

# Blue FOCUS



MASSACHUSETTS

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

A quarterly newsletter for hospitals and institutional ancillary providers

FALL 2012

## New Health Management Programs for Members with Chronic Conditions

We know you want to provide the most effective health care possible to your patients. To help our members access effective services, we regularly review the range of health management and wellness programs that we offer.

These programs guide our members as they pursue healthy behaviors and offer reinforcement when additional support could be beneficial.

Since many members identified for our current health management programs are diagnosed with one or more major chronic conditions—asthma, coronary artery disease,

chronic obstructive pulmonary disease, diabetes, and heart failure—we have decided to increase our focus on these five conditions. We'll do this through our new Chronic Condition Management (CCM) Program, starting in late 2012.

The program features new ways to identify, stratify, engage, and support members with chronic illnesses. It will have an integrated approach that includes appropriate communication with members and providers, and will allow us to better collaborate with our AQC providers to help them treat members with the greatest risk.



As part of the identification process, we will use medical and pharmacy claims data, self-reported assessment information, and lab results (when available).

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### Electronic News Is Coming Your Way in 2013

As part of BCBSMA's company-wide commitment to reduce paper use, waste, and energy, we have decided to eliminate *Blue Focus* in the spring of 2013.

Instead of printing and mailing a newsletter to you each quarter, we'll provide news and updates electronically on our provider website and via e-mail on a regular basis.

That means you'll be able to get your news faster and in a more convenient format.

We will provide more details on this exciting change in the coming months.

In the meantime, if you have any questions, please send an e-mail to [focus@bcbsma.com](mailto:focus@bcbsma.com). ❖

# Pharmacy Update

## Important Pharmacy Updates for 2013

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

- Requiring prior authorization for certain medications that are administered in a clinician's office or outpatient setting, or by a home infusion therapy provider, and that are billed under the member's medical benefits. We are updating existing medical policies to reflect the new requirements.
- Updating our standard formulary and our BlueValue Rx, Blue MedicareRx, and Medicare Advantage formularies. These include tier changes, drugs moving to non-coverage, quality care dosing limits, and prior authorization requirements.
- Excluding from coverage all ophthalmic solutions used to treat allergies for all commercial members, Medex group members who have BCBSMA pharmacy coverage, and Managed Blue for Seniors<sup>SM</sup> members.

- Excluding non-sedating antihistamines from coverage for our Medex group members who have BCBSMA pharmacy coverage and for Managed Blue for Seniors members. This benefit exclusion has been in place for members in our commercial products since 2009.
- Phasing out our BlueValue Rx formulary upon account anniversary; changes taking effect January 1, 2013 are applicable until the member transitions to the standard formulary.

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

To:	Log on to <a href="http://bluecrossma.com/provider">bluecrossma.com/provider</a> and select:
Download medical policies and pharmacy medical policies	<b>Manage Your Business&gt;Review Medical Policies&gt;View Medical Policies.</b> You can view an alphabetical listing, search by category, or use the Quick Search feature.
View the <i>Outpatient Medical Prior Authorization Form</i> , to fax prior authorization requests for medications administered in your office or an outpatient setting	<b>Resource Center&gt;Forms&gt;Pharmacy Forms.</b>
View an updated <i>List of Medications That Require Prior Authorization When Administered in a Clinician's Office or Outpatient Setting</i>	<b>Manage Your Business&gt;Search Pharmacy &amp; Info&gt;Drug Management Programs.</b>
View a list of standard, BlueValue Rx, Medicare Advantage, and Blue Medicare Rx formulary changes	<b>News for You&gt;FYIs.</b> Scroll down to the <i>F.Y.I.</i> dated September 1, 2012 (PC-1494A). A PDF is displayed in the Resources section of the <i>F.Y.I.</i>

# Pharmacy Update

## BCBSMA's Policy for Members Who Require Synagis®

BCBSMA offers choices to our members who require RSV immunoprophylaxis and who meet requirements outlined in pharmacy medical policy 422, *RSV Immunoprophylaxis*.

