



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

BCBSMA's Commitment to Healthy Mothers and Healthy Babies

This summer, a major focus of federal health care reform will be the Women's Preventive Health Services Mandate. This provision, effective August 1, 2012, requires health plans and issuers to cover certain women's preventive health services without a copayment, co-insurance, or deductible for in-network services. (See related article on page 5).

At Blue Cross Blue Cross Blue Shield of Massachusetts (BCBSMA), we're committed to helping women have access to services necessary for their health and wellbeing, and their family's. Below we highlight some upcoming changes to help support new moms and their babies.

Expanded Coverage of Breast Pumps

In accordance with Women's Preventive Health Services Mandate, starting August 1, 2012, BCBSMA will cover the rental or purchase of a breast pump for new

mothers with no member cost-share when the member uses a contracted BCBSMA provider. The benefit covers a pump without the need to meet any medical necessity criteria.

As you know, the American Academy of Pediatrics and numerous studies recommend breastfeeding; however, many women who begin nursing may switch to formula for various reasons, such as returning to work or dealing with medical issues. The availability of a breast pump may make it easier for women to continue providing breast milk to their babies.

BCBSMA is pleased to provide this benefit to support mothers who are considering breastfeeding.

Living Healthy Babies Website for Pregnant Women and New Mothers

While pregnancy and motherhood is a joyous time for women, it can also



be overwhelming. Our goal is to help make our members' journey through parenthood as healthy as it can be. Our Living Healthy Babies website, livinghealthybabies.com, offers women information and resources to help them navigate every step of motherhood—from preconception through pregnancy through the baby's first year.

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In Brief

ClaimCheck™ Will Be Updated This Spring

BCBSMA will implement the latest version of ClaimCheck claims editing software this spring.

To access our Internet-based code auditing tool, log on to our website at bluecrossma.com/provider and click on **Manage Your Business> Use Clear Claim Connection.**

You'll then be required to enter your NPI for secure access to code editing policies, rules, and clinical rationale.❖

Physician News

New Pharmacy Joins Our Retail Specialty Pharmacy Network

AcariaHealth, a specialty pharmacy, recently joined our network of retail specialty pharmacies. To reflect this change, we've updated our *Specialty Pharmacy Medication List*. For each medication designated as a "specialty medication" on our formulary, we list the retail pharmacies in our network that can dispense prescriptions for our members.

We remind you that many of our members are required to fill their specialty medication prescriptions through a retail pharmacy in our network.

To download the *Specialty Pharmacy Medication List*, log on to bluecrossma.com/provider and select **Manage Your Business>Search Pharmacy & Info**. Then, scroll down to the list.

How to Contact AcariaHealth

- ▶ Phone: 1-866-892-1202
- ▶ Fax: 1-866-892-3223
- ▶ Web: acariahealth.com. ❖

BCBSMA's Commitment to Healthy Mothers and Healthy Babies

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The Living Healthy Babies website includes a comprehensive Feeding Your Baby section, where new mothers can find information on:

- ▶ Infant nutrition
- ▶ Feeding guide for the first year
- ▶ Breastfeeding basics
- ▶ Breastfeeding difficulties
- ▶ Pumping and storing breast milk
- ▶ Breastfeeding a high-risk newborn
- ▶ Going back to work
- ▶ Bottle feeding.

As of August 1, 2012, the website will also include information about breast pumps and how BCBSMA members can order one.

Living Healthy Babies is available to all women—not just BCBSMA members—so we encourage you to share this website with all of your female patients who are pregnant or who are new mothers.

Prior Authorization Requirements for Specialized Infant Formula

In addition to the new benefit for breast pumps, BCBSMA will continue to provide coverage for specialized infant formulas for infants who have a medical indication requiring such formulas.

Effective August 1, 2012, BCBSMA will implement a revised medical policy for specialized infant formula. The update will clarify the medical indications for coverage for members up to 12 months of age (see Medical Policy Update section on page 7). Also, as of this date, BCBSMA will require prior authorization before providing coverage of such formula purchased from a pharmacy with a prescription. This requirement already applies to members 12 months of age and older.

