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BCBSMA's Commitment to Healthy Mothers and Healthy Babies

A major focus of federal health care reform this year will be the Women's Preventive Health Services Mandate, which goes into effect August 1. This provision requires health plans and issuers to cover certain women's preventive health services without a copayment, co-insurance, or deductible for in-network services. (See article on page 2). At Blue Cross Blue Cross Blue Shield of Massachusetts (BCBSMA), we're committed to helping women have access to services necessary for their health and wellbeing, and their family's. Below we highlight some upcoming changes to help support new moms and their babies.

[Expanded Coverage of Breast Pumps](#)
In accordance with Women's Preventive Health Services

Mandate, starting August 1, 2012, BCBSMA will cover the rental or purchase of a breast pump for new mothers with no member cost-share when the member uses a contracted BCBSMA provider. The benefit covers a pump without the need to meet any medical necessity criteria.

As you know, the American Academy of Pediatrics and numerous studies recommend breastfeeding; however, many women who begin nursing may switch to formula for various reasons, such as returning to work or dealing with medical issues.

The availability of a breast pump may make it easier for women to continue providing breast milk to their babies.



BCBSMA is pleased to provide this benefit to support mothers who are considering breastfeeding.

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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 Facility Blue Book listing, click on Appendix and select Member Education.

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

Office Staff Notes

Changes to Women's Preventive Health Services Coverage

To ensure that all women have access to preventive health services necessary for their health and well-being, the U.S. Department of Health and Human Services (HHS) has issued guidelines that require health plans and issuers to cover certain women's preventive health services without a copayment, co-insurance, or deductible for in-network services.

This provision of the Patient Protection and Affordable Care Act takes effect in the first plan year beginning on or after August 1, 2012.

Certain religious employers are exempt from covering contraceptive services. BCBSMA will administer the exemption provisions as defined by the federal government.

BCBSMA health plans currently provide in-network coverage, without copayment, co-insurance, or deductible, for most of these women's preventive health services recommended by HHS:

- Annual well-women visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV) infection
- Contraceptive methods and counseling
- Breastfeeding support and breast pumps
- Domestic violence screening.

For health plans that are *not* grandfathered plans under the Act, effective for renewals beginning on and after August 1, 2012, health plan changes will be made to include in-network coverage—without copayment, co-insurance, or deductible—for recommended preventive health services not already covered without member cost-share. This includes breastfeeding services and birth control prescription drugs and devices.

We will provide more information about these changes in the near future.

As always, we urge you to check member eligibility and benefits using one of our technologies—Online Services via BlueLinks for Providers, Emdeon Office, NEHEN (including NEHEN Express and NEHEN/Net), or your clearinghouse vendors—before providing services.

Because providers usually cannot determine the correct amount owed by the member in real-time, we recommend that you allow the claim to process before determining the correct amount to charge the member. ❖

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. ❖

Office Staff Notes

ClaimCheck™ Claims Editing Software Has Been Updated

BCBSMA implemented the latest version of ClaimCheck claims editing software this spring.

To access our Internet-based code auditing tool, log on to our website at bluecrossma.com/provider and click on Manage Your Business> Use Clear Claim Connection.

You'll then be required to enter your NPI for secure access to code editing policies, rules, and clinical rationale. ❖



BCBSMA's Commitment to Healthy Mothers and Healthy Babies

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[Living Healthy Babies Website for Pregnant Women and New Mothers](#)

While pregnancy and motherhood is a joyous time for women, it can also be overwhelming. Our goal is to help make our members' journey through parenthood as healthy as it can be.

Our Living Healthy Babies website, livinghealthybabies.com, offers women information and resources to help them navigate every step of motherhood—from preconception through pregnancy through the baby's first year.

The website includes a comprehensive Feeding Your Baby section, where new mothers can find information on:

- Infant nutrition
- Feeding guide for the first year
- Breastfeeding basics
- Breastfeeding difficulties
- Pumping and storing breast milk
- Breastfeeding a high-risk newborn
- Going back to work
- Bottle feeding.

As of August 1, 2012, the website will also include information about breast pumps and how BCBSMA members can order one.

Living Healthy Babies is available to all women—not just BCBSMA members—so we encourage you to share this website with all of your female patients who are pregnant or who are new mothers.

[Prior Authorization Requirements for Specialized Infant Formula](#)

In addition to the new benefit for breast pumps, BCBSMA will continue to provide coverage for specialized infant formulas for infants who have a medical indication requiring such formulas.

Effective August 1, 2012, BCBSMA will implement a revised medical policy for specialized infant formula. The update will clarify the medical indications for coverage for members up to 12 months of age (see Medical Policy Update section on page 6).

Also, as of this date, BCBSMA will require prior authorization before providing coverage of such formula

purchased from a pharmacy with a prescription.

This requirement already applies to members 12 months of age and older. This prior authorization requirement applies to all commercial products with a pharmacy benefit.

Details about the policy and the medical indications for coverage are described in BCBSMA medical policy 304, *Special Foods*.

