April 2012

Providerfocus

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

Preventive and Diagnostic Care: Helping Members Understand the Difference

Under the Patient Protection and Affordable Care Act (PPACA), group and individual health plans and group health insurers no longer require cost-sharing for certain preventive services, and must provide, coverage for some preventive services.* This provision of national health care reform took effect upon plan renewal on or after September 23, 2010.

As of that date, Blue Cross Blue Shield of Massachusetts (BCBSMA) offers the following services with no member cost-share when they are administered by a network provider:

- Routine adult exams
- Routine GYN exams
- Certain family planning services
- Routine hearing exams
- Routine vision exams
- Certain prenatal services
- Routine pediatric care.

Health Care Reform Spotlight

One goal of PPACA is to make preventive health services more accessible and affordable for patients. However, some patients may be confused about the difference between preventive and diagnostic care, and when a cost-share may apply.

Take this scenario for instance. A BCBSMA member meets with his or her doctor for a checkup. During the visit, the member complains of ongoing back pain and the doctor orders an X-ray for the member.

Because the well visit is considered preventive, the member does not expect to pay a cost-share. However, because the X-ray is considered a diagnostic service and not part of the preventive exam, the member may be billed later by the radiologist and facility, since a cost-share may apply if the member has a deductible, co-insurance, or copayment for such services. Unfortunately, the member may be surprised when they receive these bills because they stemmed from the preventive visit.

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Update on Preventive Services for Women

The U.S. Department of Health and Human Services recently issued guidelines regarding additional women's preventive health services that must be covered without a copayment, co-insurance, or deductible for in-network services beginning on or after August 1, 2012. We will provide you with more information later in 2012.❖

In This Issue

In Brief

Discard Unwanted Medications Safely on April 28

The U.S. Drug Enforcement Agency's fourth National Prescription Drug Take-back Day will be held on Saturday, **April 28, 2012, 10 a.m. - 2 p.m.**

The DEA reports that during the last event in October 2011, Americans turned in more than 377,086 pounds (188.5 tons) of unwanted or expired medications for safe and proper disposal at the 5,327 take-back sites across all 50 states and U.S. territories. Over the past 13 months, 995,185 pounds (498.5 tons) of drugs have been removed from circulation.

To find take-back locations in the local area for you and your patients, go to **dea.gov** and click on the **Got Drugs?** icon.❖

Physician News

New Authorization Form for Repetitive Transcranial Magnetic Stimulation

In the Medical Policy Update section of March *Provider Focus*, we notified you of a new BCBSMA medical policy, *Repetitive Transcranial Magnetic Stimulation (rTMS)*, 297, effective March 17, 2012. This medical policy outlines ongoing non-coverage of rTMS for commercial products, and includes new coverage criteria for Medicare Advantage products.

For Medicare Advantage members, BCBSMA provides coverage of rTMS for acute or recurrent major depression if certain diagnostic, clinical, and measurement components are met. To help us determine medical necessity, we require that you request prior authorization by submitting our new *Repetetive Transcranial Magnetic Stimulation (rTMS) Request Form*.

To download the form, log on to **bluecrossma.com/provider** and click on **Resource Center>Forms>Authorization Forms**.

To find the rTMS medical policy online, go to **bluecrossma.com/medicalpolicies** and enter "rTMS" in the search field.❖

Adolescent Vaccine Resources Available on CDC's Website

The Centers for Disease Control and Prevention (CDC) has released new, online vaccine-related tools and educational resources as part of its efforts to increase public awareness of adolescent vaccines.

The site includes:

- Free posters and flyers you can download or order for your office
- Multimedia tools that you can link to from your practice's website
- A 30-second public service announcement video to remind busy moms to schedule immunization appointments for their adolescent boys and girls
- Podcasts
- Electronic cards that you can send to your patients
- News and feature articles.

