December 2011

Providerfocus

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

Updates to Tiered Network and Hospital Choice Cost-Sharing Status

Blue Cross Blue Shield of Massachusetts (BCBSMA) is making several updates to our Tiered Network and Hospital Choice Cost-Sharing benefit. These changes will be effective in a one-day change on January 1, 2012 for all existing customers and for new sales of these plans.

Hospitals Changing Due to Improvements in Cost

Based on significant improvements in certain hospitals' cost data, BCBSMA will adjust the way those hospitals are designated in our Blue Options tiered network family of plan designs and plans that include the Hospital Choice Cost-Sharing benefit feature.

The following hospitals have experienced improvements in cost, and we are therefore changing their status from Basic to Standard tier: St. Anne's and Cooley Dickinson.

Please note that when you refer members of our tiered network family of plans and those with the Hospital Choice Cost-Sharing benefit feature to these facilities, they will have lower cost-sharing when receiving care from these facilities starting January 1, 2012.

Specialty Hospitals Changing Due to Evaluation on Quality Metrics

In addition, we previously considered specialty hospitals to have insufficient data for purposes of defining an overall quality score for tiering. To let members select low-cost, high-quality specialty hospitals for their care, speciality hospitals designated as lowest-cost were allowed to submit quality metrics for evaluation. Massachusetts Eye and Ear Infirmary and New England Baptist Hospital were eligible to submit quality data, which was reviewed against

BCBSMA quality measurement criteria. As a result of the review, both organizations will be listed as having met our benchmarks for quality data and will move from our Standard to our Enhanced Benefits Tier for all existing customers and new sales, effective in a one-day change on January 1, 2012.

About Our Options Family of Tiered Network Plan Designs and Hospital Choice Cost-Sharing Benefit Design

For members of our tiered network plans, the member's share of the

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In This Issue

In Brief

ICD-10 Information Available via BlueLinks for Providers

BCBSMA is assessing the impact of the ICD-10 mandate and preparing for the October 1, 2013 implementation. We are working collaboratively with the Massachusetts Health Data Consortium (MHDC), Massachusetts Medical Society (MMS), Massachusetts Hospital Association (MHA), and the Massachusetts Association of Health Plans (MAHP) to ensure statewide readiness.

For information on BCBSMA readiness, including *FAQs* and links to helpful websites, log on to bluecrossoma.com/provider and click on the ICD-10 link.

We will provide more information and resources online and in future issues of *Provider Focus* as the implementation date approaches.❖

Physician News

Home Infusion Therapy Providers Offer Convenience and Cost Savings

BCBSMA encourages the use of preferred providers of home infusion therapy (HIT) in specific therapeutic classes, including intravenous immunoglobulin (IVIG) therapy. We recently conducted pilots with Accredo and Coram, two of our preferred HIT providers, to transition our members' IVIG therapies safely to the home setting with specialized nursing support. Accredo and Coram reached out to targeted IVIG prescribing physicians and members to discuss HIT as a possible treatment option, and member participation was voluntary.

As we look at ways to make health care more affordable, the use of cost-effective providers, such as HIT providers, is one of many efforts underway. We hope you will consider HIT as a potential option for your patients requiring IVIG or other complex therapies.

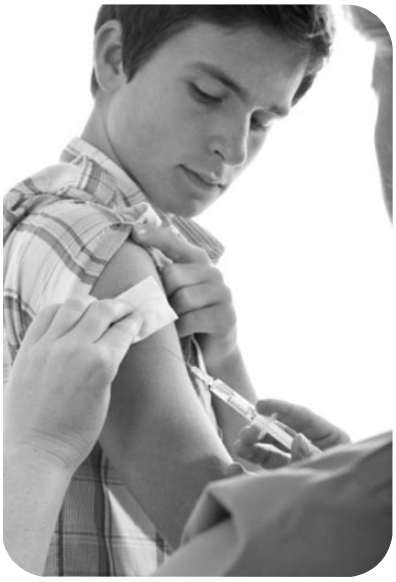
To access our *Preferred HIT Provider List*, log on to bluecrossma.com and click on Manage Your Business>Search Pharmacy & Info.❖

Benefits of Using HIT Providers:

