June/July 2013

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

Defining Preventive Care vs. Diagnostic Care for Members

Under the Affordable Care Act (ACA), patients may be eligible for some important preventive services at no additional cost. While this new benefit can help patients avoid illness and improve their health, it can also be a source of confusion for providers and members.

Members have asked when their care will be free under the ACA as a preventive service, and when they will be responsible for a share of the cost. Confusion often arises when diagnostic care is provided in conjunction with a routine preventive visit.

New member fact sheet

Blue Cross Blue Shield of Massachusetts has created a new, customizable fact sheet you can share with members to help them understand preventive and diagnostic care. It presents typical care scenarios and explains whether the member may be responsible for a cost share.

The fact sheet provides examples of preventive care that, in most cases, will be free to members, such as well-child visits and routine adult physical exams.* It also illustrates common situations in which a member may be responsible for a share of the cost. To access this fact sheet, log on to **bluecrossma.com/provider** and **select Resource Center>Admin Guidelines & Info>Fact Sheets** and select **Member Fact Sheet *Preventive vs. Diagnostic Care: What's the Difference.***

Provider coding reminder

The publication of this new tool is also a good opportunity to remind you of industry standard practices for coding diagnostic care provided on the same date as a preventive visit.

The American Medical Association's CPT Assistant states that during a preventive visit, such as a routine adult physical, if a provider encounters an abnormality or addresses a member's health complaint, the additional services should be coded using the appropriate office/outpatient code (99201-99215), along with modifier 25.

Modifier 25 is used to indicate that a "significant, separately identifiable evaluation and management (E/M) service (above and beyond the preventive medicine E/M service) was provided by the same physician on the same day as the preventive medicine service."[1]

Appropriate use of Modifier 25

- The problem requires additional work and the key components of a problem-oriented service (history, examination and medical decision making) which are outside of the work inherent in the preventive visit.[2]

Inappropriate use of Modifier 25

- The problem or abnormality encountered during the preventive medicine E/M service requires neither significant additional work nor the performance of the key components of a problem-oriented service.[3]

**Most Blue Cross plans cover preventive care at no cost, with the exception of plans that have "grandfathered status" under the Affordable Care Act. It is important to always check member eligibility and benefits.*❖

[1, 2, 3] American Medical Association CPT Assistant **July 2009**, page 7, Preventive Medicine Services

In This Issue

In Brief

Sleep Management Program Starts July 1

As of July 1, 2013, prior authorization is required through AIM Specialty Health for the following:

- Home sleep test (HST)
- Initial and ongoing treatment orders for DME and supplies related to sleep therapy: APAP, CPAP, BPAP
- In-lab sleep study (PSG)
- Oral appliances for sleep therapy
- Titration study

To order these tests and services for an HMO or POS member, please request prior authorization via:

- Website: **aimspecialtyhealth.com/gowebsleep** (available 24/7)
- Phone: **1-866-745-1783** (M-F, 8 a.m. – 5 p.m.)

For information on our online sleep management training, see page 7.❖

Physician News

Care Management Programs Support Patients and Their Clinicians

Our care management programs for patients who have chronic and acute conditions facilitate collaboration between the patient, physician, family, caregiver, and treatment team. They support your prescribed treatment plans to meet the member's changing needs and goals. Please consider referring appropriate patients to one of our care management programs.

Participating members receive an intervention designed to help them more effectively manage their chronic or acute condition based on their physician's treatment plan. These interventions may include:

- Helping them understand how to manage their condition and evaluate their health status
- Learning how to make the best use of their doctor visits
- Reminding them about recommended labs and medication use.

Case Management

Members with complex conditions, multiple comorbidities, or who have experienced a catastrophic event may be eligible for case management. Examples include:

- Cancers (except skin cancer, thyroid cancer, and Stage I breast cancer)
- High-risk pregnancy
- Complex conditions (both adult & pediatric)
- Organ transplants
- Stroke
- Traumatic brain injury.

Chronic Condition Management

Blue Care Connection®, our chronic condition management program, targets members with the following common chronic conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Diabetes
- Heart failure.

We stratify members with these conditions according to their risk when determining the appropriate level of intervention.