Go to **cdc.gov/vaccines/who/teens** to access these resources.❖

Reminder About BCBSMA's Policy on Concierge Services

Concierge practices offer their patients special services not covered under the patients' health plan benefits in exchange for a one-time or periodic fee paid by the patient. To ensure that our members are not being charged for services covered by their BCBSMA membership, we have developed policies regarding concierge practices. Please also note that in accordance with Massachusetts Division of Insurance requirements, BCBSMA addresses these types of practices in our provider agreements.

Physicians who plan to offer concierge services must provide BCBSMA with at least 90-days advance notice of your intent to set up a concierge-style practice. For our most current policies and procedures on this topic, please refer to our fact sheet on our website.

Log on to **bluecrossma.com/provider** and click on **Resource Center>Admin Guidelines & Info>Fact Sheets**.

When we receive a physician's notice of his or her intent to establish a concierge practice, we will update our provider directory to identify these practices as concierge in style.

We will continue to study these arrangements in consultation with community physicians, health care providers, and our members to refine our policies and procedures regarding this type of practice.

If you have questions, please contact your Network Manager at **1-800-316-BLUE (2583)**.❖

Physician News

Electronic Health Records Pilot Helps Small Practices Improve Patient Care

Secretary of Health and Human Services Dr. JudyAnn Bigby, chair of the Health Information Technology Council, recently announced the first Massachusetts physicians to achieve federal "meaningful use" standards for Electronic Health Record technology. We're proud to report that 24% of clinicians in Massachusetts who qualified in the initial round of meaningful use incentives (35 out of 143) were from MetroWest Accountable Healthcare Organization, which participated in a BCBSMA-sponsored EHR pilot in 2008.

The program helped 100 physicians in small practices (one to five physicians) adopt EHR technology in an affordable and convenient way by implementing Care360™ EHR, a web-based solution. It would have been cost prohibitive for many of these small practices to adopt EHR on their own.

A year after the Care360 pilot began, Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act, which rewards doctors who use an EHR in a specific way that constitutes meaningful use as defined by the law, such as using an EHR to submit prescriptions, send and receive lab results, and exchange other health information electronically to improve the quality and efficiency of patient care.

EHRs have come a long way and are now considered an essential tool when it comes to the delivery of high-quality care. Our Alternative Quality Contract now has a health IT requirement, which means physicians must meet the Centers for Medicare & Medicaid Services' (CMS) meaningful use criteria by 2015 as a condition of earning their full incentive payment.

"The recent certification of these doctors as meaningful users further validates the pilot program's success," said Greg LeGrow, BCBSMA's Director of Network Innovation. "We helped get EHR into these doctors' offices and now they have risen to the level of meaningful users. It's even better knowing they now have the technology in place to deliver high-quality, more affordable care to our members."❖

Click & Connect

Use Our New Direct Claim Entry Tool

Do you still submit paper claims, but want an easier way that won't cost additional money? Consider using direct data entry (DDE) in Online Services. DDE can be used to submit any CMS-1500 claim for a BCBSMA member when BCBSMA is the primary payer and no supplemental documentation is required.

To learn more, activate your account, and register for training, log on **bluecrossma.com/provider** and scroll down to "Free Professional Claim Entry via Online Services." Or, to access Online Services, click on **Technology Tools** and select **Go to Online Services**.

Benefits of Using DDE

- On average, claims submitted electronically are paid more quickly than paper claims.
- It's available through our secure website at no cost.
- No special software is required; simply key in your claim information.
- You can easily edit and resubmit claims.❖

Online Services Training Updated

If you're interested in performing common administrative tasks electronically at no cost to you, try Online Services, a secure, web-based tool powered by Emdeon Office. Our brief training presentation will show you how to verify a member's eligibility, check claim status, and request a simple claim adjustment.

Simply log on to **bluecrossma.com/provider** and click on **Resource Center>Training & Registration>Course List**. Then select **Introduction to Online Services** from the appropriate menu for your provider type.