- Safe – IG nurses are certified and specialize in this complex therapy, and will stay with your patient (BCBSMA member) for the entire infusion.
- Convenient – Infusions are scheduled with patients at a day and time that is convenient to their busy schedules, including weekends.
- Consistent – Your patients will consistently receive the brand of IG that you prescribe.
- Always Available – Clinical support is available to your patients 24 hours a day, 7 days a week. HIT providers also communicate with prescribing providers to keep you up-to-date on your patient's progress.❖

BCBSMA Now Covers HPV Vaccine for Males 9-21 Years of Age

The Centers for Disease Control and Prevention's Advisory Council on Immunization Practices (ACIP) released a recommendation on October 25, 2011 concerning the use of the Human Papillomavirus (HPV) vaccine in males.



In accordance with ACIP's recommendation, BCBSMA is now covering a three-dose series of the quadrivalent HPV vaccine for males 9-21 years of age, with the preferred age being 11-12 years of age. More details are available on ACIP's web site at cdc.gov/vaccines/recs/acip.

In accordance with this change, we have updated our benefit information document 132, *Immunizations*, to add coverage for quadrivalent HPV vaccine for males 9-21 years of age, effective October 25, 2011.

To access this document online, go to bluecrossma.com/medicalpolicies and type "132" into the search field.❖

Physician News

The Importance of Follow-up Visits for Patients Diagnosed With ADHD

To understand the well-being of our members, BCBSMA relies on reported data, such as that from the Health Effectiveness Data and Information Sets (HEDIS), for several measures. One condition we look at is attention deficit hyperactivity disorder (ADHD). The HEDIS ADHD measure focuses on children, ages 6-12, who receive an initial prescription for ADHD medication and who:

- Received at least one follow-up visit with a prescriber within 30 days of medication initiation (i.e., the initiation phase)
- Remained on the medication for at least 210 days and had at least two visits between one month and nine months after the initiation phase (i.e., the continuation and maintenance phase).

The 2010 rates, shown in the chart, indicate gaps in care for children diagnosed with ADHD. To ensure these patients receive the appropriate medication checks and are following treatment according to best practice, we recommend:

- An initial follow-up visit within 30 days of the patient starting his/her medication
- Two additional follow-up visits between the 31st day and 300th day of treatment.

Visits may be more frequent, if appropriate, and the treatment plan often includes therapy with a behavioral health clinician. As a reminder, BCBSMA provides coverage for the initial and follow-up visits.

Resources Available on BlueLinks for Providers

For resources and links to helpful websites, log on to bluecrossma.com/provider and click on Manage Your Business>Manage Patient Care, then select ADHD from the drop-down menu.❖

2010 BCBSMA HEDIS Rates for ADHD Follow-up Care for Children Prescribed ADHD Medication

Population:	Initiation phase:	Continuation and maintenance phase:
Commercial HMO/ POS members	49.67%	54.14%
Commercial PPO members	48.94%	56.10%

Updates to Tiered Network and Hospital Choice Cost-Sharing Status

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cost for care from a hospital or PCP is based on the tier of the provider rendering services to them.

This encourages members to consider the cost and quality of the provider they are selecting each time they seek care and to speak with their PCP about this when they are being referred for a service. Additionally, it rewards them for choosing providers in best-performing tiers.

For members with our Hospital Choice Cost-Sharing feature, members have higher cost-sharing for inpatient and outpatient services at those hospitals that are in the Basic Benefits Tier of our Blue Options tiered network plan.

Because we plan to update PCP tiers regularly, we encourage your practice to continue your existing quality and cost-improvement activities.

As always, we encourage you to check member eligibility and benefits using one of our electronic technologies prior to rendering services.❖

Pharmacy Update

New Maintenance Medication Benefit Offers Convenience and Lower Cost

As we previously announced in a September *F.Y.I.*, we are adding the Exclusive Home Delivery feature as a standard benefit for many HMO Blue products (HMO Blue New England is excluded) starting on January 1, 2012 and upon anniversary.

Members with this benefit feature are *required* to use a designated Mail Service Pharmacy for a specific list of maintenance medications used to treat chronic conditions such as asthma, diabetes, coronary artery disease, and for birth control and antiviral medications. This helps us control costs for these medications and offers our members greater convenience. In addition, and studies suggest that patients are more likely to adhere to their prescribed treatment regimen when medications are filled through mail order.

