October/November 2011

Providerfocus

MASSACHUSETTS

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

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2012 Product and Benefit Changes: More Affordable Options for Members

As part of our ongoing commitment to employers and members to offer high-quality, affordable health care products, we will be making several product and benefit enhancements on January 1, 2012. *(See page 4 for updates to our pharmacy programs.)*

We urge you to check member eligibility and applicable benefits before delivering services to ensure the member has coverage for the services you are providing and that you are collecting the appropriate cost-share from the member.

Blue Options Tiered Network

Starting January 1, 2012, we will offer a new, lower-cost tiered network plan design variation: HMO Blue New England Options Deductible II V.3. This new variation mirrors the existing HMO Blue New England Options Deductible V.3, but applies a different level of member cost-sharing for the emergency department, inpatient, outpatient day surgery, PCP office, high-tech radiology, and prescription drug benefit categories.

Value-Based Benefits

To help members with certain chronic conditions better afford and manage their care, we will add value-based benefits to most of our HMO Blue New England and PPO plans for groups with fewer than 100 enrolled employees. When these members use the mail service pharmacy, they will pay less for certain maintenance medications used to treat asthma, diabetes, coronary artery disease or risk for cardiovascular disease (taking high blood pressure medications in conjunction with high cholesterol medications), and depression (when associated with asthma, cardiovascular disease risk, or diabetes). Also, there will be no cost for two diabetic monitoring visits per year and no cost for Tier 1 and Tier 2 tobacco-cessation medications (indicated when you check benefits and eligibility using our technologies).

NEW PLAN: HMO Blue New England $2,000 Deductible

This plan design for individuals and small group accounts has a $2,000 individual/$4,000 family deductible, and includes Hospital Choice Cost-Sharing as a standard benefit feature.

Durable Medical Equipment and Prosthetics

Starting on January 1, 2012 and upon account anniversary, we will:

- Eliminate existing calendar-year dollar limit maximums for DME
- Add or change the member's cost-share for DME and/or prosthetic benefits. For example, if the plan has no cost-share for DME or prosthetics today, it will now have a 20% co-insurance for these benefits.

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In Brief

Complete Our Readership Survey for a Chance to Win One of Two $50 American Express Gift Cards!

Your opinion is important to us. We rely on your feedback to ensure that our newsletter continues to provide valuable information to you. Now and through November 15, 2011, complete our brief, online readership survey and we'll enter your name into a drawing to win one of two $50 American Express gift cards.

Simply go to our website at **www.bluecrossma.com/provider** and click on the survey link on the home page. Be sure to enter your name and contact information at the beginning of the survey if you'd like to be entered into our drawing.

Smartphone and iPhone Users

Scan this QR code for instant access to our survey! ❖

Physician News

PPVA Data Online Through End of the Year

This spring, we mailed a certified letter to physicians in the specialties listed below that contained a website address and password to download data on practice pattern variation analyses (PPVA):

- Allergy/Immunology
- Cardiology
- Dermatology
- Gastroenterology
- Neurology
- Orthopedic Surgery
- Otolaryngology.

We are extending website access until December 31, 2011 to allow specialists more time to download and review the data. We are also working with specialty societies to stimulate additional discussion within the profession on this topic.

If you did not receive a letter or if you have questions, e-mail **specialists@bcbsma.com** or call Network Management Services at **1-800-316-BLUE (2583)**. To learn more about the methodology used, please listen to a recording of a webinar that was held for your specialty. Log on to **www.bluecrossma.com/provider** and select the **PPVA Resources** link on the right-hand side of the home page.❖

Help Your Patients Stop Smoking—for Good

Health care professionals who discuss smoking status with their patients motivate smokers to quit. Smokers who receive support and use medication are twice as likely to quit smoking for good as those who try to quit on their own. That makes QuitWorks an important resource for health care professionals who ask their patients about tobacco use.