For members who have BCBSMA pharmacy benefits, we have contracted with two of our retail specialty pharmacies to offer the medication. If the member does not have pharmacy benefit coverage through BCBSMA and meets pharmacy medical policy requirements, coverage is available through the member's medical benefits.

Please contact one of the BCBSMA specialty pharmacies listed in the chart to obtain Synagis® for your BCBSMA members who require respiratory syncytial virus (RSV) immunoprophylaxis.

### Pharmacy Medical Policy Requirements Apply

This medication is subject to prior review under BCBSMA pharmacy medical policy 422, *RSV Immunoprophylaxis*. To access this policy, go to our website at [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on **Medical Policies** in the blue box. ❖

Specialty Pharmacy:	Phone Number:
AcariaHealth	■ 1-866-892-1202
CVS Caremark	■ 1-800-237-2767 (new patients) ■ 1-800-753-2777 (refills)

## Walgreens Has Returned to the Express Scripts Pharmacy Network

Our pharmacy benefit manager, Express Scripts, Inc. (ESI), recently announced a multi-year agreement with Walgreens to return to the ESI traditional network of pharmacies.

As of September 15, most members with our pharmacy benefits are able to fill prescriptions or receive a flu shot at a Walgreens pharmacy.

BCBSMA offers an alternative retail network, the Select Network, to some employers. At this time, Walgreens will not be a part of the Select Network or our retail specialty pharmacy networks. ❖

## Help Combat Fraud: Be Sure to Respond to Prescription Verification Requests

Verifying the legitimacy of prescriptions plays a key role in CMS' efforts to combat fraud, waste, and abuse in the Medicare Part D program.

As part of the investigation process, CMS' National Benefit Integrity Medicare Drug Integrity Contractor (Health Integrity, LLC) routinely mails a prescription verification form to prescribers. The form contains the beneficiary's name, the name of the medication, the prescription date, and the quantity given. The form also asks the prescriber to check "yes" or "no" to indi-

cate whether the prescriber wrote the prescription. The prescriber is asked to respond within two weeks.

If the prescriber does not respond, the investigator follows up with a second request.

If you receive a verification form, please complete it in a timely manner. Your response can help to confirm or eliminate an allegation of wrongdoing and prevent payments for fraudulent prescriptions. ❖

# Office Staff Notes

## Announcing Medicare Product and Benefit Changes for 2013

BCBSMA will continue to provide a full array of Medicare solutions to our members next year, including more affordable options.

On January 1, 2013, we are:

- Introducing a new, more affordable, low-premium Medicare PPO direct-pay plan, called Medicare PPO Blue ValueRx, with a premium of \$66.10. It has

a five-tier pharmacy benefit and is based on the Medicare Advantage formulary.

- Improving the mail-order benefit for all Medicare Advantage plans. Members will be able to get a three-month supply for a covered prescription drug for a one-month copayment for all Tier 1 drugs at a network mail-order pharmacy.

- Significantly reducing premiums for our Medicare HMO Blue ValueRx plan, from \$87 to \$28.

We will publish more details on our BlueLinks for Provider website by December 1, and will share more updates in future issues of *Blue Focus*. ❖

## Update on Member Cost-Share for Medicare Eligible Patients

Effective July 1, 2012, claims for members in our commercial products who are eligible for Medicare Parts A and B but are not enrolled began to process as if they are enrolled in accordance with our standard subscriber certificate language.\* These members are responsible for the amount Medicare would have paid.

**For example:** If we receive a claim for \$100 in covered services and Medicare would have paid \$80, we will provide benefits for \$20, and the member will be responsible for the balance (\$80 in this example).

**Please note:** If the member is responsible for cost-sharing after the Medicare allowance, they would owe that in addition to the amount Medicare would have paid. If the member in the example above was responsible for a \$20 copayment, BCBSMA would provide zero benefits on the claim

(the \$20 would be the member's copayment) and the member would owe the full \$100 charge.

We have contacted these members to advise them that our records show they are eligible for Medicare Parts A and B but are not enrolled, and suggest that they consider enrolling.

