

# Providerfocus



MASSACHUSETTS

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

## Making the Connection: BCBSMA Focuses on the Total Health of Members

As more evidence links good oral hygiene to overall health, Blue Cross Blue Shield of Massachusetts (BCBSMA) is committed to improving the total health of our members by offering additional benefits to members who have both medical and dental insurance with BCBSMA.

Since 2007, we have offered the Enhanced Dental Benefits program to members with diabetes or coronary artery disease (CAD), and members who are pregnant. This program consists of coverage for the additional cleanings and periodontal maintenance that dentists recommend for these members.

Now, as of April 1, 2010 and upon account anniversary, we are offering Enhanced Dental Benefits to Dental Blue® members diagnosed with oral cancer. To help prevent oral side effects in the treatment of cancers of the mouth and to offer screening for

early identification of new oral cancers, member benefits include:

- ▶ Cleanings or periodontal maintenance every three months
- ▶ Fluoride treatment every three months
- ▶ Pre-diagnostic oral cancer screening every six months.

Providing Enhanced Dental Benefits to members who have oral cancer helps dental practices create a partnership between the member's medical and dental providers. With added coverage that lowers out-of-pocket expenses, your patient may comply better with the prescribed treatment plan.

### Facts About Oral Cancer

A person diagnosed with oral cancer is at a significantly higher risk of having additional primary oral

cancers in the future. Thus, offering coverage for pre-diagnostic testing to help identify additional lesions earlier is beneficial to our members' health.

Because oral cancer treatment may include radiation to the affected area, which can result in reduced saliva formation, the oral cancer patient may have a dry mouth, potentially leading to an increase in cavities.



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## In Brief

### Update on the *Blue Book* Administrative Manual

To keep you up-to-date on BCBSMA administrative policies and procedures, we continually revise the online version of the *Blue Book* manual. Now, you'll see a note next to the text or section that has been revised.

We've also created a *Professional Blue Book Summary of Changes* that lists revisions made, their location, and the date of the change. Please check back often for the most current version.

We will send you a postcard later this year when the annual *Blue Book* update is available online.

To access the *Blue Book* and the *Summary of Changes*, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Resource Center> Admin Guidelines & Info>Blue Books**.❖

## Important Update on Our Disease Management Programs

In the March issue of *Provider Focus* we notified you that we would be moving to a total population approach to health management, which focuses on the comprehensive medical and psycho-social needs of our entire membership.

As part of the transition to that new model, effective March 31, 2010, we will no longer offer the Blue Care® Connection for Rare Diseases program, managed by Accordant.

Members who were engaged in this program will be assessed and transitioned as appropriate to BCBSMA case management and health management programs.

These members will also continue to be supported by our specialty pharmacy vendors.❖

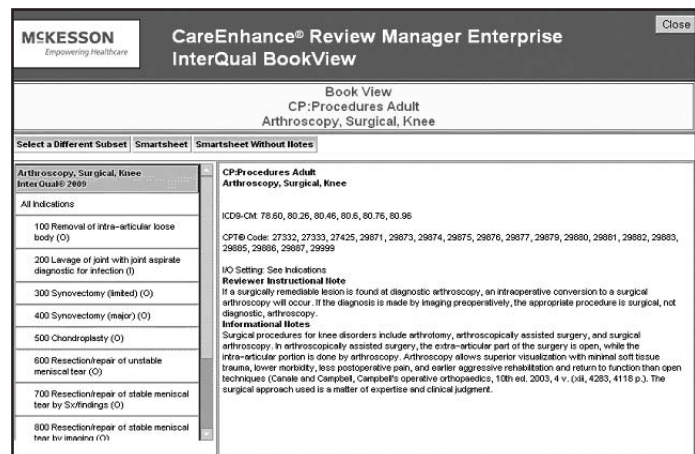
## SmartSheets™ Available Only Through CareEnhance® Review Manager Enterprise

As you know, BCBSMA uses InterQual® criteria to make medical necessity determinations. To help expedite the review process, we ask that you use McKesson's InterQual® SmartSheets™ to submit your prior authorization requests.