"One of the most important things we can do for our patients is to ask them if they smoke and if they are ready to quit," said Dr. Richard Miller, Thoracic Surgeon at Southcoast Hospitals Group and BCBSMA provider. "If they are, it is important to point them in the direction of resources like QuitWorks to help them quit for good."

Using a simple referral form or new e-referral options, it's easy to refer patients to QuitWorks. Now while supplies last, patients you refer will receive a free two-week supply of nicotine patches—in addition to free, phone-based counseling. For more details and to download a referral form, go to **www.quitworks.org** or send an e-mail to **quitworksinfo@jsi.com**.❖

QuitWorks is a free, evidence-based, stop-smoking service that links Massachusetts health care providers and their patients who wish to quit using tobacco with the state's telephone-based cessation services. Launched in 2002 through a collaboration with the Massachusetts Department of Public Health and all major commercial and Medicaid health plans in the state, QuitWorks provides services to any patient, regardless of health insurance status.

Updated Disease Guidelines Are Available on BlueLinks for Providers

Several updated disease guidelines have been reviewed and approved, and are now available on our website. To access these evidence-based guidelines, log on to **www.bluecrossma.com/provider** and click on **Manage Your Business>Manage Patient Care.** After selecting the appropriate condition from the drop-down menu, you can find the guidelines listed under the Medical Decision Support tab.❖

Guidelines:	Status:
ADHD Clinical Resources and Guidelines	The *Guidelines* have been reviewed and updated on our website.
2009 Massachusetts Guidelines for Adult Diabetes Care	Amended; the *2011 Executive Summary of Revisions and Recommendations* has been posted on our website.
Care Guide for Cardiovascular Disorders (Atrial Fibrillation, Coronary Heart Disease, Heart Failure & Hypertension)	The *Care Guide* was updated and is available on our website.
Depression clinical resources/guidelines	The *APA Guideline for the Treatment of Major Depressive Disorder* has been reviewed and the *Pharmacy Guidelines for Major Depression* were updated to reflect BCBSMA's current formulary.
National Heart, Lung, and Blood Institute's *Guidelines for the Diagnosis and Management of Asthma*	The *Guidelines* have been reviewed and no changes were made.

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Clinicians Are Key to Detecting Oral Cancer in Patients Early

More than 30,000 new cases of cancer of the oral cavity and pharynx are diagnosed each year. Despite an increase in screenings and warnings about the risk factors for oral cancer, more than 8,000 deaths still occur annually. The overall five-year survival rate is 50%, and minorities have an even lower survival rate.

Unfortunately, unlike other cancers—such as breast, colorectal, and prostate—the survival rate for oral cancer has not improved over the past two decades. That means early detection is the key to increasing the survival rate for oral cancer, since it is often diagnosed at later stages.

Who Is at Risk?

The vast majority of cancers of the oral cavity or pharynx are attributable to the use of cigarettes. Increasingly, smokeless tobacco can cause oral cancer to develop on the cheek, vestibule, or gum. Smokeless tobacco rests against the gum tissue, leaching out irritants or carcinogens, and its repeated use can cause carcinoma at that site. Also, the combined use of tobacco and alcohol substantially increases the likelihood of oral cancer than either substance consumed alone. *(See page 2 for resources on helping your patients quit smoking.)*

Other risk factors for oral cancer include the human papillomavirus (HPV), immunodeficiencies, poor nutrition, and exposure to ultraviolet light (which especially can cause cancer of the lip).

The likelihood of multiple primary oral cancers in the same individual is high; risk factors that predispose a person to the first oral cancer predispose them to additional cancers as well. However, 25% of all oral cancers occur in people who do not smoke and only occasionally drink.

Several decades ago, oral cancer was predominantly a male disease, but with the increase in tobacco use among women, women now account for approximately one-third of all oral cancer diagnoses. The likelihood of oral cancer also increases with age; the average age of diagnosis is 60 and 95% of oral cancer cases occur over the age of 40. However, with the connection between HPV and oral cancer, that age is becoming younger.