If they are enrolled or are not eligible for Medicare, we ask that they complete and return a certification form.

Please follow standard procedures and collect the member's copayment at their visit. After the claim has adjudicated, the member may have an additional balance to pay; the amount will be reflected in the Provider Detail Advisory (PDA), your PaySpan output, or the 835 payment advice. ❖

*\* This change does not apply to Federal Employee Program (FEP) members.*



# Office Staff Notes

## What You Need to Know about the 2012-2013 Flu Season

To help limit the spread of the flu virus, we provide our members with coverage for flu vaccination through both medical and pharmacy benefits. This gives members access to a broad range of participating providers, including retail and other public clinics, pharmacies, and provider offices.

We encourage you to speak to your patients about the importance of this preventive service.

Medical benefit coverage for our HMO, POS, Access Blue, PPO, Medicare Advantage, and Indemnity\* plans is available without a cost-share. However, if the member receives flu vaccination along with other covered



services, they will be subject to any applicable cost-share for the other services in accordance with their benefits. As always, be sure to check benefits and eligibility before performing services.

Members with pharmacy benefit coverage can go to any Express Scripts, Inc. participating pharmacy to receive flu vaccination from a

registered, licensed pharmacist without a cost-share or a prescription.

### [Billing and Reimbursement Information on Our Website](#)

The flu information page on our BlueLinks for Providers website provides details on how to bill for flu vaccine not supplied by the Massachusetts Department of Public Health, and how to bill for vaccine administration. Log on to [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on the **Flu** link on the home page. ❖

*\*Most Indemnity plans cover the flu shot at no cost, provided the account has not opted out of National Health Care Reform's preventive care provision.*

## Reminder on BCBSMA's Filing Limit for PPO Claims

As a reminder, BCBSMA requires that providers submit accurate and complete claims for covered services rendered to PPO members within 90 days of the date of service.

To avoid exceeding the timely filing limit, be sure to compare your reports of submitted claims with your postings of payments or denials each month, and use our technologies to verify claims status to ensure your claim was received on time.

We encourage you to submit claims electronically; however, for CMS-1500 paper claims, coordination of benefits, and third-party liability, please mail to:

Blue Cross Blue Shield of MA  
P.O. Box 986020  
Boston, MA 02298

Please note that we may not honor claims submitted after the 90-day period.

To request a claim review, submit the *Request for Claim Review Form*, which is available on our website.

For more information, please refer to the "Guidelines for Claims Filing Limits" and "Timely Filing Exceptions" information in Section 3: Billing and Reimbursement of the *Blue Book* manual, also available on our website.

If you have any questions, please contact Network Management and Credentialing Services at **1-800-316-BLUE (2583)**. ❖

To:	Log on to <a href="http://bluecrossma.com/provider">bluecrossma.com/provider</a> and select:
Access the <i>Request for Claim Review Form</i>	Resource Center>Forms>Review and Appeals
Access the <i>Blue Book</i> manual	Resource Center>Admin Guidelines & Info>Blue Books

# Office Staff Notes

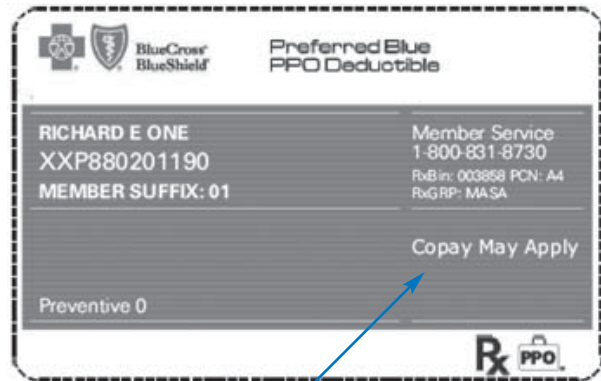
## Some Member ID Cards Will Be Simplified and Re-issued This Fall

For the BCBSMA products listed below, members must pay their deductible limit before copayments apply to their medical services.