This prior authorization requirement applies to all commercial products with a pharmacy benefit.

Details about the policy and the medical indications for coverage are described in BCBSMA medical policy 304, *Special Foods*. To access this policy, go to bluecrossma.com/medicalpolicies. You can find the policy by entering the policy number or title into the search tool, or by using the alphabetical listing.

Questions?

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

The Importance of Open Communication With Older Adult Patients

At BCBSMA, we know how important it is for our Medicare Advantage members to have open conversations with you about how they can be more proactive when it comes to their health. For example, we encourage them to attend each appointment prepared, using our appointment checklist with a list of questions, a list of current medications, and any symptoms they are experiencing. In 2012, we are engaging our members in topics of healthy aging, including:

- ▶ Physical activity
- ▶ Mental health
- ▶ Osteoporosis
- ▶ Falls and balance
- ▶ Bladder control.

Physician Best Practice

Dr. Maura J. Brennan, Director of the Geriatric Consultation Program at Baystate Medical Center, talks about the importance of having an open dialogue between you and your older adult patients.



“It is utterly crucial to identify common geriatric problems such as falls, incontinence, memory loss and depression. If you don’t probe for some of these things, you won’t know they exist,” she says. “It’s more of a challenge to actually make it easy for physicians to do it, than to help physicians find the perfect words.”

To make it easier to discuss important health issues during an

appointment, Dr. Brennan offers some suggestions:

- ▶ Send out a mailing to your older adult patients before their annual visits. Include questions that screen for common problems. When they arrive, you can follow up on what they’ve written. “It’s easier for people to *write* about a problem if they are self-conscious. Some quick screening questions prior to a visit may allow patients and doctors to ease their way into delicate topics of conversation,” says Dr. Brennan.
- ▶ Schedule a separate visit that is focused on screening for common geriatric problems.
- ▶ Create checklists using your electronic medical record (EMR) system so each time a patient comes in, you are prompted to screen/ask about one or two geriatric problems.
- ▶ Have office staff gather some information prior to the patient-physician visit to save time for open dialogue.

Dr. Brennan says the key to approaching these conversations is to use a straightforward, non-judgmental approach. She offers this example for discussing urinary incontinence: *“Many drugs and a variety of medical problems can affect how you are able to urinate. Many people your age have a problem with occasional leakage of urine. Is this something that ever happens to you?”*

Whether you use a pre-appointment mailing or include a checklist

of questions in the EMR, simply starting the conversation can often lead to improved health outcomes.

“In many cases, patients are not embarrassed or unwilling to tell you, but they don’t think to tell you about it unless you prompt them with a question,” says Dr. Brennan. ❖

Tools and Resources

To access information on our clinical resources and guidelines, programs, practice management tools, and patient education materials, organized by condition, log on to our website at bluecrossma.com/provider and select **Manage Your Business > Manage Patient Care**.

We also encourage you to use our *Prescription for Healthy Bones* to prescribe your Medicare Advantage patients prevention, education, and screenings. To order a prescription pad, call Network Management Services at **1-800-316-BLUE (2583)**. ❖

Reports and Data

Reminder to PCPs Who Receive Quality Data Reports

The May Medicare Advantage patient quality data reports are now available online. Please use the secure URL and password provided to you in the certified mail letter. If you no longer have this information, please contact your Network Manager at **1-800-316-BLUE (2583)**. ❖

Office Staff Notes

How to Submit Address and Telephone Number Changes to Us

Having accurate address and telephone information for BCBSMA providers is important so that we can provide the most up-to-date information to our members.

If you are currently contracted with BCBSMA as an individual provider and your primary or billing address or telephone number has recently changed, please submit a *Change of Address Form* to our Provider Enrollment area. All changes must be submitted to us in writing.