Robert Lewando, DDS, BCBSMA's Dental Director, is a regular contributor to *Provider Focus*, offering oral health tips for clinicians to share with patients. He can be reached at **robert.lewando@bcbsma.com**.

How You Can Help

Survival for oral cancer patients is greatest when identified early, and physicians can be an important part of early detection. Some red flags to look for include:

- Lesions in the mouth that do not heal
- White or red patches
- Sore areas
- Lumps
- Complaining about chewing or swallowing.

Most cancers of the oral cavity occur in areas that lend themselves to early diagnosis. Periodic head and neck examinations by a medical or a dental professional can significantly reduce the risk and increase the detection of these cancers.

BCBSMA's Total Health Solution—Fighting Oral Cancer

Recognizing the cross-disciplinary nature in the diagnosis and treatment of oral cancer is a component to our Total Health Solution Program.

BCBSMA members who have both health and dental benefits with us and who have a diagnosis of oral cancer are entitled to additional dental benefits to help identify primary oral cancers. These benefits include:

- Light-based early diagnostic lesion detection examination to help clinicians spot a new lesion before it may be visible to the naked eye
- Fluoride treatment and extra dental cleaning services to help minimize the effects of hyposalivation that is often a side effect in radiation treatment often used to treat oral cancer.

Oral cancer continues to be a major cause of death and disfigurement in our adult population; however, physicians and dentists can work together to help improve the early diagnosis of this cancer and ultimately improve the member's long term survival.❖

Pharmacy Update

Important Pharmacy Program Updates for 2012-2013

To offer our members a more affordable pharmacy benefit, we are making these changes to our pharmacy program:

- Certain HMO Blue® members on chronic medications will be required to use our Exclusive Home Delivery program, which means filling prescriptions through Express Scripts, Inc.'s Mail Service Pharmacy.
- Prior authorization requirements will be implemented for certain medications administered in a clinician's office or outpatient setting, or by a home infusion therapy provider and billed under the member's medical benefits. We are updating existing medical policies to reflect these new requirements.
- Updates to our standard, BlueValue Rx, Blue MedicareRx, and Medicare Advantage formularies will take effect. These include tier changes, drugs moving to non-coverage, and quality care dosing limits
- Changes will be made to medications provided through our retail specialty pharmacy network.

For additional details on these changes, including more specifics on formulary changes, please view our *F.Y.I.* on BlueLinks for Providers.❖

To:	Log on to www.bluecrossma.com/provider and select:
Download medical policies and pharmacy medical policies	**Manage Your Business>Review Medical Policies>View Medical Policies.** View an alphabetical listing or search by category. You can also use the Quick Search feature.
Obtain the *Outpatient Medical Prior Authorization Form*, used to request prior authorization by fax for medications administered in your office or in an outpatient setting	**Resource Center>Forms>Pharmacy Forms.**
Obtain the *Home Infusion Therapy Prior Authorization Form* (430), used by HIT providers to request prior authorization	**Manage Your Business>Review Medical Policies>View Medical Policies.** Type the number 430 into the Quick Search feature.
View an updated *List of Medications that Require Prior Authorization When Administered in a Clinician's Office or Outpatient Setting*	**Manage Your Business>Search Pharmacy & Info>Drug Management Programs.**
View a complete list of standard and BlueValue Rx formulary changes	**News for You>FYIs.** Scroll down to the *F.Y.I.* dated September 1, 2011 (PC-1469). A PDF will display in the Resources section of the *F.Y.I.*
View our list of specialty medications and the retail specialty pharmacies that can dispense them	**Manage Your Business>Search Pharmacy & Info>Specialty Pharmacy Medication List.** This will be updated on January 1, 2012.

See page 10 for upcoming changes to our pharmacy medical policies.

Pharmacy Update

Walgreens to Terminate Its Agreement with ESI

Express Scripts, Inc. (ESI), the company chosen by BCBSMA to administer prescription benefits to our members and negotiate retail pharmacy agreements on our behalf, has notified us that Walgreens will no longer participate in ESI's retail pharmacy network **as of January 1, 2012**. We are notifying providers because we anticipate that you may receive requests to obtain a prescription for a new pharmacy from your patients who use Walgreens.