To simplify members' visits with you and ensure that members are paying the appropriate cost-share, we will begin issuing new ID cards (without copayments listed) to members in these plans in October:

- Access Blue Basic \$2,000
- Access Blue Basic Saver
- Access Blue NE Saver
- Access Blue Saver II
- Blue Care Elect Deductible
- Blue Care Elect \$4,500 Deductible
- Preferred Blue PPO Deductible.

After October 1, 2012, information on the member's cost-share responsibility **will only be available** by using provider technologies to check eligibility and benefits. ❖



Starting in October, ID cards for *certain members* will no longer list copayment amounts.

### BCBSMA Earns Top Rankings in the Country

BCBSMA is the top-ranked Medicare Advantage PPO health plan in America, and the #25 Medicare Advantage plan, according to the National Committee for Quality Assurance's (NCQA) Medicare Health Insurance Plan Rankings 2012–2013.

Both BCBSMA's HMO/POS and PPO plans are also among the highest-ranked private health plans in the nation at #12 and #5 respectively.

To read our full press release, go to [bluecrossma.com/visitor](http://bluecrossma.com/visitor) and click on **Newsroom**. ❖

### Chapter 61 Continuity of Care Form Online

In compliance with Chapter 61 of the Acts of 2012: Limited, Regional and Tiered Networks Continuity of Care Mandate, we have notified affected members and accounts of their rights under this law.

We have posted a form on our secure Member Central website that members can use to apply for benefits under the regulation and placed a link to this form on our provider website.

We've also posted a link to the form on the Health and Dental Plans page of our BlueLinks for Providers website, [bluecrossma.com/provider](http://bluecrossma.com/provider) (login required).

Providers at facilities affected by the law can access the form to help qualified members complete it. ❖

# Office Staff Notes

## Updated Forms Are Available on BlueLinks for Providers

We have updated the following authorization and services extension request forms to include additional fields for provider NPIs:

- *Inpatient Hospice Clinical Review Form*
- *Medical Nutrition Therapy Authorization Extension Request Form*
- *Initial Precertification Form for SNF/Rehab/LTCH*
- *SNF/Rehab/LTCH Clinical Recertification Form*
- *Behavioral Health Out-of-Network Request Form*
- *Pre-Authorization for Non-Emergent Ground Ambulance Transport.*

The additional NPIs requested on the forms help us process requests efficiently and accurately.

To download or print the new versions, log on to our website at [bluecrossma.com/provider](http://bluecrossma.com/provider) and click on **Resource Center>Forms**. ❖

## New Health Management Programs for Members with Chronic Conditions

*continued from page 1*

Members that we follow will receive an intervention designed to help them more effectively manage their chronic condition in accordance with their physician's treatment plan.

These interventions may include:

- Educational and informational materials to help them understand and manage their medications
- Methods to plan for effective doctor visits
- Lab and medication reminders.

Some members will receive additional telephonic coaching from BCBSMA nurses using evidence-based guidelines.

We will also continue to offer intensive case management for members with medical and/or behavioral health conditions. ❖

### How to Refer a Member for One of Our Health Management Programs

To refer BCBSMA members for chronic condition management or case management programs, download our *Patient Referral Form for Health Management*, available on our website.

Log on to [bluecrossma.com/provider](http://bluecrossma.com/provider) and select **Resource Center>Forms>Practice Management Tools**. After completing the form, fax to the appropriate number listed on the form. ❖

# Billing Notes

## Upcoming Medical Record Audits Will Focus on the Use of Modifiers

If you currently use modifiers in your billing, it is important that you are using them correctly.

Modifiers indicate that a service or procedure you've performed has been altered by some specific circumstance, but has not changed in its definition or code.

Over the next several months, BCBSMA will be conducting audits to verify the appropriate use of modifiers 25 and 59—two modifiers that are frequently billed incorrectly. We will communicate details of the audit plan with providers as they are finalized.

As a reminder, we expect that when you submit claims with modifiers 25 or 59, you always have documentation available in the patient's record to support the distinct or independent identifiable nature of the service submitted with these modifiers.