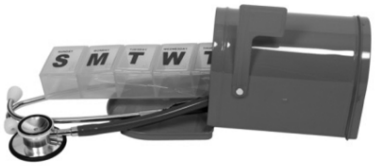
Because of this new feature, you may experience an increase in members requesting 90-day prescriptions (for Mail Service) for their maintenance medications.

New Prescriptions

We recognize that many members who are newly prescribed a medication may often need to have adjustments made to the medication or dosage by their treating clinician.

That's why members are encouraged to have their first two prescriptions filled at a retail pharmacy before they are required to use a designated Mail Service Pharmacy.

This also helps to avoid any medication waste and gives you the ability to prescribe a 30-day supply before the member transitions to 90-days.



To learn more about Exclusive Home Delivery, get answers to frequently asked questions, and review the list of maintenance medications and where they can be filled, please log on to bluecrossma.com/provider and click on Manage Your Business> Search Pharmacy & Info> Exclusive Home Delivery.❖

Reminder: Walgreens to Terminate Its Agreement with Express Scripts, Inc.

In the October-November issue of *Provider Focus*, we communicated that Walgreens would no longer be participating in the Express Scripts, Inc. (ESI) retail pharmacy network as of January 1, 2012.

This means our members will need to transition retail prescriptions for medications—including specialty medications—to a new pharmacy.

Therefore, you may receive requests for a new prescription from your patients who use Walgreens.

We've notified our members they may also transfer their prescription simply by bringing their prescription bottle to the new pharmacy, or by calling the new pharmacy and asking them to contact the Walgreens pharmacy to make the transfer.

For more details and late-breaking news if an agreement is reached between the two parties, log on to our website at bluecrossma.com/provider and click on the Walgreens/ESI termination link on the home page.❖

Medicare News

BCBSMA's 2012 5-Star Quality Ratings for Medicare Advantage Members

The Centers for Medicare & Medicaid Services (CMS) recently released BCBSMA's 2012 5-Star performance rating scores for our Medicare Advantage and Medicare Part D (prescription drug) plans.

Medicare Stars is a quality rating system designed by CMS to drive improvement in the care delivered to Medicare Advantage beneficiaries through the achievement: of important annual clinical metrics, such as screenings, tests, and vaccines; the management of chronic conditions; member access to care; and drug safety.

CMS ranks Medicare Advantage and Medicare Part D plans on a scale of 1 to 5 stars, with 5 representing the highest quality.

For 2012, our Medicare HMO Blue℠ rating is 4 stars, Medicare PPO Blue℠ is 4.5 stars, and our Medicare Prescription Drug Plan (PDP) received 3.5-stars.

"We are pleased with our scores for 2012, but there's room for improvement," says Ken Arruda, BCBSMA's Executive Director of Medicare Services. "Providing access to high-quality health care is a top priority for BCBSMA, and we are hard at work to ensure our members have continued access to quality care. Additionally, our focus remains on executing initiatives that address low performance measures, as our members will see the greatest benefit from improved performance on these measures."

Plan rated:	2012:
Medicare PPO Blue	4.5
Medicare HMO Blue	4
Medicare Prescription Drug Plan (MA-PDP)	3.5

Initiatives Underway for Clinicians

Your engagement with our Medicare Advantage members' health has proved critical to our receiving positive scores, and to support your efforts, we offer a number of resources to help you engage your patients in improving their health outcomes.

Osteoporosis and Fall Prevention:

- A mobile on-site DEXA bone mineral density testing service for patients to eliminate transportation problems—a significant barrier to receiving osteoporosis screening. To arrange a mobile clinic visit, call Imaging Resource Centers, Ltd. at 1-800-551-5355.
- An exercise prescription pad—*Prescription for Healthy Bones*—to initiate discussion and provide education to your patients on the benefits of physical activity, fall prevention, and bone health. Contact your Network Manager to order Rx pads for your office.

Medication Adherence. Through a pilot, we are offering patients simple medication reminder devices that adhere to the side of a prescription vial to help patients track whether they have taken their medication. We'll communicate the results of the pilot in a future issue of *Provider Focus.*

SNF and Nursing Home Assessments. In partnership with Matrix Medical, we are conducting prospective health assessments for Medicare Advantage members in skilled nursing facilities (SNFs) and nursing homes. This provides you with an additional source of valuable information about your patient's current health status to help you address and manage their conditions.