To access this policy on our website, go to bluecrossma.com/medicalpolicies. You can find the policy by entering the policy number or title into the search tool, or by using the alphabetical listing.

[Questions?](#)

If you have any questions about any of these changes, please call Network Management Services at 1-800-316-BLUE (2583). ❖

Office Staff Notes

Submitting the Right Documentation for Individual Consideration Appeals

If you submit an appeal for individual consideration (IC), be sure to include all of the required documentation to support your appeal.

The charts below provide several examples to help give you an idea of the documentation required for

us to conduct a complete medical review of your appeal. By following these guidelines, you can help to expedite the process.

For more information on appeals, please refer to Section 4: Reviews and Appeals of your *Blue Book*

manual. Log on to our website at bluecrossma.com/provider and click on Resource Center> Admin Guidelines & Info> Blue Books.

Or, if you have questions, please call 1-800-882-2060. ❖

For an appeal involving:	Follow these guidelines:
A "Not Otherwise Classified" (NOC) code	Include all reports that document the service rendered along with a detailed description of services performed (e.g., operative report). Please include an invoice, if applicable. The entire medical record is not required when appealing a NOC code.
Denials based on medical technology assessment criteria or our medical policy guidelines	Submit relevant clinical information according to medical policy coverage criteria.
Modifier 22	Submit documentation supporting the significantly increased complexity of the surgical procedure. Additional reimbursement will only be considered if the additional work is documented in the operative report submitted to support the use of Modifier 22.
Multiple lesion removal	Submit legible office notes documenting the number of lesions and their location and size, and the pathology report, if available.
Blepharoplasty/brow ptosis	Submit documentation of the functional impairment, visual field reports (taped and untaped), and pre-operative photos, if available.
Consultation and report on re-referred slides prepared elsewhere	Submit a pathology consultation report documenting the date of the surgical or cytopathology case from which the specimens were obtained.
Scar revision	Submit documentation of pain or interference with normal bodily function.

For a service within one of these CPT code ranges:	This documentation is required when you submit an individual consideration appeal:
00100-01999	Anesthesia record
10021-69990	Operative note; procedure note
70010-77084	Radiology report
77261-77799	Medical note; treatment record
78000-79999	Radiology report
80047-89398	Laboratory report; pathology report
90281-99499; J drug codes	Medical note; procedure note; radiology report; invoice (<i>whichever applies</i>)

Where to Send Individual Consideration Appeals

Blue Cross Blue Shield of MA
 Provider Appeals
 P.O. Box 986065
 Boston, MA 02298

Office Staff Notes

Changes to Medical Security Program Health Insurance Administrators

Effective on January 1, 2012, BCBSMA no longer administers benefits for the Medical Security Program (MSP). Health insurance coverage for MSP Direct Coverage plan enrollees is now administered by Network Health.

As a result of this change in administration, eligible MSP Direct Coverage enrollees were expected to receive new ID cards in January to replace their existing BCBSMA ID cards. Additionally, inquiries to BCBSMA will be transferred to Network Health.

The change will not affect eligibility, provided that the enrollee still meets eligibility requirements.

Health Plan Coverage

Effective on or after January 1, 2012, BCBSMA no longer provides benefits for services and supplies for MSP Direct Coverage plan enrollees with one exception: If an enrollee was admitted as an inpatient to any hospital before January 1, 2012 and payment to the hospital is based on a Diagnosis Related Grouper (DRG), the hospital's DRG payment that has been approved by BCBSMA will be paid to the hospital, even when coverage

in this health plan ends during the admission. BCBSMA will not provide benefits other services and/or supplies that are furnished during that same inpatient admission. If you have any questions, please contact Network Health.

Any outpatient claims for MSP enrollees submitted to BCBSMA on or after January 1, 2012 will be denied.

Questions?

If your MSP patients have questions, please refer them to the resources listed below. ❖

For questions regarding:	Contact:	Phone:	Website:
Eligibility and premiums	MSP	1-800-908-8801	mass.gov/dua/msp
Benefits and provider network	Network Health	1-888-257-1985	network-health.org/msp

Medical Policy Update

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

Changes

[Autologous Chondrocyte Implantation and Other Cell-Based Treatments of Focal Articular Cartilage Lesions, 374](#). Revised to provide additional specificity to clinical criteria for covered indications for autologous chondrocyte implantation as a treatment for focal articular cartilage lesions. Effective 5/1/12.

[Autologous Fat Grafting to the Breast and Adipose-derived Stem Cells, 351](#). New medical policy describing non-coverage for autologous fat grafting to the breast and adipose-derived stem cells. Effective 5/1/12.

[Balloon Sinuplasty for Treatment of Chronic Sinusitis, 582](#). Corrected to include CPT codes specific to this procedure. Providers are reminded that balloon sinuplasty is

investigational (non-covered) as a stand-alone procedure and is not reimbursed separately when used as a tool during sinuplasty surgery. Effective 4/1/12.