Helpful Reminder for Online Services Users

To access detailed benefit information while using Online Services, go to the **Eligibility** tab and select the most appropriate option from the **Service Type** drop-down menu.❖

MEDICARE ADVANTAGE QUALITY CARE NEWS

Engaging Older BCBSMA Members in Healthy Aging

BCBSMA recently conducted a study of selected Medicare HMO Blue℠ and Medicare PPO Blue℠ patients' perceptions of their overall health. The survey was designed to understand how our older adult population was working with their physicians around several key health-related topics. We focused on the following health outcomes:

- Balance and/or Falls
- Bladder Control
- Emotional Health
- Overall Health
- Physical Activity/Exercise.

For example, the survey results indicated that of the members surveyed:

- 54% have received treatment for falling and/or balance issues in the past year
- 59% have received advice regarding starting, maintaining, or increasing physical exercise in the past year.

Important health issues such as these affect the daily lives of patients. While some members may be sensitive to discussing these issues with you, we've encouraged them to reach out to their physician about their health concerns and health goals.

Functional status is a key component to healthy aging, and these sensitive, though important, health topics can improve the daily living of older adults. We encourage you to review these health concerns at their next appointment and provide education and guidance to promote healthy outcomes.

Use the *Prescription for Healthy Bones* Pad

Daily physical activity can have a positive affect on physical functioning, as well as mental well being. To help you promote healthy bones and fall prevention, we developed the *Prescription for Healthy Bones*. This tool is meant to help you frame conversations with your patients on health and safety issues, including some tangible things they can do.

Refer to the Tools and Resources box on this page for information on how to order a *Prescription for Healthy Bones* for your practice.❖

Reports and Data

Reminder to PCPs Who Receive Medicare Advantage Quality Data Reports

The March release of Medicare Advantage patient quality data reports is now available online. Please use the secure URL and password provided to you in the letter we mailed to you previously via certified mail.

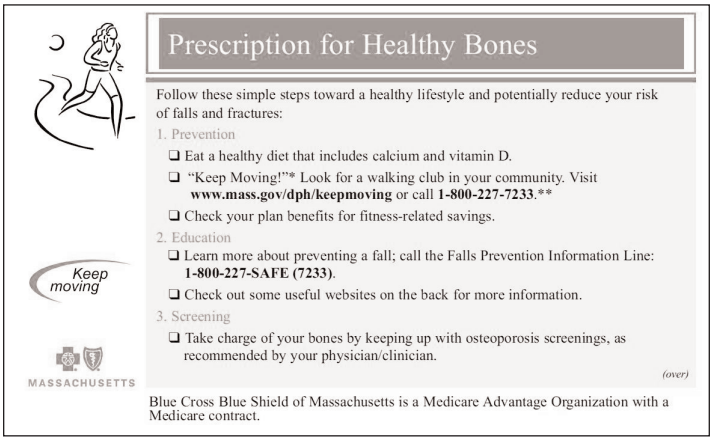
If you no longer have this secure information, please contact your Network Manager at **1-800-316-BLUE (2583).**❖

Tools and Resources

Use the *Prescription for Healthy Bones* to prescribe your Medicare Advantage patients prevention, education, and screenings.

To order a prescription pad for your office, call Network Management Services at **1-800-316-BLUE (2583).**❖

Medicare Advantage Quality Care News is designed to support physicians with resources, educational opportunities, and tools to help make it easier to provide quality care.


Prescription for Healthy Bones

Follow these simple steps toward a healthy lifestyle and potentially reduce your risk of falls and fractures:

1. Prevention
   - ❑ Eat a healthy diet that includes calcium and vitamin D.
   - ❑ "Keep Moving!"* Look for a walking club in your community. Visit **www.mass.gov/dph/keepmoving** or call **1-800-227-7233**.**
   - ❑ Check your plan benefits for fitness-related savings.
2. Education
   - ❑ Learn more about preventing a fall; call the Falls Prevention Information Line: **1-800-227-SAFE (7233)**.
   - ❑ Check out some useful websites on the back for more information.
3. Screening
   - ❑ Take charge of your bones by keeping up with osteoporosis screenings, as recommended by your physician/clinician.