For the primary telephone number, please indicate the number your patients would call to schedule an appointment.

Important: Please complete a *Contract Update Form* if you are affiliated with a group and you are:

- ▶ Leaving a group practice/location
- ▶ Joining a different group
- ▶ Adding a secondary site.

To access either the *Change of Address Form* or the *Contract Update Form*, log on to our website at bluecrossma.com/provider and click on **Resource Center>Forms>Administrative Forms**.

Then select the appropriate form for your provider type. Be sure to complete all fields on the form and fax it to us at the number listed on the form.

Please do not use the CMS-1500 claim form to notify us of address changes. ❖

BCBSMA Continues to Upgrade Claims Processing System

As we reported last December, BCBSMA is 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.

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 40,000 members have received updated ID cards with a new alpha-prefix—**XXS**.

We will continue to provide updates in *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 yet 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. ❖

Health Care Reform Spotlight

Changes to Women's Preventive Health Services Coverage

To ensure that all women have access to preventive health services necessary for their health and well-being, the U.S. Department of Health and Human Services (HHS) has issued guidelines that require health plans and issuers to cover certain women's preventive health services without a copayment, co-insurance, or deductible for in-network services. This provision of the Patient Protection and Affordable Care Act takes effect in the first plan year beginning on or after August 1, 2012. Certain religious employers are exempt from covering contraceptive services. BCBSMA will administer the exemption provisions as defined by the federal government.

BCBSMA health plans currently provide in-network coverage, without copayment, co-insurance, or deductible, for most of these women's preventive health services recommended by HHS:

- ▶ Annual well-women visits
 - ▶ Screening for gestational diabetes
 - ▶ Human papillomavirus (HPV) DNA testing
 - ▶ Counseling for sexually transmitted infections
 - ▶ Counseling and screening for human immunodeficiency virus (HIV) infection
- ▶ Contraceptive methods and counseling
 - ▶ Breastfeeding support and breast pumps
 - ▶ Domestic violence screening.

For health plans that are *not* grandfathered plans under the Act, effective for renewals beginning on and after August 1, 2012, health plan changes will be made to include in-network coverage—without copayment, co-insurance, or deductible—for recommended preventive health services not already covered without member cost-share. This includes breastfeeding services and birth control prescription drugs and devices. We will provide more information about these changes in the near future.

As always, we urge you to check member eligibility and benefits using one of our technologies—Online Services via BlueLinks for Providers, Emdeon Office, NEHEN (including NEHEN Express and NEHEN*Net*), or your clearinghouse vendors—before providing services.

Because providers usually cannot determine the correct amount owed by the member in real-time, we recommend that you allow the claim to process before determining the correct amount to charge the member.❖

Ancillary News

BCBSMA Announces Code Updates for Ancillary Providers

BCBSMA will be making the following code updates this spring. For a copy of your revised fee schedule, log on to www.bluecrossma.com/provider and click on **Resource Center>Admin Guidelines & Info>Fee Schedules**. Or, if you have questions about these changes, please call Network Management Services at 1-800-316-BLUE (2583).

Codes Added for Technical Diagnostic Imaging (TDI) Providers

The following codes were added to the fee schedule for TDI providers for all products, effective for dates of service on or after May 1, 2012:

- ▶ 74261
- ▶ 74262.❖

Codes Added for Certified Nurse-Midwives (CNMs)

We are adding the following codes to the CNM fee schedule for all products, effective for dates of service on and after May 1, 2012:

- | | | |
|---------|---------|-----------|
| ▶ 11982 | ▶ 56605 | ▶ 57505 |
| ▶ 11983 | ▶ 56606 | ▶ 57511 |
| ▶ 17110 | ▶ 57061 | ▶ 57522 |
| ▶ 17111 | ▶ 57452 | ▶ 58100 |
| ▶ 54050 | ▶ 57454 | ▶ 99406.❖ |
| ▶ 56501 | ▶ 57500 | |

Ancillary News

Independent Clinical Labs and DME Providers: Billing Requirements for BlueCard® Program Claim Services Rendered Outside of Massachusetts

This article serves as a reminder on how to bill for BCBS member claims* for services rendered by Independent Clinical Labs and durable medical equipment (DME) providers. We previously clarified that your claims must be submitted to the local Blue plan. That means DME providers should submit claims to the Blue plan in the service area where the equipment was shipped or purchased at a retail store. Independent Clinical Labs should submit claims to the plan where the specimen was drawn.