Please note that you can now only access SmartSheets™ through CareEnhance® Review Manager enterprise. While you can no longer download them directly from BlueLinks for Providers, we will continue to provide a link to the tool on BlueLinks for Providers.

To access SmartSheets™ and tailor them for your patient:

- ▶ Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Manage Your Business>Medical Review Resources>InterQual® Behavioral Health and Medical-Surgical Level of Care Criteria**.
- ▶ Agree to the "Terms and Conditions" and you'll be taken to a series of drop-down menus.
- ▶ Follow the instructions and select appropriate criteria from the drop-down menus; then click **Continue** and you'll be taken to McKesson's CareEnhance® Review Manager Enterprise page.
- ▶ To tailor the SmartSheet™ for your patient, choose a specific indication on the left navigation menu.
- ▶ Click on **SmartSheet** or **SmartSheet Without Notes** on the top navigation menu.



### Questions?

Learn more about using SmartSheets™ by taking our online training course. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Training & Registration>Course List**, then select **Authorization Basics** from the drop-down menu for your provider type.❖

# Focus on Quality

## Health Care Organizations' "Audacious Goals" LEAD to Learning

Providers across the state now have an opportunity to learn from an ambitious collaboration between BCBSMA and five of the state's leading providers.

Early in 2007, five health care organizations—Atrius Health, Beth Israel Deaconess Medical Center, Cooley Dickinson Hospital, Mount Auburn Hospital, and New England Baptist Hospital—were selected to take part in BCBSMA's Leading Edge Acceleration of Delivery and Design (LEAD) program. This unique effort, aimed at engaging these organizations in transformational change, required a two-year commitment from the participating organizations and their CEOs.

As part of LEAD, each CEO was asked to identify and set an "audacious goal" in quality improvement for his or her organization. These health care leaders then met regularly to discuss their progress and share lessons learned.

It is out of the LEAD program that Beth Israel Deaconess Medical Center (BIDMC) set a goal to eliminate all preventable harm by 2011—an aim that drew significant media attention to BIDMC early in 2008.

LEAD participants also found out just what it takes to achieve their goals.

"We had already set a series of whole system level goals without

knowing how we would fund the pace of advancement," says Craig N. Melin, President and CEO of Cooley Dickinson Hospital. "The Blue Cross LEAD program provided the resources, additional guidance, and the inspiration that comes from collaboration, to jump start and reach most of our goals faster than we'd have thought possible."

The leaders of all five participating organizations want to share their LEAD experience with other organizations by publishing detailed case studies.

To read the case studies, go to [www.qualityaffordability.com](http://www.qualityaffordability.com) and click on **Solutions>Working with the Community**.❖

## Making the Connection: Focusing on the Total Health of Our Members

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### How You Can Help Members

If your patient is a Dental Blue member and has been diagnosed with diabetes, CAD, or oral cancer, or is pregnant, he/she may be eligible for Enhanced Dental Benefits. BCBSMA will automatically enroll these dental members in this program if medical claims data indicates that they have one of these conditions.

If a dental member has one of these conditions but has not been notified of their Enhanced Dental Benefits, you can help. Simply confirm the member's condition by completing the provider section of the *Enhanced Dental Benefits Enrollment Form*, available by logging on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and clicking on **Resource Center>Forms>Administrative Forms**.❖

### Tips for Health Care Professionals

Robert Lewando, DDS, practicing periodontist and Clinical Director for Dental Blue, offers the following tips to help you care for members with oral cancer:

- ▶ Refer the member to a dental provider for frequent cleanings, fluoride application, and regular screening. This will help to reduce the risk of cavities, and

identify new oral cancers. You can use our website's Find a Doctor feature for a referral.

- ▶ Help the member qualify for Enhanced Dental Benefits. See information at left.
- ▶ Talk to your patients about the importance of oral health.❖

# Ancillary News

## Physical Therapists: Submitting Claims with Accidental Injury Diagnosis Codes

When submitting a claim with an accidental injury diagnosis code, please be sure that Block 14 of the claim form reflects the correct date.

Members of some products—specifically the Federal Employee Program—have a benefit design that does not charge a copayment for some services when the date of service occurs within 72 hours of

the date of the accidental injury. To ensure that these members receive the correct benefit, please keep in mind the following requirements for claims related to accidental injury diagnosis codes:

- ▶ Submit the date of current illness or injury or pregnancy in Block 14. If you don't know this exact date, enter N/A.