(over)

Keep moving

MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is a Medicare Advantage Organization with a Medicare contract.

Health Care Reform Spotlight

Preventive and Diagnostic Care: Helping Members Understand the Difference

continued from page 1

How We're Educating Members on Preventive Health Care Benefits

We're reaching out to our members to help them understand their preventive health care benefits under PPACA and the difference between preventive and diagnostic services.

For example, we've provided:

- Information in our *Healthy Times* member newsletter and other member communications
- An *Expanded Coverage for Preventive Care Under National Health Care Reform* fact sheet, available from our National Health Care Reform Information Center at **bluecrossma.com/national-health-care-reform**
- Updates to our employer accounts, so they can keep their employees informed.

We will continue to communicate with our members about any benefit changes related to PPACA.

How You Can Help

We know you play a central role in not only providing quality health care to our members, but in educating them at the point of care. To support you in your efforts, we offer the following tips:

- Always verify member benefits and eligibility using one of our technologies prior to rendering any services
- Because providers usually cannot determine the right amount owed in real-time, we recommend that you allow the claim to process before determining the correct amount to charge the member.
- Download our *Preventive vs. Diagnostic Care* handout from our website. Clinicians can share with patients during appointments to bring awareness to the differences between preventive and diagnostic care, and to explain why in-exam findings can change the visit's classification. Office staff can also include this handout when sending preventive service reminders to BCBSMA members. This document can be customized with the name of the practice or clinician.
- If members have questions, remind them that they should refer to their specific plan benefits, either by calling the Member Service number on the front of their ID card or by logging on to our member website at **bluecrossma.com/member**.

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

**Some grandfathered and/or self-insured plan designs may have a more limited selection.*

Resources for You and Your BCBSMA Patients

To:	Follow these instructions:
Download the *Preventive vs. Diagnostic Care* handout, which you can customize for your practice and give to your BCBSMA patients	Log on to **bluecrossma.com/provider** and click on **Manage Your Business**.
Assist BCBSMA members who have questions about their specific benefits	Refer the member to: ▸ The toll-free Member Service number on the front of their ID card ▸ BCBSMA's Member Central website at **bluecrossma.com/member**
Stay up-to-date on provisions of the Patient Protection and Affordable Care Act	Visit our National Health Care Reform Information Center at **bluecrossma.com/national-health-care-reform**

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.

Diabetes Mellitus: Documentation and Coding Overview

This Coding Corner is an overview of our series on diabetes. Previous Provider Focus articles have included:

- *"How to Code Diabetes Mellitus When Associated Conditions Exist" (February 2011)*
- *"Diabetes with Complications: Documenting and Coding Cause and Effect" (April 2011)*
- *"Diabetes Mellitus with Renal Complications: Documenting and Coding Cause and Effect" (August 2011)*
- *"Diabetes Mellitus and Associated Retinopathy: Documenting Cause and Effect" (Oct/Nov 2011)*

Accurate documentation and ICD-9-CM coding of your patient's condition in the medical record paints a comprehensive and complete picture of overall health and potential treatment needs. Assigning the correct ICD-9-CM code for diabetes mellitus and associated conditions can be challenging for providers and coders but is easily accomplished if you keep in mind the guidelines below.

To accurately code diabetes mellitus, the documentation should include:

- Type of diabetes- Type 1 or Type 2
- Controlled or uncontrolled
- Any associated conditions or manifestations.

For diabetes mellitus, the correct ICD-9-CM category is 250. In addition, fourth and fifth digits are required:

- The fourth digit identifies any condition or manifestation associated with diabetes.
- Coding guidelines require a cause-and-effect relationship to code as a diabetic complication.
- Linking the associated condition to the diabetes using terms such as **due to**, **with**, or **secondary to** creates this causal relationship and captures the complexity of your patient's health.