Coding Webinar. Log on to our website to take Altegra Health's medical documentation and ICD-9-CM diagnostic coding training, which provides tips to better reflect the acuity of your patients' overall health status. You'll also receive a preview of ICD-10-CM coding.

To access this webinar and view our 5-Star audiovisual presentation, log on to our website at bluecrossma.com/provider and click on Resource Training & Registration>Course List.❖

Office Staff Notes

Ensuring Accurate Transcription When Using New Technologies

Electronic medical records and voice recognition software have entered the mainstream of health care technologies. With improved ease of use and access, these systems are becoming more commonly used. However, it is still important to be cognizant of potential errors and to continue monitoring the documentation that becomes part of your patient's medical record.

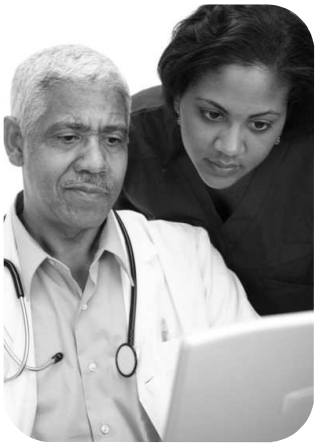
Some examples that demonstrate possible transcription errors are:

- "The X-ray showed the *prostatic* implant to be loose in the acetabular hip region..."
- "I saw your patient today who is still under our *car* for physical therapy…"
- "The patient had a *flea bite* of his left leg…"

While these examples, known as malapropisms sometimes result in humorous interpretations, other transcription errors could have serious implications.

Research published in the October 2011 *American Journal of Roentgenoloy* reported that voice recognition software produced more errors than conventional transcription in breast imaging reports.

Errors included word omission, word substitution, nonsense phrases, and punctuation errors. The researchers found at least one major error in 23% of reports using speech recognition versus 4% of reports generated by conventional transcription.



Voice recognition software—like many transcription technologies—can save time, but ultimately, the resulting medical transcription requires careful review to ensure accuracy.❖

Reminder: "Record a Visit" Function Eliminated

As a reminder, we have decided to eliminate the Record a Patient Visit function from InfoDial®, Emdeon Office, and the Point of Service device. Please now use the following functions, also available through the same technologies:

- Eligibility Request: Use to check eligibility
- Service Review Inquiry: Use to check for the presence of a referral, outpatient authorization, or inpatient authorization.

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

HIPAA Version 5010 Will Be Implemented January 1, 2012

In anticipation of the implementation of HIPAA version 5010, please check with your vendor or IT staff on their 5010 preparation status.

If you are a direct submitter and you have not yet scheduled a time to test with BCBSMA, please send an e-mail as soon as possible to EDIsupport@bcbsma.com.

BCBSMA continues to conduct external testing. To meet the January 1 implementation date, all testing must be completed by December 31, 2011.

All entities conducting electronic claim submissions, claim status requests/responses, referral/authorization requests and responses, eligibility/benefit requests and responses, and claim remittances will be required to use Version 5010.

If you have questions, please refer to our *Frequently Asked Questions* online. Go to bluecrossma.com/provider, click on Manage Your Business, then scroll down to the HIPAA Version 5010 section and click on the link.❖

Office Staff Notes

Philips Is Closing Its Massachusetts Location for IPDL Services in December

Philips, one of our participating independent physiological diagnostic laboratory (IPDL) providers, is terminating its Agreement with BCBSMA, effective December 16, 2011, due to the closing of its Massachusetts location. As a result, Philips will be unable to provide services to specific BCBSMA members who are required to seek these services from a network provider in Massachusetts.

We want you to be aware of this change, since you may refer your patients to Philips for PT/INR self-testing, implanted device monitoring, and arrhythmia monitoring services.

Product-Specific Benefits

Because HMO Blue®, Medicare HMO Blue℠, and Access Blue℠ members are required to seek care only from Massachusetts-network providers, they will need to return any equipment to Philips, and they must transition care to a participating provider. Members will have up to 90 days from the termination date—or March 16, 2012—to make this transition.