- ▶ Add the correct diagnosis code to Block 21.
- ▶ Enter the date(s) of service in Block 24A.

Following these guidelines will help facilitate both accurate claims payment and the correct member cost share for these services.❖

## Codes Deleted from Fee Schedule for Durable Medical Equipment (DME) Providers

The following HCPCS codes will no longer be covered for dates of service on or after April 15, 2010, and will be removed from the DME fee schedule for all products.

- ▶ **A6443:** Conforming bandage, non-elastic, knitted/woven, non-sterile. Width greater than or equal to 3 in. and less than 5 in. per yard
- ▶ **A6444:** Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 in. per yard
- ▶ **A6446:** Conforming bandage, non-elastic, knitted/woven, sterile. Width greater than or equal to 5 in. per yard
- ▶ **E0240:** Bath/shower chair, with or without wheels, any size.❖

### Physical Therapists: Code Added to Your Fee Schedule

The following code will be added to the physical therapy fee schedule for all products, effective for services on or after May 1, 2010:

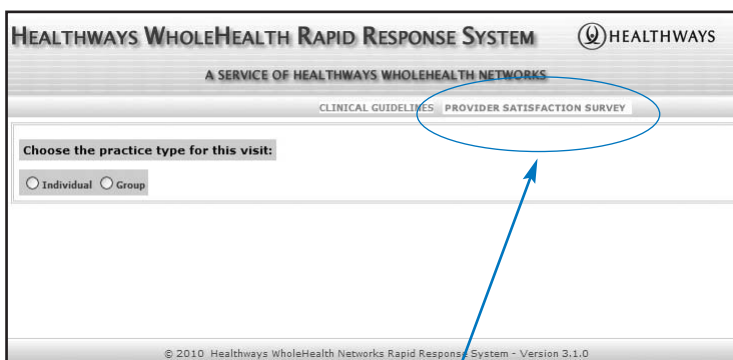
- ▶ **95992:** Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day.❖

## Chiropractors: Take An Online Survey About Your Experience With HWHN

Healthways Whole Health Networks, Inc. (HWHN) and BCBSMA want to hear about your practice's experience with the chiropractic services authorization program. Take HWHN's brief, annual provider satisfaction survey online anytime **before June 30, 2010**.

You can link to the survey through HWHN's Rapid Response System (RRS). Upon entering the RRS, select your practice type and click on the link to the survey in the top right-hand corner of the page (see screenshot). We appreciate your participation; your valuable feedback will help HWHN to improve their service to you.❖

Sample Screenshot



When logging on to the RRS, click on the Provider Satisfaction Survey link.

# Office Staff Notes

## Details on Conversion to HIPAA Version 5010 Now Available on Our Website

All health plans, providers, and clearinghouses that conduct business electronically are preparing to convert to the next Health Insurance Portability and Accountability Act (HIPAA) standard for electronic transactions—Version 5010.

HIPAA will require entities conducting electronic claim submission, claim status requests and responses, and referral and eligibility requests and responses to use Version 5010.



All testing must be completed by January 1, 2012, when the new 5010 version must be adopted. We encourage you to begin testing with your business partners by early 2011.

To help you to start preparing, we've added helpful links to our provider website.

Log on to BlueLinks for Providers at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider), click on **Resource Center**, then click on **HIPAA Version 5010** in the blue box on the right-hand side of the page.❖

## InfoDial® Now Responds With Cancellation Dates When Checking Eligibility

We recently updated InfoDial, our free, interactive telephone system, to include policy cancellation dates. Now, when you check eligibility for a member who no longer

has an active policy, InfoDial will provide one of the responses listed in the chart below. To use InfoDial, call **1-800-443-6657**.❖

When you check eligibility for a member whose policy was canceled:	InfoDial will respond with:
Less than 180 days from the transaction date	The cancellation date for the member ID entered
180 days or more from the transaction date	The following message: <i>This member has no active coverage for the last 180 days.</i>

