February 2011

Providerfocus

MASSACHUSETTS

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

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

Helping Our Members Understand Their Plans, Make Affordable Choices

We often communicate with you about our ongoing efforts to offer businesses and members affordable choices for quality health coverage. More and more of our members' benefit designs provide incentives to seek care from high-quality, lower-cost providers. This includes hospital admissions, and lab and radiology services.

But offering these plans is only part of the equation. We know that it's equally important for our members to *understand* how their health plan works and how to get the best value from their coverage.

That's why BCBSMA created the Plan Education Center, a comprehensive online resource for our members that helps them to:

- Learn how medical plans and support tools work
- Find out how BCBSMA dental benefits work
- Get information on pharmacy benefits and search for how medications are covered
- Link to health and value-added tools and benefits.

The Plan Education Center at www.bluecrossma.com/plan-education offers BCBSMA members valuable information and resources to help them make better health care choices.

The Plan Education Center also offers information about our tiered network products and the new Hospital Choice Cost-Sharing plan. Members can access a list of higher- and lower-cost facilities, including hospital and non-hospital imaging and lab providers.

What You Can Do

While we are educating our members to discuss lower-cost settings of care with providers, we also encourage primary care providers in our network to initiate these conversations with members, particularly those who have increased financial responsibility. We are also developing tools to help providers identify members who have increased cost-sharing.

And remember—always check eligibility and benefits prior to rendering services. This will help to ensure you have the most up-to-date information on our members (see related article on page 3).

Visit www.bluecrossma.com/plan-education to learn more about the resources and information we are sharing with our members.❖

In This Issue

2 Updated PCP Group Quality Data Is Now Online

3 Check Eligibility and Benefits to Determine a Member's Cost-Share

4 Submitting Documentation for Individual Consideration Appeals

5 What You Need to Know About Recredentialing

6 Medical Policy Update

In Brief

Streamlined Appeals Process Coming Soon

Through its involvement in the Employers Action Coalition on Healthcare (EACH), BCBSMA is working with other payers, the Massachusetts Hospital Association, the Massachusetts Medical Society, and others to simplify the appeals process for denied claims.

Coming soon:

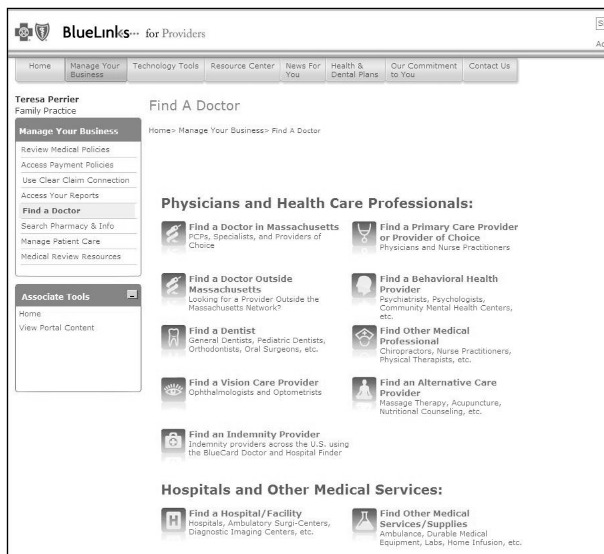
- All appeal definitions will be standardized among all Massachusetts payers.
- When requesting a claim review, providers will be able to use the same form for all Massachusetts payers.
- A reference guide will be available to help providers who are submitting appeals.

We will keep you posted on this change in *Provider Focus* as more details become available.❖

Physician News

MASSACHUSETTS

Updated PCP Group Quality Data Is Now Available Online



BCBSMA publishes physician group quality data on the Find a Doctor feature of 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 and clicking on Member.

We recently posted data based on results from our 2009 PCP Incentive Program, with the addition of diabetic cholesterol screening. PCPs had the opportunity during 2010 to review their data and submit any necessary corrections to us.

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

Be the First to Read *Provider Focus* via eNews Alerts

Did you know you can access *Provider Focus* online before the mail carrier delivers it to your office? To receive an e-mail from us when the latest issue of *Provider Focus* is available on BlueLinks for Providers, sign up for our eNews alerts.

You can also sign up to receive announcements via e-mail when new *F.Y.I.s* and training opportunities become available.

To sign up:

- Log on to our website at www.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.
- Click on Save.

Past issues of *Provider Focus* are also available in the News for You section of our website.

Questions?

If you have questions about using BlueLinks for Providers, please refer to our *User Guide*, available by clicking on Help on the top of our website.❖

Office Staff Notes

Always Check Benefits and Eligibility to Determine Member Cost-share

Since we've introduced several new benefit designs, and with the introduction of National Health Care Reform (NHCR), we'd like to remind you to use our technologies to check benefits and eligibility before performing services.