Helping You Locate a Participating IPDL Provider

To learn more about this termination and alternative IPDL providers for your patients, please read our November letter to referring providers, available online.

Log on to our website at bluecrossma.com/provider, click on News for You, then select What's New at BCBSMA.❖

Reimbursement for Non-Participating Physicians, Clinicians, and Facilities Will Be Based on Usual and Customary Fee Schedule

We appreciate the care that our participating physicians, clinicians, and facilities offer to our members through their contracted arrangements with BCBSMA.

As another part of our efforts to demonstrate the value of participation in our network, starting January 1, 2012, our Usual and Customary (U&C) fee schedule, which is used to determine reimbursement for non-participating physicians, clinicians, and facilities, will be based on our indemnity fee schedule rather than the provider's charges.

This initiative will affect physicians, clinicians, and facilities that do not participate in our PPO network when those providers treat a PPO member.

When the provider's charges are greater than the indemnity fee schedule, the member will be responsible for the difference, plus any applicable cost sharing amount. This change does not apply to non-participating, hospital-based emergency medicine physicians or hospital-based anesthetists, pathologists, or radiologists when providing emergency care to our members.

Questions?

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

New Code for Flu Vaccine Has Been Added to Fee Schedules

We have added CPT®˝ code 90654 (Influenza virus vaccine, split virus, preservative free, intradermal use) to fee schedules for the following providers:

- Urgent Care Centers, effective November 1, 2011
- Limited Services Clinics, effective October 1, 2011

To download a copy of your fee schedule, log on to our website at bluecrossma.com/provider and select Resource Center> Admin Guidelines & Info> Fee Schedules.

Physicians, NPPCPs, NPs, and CNMs

We would also like to notify physicians, nurse practitioner primary care providers, nurse practitioners, and certified nurse-midwives that this CPT code (90654) is now a covered vaccine.

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

Office Staff Notes

BCBSMA's Guidelines for Appointment Wait Times and Access to Care

The speed with which members obtain appointments to see their primary care provider (PCP) strongly influences their overall satisfaction with their care.

To benchmark patient satisfaction with appointment wait times across health plans nationwide, BCBSMA looks at Consumer Assessment of Healthcare Providers and Systems (CAHPS) data administered by the Agency for Healthcare Research and Quality (AHRQ). Our own data are then measured against CAHPS standards.

We have worked with participating physicians to develop appropriate access-to-care guidelines for primary care services and we recommend the general guidelines for wait times as shown in the chart below. Please note these guidelines are recommendations only; individual circumstances may require attention sooner than listed below.

You can also find this information in Section 1: Health Plan Overviews of your *Blue Book* manual, available online. Log on to bluecrossma.com/provider and click on Resource Center> Admin Guidelines & Info> Blue Books.❖

If a member needs:	Defined as:	We expect the member to be seen:
Emergency care	A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine or as determined by a provider with knowledge of the person's condition, to result in severe pain that cannot be managed without such care, and to result in placing the health of the insured or another person in serious jeopardy, serious impairment to body function, or serious dysfunction of any body organ or part, or with respect to a pregnant woman, as further defined in section 1867 (e)(1)(B) of the Social Security Act, 42 U.S.C. section 1395dd(e)(1)(B).	Immediately
Urgent care	Those covered services that are medically necessary and immediately required to prevent serious deterioration of a Member's health that results from an unforeseen illness, condition, or injury when the Member is temporarily absent from the service area (or, under unusual and extraordinary circumstances, provided when the Member is in the service area but the applicable Plan's provider network is temporarily unavailable or inaccessible) and that cannot be delayed until the Member returns to the service area, as determined by the applicable Plan.	Within 24 hours
Symptomatic care	Needed for non-urgent symptomatic conditions.	Within 48 hours
Preventive care	Designed for the prevention and early detection of illness in asymptomatic people, generally including routine physical examinations, tests, and immunizations.	Within 45 days of calling for an appointment

Office Staff Notes

BCBSMA's Claims Processing System Will Be Updated Throughout 2012 and 2013

BCBSMA will begin upgrading our claims system to the NASCO platform throughout 2012 and 2013. NASCO is a system shared by BCBSMA and other Blue Cross Blue Shield plans nationwide. This enhancement will help us process claims more efficiently, and will ensure we are fully compliant with ICD-10, which goes into effect October 1, 2013.

