

Providerfocus



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

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

Let's Come Together to Make Health Care More Affordable in Massachusetts

A Message to Physicians from Blue Cross Blue Shield of Massachusetts Leaders

We want to thank you, once again, for the excellent patient care you and your organizations have provided to our members over the past year. At Blue Cross Blue Shield of Massachusetts, we are very aware of the difference you make in the lives of our members every day.

Last January, we asked you to collaborate with us to tackle the persistent problem of rising health care costs.

One year later, it is clear we are both engaged in this effort and that together, we are changing the character of relationships across the health care system:

- ▶ Health plans are working differently with physicians and hospitals by rewarding increased quality and efficiency rather than routinely increasing the price of each unit of care.



Andrew Dreyfus, President and Chief Executive Officer



Patrick Gilligan, Senior Vice President, Network Innovation and Management

- ▶ Physicians and hospitals are working differently with each other and with patients by focusing on prevention, coordination of care, and chronic disease management.
- ▶ Employers are working differently with health plans by promoting and supporting wellness, while choosing plans that give their employees the information and incentives to seek high-quality, high-value care.

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In Brief

Member Rights and Responsibilities Statement Is Online

A copy of BCBSMA's "Member Rights and Responsibilities" statement is available in the Member Education section of your *Blue Book* manual, available on our website.

To view this information, log on to bluecrossma.com/provider and click Resource Center> Admin Guidelines & Info> Blue Books.

Under the Professional *Blue Book* listing, click on Appendix and select Member Education.

The "Member Rights and Responsibilities" section appears on pages 7-12. ❖

Physician News

Colorectal Cancer Screening Outreach Planned

To encourage greater use of our colorectal cancer screening benefit, BCBSMA is reaching out to eligible HMO, POS, and PPO members, ages 51-60, who have not yet been screened (based on our data).

Eligible members will receive a reminder from us via e-mail, postcard, or pre-recorded telephone message encouraging them to talk to their doctor about the screening option that is right for them. If you have any questions, please call Network Management Services at 1-800-316-BLUE (2583).

ADHD Guideline Available on Our Website

As a reminder, BCBSMA has reviewed and endorses the American Academy of Child and Adolescent Psychiatry's *Practice Parameter for the Assessment and Treatment of Children with Attention-Deficit/Hyperactivity Disorder* clinical practice guideline. To access this guideline, log on to bluecrossma.com/provider and click on Manage Your Business>Manage Patient Care, then select ADHD from the drop-down menu. ❖

Let's Come Together to Make Health Care More Affordable in Massachusetts

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We are seeing early positive signs that we are making a difference. Thanks to lower increases in our medical cost trend, we were able to deliver the lowest average premium increases to our accounts since 2005.

We appreciate all you have done to get us this far. We know this has not been easy, and that many of you are taking a very close look at every aspect of your work. We want to assure you that we are doing the same here at Blue Cross.

In 2011, we were able to keep our total administrative spending at 2006 levels, and to hold our per-member costs nearly flat for four years. In addition, we are planning new efforts to simplify the way we do business with you.

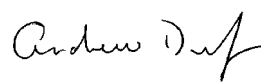
However, for families, businesses, and municipalities still struggling to pay for health care, the progress we have made is not sufficient.

The calls for greater affordability continue, and lawmakers on Beacon Hill are once again considering new cost-containment remedies. In this debate, Blue Cross will advocate for a balance between government-led accountability and market-led innovation.

As health care leaders, we must continue to improve the quality and efficiency of care until we can reliably deliver significant, sustainable premium relief. To do that, the changes we have made cannot be a one-year phenomenon; they must become a new way of doing business for everyone involved in health care.

Through our work together in 2011, we have built a solid foundation of collaborating for positive change, and created the potential to move faster and further in the months and years to come. All of us at Blue Cross look forward to working with you to deliver on that potential. Massachusetts employers and families are counting on it.

Thank you again for providing high-quality care for our members.