With NHCR, many preventive services will no longer have a cost-share. (Note: this change becomes effective at different times for our employer accounts, and some accounts can opt out of these provisions). Also, some of our employer accounts choose to customize benefits, including making choices about the copayments that our members pay for services, like diagnostic laboratory tests and imaging services.

Questions About Our Technologies?

To learn more about the technologies available to check benefits and eligibility, log on to our website at www.bluecrossma.com/provider and select Technology Tools. Click either Online Services or NEHEN*Net* and select Learn More to find out how these tools can be used 24 hours a day, 7 days a week.

National Health Care Reform Resources

Our online National Health Care Reform Information Center at www.bluecrossma.com/national-health-care-reform offers helpful information for providers, members, and employers, including a fact sheet about expanded coverage of preventive services. To find the fact sheet, click on News & Updates, then scroll down and click on the Expanded Coverage link (dated October 21, 2010)❖

Members with Questions Should Always Call Our Dedicated Member Service Number

As a reminder, our Provider Service number, 1-800-882-2060, is set up exclusively for providers to call with claim-related issues.

When BCBSMA members have questions about their coverage or claims, please refer them to the Member Service number located on the back of their ID card. By referring members to the appropriate number, our Provider Service associates can devote more time to helping providers with complex claim issues, when necessary.❖

Communicating With You Regarding Overpayments

We've recently made improvements in the way that we communicate claim overpayments to you.

In addition to the current information that you receive from us, such as new *Provider Detail Advisories* and a *Claims Recovery Invoice*, in many cases you will now also receive a letter from us that provides you with notice of a claim overpayment.

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

Updated *Quick Tips* Are Available on Our Website

We have updated the following *Quick Tips*, which are available on BlueLinks for Providers:

- *Checking the Status of a Claim*
- *Verifying a Member's Medical Eligibility*

To access our *Quick Tips*, log on to www.bluecrossma.com/provider and click on Resource Center> Admin Guidelines & Info>Quick Tips.❖

Fax-on-Demand Changes Starting March 1, 2011

As we previously communicated, starting March 1, 2011, the only documents we will offer on our Fax-on-Demand system will be InterQual®´ SmartSheets™. All other documents currently on Fax-on-Demand, including BCBSMA medical policies, will be available solely on our provider website. (*Please note:* SmartSheets™ are also available on our website.

To register for our website, go to www.bluecrossma.com/provider and click on Register Now in the blue box.

Since billing agencies with whom you do business may also use Fax-on-Demand to request medical policies and other information, be sure to notify them of this change. Billing agencies who work on your behalf may also register for our website by going to the same link listed above. Once they have registered, you will be notified and asked to authorize them to work on your behalf.❖

Office Staff Notes

Submitting the Right Documentation for Individual Consideration Appeals

If you submit an appeal for individual consideration (IC), be sure to include all of the required documentation to support your appeal.

The charts below provide several examples to help give you an idea of what documentation is required for us to conduct a complete medical review of your appeal. By following these guidelines, you can help to expedite the process.

For more information on appeals, please refer to Section 4: Reviews and Appeals of your *Blue Book* manual.

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

For an appeal involving:	Follow These Guidelines:
A "Not Otherwise Classified" (NOC) code	Include all reports that document the service rendered along with a detailed description of services performed (e.g., operative report). The entire medical record is not required when appealing a NOC code.
Denials based on medical technology assessment criteria or our medical policy guidelines	Submit relevant clinical information according to medical policy coverage criteria.
Modifier 22	Submit documentation supporting the significantly increased complexity of the surgical procedure. Additional reimbursement will only be considered if the additional work is documented in the operative report submitted to support the use of Modifier 22.
Multiple lesion removal	Submit legible office notes documenting the lesion location, size, and number, and the pathology report, if available.
Blepharoplasty/brow ptosis	Submit documentation of the functional impairment, visual field reports (taped and untaped), and pre-operative photos, if available.
Consultation and report on referred slides prepared elsewhere	Submit a pathology consultation report documenting the date of the surgical or cytopathology case from which the specimens were obtained.
Scar revision	Submit documentation of pain or interference with normal bodily function.

For a service within one of these CPT code ranges:	This documentation is required when you submit an individual consideration appeal:
00100-01999	Anesthesia record
10021-69990	Operative note; procedure note
70010-77084	Radiology report
77261-77799	Medical note; treatment record
78000-79999	Radiology report
80047-89398	Laboratory report; pathology report
90281-99499; J drug codes	Medical note; procedure note; radiology report; invoice (*whichever applies)*

Where to Send Individual Consideration Appeals

Send individual consideration appeals to:

Blue Cross Blue Shield of MA
Provider Appeals
P.O. Box 986065
Boston, MA 02298

Office Staff Notes

What You Need to Know About the Recredentialing Process

How will I know when it's time for me to recredential?