BCBSMA has partnered with NASCO for health care claims processing services since 1992 and currently uses the NASCO platform to process 25% of claims.

What You Can Expect

You can expect very little impact, but as our membership migrates onto the new platform in waves, you will notice a gradual shift in the advisories that you receive. For claims processed through NASCO, you will receive Provider Vouchers in place of the current Provider Payment Advisories (PPAs) and Provider Detail Advisories (PDAs).

As the system upgrade progresses throughout 2012 and more claims are processed through NASCO, the number of vouchers you receive will increase, while the the number of PPAs and PDAs will decrease. In addition, approximately 70,000 members will receive updated ID cards with a new the alpha-prefix.

We will keep you posted on the progress of this upgrade in future issues of *Provider Focus*. If you have any questions, please call Network Management Services at 1-800-316-BLUE (2583).

About Electronic Fund Transfer (EFT) and Direct Deposit

If you are registered through PaySpan Health to receive direct deposit, you do not need to do anything to add EFT functionality for NASCO or to receive remittance advices through online display. You will receive payment and online display functionality automatically.

If you are not registered, we encourage you to do so today. Log on to bluecrossma.com/provider and click on Technology Tools> Go to PaySpan Health.

With PaySpan Health, you'll receive expedited electronic payments and online remittance advices for all BCBSMA NASCO payments.❖

Blue Choice Plans 1 and 2 Will Be Included in the Pay-Subscriber Policy, Effective January 16, 2012

Effective January 16, 2012, we will begin to pay subscribers who belong to our Blue Choice® Plan 1 and Blue Choice® Plan 2 products for services they receive from any provider who does not participate in their product, including both professional and facility providers. Previously, these plans were excluded from the pay-subscriber policy.

This reimbursement change is designed to encourage providers to participate in all of our networks and to ensure that our members are treated by contracted, in-network providers so that we can better manage our members' health care, costs, and quality.❖

What Administrative Technologies Do You Use? Complete HCAS' Survey in January

The Massachusetts Division of Healthcare Finance and Policy (DHCFP) requires health plans to submit technology adoption data from their network providers in an effort to increase transparency, quality, and efficiency in the health care delivery system.

To assist health plans with this requirement and to help streamline the process, Healthcare Administrative Solutions (HCAS) will collect provider technology information on behalf of eight participating health plans (BCBSMA, Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health, and Tufts Health Plan).

Your participation will help these health plans and DHCFP better assess technology use.

The survey takes only a few minutes to complete, and the information provided will be submitted to DHCFP and the participating health plans.

To access the survey in early January and to learn more, go to hcasma.org.❖

Ancillary News

Chiropractic Services Authorization Program Expanded to Certain PPO Members

Working with several of our employer accounts, certain PPO* members (including Blue Care® Elect, Preferred Blue® PPO, and Advantage Blue®) will be required to receive authorization from our vendor, Healthways WholeHealth Networks, Inc. (HWHN), for chiropractic visits 13+ starting on January 1, 2012.

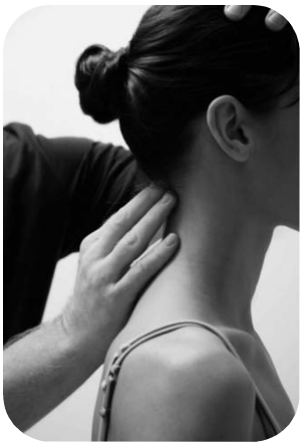
This change will affect BCBSMA PPO members who reside inside or outside of Massachusetts and who receive services inside or outside of Massachusetts. The process for authorization for these PPO members is the same process you follow today for affected HMO/POS members.

This includes:

- Checking benefits and eligibility (by using our technology tools first before calling) to determine what authorization requirements apply to the member.
- Submitting your treatment authorization requests to HWHN for visits 13 and beyond.

For more details, please refer to our *F.Y.I.*, available online. Log on to bluecrossma.com/provider and select News for You>FYIs.❖

Medicare PPO Blue℠ and members of our Federal Employee Program (FEP) are not included.



