

# Providerfocus



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

## H1N1 and Seasonal Flu: Informing Our Members, Accounts, and Providers

During this dynamic flu season, our accounts and members are seeing many messages in the media about the flu. Our goal is to support them, and you, by providing one consolidated source of information online.

As health care professionals, you know that hygiene is key to flu prevention, and that when patients do get the flu, a visit to the doctor's office isn't always warranted. The messages we are sharing with accounts and members focus on:

- ▶ **Prevention:** Our website includes recommendations on proper hand-washing techniques and other precautions, where and when to get the vaccine, links to the Centers for Disease Control and Prevention (CDC) and Massachusetts Department of Public Health (DPH), and for accounts, how to educate employees on staying healthy.

- ▶ **Treating the flu:** We've included tips on when members should contact their provider, along with the CDC's guidelines on staying home from work
- ▶ **Vaccine coverage:** Our website also includes our policy on the H1N1 vaccine, which we cover with no member cost-share.



We are also providing print and electronic communications to guide accounts and members to our website for information. And, since September, members who call our toll-free Member Services number hear messages while they are on hold concerning flu coverage.

To learn more about how we are communicating to accounts, members, and brokers about the seasonal and H1N1 flu, visit [www.bluecrossma.com/flu](http://www.bluecrossma.com/flu).

As we've communicated to you previously, information that is specific to your provider type is available at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider). From the home page, click on the link under "Seasonal Flu and H1N1 Information." There you'll find information about member coverage, billing guidelines, and reimbursement for vaccines and antiviral medications. ❖

### In This Issue

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### In Brief

#### BCBSMA Unveils A New Member Experience Online

BCBSMA is launching a new online experience for our members at [www.bluecrossma.com/member-central](http://www.bluecrossma.com/member-central), which delivers personalized information and member resources in one location.

**It's Personalized:** Members can put the power of Member Central to work. After logging in or creating an account, members get immediate access to claims and relevant resources.

**It's Easy:** Access to information has never been so simple. With Member Central's quick registration process, members will gain instant access to

transactions, such as choosing a primary care provider and requesting an ID card.

**It's Secure:** Account and personal health information is protected. Members' information is safe with our secure registration process and sophisticated online security.

**It's All in One Place:** Plan information is available anytime. From updating an address to exploring our wellness programs, Member Central offers access 24 hours a day, 7 days a week.

The new Member Central will launch in early 2010. ❖



## Access SmartSheets™ Through McKesson's Website

As you know, BCBSMA uses InterQual® criteria to make medical necessity determinations. To help expedite the review process, we ask that you use InterQual® SmartSheets™ to submit your prior authorization requests. To access SmartSheets™ through McKesson's website 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 then be taken to McKesson's **CareEnhance® Review Manager** page.
- ▶ To tailor the SmartSheet™ for your patient, choose a specific indication on the left navigation menu. This feature is available only on McKesson's website; you cannot tailor the SmartSheets™ you access on BCBSMA's website.
- ▶ Click on **SmartSheet** or **SmartSheet Without Notes** on the top navigation menu.

We will continue to link to SmartSheets™ from the **Medical Review Resources** section of our website *only* until early spring 2010, so we urge you to begin accessing them directly through the McKesson tool. ❖

## Study: e-Prescribing Prevents Errors and Reduces Costs

BCBSMA commissioned a study with researchers at the Center for Patient Safety at the Dana-Farber Cancer Institute to look at the impact of e-prescribing safety alerts in the ambulatory setting. The study found that although physicians overrode 90% of drug-to-drug interaction alerts, the accepted drug interaction alerts prevented 402 adverse drug events (ADEs). The alerts prevented hospitalizations, emergency department visits, office visits, and phone calls to clinicians, resulting in an annual savings of \$403,000. It was estimated that e-prescribing could prevent more than 6,700 ADEs—including 50 deaths—and result in a cost savings of approximately \$6.7 million per year in Massachusetts. For more details go to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click **News For You>What's New at BCBSMA**. ❖

## Pharmacy Update

### Prior Authorization Requests for Administering Medication

Prior authorization is now required for certain medications administered in a physician's office or outpatient setting and processed through a member's medical benefits. This promotes medication usage consistent with medical policy guidelines.