BCBSMA requires professional providers to recredential every two years, on an odd or even cycle, based on your birth date. For example, if your date of birth is June 12, 1969, your recredentialing is due June 1, 2011. If your date of birth is February 15, 1970, your recredentialing is due February 1, 2012. As a best practice, many providers find it helpful to set a reminder on their calendar one month prior to their recredentialing date.

How can I ensure that my recredentialing goes smoothly?

The best way to ensure a smooth process is to keep your information up-to-date with the Council for Affordable Quality Healthcare (CAQH). CAQH sends reminders to re-attest every 120 days. When you receive these requests, we strongly encourage you to attest to the information CAQH has on file or make any updates as necessary. You can do this easily by going to their website at https://upd.caqh.org/oas or by calling the CAQH help desk at 1-888-599-1771. The help desk can also assist you with login information. By consistently re-attesting with CAQH every 120 days, your information will already be up-to-date when you're due for recredentialing.

What happens if CAQH does not receive my information?

If you do not respond to CAQH's information request, your contract with BCBSMA will be terminated. If we do not receive your information within 30 days of contract termination, you will be required to go through a complete initial contracting and credentialing process with us, which includes meeting current guidelines.

How do I provide CAQH with changes in my information if I am not due for recredentialing?

Changes can be made to your provider information anytime by directly accessing your information online.

However, since all of your notifications are sent to the address that CAQH and BCBSMA have on file, it is important to notify both organizations with any changes to your provider information—another reason we recommend that you re-attest with CAQH every 120 days.

Questions?

- If your practice information has changed, please contact Network Management Services at 1-800-316-BLUE (2583) to discuss what paperwork you may be required to submit to BCBSMA.
- For general questions about the recredentialing process, please call our Provider Enrollment and Credentialing area at 1-800-419-4419.❖

Ancillary News

New Fax Number for *Short-Term Rehabilitation Speech Therapy Extension Request Form*

We recently updated one of our fax numbers for submitting authorization extension requests for speech therapy services for our members. When using the *Short-term Rehabilitation Speech Therapy Extension Request Form*, please fax the completed form to 1-866-577-9901.

Please refer to the form for the correct fax information.

To download a copy of the updated form, log on to our website at www.bluecrossma.com/provider and select Resource Center> Forms>Authorization Forms.

We appreciate your help in directing these requests to the correct fax number.❖

Coding Corner

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

How to Code Diabetes Mellitus When Associated Conditions Exist

We understand that assigning the correct ICD-9-CM code for diabetes mellitus and associated conditions can be challenging.

Patients with diabetes mellitus are susceptible to one or more complicating associated conditions that particularly affect the cardiovascular, renal, nervous, and peripheral vascular systems, as well as the feet and eyes. The onset of symptoms may be early or late in the course of the diabetes.

For diabetes mellitus, the correct ICD-9-CM category is 250. In addition, the following are required:

- A fourth digit to identify any condition or manifestation associated with diabetes
- A fifth digit to identify Type 1 or Type 2 diabetes and whether the diabetes is controlled or uncontrolled.

The *ICD-9-CM Official Guidelines for Coding and Reporting Effective October 1, 2010* provides instructions on coding conditions that have an underlying *cause* and *associated condition* by use of "etiology/manifestation" code combinations.

For each code under category 250, an *additional code* must be included for any associated diabetic condition or *manifestation*. The ICD-9-CM index lists the diabetes code first, followed by the manifestation code in brackets.

Example:

During an office visit with a 75-year-old Type 1 insulin-dependent diabetic patient, the ophthalmologist diagnoses the patient with proliferative diabetic retinopathy.

To fully report the patient's health status, the claim should be coded with *both* of the following ICD-9-CM codes:

- 250.51 (Type I insulin-dependent diabetes with ophthalmic manifestations)
- 362.02 (Proliferative diabetic retinopathy).❖

Medical Policy Update

All updated medical policies will be available via:

- www.bluecrossma.com/provider>Medical Policies.
- Fax-on-Demand at 1-888-633-7654 (until 2/28/11)

Changes

Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy, 296. New medical policy describing non-coverage of this procedure. Effective 5/1/10

Infertility Diagnosis and Treatment, 086. Adding infertility treatment for a member with recurrent pregnancy loss in accordance with Massachusetts law (M.G.L.c. 175, section 47H and 211 C.M.R 37.09). Effective 12/15/10.

Clarifications

Bone Turnover Markers for Diagnosis and Management of Osteoporosis, 549. New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Dermatoscopy, 519. New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Clarifications, continued on page 7

Medical Policy Update

Clarifications, continued from page 6

Fetal Fibronectin Enzyme Immunoassay, 298. New medical policy describing covered and non-covered indications for this test. The same information will be removed from medical policy 043, *Preventing Premature Delivery*.