ESI has been working with Walgreens to negotiate a continuation of their current retail pharmacy agreement with ESI, which ends on December 31, 2011. As a result of these discussions, Walgreens has indicated that they will no longer participate in ESI's retail network as of January 1, 2012. This includes all retail prescriptions, including those for specialty medications.

With health care costs at the forefront, our hope is that these organizations can work together to offer our members a convenient, affordable pharmacy service.

For more details and late-breaking news if an agreement is reached between the two parties, log on to our BlueLinks for Providers website at **www.bluecrossma.com/provider** and click on **Walgreens Termination with ESI**.❖

Discard Unwanted Drugs Safely on October 29

The U.S. Drug Enforcement Agency's next National Prescription Drug Take-back Day will be **Saturday, October 29, 2011**, from 10 a.m. - 2 p.m. In previous events, Americans nationwide have turned in more than 309 tons of pills at nearly 4,100 sites for safe and proper disposal.

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

Correct Contact Numbers for Retail Specialty Pharmacies That Offer Synagis

The September 2011 issue of *Provider Focus* (page 2) included a list of retail specialty pharmacies we contract with to offer Synagis to our members who require respiratory syncytial virus (RSV) immunoprophylaxis. Please note that some of the contact information listed was incorrect. The correct information is as follows:

- Accredo Health Group, Inc.: **1-877-988-0058**
- CuraScript Pharmacy, Inc.: **1-888-823-9070**
- CVS Caremark: **1-800-237-2767**.❖

2012 Product and Benefit Changes: More Affordable Options for Members

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The changes are based on plan design; we'll provide more details on cost-share changes for specific DME services later this fall.

Short-Term Rehabilitation Therapy

To encourage treatment adherence and improved outcomes, we will change the short-term rehabilitation therapy benefit cost-share for our HMO Blue New England Options Deductible plan design (currently $50 per visit). Effective on account anniversary date starting on or after January 1, 2012, the short-term rehabilitation therapy cost-share will be $25 for visits 1-20 and $50 for visits 21-60 across all three benefit tiers: Enhanced, Standard, and Basic.

Product Portfolio Updates

For consistency across our products, certain plans will change to include: applying the outpatient medical visit cost-share for outpatient surgery performed in the office, hospital, or other day surgical facility; changing the out-of-pocket maximum calculation to include inpatient admissions; and applying the outpatient medical care or outpatient mental health office visit cost share for medical and mental health care services delivered in the home.

Outpatient Medical Care/Mental Health Visits in a Home Setting

As noted above, BCBSMA will be applying the outpatient medical care office visit cost share to:

- Outpatient medical care and mental health visits rendered in a home setting for certain standard managed care plans
- Outpatient mental health visits rendered in a home setting for certain standard New England managed care plans.❖

Medicare News

BCBSMA Announces Medicare Product and Benefit Changes for 2012

To ensure we continue to provide a full array of Medicare solutions to our members, effective **January 1, 2012**, BCBSMA will offer a new low-cost, direct-pay Medicare Advantage health plan to members. We will also modify pharmacy plans and Part D coverage for our existing Medicare Advantage products (Medicare HMO Blue℠ and Medicare PPO Blue℠, Blue MedicareRx). To reflect the changes, we are issuing new I.D. cards to these members.

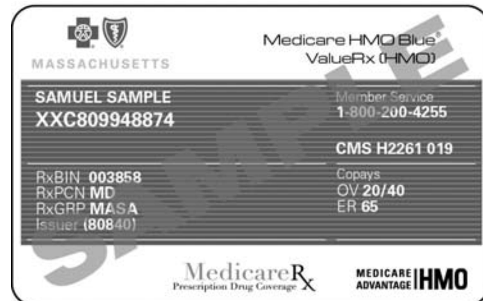
Below we provide a high-level description of these changes.