To help you avoid claim rejections for these drugs:

- ▶ Refer to applicable medical policies to learn whether prior authorization is required.
- ▶ Submit requests for commercial HMO, POS, and Access Blue members only.
- ▶ Complete an *Outpatient Medical Prior Authorization Form*, available by logging on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and selecting **Resource Center>Forms>Pharmacy Forms**; then fax to us at **1-888-641-5355**. Or, phone your request by calling **1-800-366-7778**.

**Note:** The provider rendering the service, not the referring provider, should request prior authorization.

To view the *Medications That Require Prior Authorization* document, log on to our website and select **Manage Your Business>Search Pharmacy & Info>Drug Management Programs**. ❖

### Use ExpressPA Web-based Tool to Manage Prescriptions

We now offer ExpressPA, a web-based tool, to make it easier to manage your patient's retail pharmacy prescriptions. Once registered, you can use ExpressPA to:

- ▶ Submit prior authorization (PA) requests, formulary exceptions (e.g., requesting coverage for a non-covered medication), or quality care dosing overrides for retail pharmacy prescriptions.
- ▶ Check the status of a previously submitted request.

Requests that meet criteria will be approved immediately; those requiring review will receive a response within two business days. To link to ExpressPA, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider), select **Technology Tools**, then scroll down to ExpressPA. ❖

*New value-based benefit riders for members to encourage preventive care and medication adherence. See page 5.*

## Authorizing Billing Agencies to Work on Behalf of Your Practice

As you may know, billing agencies may register to use BlueLinks for Providers; however, before they can begin using our website on your behalf, they must be authorized by you. The tips below will

help make the registration and authorization process smoother for your billing agency.

If you have any questions about using BlueLinks for Providers, please refer to our *User Guide*,

available online. Go to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider), click on **Help** in the top right-hand corner of the screen, then click on **User Guide**. ❖

If:	Then:
<p>Your agency is not already registered with BlueLinks for Providers</p>	<ul style="list-style-type: none"> <li>▶ Ask them to go to <a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a>, click on <b>Register Now for BlueLinks for Providers</b> in the blue box, and register as a billing agency using their own information.</li> <li>▶ You will receive a letter requesting that you authorize the billing agency to work on your behalf.</li> <li>▶ The BlueLinks account administrator(s) from your practice should log on to <a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a> and click on <b>Manage Billing Agencies</b>. The name of the billing agency requesting authorization will appear.</li> <li>▶ Under the “Status” heading, click on <b>Authorize</b> under the “Action” tab and confirm that you are changing the agency’s status from “Blocked” to “Active.”</li> </ul> <p>The agency will receive an e-mail informing them that you have authorized them to use BlueLinks for Providers on behalf of your practice. They will not be able to use our website until this authorization process is complete.</p>
<p>The billing agency is already registered with BlueLinks for Providers and your office receives a call asking you to authorize them</p>	<ul style="list-style-type: none"> <li>▶ Only a user granted administrator rights on BlueLinks for Providers can authorize a billing agency.</li> <li>▶ Select <b>Manage Billing Agencies</b> and follow steps 3 &amp; 4 above.</li> <li>▶ If you do not see the billing agency’s name appear after selecting <b>Manager Billing Agencies</b>, click on <b>Add a New Association</b>. A list of registered billing agencies will be displayed. Select the agency you would like to add to your profile and authorize.</li> </ul>

## New Training Opportunities Available on BlueLinks for Providers

BCBSMA is pleased to offer the following new online training courses. To register, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Resource Center>Training & Registration>Course List**. Then select the course title from the appropriate drop-down list.

### [2010 Primary Care Provider Incentive Program Overview](#)

Learn the details of the redesigned 2010 Primary Care

Provider Incentive Program, including the program measures, performance targets, measurement and payment methodologies, and reporting timeliness.