Examples of a causal relationship:

- Chronic Kidney Disease, Stage III ***due to*** Type 2 Diabetes
- Type 2 Diabetes ***with*** Peripheral Neuropathy
- Peripheral Vascular Disease ***secondary to*** Type 1 Diabetes

The fifth digit refers to Type 1 or Type 2 diabetes, and whether the diabetes is controlled or uncontrolled.

- If the type of diabetes is not documented, the default is Type 2 diabetes.
- If the diabetes is uncontrolled, documentation should clearly indicate ***uncontrolled***. Terms such as ***poorly controlled*** or ***not in optimum control*** are not sufficient to code the diabetes as uncontrolled.❖

Medical Policy Update

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

Changes

Botulinum Toxin: Injection for Muscle and Nerve Conditions, 006. Adding covered diagnosis codes for cervical dystonia; adding ophthalmologist as prescribing specialty for migrain diagnosis; clarifying the patient safety section; and clarifying coverage criteria and coding for Dysport™ (abobotulinumtoxinA). Effective 7/1/12.

Intracellular Micronutrient Analysis, 073. New medical policy describing non-coverage. Effective 7/1/12.

Medical and Surgical Management of Obesity including Anorexiants, 379. Adding coverage for Intensive Behavioral Therapy for Obesity (HCPCS code: G0447 Face-to-Face Behavioral Counseling for Obesity, 15 minutes) for Medicare Advantage members only. Effective 11/29/11.

Clarifications

Surgical Vision Services and Vision Training - Ocular Photodynamic Therapy, 241. Adding medically necessary (covered) diagnoses codes for HCPCS code J3396 injection verteporfin, 0.1mg. Effective 7/1/12.

Computerized Tomography (CT) Scans; Whole Body CT Scan; and Computerized Tomography (CT) Perfusion Imaging, 009.

- Clarifying the listing of ICD-9 CM 793.11 (solitary pulmonary nodule), and removing ICD-9 CM 518.89 (Other diseases of lung, not elsewhere classified) from the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.
- Clarifying the listing of ICD-9-CM 180.0-180.9 to the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.

Infertility Diagnosis and Treatment, 086. Clarifying coverage of donor and non-donor sperm for in vitro fertilization.

Inhaled Nitric Oxide as a Treatment of Hypoxic Respiratory Failure in Neonates, 100. Clarifying covered and non-covered criteria.

Clarifications, continued

Oncologic Applications of PET scanning, 229.

- Clarifying the listing of ICD-9 CM 793.11 (solitary pulmonary nodule), and removing ICD-9 CM 518.89 (Other diseases of lung, not elsewhere classified) from the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.
- Clarifying the listing of ICD-9-CM 180.0-180.9 to the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.

Positron Emission Tomography (PET) Scans, 358.

- PET for myocardial perfusion revised to eliminate the BMI cutoff and replace with the phrase: "...in patients for whom SPECT could be reasonably expected to be suboptimal in quality on the basis of body habitus." An additional indication for PET scanning was added: "Cardiac PET scanning may be considered medically necessary for the diagnosis of cardiac sarcoidosis in patients who are unable to undergo MRI scanning."
- Clarifying the listing of ICD-9 CM 793.11 (solitary pulmonary nodule), and removing ICD-9 CM 518.89 (Other diseases of lung, not elsewhere classified) from the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.
- Clarifying the listing of ICD-9-CM 180.0-180.9 to the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.

Preimplantation Genetic Testing 088. Clarifying that preimplantation genetic diagnosis is considered investigational in all situations other than those specified in the medically necessary policy statement. In addition, the phrase "in all situations" added to the policy statement on preimplantation genetic screening.

TMJ Diagnosis & Treatment, 035. Clarifying non-coverage of ultrasound imaging/sonogram.

Ultrasounds, 007. Clarifying the list of additional covered diagnoses for CPT codes 93970-93971: 453.6; 453.81; 453.82; 453.83; 453.85; 453.86.❖

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- ☐ **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.

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