Genetic Testing for Cutaneous Malignant Melanoma, 300. New medical policy describing ongoing non-coverage of this test. The same information will be removed from clinical recommendation document 365, *Genetic Testing & Counseling*.

Hematopoietic Stem Cell Transplantation for Breast Cancer, 213. Clarifying coverage according to the Massachusetts state mandate.

Insulin Potentiation Therapy, 532. New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Speculoscopy, 568. New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Subtalar Arthroereisis, 299. New medical policy describing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Temporary Prostatic Stent, 531. New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

Pharmacy Updates

Angiotensin II Receptor Antagonists, 012. Including coverage for losartan and losartan/hctz as Step 1 medications. Effective 5/1/11.

Bisphosphonates Infusion/Injection, 061. Including coverage of Reclast®´´ for FDA-approved indication of prevention of osteoporosis/osteopenia (ICD-9-CM 733.90). Effective 5/1/11.

Botulinum Toxin, 006. Including coverage criteria for Botox®´´ for new FDA-approved indication of chronic migraine. Effective 5/1/11. Criteria include:

- Age 18 years or older
- Prescribed by a neurologist or pain specialist
- Chronic migraine defined as episode of migraine 15 days/month with four hours/day pain duration
- Previous treatment with or contraindication to at least a three-month trial of each of the following therapeutic categories: Beta blockers (propranolol, timolol), topiramate, divalproex sodium, non-steroidal anti-inflammatory drugs, and serotonin receptor agonists.

Gilenya™ (Fingolimod), 295. New medical policy describing coverage of Gilenya. Effective 5/1/11. Criteria include:

- Documented diagnosis of relapsing form of multiple sclerosis including relapsing-remitting
- Secondary progressive with relapses and progressive relapsing
- Prescribed by a neurologist
- Previous treatment failure with one of the following: interferon beta-1a IM (Avonex®´´), interferon beta-1a SC (Rebif®´´), interferon beta-1b (Betaseron®´´, Exatvia®´´), or glatiramer acetate (Copaxone®´´).

New Drug Approval Program, 005. Clarifying approval of new-to-market medications during the evaluation period. These medications will continue to be non-covered until the evaluation process is completed. Providers may request a medical necessity exception during the evaluation process; approval will be based on the FDA-approved indications. For exception requests for a new-to-market medication for a non-FDA approved indication, individual consideration will be applied and providers must submit supporting clinical documentation for review. Effective 5/1/11.

Repository Corticotropin Injection (H.P. Acthar®´´ Gel), 294. New medical policy describing coverage of H.P. Acthar gel. Effective 5/1/11. Criteria include:

- Treatment of infantile spasm (West Syndrome)
- Diagnostic testing of adrenocortical function
- Treatment of corticosteroid-responsive conditions after failure with or contraindication to corticosteroids. ❖

Landmark Center
401 Park Drive
Boston, MA 02215

PRESORTED
STANDARD MAIL
U.S. POSTAGE
PAID
BOSTON, MA
PERMIT NO. 56717

Providerfocus

ROUTING BOX

Date received:__________

Please route to:

- ☐ Office manager
- ☐ Physician
- ☐ Nurse
- ☐ Billing manager
- ☐ Billing agency
- ☐ Receptionist
- ☐ Other: ______________

____

Visit our Plan Education Center and learn how we're educating our members.
www.bluecrossma.com/plan-education

At Your Service

- BlueLinks for Providers
  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. - 4:30 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. - 4:30 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)
  M-T-W-F: 8:30 a.m. - 4:30 p.m.
  Th: 9:30 a.m. - 4:30 p.m.
- Provider Enrollment and Credentialing: For credentialing, changing a current contract, or obtaining the status of a previously submitted provider contract: 1-800-419-4419
  M-T-W-F: 8:30 a.m. - 4:30 p.m.
  Th: 9:30 a.m. - 4:30 p.m.

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

Andrew Dreyfus, *President and Chief Executive Officer*

John A. Fallon, M.D., *Chief Physician Executive and Senior Vice President*

Steven J. Fox, *Vice President, Provider Network Management and Contract Operations*

Teresa Perrier, *Editor*
Patricia Gaudino, *Managing Editor*
Stephanie Botvin, *Contributing Writer*
Jennifer Harding, *Contributing Writer*
Barbara Chester, *Production Manager*
Patricia Moriarty, *Graphic Designer*

BCBSMA refers to Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. © 2011 Blue Cross and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc. ® Registered marks of the Blue Cross and Blue Shield Association. ®´ and SM Registered marks of Blue Cross Blue Shield of Massachusetts. ®´´ and TM Registered marks of their respective companies. PEP-1914M (2/11)