Click & Connect

### Be the First to Know: Sign Up for eNews Alerts

To stay up-to-date with the latest BCBSMA news, sign up for our **eNews alerts**. We'll send you announcements via e-mail when new *FYIs* and training opportunities for your specialty become available. We'll also notify you when the latest issue of *Provider Focus* is posted on our website. To register:

- ▶ Log on to [www.bluecrossma.com/provider](http://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 communications you would like to receive.
- ▶ Click on **Save**.❖

# Office Staff Notes

## BCBSMA Audits Provider Claims for Coding Accuracy

As part of our efforts to manage the cost of health care for our members and accounts, BCBSMA has a provider audit process in place to review use of evaluation and management (E&M) codes, common procedural terminology (CPT®) codes, and modifiers. This helps to validate whether providers are being reimbursed appropriately for the services performed.

If your practice is selected for an audit, you will be notified by mail or e-mail 30 days prior to the scheduled review date. All audits will be conducted at your office; however, BCBSMA may also request that you submit copies of

medical record documentation for review at BCBSMA's offices. Certified coders (CPCs) will review medical record documentation using the Centers for Medicare & Medicaid Services' (CMS') 1995/1997 E&M guidelines and accepted CPT coding conventions.

At the end of the audit, the auditor will review his/her findings with the provider and/or designated representative. Providers may appeal the audit findings within 30 calendar days of the exit interview or receipt of the audit results. BCBSMA will respond to an appeal within 45 calendar days from receipt of the appeal and the

required supporting documentation. If no appeal is filed after the exit interview, we will adjust the claims according to the audit findings.

Providers will receive a list of any adjusted claims.

We have updated the professional *Blue Book* to include our process for provider audits.

If you have any questions related to the provider audit process, please contact the Provider Audit Department at **617-246-7420** or [provideraudit@bcbsma.com](mailto:provideraudit@bcbsma.com). ❖

## 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

**Assays of Genetic Expression in Tumor Tissue: Technique to Determine Prognosis of Breast Cancer, 055.**

Effective 7/1/10.

- ▶ Adding coverage criterion addressing testing ordered within six months following diagnosis
- ▶ Clarifying coverage exclusion of THEROS Breast Cancer Index (SM)
- ▶ Clarifying coverage exclusion for the 21-gene RT-PCR assay testing to include determination of

recurrence risk in breast cancer patients who are lymph node-positive.

**Auditory Brain Stem Implant, 087.**

Effective 7/1/10.

- ▶ Excluding coverage of bilateral use of an auditory brain stem implant.
- ▶ Excluding coverage of penetrating electrode auditory brain stem implant.

**Autologous Chondrocyte**

**Implantation, 374.** Excluding coverage of matrix-induced autologous chondrocyte implantation. Effective 7/1/10.

**Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid, 107.**

Adding coverage for Medicare HMO Blue® and Medicare PPO Blue<sup>SM</sup> products. Effective 7/1/10.

**ERCP with Laser or Electrohydraulic Lithotripsy, 209.** New medical policy describing coverage and non-coverage criteria for this procedure. Effective 7/1/10.

**Iontophoresis, 095.** Excluding coverage of phonophoresis alone or in combination with iontophoresis as a transdermal drug delivery technique for any medical indication. Effective 7/1/10.

**Minimally Invasive Hip and Total Knee Arthroplasty, 199.** New medical policy describing coverage and non-coverage for these indications. Effective 7/1/10.

**Transanal Endoscopic Microsurgery (TEMS), 200.** New medical policy describing coverage and non-coverage for this indication. Effective 7/1/10.

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# Medical Policy Update

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## Clarifications

### Biofeedback for Miscellaneous

**Indications, 187.** New medical policy describing non-covered indications for biofeedback, with removal of the same information from medical policy 178, *Complementary Medicine*.

### Biofeedback as a Treatment of Chronic

**Pain, 210.** New medical policy describing non-covered indications for biofeedback, with removal of the same information from 178, *Complementary Medicine*.

### Biventricular Pacemakers for the Treatment of Congestive Heart Failure,

**101.** Clarifying non-coverage for biventricular pacemakers as a treatment of NYHA class I or II heart failure.

**CT Scan, 009.** Updated to remove the policy statement regarding virtual colonoscopy/CT colonography from this policy. See new medical policy 179, *Virtual Colonoscopy/CT Colonography*, which will be posted 5/1/10.

