA, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, and Tufts Health Plan.*

Clinical area:	Variation between highest & lowest performer:	Significance of results:
Use of imaging studies (X-rays, CT scans, and MRIs) for adults with low-back pain	45% (97% vs. 52%)	High performance in this measure results in safer, better-quality care, and reduces unnecessary medical spending.
Use of spirometry testing in the assessment and diagnosis of Chronic Obstructive Pulmonary Disease (COPD) for adults 40 and older	47% (64% vs. 17%)	COPD is a progressive disease that can usually be managed if it is detected at an early stage; spirometry is a simple, effective way to confirm the diagnosis.
Patients prescribed antidepressants who filled the prescription and received at least a six-month supply	50% (76% vs. 26%)	Treatment with antidepressants is most effective when clinicians and patients work together to ensure patients receive and adhere to their medication, especially in the first few months.
Adolescent patients between 12 and 21 years old who had at least one routine checkup during the past year.	51% (88% vs. 37%)	Adolescence is a time of major physical, mental, social, and emotional changes, and annual preventive visits can help clinicians and their patients identify health risks and promote healthy behavior that can have lifelong benefits.

# Medical Policy Update

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

- ▶ [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider); click **Medical Policies**.
- ▶ Fax-on-Demand at **1-888-633-7654**

## Changes

**Botox, 006.** Adding coverage for refractory urge incontinence due to both idiopathic or neurogenic causes. Effective 6/1/10.

**Dynamic Spinal Visualization, 195.** New medical policy describing non-coverage of dynamic spinal visualization. Effective 6/10/10.

### Endobronchial Brachytherapy, 091.

- ▶ Adding coverage of endobronchial brachytherapy for palliative therapy for severe hemoptysis and in recurrent endobronchial tumors. Effective 6/1/10.
- ▶ Excluding coverage of endobronchial brachytherapy for treatment of asymptomatic recurrences of non-small-cell lung cancer. Effective 6/1/10.

**Endovascular Stent Grafts for Thoracic Aortic Aneurysms or Dissections, 199.** New medical policy describing coverage and non-coverage of endovascular stent grafts for thoracic aortic aneurysms or dissections developed. Comparable information regarding this procedure will be removed from medical policy 077, *Percutaneous Transluminal Angioplasty*. Effective 6/1/10.

### Image Guided Radiation Therapy for Prostate Cancer, 085.

- ▶ Changing title of this medical policy to *Real-Time Intra-Fraction Target Tracking During Radiation Therapy*. Effective 6/1/10.

- ▶ Expanding non-coverage of image-guided radiation therapy to all cancer types. Effective 6/1/10.

**Implantation of Intrastromal Corneal Ring Segments, 201.** New medical policy describing new coverage and existing non-coverage of implantation of intrastromal corneal ring segments. Comparable non-coverage information regarding this procedure will be removed from medical policy 241, *Surgical Vision Services*. Effective 6/1/10.

**Intraepidermal Nerve Fiber Density, 200.** New medical policy describing non-coverage of intraepidermal nerve fiber density. Effective 6/1/10.

**Intraoperative Radiation Therapy, 278.** Adding coverage of intraoperative radiation therapy for rectal cancer with positive or close margins with T4 lesions or recurrent disease, with implementation of editing to support coverage when billed with HCPCS Level II national code S8049, for commercial and Medicare Advantage products. Effective 6/1/10.

**Meniscal Allograft Transplantation, 110.** Adding non-coverage of collagen meniscal implants. Effective 6/1/10.

### Perforator Vein Surgery for Chronic Venous Insufficiency, 176.

- ▶ Implementation of this new medical policy addressing non-coverage of subfascial endoscopic perforator surgery as a treatment of leg ulcers associated with chronic venous insufficiency has been postponed. This was previously

published in the January 2010 issue of *Provider Focus* with an effective date of 4/1/10 .

- ▶ New medical policy describing coverage and non-coverage of surgical ligation (including subfascial endoscopic perforator vein surgery) and endoluminal ablation of incompetent perforator veins. Effective 6/1/10.

**Radiofrequency Catheter Ablation of the Pulmonary Vein as a Treatment for Atrial Fibrillation, 141.** Adding coverage criteria for repeat ablations. Effective 6/1/10.

**Small Bowel Transplant, 368.** Adding covered indications. Effective 6/1/10.

**Stereotactic Radiosurgery, 277.** Prior authorization will be required for our Managed Care products (excluding Medicare HMO Blue®) for stereotactic body radiation therapy billed with CPT codes 77373 (stereotactic body radiation therapy, treatment delivery, per fraction to one or more lesions, including image guidance, entire course not to exceed five fractions and 77435 (stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions). Effective 6/1/10.