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

[Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis, 352](#). New medical policy describing non-coverage for the diagnosis and treatment of chronic cerebrospinal venous insufficiency in multiple sclerosis. Effective 5/1/12.

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Medical Policy Update

Changes (continued)

[Gene Expression Testing to Predict Coronary Artery Disease, 349](#). New medical policy describing non-coverage for gene expression testing to predict coronary artery disease. Effective 5/1/12.

[Interventions for Progressive Scoliosis, 550](#). New policy describing ongoing non-covered indications; also adding covered indications. Effective 5/1/12.

[Intracellular Micronutrient Analysis, 073](#). New medical policy describing non-coverage. Effective 7/1/12.

[Lung Volume Reduction Surgery for Severe Emphysema, 364](#). Revised to provide additional covered criteria for lung volume reduction surgery as a treatment for severe emphysema. Effective 5/1/12.

[Medical and Surgical Management of Obesity including Anorexiant, 379](#). Adding coverage for intensive behavioral therapy for obesity (HCPCS code: G0447 Face-to-face behavioral counseling for obesity, 15 minutes) for Medicare Advantage members only. Effective 11/29/11.

[Minimally Invasive Coronary Artery Bypass Graft Surgery, 553](#). New policy describing ongoing non-covered indications and adding covered indications. Effective 5/1/12.

[Osteochondral Allograft Transplantation, 111](#). Revised to update the covered and non-covered criteria for osteochondral autografts and allografts. Effective 5/1/12.

[PET Scanning in Oncology to Detect Early Response During Treatment, 335](#). New medical policy including non-coverage of PET scanning in oncology to detect early response during treatment. Effective 5/1/12.

[Plastic Surgery, 068](#). Revised to include covered orthodontic procedures in the treatment of cleft palate. Effective 5/1/12.

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

[Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies, 552](#). New policy describing ongoing non-covered indications; also adding covered indications. Effective 5/1/12.

[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.

[Retinal Telescreening for Diabetic Retinopathy, 065](#). Revised with additional covered/non-covered criteria for retinal telescreening for diabetic retinopathy. Effective 5/1/12.

[Small Bowel/Liver and Multi-visceral Transplant, 368](#). Revised to provide additional not medically necessary criteria for small bowel/liver transplant or multivisceral transplant in patients with absolute contraindications. Effective 5/1/12.

[Special Foods: Special Infant Formula, Enteral Formula, Ketogenic Diet for Seizures, and Formula Infusion Pumps, 304](#). BCBSMA will now cover formula for children up to one year of age prescribed for malabsorption or intolerance only when criteria for growth failure are met, and with prior authorization. Formula prescribed for prematurity will be covered up to six months of age with prior authorization. Formula prescriptions for conditions other than cystic fibrosis and metabolic diseases for members older than age one year are not covered. Effective 8/1/12. *(See related article on page 1.)*

[Stem-cell Therapy for Peripheral Arterial Disease, 348](#). New medical policy including non-coverage of stem-cell therapy for peripheral arterial disease. Effective 5/1/12.

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

Clarifications

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

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

Clarifying the listing of ICD-9-CM 180.0-180.9 to the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.

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Medical Policy Update

Clarifications (continued)

[High-Dose Rate Temporary Prostate Brachytherapy, 353.](#)
New policy clarifying ongoing coverage/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 Non-covered Services List*.

Clarifying ongoing non-coverage of cryopreservation; reproductive tissue, ovarian, and cryopreservation; and reproductive tissue and oocytes.

Clarifying coverage of donor and non-donor sperm for in vitro fertilization.

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

[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 Non-covered Services List*.

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

[Oncologic Applications of PET scanning, 229.](#)

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

Clarifying the listing of ICD-9-CM 180.0-180.9 to the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.

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

[Positron Emission Tomography \(PET\) Scans, 358.](#)

PET for myocardial perfusion revised to eliminate the BMI cutoff and replace with the phrase: “...in patients for whom SPECT could be reasonably expected to be suboptimal in quality on the basis of body habitus.” An additional indication for PET

scanning was added: “Cardiac PET scanning may be considered medically necessary for the diagnosis of cardiac sarcoidosis in patients who are unable to undergo MRI scanning.”

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

Clarifying the listing of ICD-9-CM 180.0-180.9 to the list of covered diagnoses for CPT codes 78811, 78812, 78813, 78814, 78815, and 78816.

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

[TMJ Diagnosis & Treatment, 035.](#) Clarifying non-coverage of ultrasound imaging/sonogram.

[Ultrasounds, 007.](#)

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

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 Non-covered Services List*. ❖

Minimally Invasive Procedures Coverage

Effective February 1, 2012, minimally invasive procedures that do not have specific procedure codes are covered if the conventional procedure is covered. In addition, they are reimbursed at the same rate as the conventional procedures. The *Payment Policy* is posted on our website. ❖

New Non-covered CPT and HCPCS Level II Codes

We have updated medical policy 400, *Medical Technology Assessment Non-Covered Services*, to include the new CPT and HCPCS Level II codes. These codes, effective January 1, 2012, have been identified as non-covered. ❖



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