### Medical Technology Assessment

**Non-Covered Services, 400.** Clarifying non-coverage of OVA1™ ovarian cancer risk test.

### Ophthalmologic Techniques to Evaluate the Retinal Nerve Fiber Layer, 053.

- ▶ Clarifying title to include *Pulsatile Ocular Blood Flow* and *Blood Flow Velocity with Doppler Ultrasono-*

*graphy*, which are non-covered in the diagnosis and follow-up of patients with glaucoma. The statement of non-coverage is currently listed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

- ▶ Clarifying coverage of scanning laser ophthalmoscopy and scanning laser polarimetry for identified medically necessary indications.

### Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents, 184.

New medical policy clarifying non-coverage of joint sclerotherapy and ligamentous injections with sclerosing agents. Information about these procedures is currently listed in benefit information document 215, *Therapies: Physical, Occupational & Speech* and medical policy 400, *Medical Technology Assessment Non-Covered Services*.

### Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Miscellaneous Conditions, 186.

- ▶ Clarifying non-coverage of autologous blood-derived preparations for adjunctive use in surgical procedures.
- ▶ Removing comparable information regarding this treatment from medical policy 435, *Wound Healing: Hyperbaric Oxygen*

*Therapy, Vacuum-Assisted/Negative Pressure Closure Therapy, Procuren, Graftskin, Electrostimulation and Electromagnetic Therapy, Noncontact Radiant Heat Bandage, Non-contact Ultrasound Wound Treatment.*

**Please note:** As communicated in the February *Provider Focus* issue, this new medical policy will be posted 5/1/10.

### Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of Small Bowel, Esophagus, and Colon, 185.

New medical policy describing covered and non-covered indications for this procedure, with removal of the same information from medical policy 007, *Ultrasound: Breast, Cranial, Duplex, Fetal, Obstetrical, Intravascular, Prostate, Transvaginal, Transrectal* and other uses. ❖

## Pharmacy Medical Policy Updates

### Phosphodiesterase Type-5

**Inhibitors, 036.** Updated to include coverage criteria for new FDA-approved product Adcirca™. Effective 1/15/10.

### Dopamine Agonists, Non-ergot

**Derived, 119.** Updated to include new generic product pramipexole covered as a Step 1 medication. Effective 2/1/10. ❖

## Important Change to New Medical Policies Announced in December *Provider Focus*

The following medical policies, announced in the December 2009 issue of *Provider Focus*, will **not** be implemented on March 1, 2010:

- ▶ *Charged-Particle (Proton or Helium Ion) Radiation Therapy*, 162.
- ▶ *Intensity-Modulated Radiation Therapy: Abdomen and Pelvis*, 165.
- ▶ *Intensity-Modulated Radiation Therapy of the Breast and Lung*, 163.
- ▶ *Intensity-Modulated Radiation Therapy: Head and Neck Cancers*, 164.

Claims for these services will continue to process as they currently do. Any updates on the status of the policies will appear in future issues of *Provider Focus*. ❖

## Providerfocus

### ROUTING BOX

Date received: \_\_\_\_\_

Please route to:

- ☐ Office manager  
☐ Physician  
☐ Nurse  
☐ Billing manager  
☐ Billing agency  
☐ Receptionist  
☐ Other: \_\_\_\_\_

Submit retail prescription requests using **ExpressPA**.

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

## Training Update

### Need Answers to Pharmacy-Related Questions? Take Our New Online Course

BCBSMA is now offering a new audiovisual presentation about our pharmacy benefits, prior authorization requirements, and the pharmacy tools available to you on BlueLinks for Providers.

By completing this online course, you'll learn about:

- ▶ Using our Medication Search tools to look up the coverage status and tiering for a medication
- ▶ Submitting authorization requests using ExpressPA
- ▶ Quality care dosing, step therapy, and prior authorization guidelines.

#### How to register

Log on to our website at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Resource Center>Training & Registration>Course List**.

Under the **All Providers** sub-heading, choose **Your Pharmacy Questions Answered**. ❖

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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