As always, please check each patient's eligibility and applicable benefits before delivering services to ensure the member has coverage for the services you are providing and that you are collecting the appropriate cost-share from them.

New Plans, Benefits Available in 2012

- Prospective members may choose **Medicare HMO Blue Value Rx**, a new low-cost managed care option with Medicare Part D prescription coverage with a $1,000 medical plan deductible, and tiered plan prescription drug coverage options. *(See sample ID card.)*
- Pending approval from the Division of Insurance, we will offer **Dental Blue 65 Preventive**, a new direct-pay dental plan available for Massachusetts residents aged 65 and over beginning January 1, 2012. This plan provides services to diagnose or prevent tooth decay and other forms of oral disease.
- **New Fitness, Weight Loss and Foreign Travel Benefits for Direct-pay Medex**. Effective January 1, 2012, all Medex Bronze and Medex Core members will be entitled to a fitness benefit and weight loss benefit of $150 each per year. Medex Core members will also be entitled to receive health care benefits for services outside of the United States—currently Medex Bronze is the only open Medex plan that carries this benefit.

Sample ID card for the new Medicare HMO Blue Value Rx plan



Changes to Medicare HMO Blue℠, Medicare PPO Blue℠

We are making a number of changes to copayments for Medicare-covered chiropractic services, routine vision care, emergency care, and more, effective January 1, 2012.

For instance, Medicare HMO Blue members will pay nothing for Medicare-covered standard eyeglasses or contact lenses when prescribed and filled by a Davis Vision provider.

In addition, we will no longer cover nutrition counseling not covered by Medicare.

Medicare Formulary Changes

Changes will be made to our Medicare Advantage and Blue Medicare Rx Prescription Drug Plan formularies, effective January 1, 2012. *(See related article on page 4.)*

For More Information

For more details on these 2012 product and benefit changes, go to **www.bluecrossma.com/provider** and click on **Health and Dental Plans**; then scroll down and click on the **Medicare 2012 Product Changes** link. ❖

Office Staff Notes

Diagnosis and Treatment Code Statement Coming to Claim Notices in January

On January 1, 2012, a provision of the Patient Protection and Affordable Care Act (PPACA) of 2010 will go into effect that requires BCBSMA to include a statement in all member-directed adverse benefit determination notices informing members that diagnosis and treatment codes and their descriptions are available at the member's request.

The notice will also indicate that the member or his/her authorized representative must submit such a request to BCBSMA in writing.

The most common form of an adverse benefit determination notice is the Explanation of Benefits (EOB), but this provision includes other adverse notices to members about utilization management and appeals determinations.

Because you may receive inquiries from your patients about the diagnosis and treatment codes submitted to BCBSMA, it is important to continue to ensure that the diagnosis and treatment codes you submit correctly reflect the treatment and diagnoses for the services received by the member.❖

Urgent Care Centers Offer Members Convenient, Cost-effective Care

BCBSMA's new Urgent Care Center (UCC) network is designed to help members avoid costly, time-consuming visits to the emergency department.

UCCs treat members when their primary care provider is unavailable and the member has an unforeseen condition that is not life-threatening, but may cause serious medical problems if not properly treated in a timely manner. The network includes freestanding UCCs and physician practices.

To direct a member to a UCC, log on to **www.bluecrossma.com/provider** and select **Manage Your Business>Find a Doctor**. Under "Hospital and Other Medical Services," select **Find Other Medical Services/Supplies** and choose **Urgent Care Center** from the specialty menu.

Becoming a Contracted UCC

If your practice would like to be reimbursed at the current physician fee schedule amount for specific urgent care codes and provide care without a referral to HMO and HMO Medicare Advantage members who are not part of your current panel, apply to become credentialed and contracted as a UCC.

Simply complete the *Urgent Care Center Contracting Application*, available at **www.bluecrossma.com/provider**. Click on **Become a Blue Cross Provider** at the top of the page and select **Urgent Care Center** from the drop-down menu. You may complete the application online, then print and fax it to us.❖

Submitting Address and Telephone Number Changes to BCBSMA

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
- You are joining a different group
- You are adding a secondary site.