Andrew Dreyfus
*President & Chief
Executive Officer*



Patrick Gilligan
*Senior Vice President, Network
Innovation & Management*

Medicare News

Introducing a New Falls Prevention Tool to Help Your Senior Patients

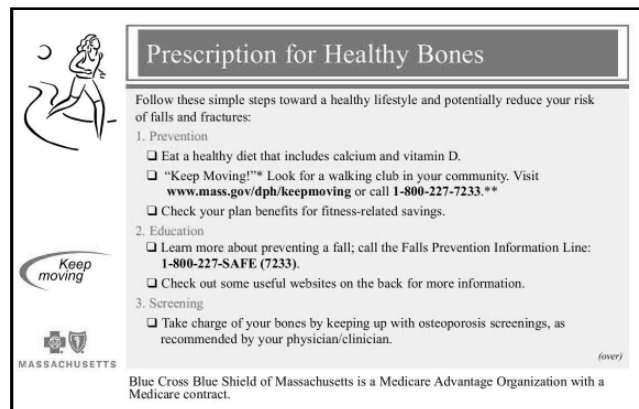
We are pleased to offer a new tool to physicians and clinicians with information on resources available for your senior patients who may be at risk for falls and fractures.

The *Prescription for Healthy Bones* prescription pads are designed to facilitate discussion at the point of care with your Medicare HMO BlueSM and Medicare PPO BlueSM patients.

The information is not a substitute for your clinical expertise; it is meant to help you frame conversations with your patients on these health and safety issues, including tangible things they can do.

For example, the prescription pad lists resources for:

- ▶ Exercise
- ▶ Fall prevention
- ▶ Osteoporosis screening.



If you did not receive a prescription pad but would like one, please call your Network Manager at 1-800-316-BLUE (2583).❖

Attention Ambulance Providers: Information for Submitting Claims in 2012

As of January 1, 2012, the Centers for Medicare & Medicaid (CMS) requires that all Medicare patient claim submissions comply with the HIPAA version 5010 format.

When submitting your CMS-1500 claims, please keep in mind that:

- ▶ You must include the five-digit ZIP code of the pick-up and drop-off locations in field 23 or field 32 (name and address of facility where services were rendered).

- ▶ Typically for ambulance claims, each ambulance trip requires two lines of coding: one line for the service and one line for the mileage. Suppliers who do not bill mileage should bill for the service on one line only.
- ▶ Claims submitted without a ZIP code in item 23 or claims that contain multiple ZIP codes will be returned.❖

Update on Federal Government's Review Process for Medicare Coverage Decisions

The federal government conducts a comprehensive review process before deciding if Medicare should cover a particular item (such as a brace or a hearing aid) or a service (such as therapy or screenings). To learn more, go to bluecrossma.com/provider and click on Health & Dental Plans. Then scroll down to the Medicare Options section.❖

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.

How to Code Correctly for Moderate Protein Malnutrition

Scenario

A BCBSMA provider documented “malnutrition” in the final diagnostic statement on the discharge summary. We asked the provider to further specify the type of malnutrition. His response was “moderate protein malnutrition.” Would it be appropriate to assign diagnosis codes for both moderate malnutrition (263.0) and protein malnutrition (260) to show both types?

Answer

It is only appropriate to assign diagnosis code 263.0, Malnutrition of moderate degree, for moderate protein malnutrition. This code category includes protein-calorie malnutrition. Code 260, Kwashiorkor, is not appropriate since the provider did not specifically document this condition. Kwashiorkor syndrome is a condition that is caused by severe protein deficiency that is usually seen in some underdeveloped areas in Africa and Central America; however, it is extremely rare in the United States.

The National Center for Health Statistics (NCHS) is considering a proposal to revise the index entries under mild and moderate protein malnutrition in order to provide clearer direction to the coder.

** Source: Coding Clinic, Third Quarter 2009, page 6, Effective with discharges: September 15, 2009.*

Billing Notes

Clarification on Denials With an E624 Message

There are times when ClaimCheck™ indicates that a certain procedure is allowable with an office visit; however, BCBSMA may consider the service included in the overall care of the member during a primary care visit, and therefore we do not provide separate reimbursement.

In these situations, the service billed will reject with denial code E624, which states: *Payment is included in the allowance for another service/procedure.*

Ancillary News

Important Updates for Durable Medical Equipment (DME) Providers

Correction to Recent *F.Y.I.* on Billing Requirement Updates

In our January 1, 2012 *F.Y.I.* we provided updates to your billing requirements and indicated the fields DME providers must complete on all claims submitted to BCBSMA. One of the fields for the “Referring Provider” heading was listed as “Loop XXXX on the 837

Professional Electronic Submission.” Please note that this field should have read, “Loop 2310A on the 837 Professional Electronic Submission.”

We have corrected the *F.Y.I.* that is posted on our BlueLinks for Providers website.