### [Authorization Basics](#)

Learn about InterQual® SmartSheets™, our Daily Notification Report fax-back program, and how to manage authorization tasks efficiently using tools and technologies

available through our website. This course will help you:

- ▶ Prepare authorization requests for the fastest turnaround
- ▶ Check the status of an authorization using an electronic technology
- ▶ Understand how BCBSMA communicates authorization decisions. ❖

# Office Staff Notes

## Attention Medicare Advantage Participating Primary Care Physicians, Physicians of Choice: Enhancements to the Medicare Advantage Provider Quality Improvement Program

BCBSMA has improved the Medicare Advantage Provider Quality Improvement Program (MAPQIP) to make it easier for your office to submit assessments for your BCBSMA Medicare Advantage patients. We believe regular assessments can lead to improved health care quality through early identification and management of conditions.

A key component of the program is reporting patient diagnoses to BCBSMA via the *MAPQIP Annual Visit Form (AVF)*. To improve this submission process, effective January 1, 2010:

- ▶ You are no longer required to submit progress notes with the

*AVF*. Instead, you will be required to sign a simple attestation that is now part of the *AVF*.

- ▶ We've expanded the CPT diagnosis code list on the *AVF* to allow you to capture your Medicare Advantage patients' diagnoses more fully. The new codes represent nursing facility services; domiciliary, rest home, custodial care services, and assisted living services; and home services.
- ▶ We ask that you complete the *AVF* **each time** a patient visits your office, for any one of the new 29 CPT codes applicable for MAPQIP

Participation in MAPQIP will provide the best opportunity for your office to succeed under the enhanced BCBSMA Medicare Advantage arrangement. Completion of the *AVF* will:

- ▶ Trigger member referrals to our Clinical Coordination Department for a case management or disease management assessment
- ▶ Reduce the need for on-site audits
- ▶ Enable us to obtain all applicable member diagnoses.❖

### MAPQIP Resources

To:	Then:
Access the <i>MAPQIP AVF</i> and Instructions	Log on to <a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a> and click <b>Resource Center&gt;Forms&gt;Practice Management Tools&gt;MAPQIP Annual Visit Form.</b>
Take a training course about MAPQIP	Log on to <a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a> and click <b>Select Resource Center&gt;Training &amp; Registration&gt;Course List.</b> Under the Primary Care or Specialty Care subheading, choose <b>ICD-9-CM Coding and Documentation.</b>
Send us the <i>MAPQIP AVF</i>	Fax the form to the MAPQIP Coordinator at <b>1-888-641-7220</b> <b>OR</b> Mail the form to: MAPQIP Coordinator BCBSMA 401 Park Drive, MS 01/08 Boston, MA 02215-3326  <b>Please note:</b> if you fax the form to us, you do not need to send a copy by mail.

### BCBSMA's Online Services Quick Tip Has Been Updated

We recently updated our *Online Services Quick Tip* to help make this technology work even more efficiently for you.

Log on to our website at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and select **Technology**

**Tools.** Then click on **Learn More** under the Online Services subheading.❖



# Office Staff Notes

## Updates on Using SmartSheets for Authorizations

### Radical Hysterectomy Procedures for Cancer Diagnoses Will Be Automatically Approved

In the August 2009 issue of *Provider Focus*, we incorrectly reported that SmartSheet submission is recommended for radical hysterectomy procedures. This recommendation was eliminated on November 1, 2009.

While authorization is required for inpatient admissions, we will automatically approve all radical hysterectomy procedures, regardless of the surgical approach, when you use our electronic technologies to submit your authorization requests with a cancer diagnosis.

Fax a clinical update to the appropriate number below if:

- ▶ The member has a change in clinical status that will alter the diagnosis-related group (DRG). This will prevent delays in claims processing.

- ▶ Discharge is not imminent as a member approaches his/her outlier trim point. This will enable us to conduct concurrent review.

For members of our commercial products, fax to: **1-888-282-1321**  
For members of our Medicare Advantage product and the Federal Employees Program, fax to: **1-866-577-9682**.

We continue to recommend the submission of SmartSheets for prior authorization of non-radical hysterectomies.

### Changes to Authorization Timeframes for Upper GI Endoscopies and Sleep Studies

Authorizations for upper gastrointestinal endoscopies and sleep studies can be used for up to one year from the first date of submission. However, if the procedure is delayed 90 days or more, you will need to update the authorization

with the new date of service. We had previously, we communicated that if the outpatient procedure was delayed by 60 days or more, you would need to update the authorization with the new date of service.