To access either the *Change of Address Form* or the *Contract Update Form*, log on to our website at **www.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.❖

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 and Associated Retinopathy: Documenting Cause and Effect

Diabetic retinopathy, a frequent complication of diabetes, can be classified into two major types: proliferative diabetic retinopathy (PDR) and non-proliferative diabetic retinopathy (NPDR). According to the National Diabetes Information Clearinghouse, diabetes is the leading cause of new cases of blindness among adults, ages 20–74 years.

The ICD-9-CM code for diabetes with ophthalmic manifestations is **250.5X**. If the type of diabetes mellitus is not documented in the medical record, the default is diabetes type II.*

The ICD-9-CM manifestation code for proliferative diabetic retinopathy is **362.02** and if not otherwise specified, the code for non-proliferative diabetic retinopathy is **362.03**. If the type of diabetic retinopathy is not specified, the code then defaults to **362.01**. The category 250 diabetes code should be sequenced first, followed by the manifestation code.*

In a previous Coding Corner (April 2011 *Provider Focus*), we addressed diabetes mellitus with associated conditions and the importance of establishing a cause-and-effect relationship in the medical documentation. With the exception of osteomyelitis, there must be a cause-and-effect relationship between the diabetes and the associated condition before it can be coded as a diabetic condition.**

Linking the associated condition to the diabetes using terms such as "**due to**," "**with**," and "**secondary to**" creates this causal relationship.

By documenting and coding the cause-and-effect relationship between diabetes and associated conditions, you'll capture a more complete picture of a patient's overall health and potential treatment needed.❖

** ICD-9-CM Official Guidelines for Coding and Reporting Effective October 1, 2010*
***AHA Coding Clinic 2nd Quarter 2009, 1st Quarter 2004, 1st Quarter 1991*

Example

A chart note written "**86 year old male patient with diabetic retinopathy**" clearly establishes a causal relationship and can be coded as a diabetic condition.

The correct code assignment would be:

- **250.50:** Diabetes Mellitus ***with*** Ophthalmic Manifestations, Type Two or unspecified type, Not Stated As Uncontrolled
- **362.01:** Background Diabetic Retinopathy; Diabetic retinal microaneurysms; Diabetic retinopathy NOS

A chart note written "**86 year old male patient with type 2 diabetes and retinopathy**" ***does not*** show a causal relationship and cannot be coded as diabetic condition.

*If you have any comments about Coding Corner or an idea for a future topic, please send an e-mail to **focus@bcbsma.com**.*

Billing Notes

Are Your Preparations for HIPAA Version 5010 Underway?

In preparation for the implementation of HIPAA version 5010, please be sure you're in touch with your vendor, or check with your IT staff on their 5010 preparation status. In addition, if you are a direct submitter and you have not yet set up a time to test with BCBSMA, please contact us as soon as possible by sending an e-mail to **EDIsupport@bcbsma.com**.

BCBSMA is currently conducting external testing. **All testing must be completed by December 31, 2011** and the new Version 5010 will be implemented January 1, 2012.

All entities conducting electronic claim submissions, claim status requests and responses, referral/authorization requests and responses, eligibility/benefit requests and responses, and claim remittances will be required to use Version 5010.

Questions?

To assist you, please refer to our *Frequently Asked Questions*, available at **www.bluecrossma.com/provider**. From the home page, click on **Manage Your Business**, then scroll down to the HIPAA Version 5010 section and click on the link.❖

ICD-10 Update: Provider Preparedness Survey Is Coming Soon

To help you meet the ICD-10 compliance date of October 1, 2013, Massachusetts health plans and MassHealth are collaborating to conduct an online ICD-10 provider progress survey this fall.

The survey will help to assess statewide compliance efforts underway, and will be used to develop educational strategies and training materials, and to identify resources to assist providers in their ICD-10 preparations.