Respiratory Services Payment Policy Has Been Update

We are in the process of updating our *Respiratory Services Payment Policy*, and the revised version will be available on BlueLinks for Providers on April 1, 2012. ❖

Resources Available Online

To access:	Log on to bluecrossma.com/provider and click on:
The updated version of our January <i>F.Y.I.</i> , <i>Updates to Your Billing Requirements, Effective April 1, 2012</i> (PC-1482)	News for You>FYIs
Our <i>Respiratory Services Payment Policy</i>	Manage Your Business>Access Payment Policies

ICD-10 News

Questions About ICD-10? Our Online Resource Center Has the Answers

To assist you in preparing for the transition to ICD-10, we’ve created an ICD-10 Resource Center on our BlueLinks for Providers website. From this centralized page, you have access to:

- ▶ A brief BCBSMA presentation, *Getting Started with ICD-10 Coding*, to help you plan a smooth transition
- ▶ A link to the American Academy of Professional

Coders (AAPC) website, where you can request an onsite ICD training seminar for your large organization, or to register for a two-day boot camp

- ▶ A link to the Center for Medicare & Medicaid Services website, where you can find a variety of provider resources, such as educational materials, training documents, and mandate timelines.

To access these resources and other important ICD-related information, log on to bluecrossma.com/provider and select the ICD-10 Resource Center. ❖

Medical Policy Update

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

Clarifications

[High-Dose Rate Temporary Prostate Brachytherapy, 353](#). New medical policy clarifying ongoing coverage and non-coverage.

[Infertility Diagnosis and Treatment, 086](#). Clarifying ongoing non-coverage of CPT 89331 sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated). The same information is addressed in medical policy 400, *Medical Technology Assessment Investigational (Non-Covered) Services List*.

[Magnetic Resonance MRI, MRA, MRV, MRS; Positional Magnetic Resonance Imaging; Functional MRI, 106](#). Clarifying ongoing non-coverage of fetal MRI. The same procedure is addressed in medical policy 400, *Medical Technology Assessment Investigational (Non-Covered) Services List*.

[Medical Technology Assessment Non-covered Services List, 400](#). Clarifying non-coverage of MaterniT21™ test for Down syndrome.

[Plastic Surgery, 068](#). Clarifying second policy statement on treatment of port wine stains by adding “port wine stains.”

[Ultrasounds, 007](#). Clarifying ongoing non-coverage of 3-D Obstetrical (OB)/fetal ultrasound and intravascular Doppler technique for monitoring renal venous blood flow. These same procedures are addressed in medical policy 400, *Medical Technology Assessment Investigational (Non-Covered) Services List*.

Changes

[Injectable Clostridial Collagenase for Fibroproliferative Disorders, 225](#). Revised to update the covered and non-covered criteria for the commercial population. Effective 6/1/12.

[Pneumatic Compression Pumps for Treatment of Lymphedema, 354](#). New medical policy describing coverage and non-coverage. Effective 6/1/12.

[Radiofrequency Ablation of Primary or Metastatic Liver Tumors, 286](#). Adding procedure-to-diagnosis claims editing on CPT code 47382 (Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency). Effective 6/1/12.

[Repetitive Transcranial Magnetic Stimulation \(rTMS\), 297](#). New medical policy reflecting ongoing non-coverage of rTMS for commercial products, and new coverage criteria for Medicare Advantage products. Effective 3/17/12.

[Wound Healing, 435](#). Revising policy to reflect coverage and non-coverage indications for OASIS® and GRAFTJACKET® for Medicare HMO Blue and Medicare PPO Blue members as described in Medicare Local Coverage Determination L29867. Effective 01/01/12. ❖

Update: Medical Policy 400, *Medical Technology Assessment Investigational (Non-Covered) Services List*

Effective April 1, 2012, medical policy 400 (formerly called *Medical Technology Assessment Non-Covered Services*) will be renamed *Medical Technology Assessment Investigational (Non-Covered) Services List*. This policy will include entries only for investigational (non-covered) services that do not have an associated BCBSMA medical policy.

The most accurate way of determining whether a service is investigational is to perform a keyword or a procedure code search on our online Medical Policy page.

- ▶ Go to bluecrossma.com/provider.
- ▶ Click Medical Policies in the blue box.
- ▶ Enter a keyword in the Quick Search box at the top right-hand corner of the screen and click Go.
- ▶ A list of policies associated with your search term will be provided; select the appropriate policy to determine coverage status.