*Please note:* all claims submitted with modifiers 25 and 59 are subject to **pre- and post-pay** audit by BCBSMA. ❖

## Modifier 52 Update Will Go into Effect January 1, 2013

Effective January 1, 2013, BCBSMA will recognize the use of modifier 52 on additional CPT and HCPCS codes. CPT and HCPCS codes submitted with modifier 52 appended are generally paid at 50% of the contracted rate.

Modifier 52 is used when a provider has elected to reduce or eliminate a portion of a service or procedure. It is not necessary to submit additional documentation with these claims. ❖

## System Updates for Revenue Code-CPT/HCPCS Combinations Planned for January 1, 2013

Periodically, BCBSMA reviews claims data to help ensure that we are processing claims accurately. We recently identified several CPT/HCPCS codes on our Hospital Outpatient Fee Schedule that, when billed with certain revenue codes, were defaulting to a “percent of charge” payment methodology.

As we reviewed this issue in more detail, we found that specific combinations of revenue codes and CPT/HCPCS codes needed to be updated in our systems to ensure reimbursement was based on the established fee schedule. These combinations comply with *UB Editor* guidelines.

We will revise our system to make this update for all outpatient hospital claims billed **for dates of service on and after January 1, 2013.**

We are not adding any new CPT or HCPCS codes as part of this update. Also, this update will not result in recoveries or additional payment for **claims with dates of service prior to January 1, 2013.**

In early 2013, we will send you our annual notice of codes that are being added or deleted from your fee schedule based on changes made by the American Medical Association (AMA).

### Questions?

If you have any questions, please call Network Management and Credentialing Services at **1-800-316-BLUE (2583).** ❖

### Example

CPT code 90460 is a code on the Hospital Outpatient Base Fee Schedule. We are updating our claim system to recognize the combination of revenue code 771 and 90460 to process and pay from the outpatient fee schedule. For dates of service prior to January 1, 2013, this code combination would default and pay “percent of charge.” ❖



# Payment Policy Update

## Reminder on Billing for Anesthesia Services

We'd like to remind you about our policy on the billing for anesthesia services performed by certified registered nurse anesthetists (CRNAs) under the supervision of an anesthesiologist.

We reimburse anesthesia services, whether performed by an anesthesiologist or a CRNA supervised by an anesthesiologist, billed with the applicable procedure code along with revenue code 963.

The use of revenue code 964 for services provided by CRNAs is not recognized by BCBSMA since the Board of Registration in Nursing regulations stipulate that CRNAs be supervised by a physician.

Also, we do not expect to be billed by an anesthesiology group practice and a hospital for the same service.

Previously, we reviewed billing and reimbursement of anesthesia services through an audit process after claims are submitted.

Effective immediately, we have put automated systems in place to review claims upon submission to facilitate proper payment.

We have posted an *Anesthesia Payment Policy* on our website to document current reimbursement policies in place for these services (this does not change our current policy). Information is also posted in our facility *Blue Book*. ❖

## Resources Online

To:	Log on to <a href="http://bluecrossma.com/provider">bluecrossma.com/provider</a> and select:
<i>Anesthesia Payment Policy</i>	<b>Manage Your Business&gt;Access Payment Policies</b>
<i>Blue Book</i> provider manual	<b>Resource Center&gt;Admin Guidelines &amp; Info&gt;Blue Books</b>

## Important Updates to Our Payment Policies

### *Annual Alcohol Screening*

Annual alcohol screening is considered incidental to evaluation and management (E/M) services, and will not be separately reimbursed when submitted with E/M office visit claims. Please continue to report all services rendered to BCBSMA members.

### *Limited Ultrasound*

Effective January 1, 2013, limited ultrasound services will be considered incidental to all E/M services, and will not be reimbursed separately when submitted with E/M office visit claims. For information on ultrasound during pregnancy, please refer to medical policy 007, *Ultrasound*.