Also, we previously allowed a 30-day approval timeframe for sleep study (Polysomnogram and Multiple Sleep Latency Test) authorizations. We are extending that timeframe to 90 days for any two studies performed within 90 days of the first date of service on the authorization. These two approved units accommodate the need for a “split test” or for CPAP/BiPAP titration.

If a date change is required outside of this 90-day timeframe, please contact Clinical Coordination at **1-800-327-6716**. You may change the date of service as needed for up to one year from the date the authorization was first requested. ❖

## New Value-Based Benefit Riders Encourage Preventive Care and Medication Adherence

To help improve our members’ use of preventive care and compliance with their providers’ treatment plans, we have developed innovative value-based benefit riders that we have begun to roll out to our employer accounts starting January 2010.

Members with these enhanced benefits may have waived or reduced preventive care copayments for services such as:

- ▶ Routine adult physicals and well-child visits

- ▶ Routine OB/Gyn exams
- ▶ Routine hearing and vision screenings
- ▶ Family planning

To encourage compliance with recommended diabetic monitoring care, some diabetic members may have no copayments for the first two diabetic monitoring medical office visits in a calendar year.

To facilitate medication adherence, members with diabetes, coronary artery disease or risk of cardiovas-

cular disease, and asthma may also receive waived or reduced copayments on certain medications used to treat their condition, as well as reminders when there is a gap in their refill history. Members with these conditions may also receive waived or reduced copayments on certain medications used to treat depression and those used for smoking cessation.

As always, we remind you to check member benefits and eligibility before performing services. ❖

# Office Staff Notes

## Important Benefit Changes for Certain Accounts Now in Effect

### *Boston University (BU)*

Effective January 1, 2010, the office visit copayment is waived for BU employees enrolled in Network Blue® New England or Blue Care Elect Preferred<sup>SM</sup>, for either:

- ▶ One routine physical exam per member per calendar year, or
- ▶ One OB/Gyn exam in lieu of a routine physical. ❖

### *Boston Scientific*

Boston Scientific employees who have medical benefits through BCBSMA now have the following three-tiered copayment structure:

- ▶ \$0 for preventive exams
- ▶ \$20 for medical care provided by a primary care provider
- ▶ \$30 for office visits to a specialist.

This change went into effect January 1, 2010.

As always, we recommend that you check eligibility and benefits using one of our technologies prior to rendering services to any BCBSMA member. ❖

## Eliminate the Use of Non-participating Ambulance Providers

The continued use of-and referral to-non-participating ground ambulance providers adversely impacts the affordability of care. As a contracted BCBSMA provider, your Agreement requires you to make best efforts to use a BCBSMA-contracted provider when coordinating any services, including ground ambulance transports, for BCBSMA members.

Because our members may be liable for the difference between our reimbursement and the ambulance provider's charges, you expose your BCBSMA patients to financial liability for the transport when you refer them to non-partic-

ipating ground ambulance providers.

### **Identifying Participating Providers**

To ensure that the ambulance providers you refer to participate with BCBSMA, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Manage Your Business>Find a Doctor**. Then:

- ▶ Select **Find Other Medical Services/Supplies**
- ▶ Click on the member's plan (required field)
- ▶ Choose **Ambulance** in the "Select a Specialty" drop-down menu

- ▶ Enter your Zip code and choose a distance (required fields)
- ▶ Click on **Search Now**.

To view our recent *F.Y.I.* on this topic (PC-1415), log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **News For You>FYIs**. If you have any questions, please contact Network Manager Nicole Tully at 617-246-9334. ❖

*See partial list of non-participating and Indemnity-only providers below.*

### Non-Participating and Indemnity-only Participating Ambulance Providers

Below is a partial list of the most commonly used private ambulance companies that do not participate in the BCBSMA-contracted ambulance provider network, as well as a partial list of the most commonly used private ambulance companies that participate only in our Indemnity product. Non-participating providers should not be selected to transport BCBSMA members when a participating ground ambulance

provider is available. Indemnity-only providers may be solicited for Indemnity-only members.