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

Medical Policy Update

2012 Medical Policy Review Schedule and Comment Procedure

BCBSMA knows that our medical policies work best when we receive input from our physicians and clinicians. That's why we invite you to participate in our medical policy review process in several ways.

[Review an Individual Medical Policy](#)

To review an individual policy, go to bluecrossma.com/provider and click on Medical Policies. Then search by keyword or policy number for the policy of interest. If you wish to comment on the policy, please e-mail our E-Blue Review team at ebr@bcbsma.com. Or, send a fax to 617-246-7084.

[Review and Comment on Medical Policies Related to a Medical Specialty](#)

Each month, BCBSMA's Medical Policy Group meets to review the policies for a specific specialty (see chart for the 2012 schedule). Any contracted clinician may attend and provide feedback at the specialty meetings. All meetings are held from noon to 2 p.m. in conference room 4C at Landmark Center, 401 Park Drive, Boston. If you wish to attend, please e-mail ebr@bcbsma.com and we will send you a packet of information.

- ▶ To access a policy being reviewed, log on to bluecrossma.com/provider, click on Manage Your Business>Review Medical Policies, then scroll down to the "How to Review" section and click on the link.
- ▶ To comment on any policy being discussed during the specialty review, please send an e-mail to our E-Blue Review team at ebr@bcbsma.com. Or, send a fax to us at 617-246-7084.

We value your input and thank you for your continued participation in our medical policy review process.

[2012 Medical Policy Group Meeting Schedule](#)

Date:	Specialty:
March 27	Allergy and ENT/Otolaryngology
April 24	Cardiology and Pulmonology
May 29	Pediatrics and Endocrinology
June 26	Orthopedics, Rehabilitation Medicine, and Rheumatology
July 31	Hematology and Oncology
August	<i>No Meeting</i>
September 25	Urology and Obstetrics/Gynecology
October 30	Gastroenterology, Nutrition, and Organ Transplantation
November 27	Plastic Surgery and Dermatology
December	<i>No Meeting</i>

[When to Use the EBR Mailbox](#)

BCBSMA's E-Blue Review mailbox, ebr@bcbsma.com, was created so that participating physicians and clinicians may e-mail comments and recommendations regarding our medical policies.

Please note that this mailbox *is not* intended for questions related to benefits, claims, prior authorization, coding, or reimbursement.

- ▶ For claim-related questions, please call BCBSMA Provider Services at 1-800-882-2060.
- ▶ For other issues not related to claims, please call Network Management Services at 1-800-316-BLUE (2583). ❖

Correction to Update Announced in the February Issue of *Provider Focus*

In the February 2012 issue of *Provider Focus*, we announced that medical policy 336, *Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses*, is a "new policy clarifying ongoing coverage." Please note there is no new medical policy.

However, we would like to clarify that HCPCS code S1040 (Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment[s]) is a covered durable medical equipment item. ❖



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Visit our Plan Education Center and learn how we're educating our members.
www.bluecrossma.com/plan-education

At Your Service

- ▶ **BlueLinks for Providers**
www.bluecrossma.com/provider
Our website has the resources to help you care for our members, and offers you the ability to check claim status, and eligibility and benefit information. Available 24 hours a day, 7 days a week.
- ▶ **Claims-related issues:**
Provider Services: **1-800-882-2060**
M-T-W-F: 8:30 a.m. - 4:30 p.m.
Th: 9:30 a.m. - 4:30 p.m.

Ancillary Provider Services: **1-800-451-8124**
M-T-W-F: 8:30 a.m. - 4:30 p.m.
Th: 9:30 a.m. - 4:30 p.m.
- ▶ **Fraud Hotline:** **1-800-992-4100**
Please call our confidential hotline if you suspect fraudulent billing or health care activities.
- ▶ **Non-claims-related issues:**
Network Management Services, all provider types:
1-800-316-BLUE (2583)
M-T-W-F: 8:30 a.m. - 4:30 p.m.
Th: 9:30 a.m. - 4:30 p.m.
- ▶ **Provider Enrollment and Credentialing:** For credentialing, changing a current contract, or obtaining the status of a previously submitted provider contract:
1-800-419-4419
M-T-W-F: 8:30 a.m. - 4:30 p.m.
Th: 9:30 a.m. - 4:30 p.m.

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