### *Prolonged Services*

Effective January 1, 2013, we will not reimburse for prolonged physician services in conjunction with E/M services. These services may be reimbursed only after requesting individual consideration and based on the submission of supporting clinical documentation. ❖

# Medical Policy Update

These updated policies will be available as of the effective date at [www.bluecrossma.com/medicalpolicies](http://www.bluecrossma.com/medicalpolicies).

## Clarifications

**Axial Lumbosacral Interbody Fusion (AxialLIF), 404.** New medical policy describing ongoing non-coverage. Information was transferred from medical policy 617, *Minimally Invasive Lumbar Interbody Fusion*.

**Injections for Osteoarthritis: Hyalgan (sodium hyaluronate); Euflexxa (sodium hyaluronate); Orthovisc (high molecular weight hyaluronan); Supartz (sodium hyaluronate); Synvisc (hylan G-F 20); Synvisc-One (hylan G-F 20), 427.** Converted from a medical policy to a pharmacy medical policy. All prior authorization requests should be submitted to BCBSMA's Clinical Pharmacy Department.

**Minimally Invasive Lumbar Interbody Fusion, 617.** Transferred section on Axial LIF to medical policy 404, *Axial Lumbosacral Interbody Fusion (AxialLIF)*.

## Changes, effective December 1, 2012

**Allogeneic Pancreas Transplant, 328.** Removed the “not medically necessary” statement.

**Genetic Testing of Hereditary Breast and/or Ovarian Cancer, 245.** Amended policy statement on CHEK2 testing to read: “Testing for mutations other than BRCA1 and BRCA2, such as the CHEK2 abnormality (mutations, deletions, etc.) is considered investigational in affected and unaffected patients with breast cancer, irrespective of the family history.”

**Genetic Testing for Inherited Susceptibility to Colon Cancer, Including Microsatellite Instability Testing, 226.** Added additional medically necessary indications for testing for EPCAM (epithelial cell adhesion molecule) mutations in patients with colorectal cancer and negative MMR (mismatch repair) mutations.

**Heart/Lung Transplant, 269.** Added severe heart failure to the medically necessary statement.

**Immune Cell Function Assay, 182.** Added investigational indication for hematopoietic stem cell transplantation and all other indications. Changed title to *Immune Cell Function Assay*.

**Monitored Anesthesia Care (MAC), 154.** Changed the body mass index indication for morbid obesity from >50 to >40.

**Small Bowel/Liver and Multivisceral Transplant, 407.** Information on small bowel/liver and multivisceral transplant was transferred from medical policy 368.

**Transcatheter Pulmonary Valve Implantation, 403.** New policy describing coverage and non-coverage information.

## Pharmacy changes, effective January 1, 2013

**Erythropoietin Recombinant Human, 262.** Implementing prior authorization for Omontys injection when obtained through the pharmacy benefit for all members and when administered in outpatient sites of service for managed care members, except PPO. Coverage criteria to include:

- Patient age 18 and over
- Diagnosis of anemia due to chronic kidney disease (CKD) requiring dialysis
- Pretreatment hemoglobin < 10g/dL
- Continuation hemoglobin < 11 g/dL.

**Hepatitis C Medication Management, 344.** Implementing prior authorization for Pegasys ProClick injection when administered in outpatient sites of service for managed care members, except PPO.

**Human Anti-hemophilic Factor, 360.** Implementing prior authorization for AlphaNine SD, Bebulin VH, BeneFIX, Corifact, and Wilate injection when administered in outpatient sites of service for managed care members, except PPO.

**Injectable Clostridial Collagenase for Fibroproliferative Disorders, 225.** Implementing prior authorization for Xiaflex injection when administered in outpatient sites of service for managed care members, except PPO.

**Intravenous Immunoglobulin, 310.** Implementing prior authorization for Gammaked and Gamunex-C injection when administered in outpatient sites of service for managed care members, except PPO.

**Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions, 343.** Implementing prior authorization for Eylea, Lucentis and Macugen injection when administered in outpatient sites of service for managed care members, except PPO.

**Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Conditions, 186.** Implementing prior authorization for Regranex gel when obtained through the pharmacy benefit for all members and when administered in outpatient sites of service for managed care members, except PPO. ❖

# Medical Policy Update

## Important Note on Medical Policy Updates effective January and February 2013

A large number of new BCBSMA medical policies and medical policy revisions will take effect in January and February 2013. Rather than posting the updates in this issue of *Blue Focus*, we have posted a fully searchable list of revised policies on our website. This will help to make it easier for you to find the policies and revisions that are of interest to you.

To find the list on or after October 1, go to [bluecrossma.com/medicalpolicies](http://bluecrossma.com/medicalpolicies) and click on the link on the right-hand side of the page. The list will be organized alphabetically by policy title. By clicking on the policy title within this document, you will be directed to its entry in a summary table. See sample below.

### Policy Drafts Are Available upon Request

Full draft versions of each policy are available by request one month prior to the effective date of the

policy. For example, if a policy has an effective date of January 1, 2013, you may request a draft on December 1, 2012; if a policy has an effective date of February 1, 2013, you may request a draft on January 1, 2013.

Simply send an e-mail Medical Policy Administration at [ebr@bcbsma.com](mailto:ebr@bcbsma.com).

### Reminder: New 2013 Category III CPT Codes

*All* category III CPT codes are non-covered unless they are explicitly described as “medically necessary” in a BCBSMA medical policy.

To search for a particular code online, go to [bluecrossma.com/medicalpolicies](http://bluecrossma.com/medicalpolicies) and type the code in the search box. Consult the coverage statement of any associated medical policy. If there is no associated policy, the new code is non-covered. ❖

### Sample Format for Medical Policy Updates Available on Our Website

Medical policy title:	Policy number	Policy action:	Products affected:	Effective date:
Chromoendoscopy as an Adjunct to Colonoscopy	8XX	New medical policy: Investigational indications described	<input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare	January 1, 2013

## Medical Policy Documents Will Have a New Look in 2013

Starting in February 2013, BCBSMA will unveil reformatted versions of our medical policies. These new policies will be reorganized and rewritten to make them easier to use and understand. In addition, longer, more complex policies will be separated into single-topic medical policy documents.

Our goal is to simplify the way we present information to you and ensure that all of our medical policies follow a consistent format.

We will provide you with more details about the changes in upcoming issues issue of *Blue Focus*.

In early December, a sample medical policy will be available on the Medical Policy page of our BlueLinks for Providers website, [bluecrossma.com/provider](http://bluecrossma.com/provider). If you have any questions now or after reviewing the policy, please contact us at [ebr@bcbsma.com](mailto:ebr@bcbsma.com).

Please note that current policy coverage statements will remain the same in the new documents. If we do have revisions or changes to any medical policy coverage statements, we will continue to communicate them in *Blue Focus* or on the medical policy website 90 days prior to the effective date. ❖





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## Not registered for BlueLinks for Providers?

Go to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Register Now** in the blue box.

## At Your Service

### ■ Hospital providers:

- For claims-related questions, call Provider Services at **1-800-451-8123** (hours: M - W, F: 8:30 a.m. to 4:30 p.m., Th: 9:30 a.m. to 4:30 p.m.)
- For all other questions, call your Network Manager at **1-800-316-BLUE (2583)**.

### ■ Ancillary providers:

- For claims-related benefit and eligibility questions, call Ancillary Provider Services at **1-800-451-8124** (hours: M - W, F: 8:30 a.m. to 4:30 p.m., Th: 9:30 a.m. to 4:30 p.m.)
- For all other questions, call Network Management Services at **1-800-316-BLUE (2583), Option 2**.

### ■ Fraud Hotline: **1-800-992-4100**

Please call our confidential hotline if you suspect fraudulent billing or health care activities.

### ■ All providers:

- To access BCBSMA's medical policies and administrative tools, go to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Medical Policies**. Or, call Fax-on-Demand at **1-888-633-7654**. Request document **411** for a list of all available documents.❖

**Blue Focus** is published quarterly for BCBSMA hospitals and institutional ancillary providers. Submit letters and suggestions for future articles to:

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