#### *Indemnity-only Participating Providers*

- ▶ Action Ambulance Service, Inc.
- ▶ Boston Medical Center
- ▶ Cataldo Ambulance Service, Inc.
- ▶ Professional Ambulance
- ▶ Stat Ambulance Service, Inc.

#### *Non-Participating Providers*

- ▶ American Medical Response
- ▶ Fitchburg Emergency Medical Service, Inc.
- ▶ Lifeline Ambulance Service
- ▶ Medstar Ambulance, Inc.
- ▶ Northeast Regional Ambulance Service, Inc.
- ▶ Pridestar EMS
- ▶ Trinity EMS, Inc. ❖

# 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

### Allergy Testing, 217.

- ▶ Excluding coverage for leukocyte histamine release test, billed with CPT® code 86343 for Medicare Advantage products. Effective 4/1/10.
- ▶ Excluding coverage for nasal challenge testing billed with CPT code 95065 for Medicare Advantage products. Effective 4/1/10.

### Bone Densitometry, 034.

- ▶ Excluding coverage of single photon absorptiometry billed with CPT code 78350, and dual photon absorptiometry billed with CPT code 78351, for our Medicare Advantage products only. This change aligns with the Centers for Medicare & Medicaid Services' National Coverage Determination. Effective 4/1/10.
- ▶ Removing claims system editing that addresses coverage of bone densitometry services for commercial products only. Effective 4/1/10.

**Brachytherapy for Clinically Localized Prostate Cancer Using Permanently Implanted Seeds, 175.** New medical policy describing coverage criteria for this brachytherapy. Effective 4/1/10.

### KRAS Mutation Analysis in Colorectal Cancer, 104.

Implementing system editing to support coverage when billed with HCPCS Level II code S3713 (KRAS mutation analysis testing) for our commercial products and Medicare Advantage products. Effective 4/1/10.

### Perforator Vein Surgery for Chronic Venous Insufficiency, 176.

New medical policy describing non-coverage of subfascial endoscopic perforator surgery as a treatment of leg ulcers associated with chronic venous insufficiency. Effective 4/1/10.

## Clarifications

### Esophageal pH Monitoring, 069.

Aligning the following policy statement with claims coding: "We do not cover 48 hour catheter-free, wireless esophageal monitoring for use in esophageal pH monitoring." Since CPT code 91035 is a non-covered service, it will be rejected in our claim system. This clarification applies to our commercial and Medicare Advantage products. Effective 2/1/10. (**Reminder:** Coding information in BCBSMA medical policies is provided for informational purposes only. The appearance of a code in a BCBSMA medical policy does not imply that the code is reimbursable. Providers should not bill for services that are non-covered according to BCBSMA medical policy.)

**Infertility Diagnosis & Treatment, 086.** Clarifying the required period for an updated basal follicle-stimulating hormone (FSH) and estradiol when six months has elapsed since the clomiphene citrate challenge test (CCCT).

### Intensity-Modulated Radiation Therapy (IMRT):Abdomen and Pelvis, 165.

Clarifying that editing will be implemented to support non-coverage of IMRT when billed with CPT Category I codes 77301 and 77418 and CPT Category III code 0073T for our commercial *and* Medicare Advantage products, effective 3/1/10. We previously communicated in the December 2009 issue of *Provider Focus* that the new medical policy describing coverage and non-coverage for this radiation therapy would have editing implemented for commercial products only.

### Medical Technology Assessment Non-Covered Services, 400.

Clarifying non-coverage for SpaceOAR System™. ❖



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## Providerfocus

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- Nurse
- Billing manager
- Billing agency
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## Quality = Affordability

A simple equation for better care. To learn more, visit [www.QualityAffordability.com](http://www.QualityAffordability.com).

## At Your Service

- ▶ **BlueLinks for Providers**  
[www.bluecrossma.com/provider](http://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. - 5:30 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. - 5:30 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, all provider types: **1-800-316-BLUE (2583)**
- ▶ **Provider Enrollment and Credentialing:** **1-800-419-4419**  
For questions on the status of managed care or indemnity applications or recredentialing application packages.

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