Update on 2012 CPT®´/HCPCS Codes for Ancillary and Behavioral Health Providers

We are currently reviewing the new CPT and HCPCS codes released for dates of service starting on January 1, 2012 to make any applicable fee schedule changes. As a reminder:

- Do not bill for deleted codes after January 1, 2012.
- Ancillary and behavioral health providers: bill only for codes that are on your current Agreement. We provide reimbursement only for codes included on your Agreement.

We plan to post changes (including any additions, deletions, and narrative changes) and a revised fee schedule online in the first quarter of 2012.

In addition, we will only communicate these updates via our BlueLinks for Providers website and will not mail a printed *F.Y.I.* notice. Therefore, if you have not already done so, we urge you to register for updates via e-mail.

Registering for eNews Alerts

To register to receive news and updates via e-mail, please follow these instructions:

- Log on to bluecrossma.com/provider
- Click on Edit My eNews Subscriptions (listed under Manage My Profile on the left-hand side of your screen).
- Select the types of communications for which you want notification. (Be sure to select General News & Updates to receive news about CPT/HCPCS code changes that impact your provider specialty.)
- Click on Save.

Questions?

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

Medical Policy Update

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

Changes

Medical Technology Assessment Non-Covered Services, 400. Adding coverage for CPT code 90654 (Influenza virus vaccine, split virus, preservative free, for intradermal use). Effective 8/1/11.

Sleep Disorders Diagnosis and Treatment: Supervised Polysomnography; Unattended Home Sleep; Studies; Multiple Sleep Latency Testing; Continuous Positive Airway Pressure (CPAP); Bi-level Positive Airway Pressure (BiPAP); Auto-adjusting CPAP; Oral Appliances, 293.

- Removing references to respiratory disturbance index (RDI). Effective 2/1/12
- Revising the criteria for oral appliances. Effective 2/1/12

Clarifications

Catheter Ablation of the Pulmonary Veins as Treatment for Atrial Fibrillation, 141. Edited policy statements for clarity, but no change was made in intent of policy statements. Information about repeat procedures reinserted into policy.

Hematopoietic Stem Cell Transplantation for Multiple Myeloma, 075. Minor change to policy statements (added phrase "in the tandem sequence" to the medically necessary tandem autologous-autologous statement).

Interspinous Distraction Devices (Spacers), 584. New medical policy describing ongoing non-coverage. This device is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Low-Level Laser Therapy, 522. New medical policy describing ongoing non-coverage. This therapy is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Lysis of Epidural Adhesions, 598. New medical policy describing ongoing non-coverage. This therapy is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions, 507. New medical policy describing ongoing non-coverage. This treatment is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea, 570. New medical policy describing ongoing non-coverage. This treatment is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence, 523. New medical policy describing ongoing non-coverage. This treatment is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Whole Body Dual X-ray Absorptiometry (DEXA) to Determine Body Composition, 577. New medical policy describing ongoing non-coverage. This test is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.❖

Minimally Invasive Procedures Coverage

Effective February 1, 2012, minimally invasive procedures that do not have specific procedure codes are covered if the conventional procedure is covered. In addition, they are reimbursed at the same rate as the conventional procedures. The Payment Policy will be posted on our website on February 1, 2012.❖

New Non-covered CPT and HCPCS Level II Codes

We have updated medical policy 400, *Medical Technology Assessment Non-Covered Services*, to include the new CPT and HCPCS Level II codes. These codes, which become effective January 1, 2012, have been identified as non-covered.❖

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

BCBSMA News

Ready to Assist Members and Providers During a Disaster

BCBSMA has undergone extensive planning and preparation to ensure we are able to support our customers in the event of a disaster or emergency. If we are faced with this kind of an unfortunate event, our company is prepared to focus on six priorities:

- Ensuring the safety and well-being of our employees
- Enabling continued access to care for our members
- Maintaining financial stability in order to continue to support care provided to our members
- Providing our members and providers with information
- Recovering and normalizing business operations
- Supporting community-based response and recovery efforts.

These efforts are already having a positive impact on our members and providers. For example, our mobile workforce enables a significant number of our employees to work remotely.

During past winters, this capability has allowed BCBSMA to serve our customers through snow emergencies when many other businesses were forced to close.

You can read more on our disaster readiness efforts online. Go to bluecrossma.com/visitor; under the "About Us" menu, choose Disaster Readiness.❖

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