**Total Ankle Replacement, 193.** New medical policy describing covered and non-covered indications. Effective 6/01/10.

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# Medical Policy Update

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## Clarifications

**Allogeneic Hematopoietic Stem Cell Transplantation for Genetic Diseases and Acquired Anemias, 190.** New policy being developed. Comparable language will be removed from medical policies 092, *Allogeneic Stem Cell Transplants*, and 126, *Autologous Stem Cell Transplants*. Will be posted 6/01/10.

## Bone Densitometry, 034.

- ▶ Clarifying coverage of bone densitometry to include ICD-9-CM diagnosis V58.65 (long-term [current] use of steroids).
- ▶ Clarifying CPT® code 77082 (dual-energy X-ray absorptiometry [DXA], bone density study, one or more sites, vertebral fracture assessment) is a covered procedure for diagnostic indications and is not covered for screening purposes, for commercial products and Medicare Advantage products.

## Complementary Medicine,

**Biofeedback, 178.** Clarifying the non-covered indications that are considered investigational for biofeedback.

## Hematopoietic Stem Cell

**Transplantation for Autoimmune Diseases, 192.** New medical policy regarding non-coverage of this

procedure. Comparable language will be removed from medical policy 126, *Autologous Stem Cell Transplants*. Will be posted 6/01/10.

## Hematopoietic Stem Cell Transplantation for Miscellaneous Solid Tumors in Adults, 191.

New medical policy regarding non-coverage of this procedure. Comparable language will be removed from medical policy 126, *Autologous Stem Cell Transplants*. Will be posted 6/01/10.

**HIV Testing, 383.** Clarifying coverage of standard and FDA-approved rapid HIV screening testing for our Medicare Advantage products to align with the Centers for Medicare & Medicaid Services National Coverage Determination and Decision Memorandum. Effective 12/8/09.

## Incontinence Therapy, 072.

- ▶ Clarifying coverage of periureteral bulking agents as a treatment of vesicoureteral reflux grades II-IV when medical therapy has failed and surgical intervention is otherwise indicated.
- ▶ Clarifying coverage of periurethral bulking agents for the treatment of stress urinary incontinence in men and women.

**KRAS Mutation Analysis in Non-Small-Cell Lung Cancer (NSCLC), 194.** New medical policy describing non-coverage for KRAS mutation analysis in non-small-cell lung cancer will be posted 6/1/10. Comparable information regarding this test will be removed from medical policy 400, *Medical Technology Assessment Non-covered Services*.

## Surgical Vision Services, 241.

Clarifying that photodynamic therapy, when used in combination with antivascular endothelial growth factor (anti-VEGF) therapies, is non-covered for all ophthalmic disorders.

**PET Scan, 358.** Clarifying the non-covered indications for other miscellaneous applications of PET scan.

**Sexual Dysfunction, 078.** Clarifying non-coverage of venous ligation in the treatment of venous leak impotency.

**Wound Healing, 435.** Clarifying the non-covered indications for autologous blood-derived preparations. ❖





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## Providerfocus

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Submit retail prescription requests using **ExpressPA**.

Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Technology Tools** for a link.

## At Your Service

- ▶ **BlueLinks for Providers**  
[www.bluecrossma.com/provider](http://www.bluecrossma.com/provider)  
Our website has the resources to help you care for our members, and offers you the ability to check claim status, and eligibility and benefit information. Available 24 hours a day, 7 days a week.
- ▶ **Claims-related issues:**  
Provider Services: **1-800-882-2060**  
M-T-W-F: 8:30 a.m. - 4:30 p.m.  
Th: 9:30 a.m. - 5:30 p.m.  
  
Ancillary Provider Services: **1-800-451-8124**  
M-T-W-F: 8:30 a.m. - 4:30 p.m.  
Th: 9:30 a.m. - 5:30 p.m.
- ▶ **Fraud Hotline:** **1-800-992-4100**  
Please call our confidential hotline if you suspect fraudulent billing or health care activities.
- ▶ **Non-claims-related issues:**  
Network Management Services, all provider types:  
**1-800-316-BLUE (2583)**
- ▶ **Provider Enrollment and Credentialing:** **1-800-419-4419**  
For questions on the status of managed care or indemnity applications or recredentialing application packages.

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  
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