To avoid duplicate survey requests from various health plans, HealthCare Administrative Solutions (HCAS) has developed this survey on behalf of numerous Massachusetts Health Plans.

Watch your e-mail and traditional mail for more details.❖

Training Update

Learn About Our New Online Services Direct Claim Entry Tool

Join us this fall for our new *Online Services Claim Entry* webinar and learn how to submit professional claims to BCBSMA via direct data entry in Online Services. This webinar will show you how to:

- Register to use the free Claim Entry tool in Online Services by completing the provider setup process
- Enter and submit new claims
- Correct, copy, and print saved claims.

Please register at least one week prior to the session by logging on to BlueLinks for Providers at **www.bluecrossma.com/provider** and selecting **Resource Center>Training & Registration> Course List**. Under the listing for your provider type, choose **Online Services Professional Claim Entry**.

Note: If you are new to Online Services, please prepare for this webinar by viewing our audiovisual presentation, *Introduction to Online Services*, which you can also access under the Course List.❖

Date:	Time:
Thursday, November 10	1:30 – 2:30 p.m.
Tuesday, December 6	10 – 11 a.m.

Medical Policy Update

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

Changes

Aqueous Shunts and Devices for Glaucoma, 223. Revised to include the covered criteria and provide additional specificity for the non-covered criteria for canaloplasty. Effective 1/1/12.

Donor Lymphocyte Infusion for Malignancies Treated with an Allogeneic Hematopoietic Stem-Cell Transplant, 338. New medical policy describing the covered and non-covered indications for donor lymphocyte infusion. Information formerly included in medical policy 051, Cancer Treatment. Effective 1/1/12.

Genetic Testing for Lipoprotein(a) Variant(s) as a Decision Aid for Aspirin Treatment, 339. New medical policy describing the non-covered criteria in patients who are being considered for treatment with aspirin to reduce risk of cardiovascular events. Effective 1/1/12.

Genotyping for 9p21 Genetic Polymorphisms to Predict Cardiovascular Disease Risk, 340. New medical policy describing the non-covered criteria for 9p21 genotyping for cardiovascular disease, abdominal aortic aneurysm, or intracranial aneurysm. Effective 1/1/12.

Implantable Cardioverter Defibrillator, 070. Revised to provide additional specificity for the covered criteria for the use of ICD in adults, and to include covered and non-covered criteria for the use of ICD in pediatric patients. Effective 1/1/12.

Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions, 343. New medical policy describing the covered and non-covered criteria for antivascular endothelial growth factor therapies in disorders of choroidal circulation. Effective 1/1/12.

Kidney Transplant, 196. Revised to provide additional clinical criteria for covered and non-covered indications for kidney transplantation. Effective 1/1/12.

Magnetic Resonance MRI, MRA, MRV, MRS, Positional Magnetic Resonance Imaging, Functional MRI, 106. Revised to include the covered and non-covered criteria for magnetoencephalography/magnetic source imaging. Also changed policy title to *Magnetic Resonance MRI, MRA, MRV, MRS, Positional Magnetic Resonance Imaging, Functional MRI and MEG/MSI* to reflect scope of the policy. Effective 1/1/12.

Medical and Surgical Management of Obesity including Anorexiants, 379. Revised to include additional criteria and additional specificity for the covered and non-covered criteria for bariatric surgeries. Effective 1/1/12.

Clarifications

Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy (301). The policy statement has been clarified related to coverage for Medicare HMO Blue and Medicare PPO Blue.

Pharmacy

Asthma and Chronic Obstructive Pulmonary Disease Medication Management, 011. Updated to include policy name change to reflect additional coverage criteria for COPD diagnosis, and removal of physician-documented use as coverage criteria for requested medications. Effective 1/1/12.

Growth Hormone and Insulin-like Growth Factor, 257. Updated to include a requirement to use preferred medications first before providing coverage for non-preferred medications. Effective 1/1/12.