If you have a contract with the local Blue plan, the claim will be considered a participating claim. If you do not have a contract with the local plan, it will be considered a non-participating claim.

Referring Provider Information Required Effective April 1

We are also requiring new information to be submitted on all DME and Independent Clinical Lab claims as follows. For dates of service on or after April 1, 2012:

- ▶ The referring provider and referring provider NPI are required on all DME claims.
- ▶ Only the referring provider NPI is required on all Independent Clinical Lab claims.

If this information is not provided on the claim, it may result in claim delays or rejections.

We encourage you to verify member eligibility and benefits using our

technologies or by calling BlueCard EligibilitySM at 1-800-676-BLUE (2583) prior to rendering any services. ❖

* Claims for Federal Employee Program (FEP) members are excluded.

Example

A BCBSMA member resides in Connecticut. The DME provider sends the DME equipment to the member in Connecticut. The claim should be submitted to Anthem BCBS (Connecticut plan.) If you have an Agreement with Anthem, it will be processed as a participating provider claim; if not, it will be processed as a non-participating provider claim.

Please be sure to complete the following fields:	And submit the claim to:
<p>For DME Claims</p> <p>Patient Address:</p> <ul style="list-style-type: none"> ▶ Field 5 on the CMS-1500 claim form <i>or</i> ▶ Loop 2010CA on the 837 Professional Electronic Submission. <p>Referring Provider:</p> <ul style="list-style-type: none"> ▶ Field 17 on the CMS-1500 claim form <i>or</i> ▶ Loop 2310A on the 837 Professional Electronic Submission ▶ Field 17B on the CMS-1500 claim form <i>or</i> ▶ Loop 2420E (line level) on the 837 Professional Electronic Submission. <p>Place of Service:</p> <ul style="list-style-type: none"> ▶ Field 24B on the CMS-1500 claim form <i>or</i> ▶ Loop 2300, CLM05-1 on the 837 Professional Electronic Submissions. <p>Service Facility Location Information:</p> <ul style="list-style-type: none"> ▶ Field 32 on the CMS-1500 claim form <i>or</i> ▶ Loop 2310C (claim level) on the 837 Professional Electronic Submission 	<p>File the claim to the plan in the state where the equipment was shipped to, or where it was purchased in a retail store.</p>
<p>For Lab Claims</p> <p>The Referring Provider field:</p> <ul style="list-style-type: none"> ▶ Field 17B on the CMS-1500 claim form <i>or</i> ▶ Loop 2310A (claim level) on the 837 Professional Electronic. 	<p>To the plan in the state where the <i>specimen</i> was drawn. (This is determined by state in which the referring provider is located.)</p>

Medical Policy Update

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

Changes

Plastic Surgery: Chemical Peels, 068. Adding medically necessary (covered) indications and to clarify not medically necessary (non-covered) indications of chemical peels. Effective 8/1/12.

Special Foods: Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures, and Formula Infusion Pumps, 304. BCBSMA will now cover formula for children up to one year of age prescribed for malabsorption or intolerance only when criteria for growth failure are met, and with prior authorization. Formula prescribed for prematurity will be covered up to six months of age with prior authorization. Formula prescriptions for conditions other than cystic fibrosis and metabolic diseases for members older than age one year are not covered. Effective 8/1/12. *(See related article on page 1.)*

Clarifications

Biofeedback for Miscellaneous Indications, 187. Clarifying non-coverage of biofeedback for the treatment autism and motor function after stroke, injury, or lower-limb surgery.

Intra-arterial Chemotherapy; Chemoembolization of Liver Cancer; Cryosurgical Ablation of Liver Tumors, 369. Clarifying the transcatheter hepatic arterial chemoembolization policy statements with the phrase: including the use of drug-eluting beads.

Intravenous Anesthetics for the Treatment of Chronic Pain, 291. Removing “Neuropathic” from the title and clarifying non-coverage of fibromyalgia. ❖

Correction to Update Announced in February 2012 *Provider Focus*

In the February 2012 issue of *Provider Focus*, we announced the following medical policy update:

- ▶ **Balloon Sinuplasty for Treatment of Chronic Sinusitis, 582.** Corrected to include CPT codes specific to this procedure. Providers are reminded that balloon sinuplasty is investigational (non-covered) as a stand-alone procedure

and is not reimbursed separately when used as a tool during sinuplasty surgery. Effective 4/1/12.

Please note the correct effective date for this change is 5/1/12. ❖

Next Medical Policy Group Meeting Will Be Held May 29

Each month, BCBSMA’s Medical Policy Group meets to review the policies for a specific specialty. Any contracted clinician may attend and provide feedback at the specialty meetings.

The next meeting will be held on **Tuesday, May 29** at 2 p.m. in conference room 4C at Landmark Center, 401 Park Drive, Boston. The specialties that will be discussed are **Pediatrics and Endocrinology**.

If you wish to attend, please send an e-mail to ebr@bcbsma.com and we will send you a packet of information.

- ▶ To access a policy being reviewed, log on to bluecrossma.com/provider, click on **Manage Your Business>Review Medical Policies**, then scroll down to the “How to Review” section. You can also access the complete 2012 Medical Policy Group review schedule on this page.
- ▶ To comment on a policy being discussed during the specialty review, please send an e-mail to ebr@bcbsma.com or send a fax to **617-246-7084**.

We appreciate your participation in our medical policy review process. ❖

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



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Did you know you can receive news updates faster and more conveniently than you do now? Sign up for our eNews alerts to get your news first with an e-mail from BCBSMA. We will also keep you up to date on the latest policies and changes.

To receive eNews, you must be registered to use our BlueLinks for Providers website. Registered users can change their eNews

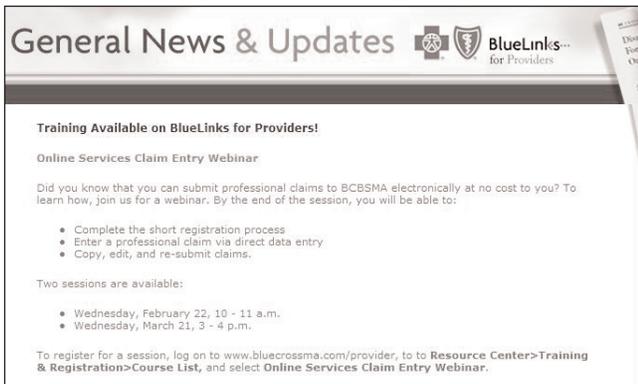
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2. Click on **Edit My eNews Subscriptions** (listed under Manage My Profile on the left-hand side of your screen).
3. Select the types of communications you'd like to receive.
4. Click on **Save**. ❖

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

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General News & Updates BlueLinks for Providers

Training Available on BlueLinks for Providers!

Online Services Claim Entry Webinar

Did you know that you can submit professional claims to BCBSMA electronically at no cost to you? To learn how, join us for a webinar. By the end of the session, you will be able to:

- Complete the short registration process
- Enter a professional claim via direct data entry
- Copy, edit, and re-submit claims.

Two sessions are available:

- Wednesday, February 22, 10 - 11 a.m.
- Wednesday, March 21, 3 - 4 p.m.

To register for a session, log on to www.bluecrossma.com/provider, to **Resource Center>Training & Registration>Course List**, and select **Online Services Claim Entry Webinar**.