Hepatitis C Medications, 344. Introducing this new medical policy for Incivek™ and Victrelis™. Pharmacy prior authorization is required and coverage criteria to include Hepatitis C genotype 1, combination therapy with peginterferon alpha and ribavirin, and HCV RNA monitoring for efficacy. Effective 1/1/12.

Ophthalmic Prostaglandin, 346. Implementing this new pharmacy medical policy to include step therapy requirements. We will require the use of latanoprost (Tier 1) before covering: Lumigan®˝ (bimatoprost) (Tier 2); Travatan/Z®˝ (travoprost) (Tier 2); and Xalatan®˝ (latanoprost) (Tier 3). Effective 1/1/12.

Topical Testosterones, 345. Implementing this new pharmacy medical policy with step therapy requirements. We will require the use of products in the following order before coverage is granted: Step 1: Testim®˝ (Tier 2); Step 2: Androderm®˝ (Tier 3); Step 3: AndroGel®˝ (Non-covered); Axiron®˝ (Non-covered); Fortesta™ (Non-covered). Effective 1/1/12.❖

Medical Policy Update

Changes Coming to Medical Policy 400, *Medical Technology Assessment Non-Covered Services*, Effective January 1, 2012

BCBSMA is in the process of revising medical policy 400, *Medical Technology Assessment Non-Covered Services*. **Effective January 1, 2012**, this policy will include entries only for non-covered services that *do not* have an associated BCBSMA medical policy.

For example, the following service currently appears in medical policy 400 as non-covered:

- 31627: Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation.

However, non-coverage of this service is also addressed in existing BCBSMA medical policy 203, *Electromagnetic Navigation Bronchoscopy*. Therefore, effective January 1, 2012, non-coverage information for this service will only appear in medical policy 203, and not in medical policy 400.

Questions?

If you have any questions about this change, please send an e-mail to **ebr@bcbsma.com**.❖

Changes to Medical Policy Terminology Will Take Effect December 1, 2011

Beginning in December 2011, revised language will begin to appear in BCBSMA medical policies. As BCBSMA medical policies undergo their annual review, the terms “medically necessary,” “investigational,” and “not medically necessary” will be incorporated into the policies, based on scientific evidence. *(See chart for definitions.)*

BCBSMA will also continue to include the terms “covered” and “not covered.” in all policies.

The revisions will help align the purpose of our medical policies, the language in the documents, and the terminology in our subscriber certificates (Evidence of Coverage or EOC).

We will continue to:

- Announce changes to coverage status in *Provider Focus* 90 days prior to any change in the coverage status of a service
- Post summaries of the revised coverage statement online in our *Medical Policy Draft Summary Statement Table* 45 days prior to the change (go to **www.bluecrossma.com/provider** and click on **Medical Policies**; then select the first listing on the right-hand side of the page.)

In addition, draft medical policies are available upon request 30 days prior to the effective date of a policy. Requests can be made by e-mailing **ebr@bcbsma.com**.❖

Type of service:	Explanation:
Medically Necessary	Meets BCBSMA’s *Medical Technology Assessment Guidelines* (medical policy 350) and Evidence of Coverage. Medically necessary services are ***covered*** by BCBSMA.
Investigational	Does not meet BCBSMA’s *Medical Technology Assessment Guidelines* (medical policy 350) and Evidence of Coverage. Investigational services are ***not covered*** by BCBSMA.
Not Medically Necessary	May meet BCBSMA’s Medical Technology Assessment Guidelines (medical policy 350); however, following the medical policy review process, BCBSMA has determined the services are considered not medically necessary for a particular member, as defined in the BCBSMA subscriber certificate (Evidence of Coverage) filed with the Massachusetts Division of Insurance. Services we deem not medically necessary are ***not covered*** by BCBSMA.

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- ☐ **Billing manager**
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- ☐ **Other:** _______________

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Learn about our plans to make premiums more affordable for our members.
www.bluecrossma.com/affordability

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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—or—
E-mail: **focus@bcbsma.com**

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