Resources

To:	Please log on to bluecrossma.com/provider and select:
Download the *Chronic Condition Management Program Fact Sheet*	**Resource Center>Admin Guidelines & Info>Fact Sheets** and select **Chronic Condition Management Program (Blue Care Connection)**
Watch our Health Management Overview Brainshark	**Resource Center>Training & Registration>Course List** and select **BCBSMA Health Management Overview**
Refer a patient to one of our programs	**Resource Center>Forms>Practice Management Tools>Referral Form for Health Management**

Here's an example of how a care management program worked for one of our members:

- A 63 year-old male with diabetes had cardiac surgery but saw himself as very healthy.
- His Blue Care Connection nurse learned he was not taking diabetes medication and had never been prescribed a Beta Blocker.
- The member showed an interest in nutrition, but did not cook, so the Blue Care Connection nurse discussed diet with his wife.
- The nurse showed the member how to use web tools—including the American Diabetes Association website.
- The Blue Care Connection nurse scheduled a follow-up call to discuss weight management, ensure that the patient was taking his medications, and that he called his PCP about Beta Blockers.❖

Physician News

Consultation Reports: A Valuable Communication Tool for Behavioral Health and Medical Practitioners

The communication of information between medical and behavioral health practitioners is an important part of ensuring patient safety and increasing favorable outcomes. Timely consultation reports noting changes to patient medication regimens and updated patient treatment plans are part of high-quality patient care.

As part of our commitment to improve the quality of patient care, we survey PCPs annually to determine how frequently they receive consultation reports when they refer members to specialty services.

The results of last year's survey indicate that 77-85% of medical specialists, including cardiologists, oncologists, and neurologists always/almost always provide consultation reports to referring PCPs. However, only 17% of behavioral health therapists and 15% of psychiatrists always/almost always send consultation reports to PCPs. According to our Behavioral Health Provider Advisory Council, unlike other specialties, behavioral health practitioners are not always aware that the PCP has referred a patient to them for care.

Collaboration between PCPs and behavioral health practitioners—with the goal of improving consultative referrals—can lead to improved patient health.

You can help

If you are a PCP referring a member for behavioral health services, please consider contacting the behavioral health practitioner's office in advance.

If you are a behavioral health provider, please consider including the following as part of your intake process:

- Ask how the patient was referred.
- Obtain consent from the patient to discuss care with their PCP and other providers involved in their care.
- Coordinate and communicate with the treatment team (including the PCP) after the initial assessment, upon any clinically significant event, and at discharge from treatment.

It is important that all health care clinicians treating the same patient are aware of medications being prescribed in each setting and of each others treatment plans to support the patient's care goals.

Our provider *Blue Book* manual provides guidelines around the use of medical records to document continuity and coordination of care between PCPs and behavioral health providers. To access the *Blue Book*, log on to **bluecrossma.com/provider** and select **Resource Center>Admin Guidelines & Info>Blue Book.**❖

New State Law Mandates Coverage for Oral Anticancer Drugs

On January 3, 2013, Massachusetts Governor Deval Patrick signed into law Chapter 403 of the Acts of 2012. This mandate requires all health insurance plans that provide coverage for cancer chemotherapy treatment to provide coverage for prescribed, orally administered anti-cancer medications. This pertains to medications used to treat cancerous cells on a basis no less favorable than intravenously administered or injected cancer medications covered as medical benefits.

To comply with this mandate, for most members' plans, Blue Cross is providing full coverage for orally administered anticancer drugs, effective January 1, 2013 upon account renewal.

We have updated our systems to reflect this change. We will reimburse impacted members whose accounts renewed on or after January 1, 2013 for any cost share (deductible, copayment, or coinsurance) they paid on or after their plan's renewal date.❖

Physician News

Encouraging Members to Get Colorectal Cancer and Mammography Screening

The benefits of early detection for colorectal cancer and breast cancer are well known, but members do not always take advantage of their benefits to obtain screenings. Therefore, we have recently contacted via e-mail, phone, or postcard HMO, POS, and PPO members who have not been screened, based on our current data. We encouraged them to take advantage of their benefits for screening at and we urged them to talk with their clinician about screening.❖

Focus on HEDIS: Follow-up Care for Children Prescribed ADHD Medicine

A combination of medication, regular visits with the prescriber, education, parental training and/or behavioral therapy makes treatment of children and teens for ADHD most successful. In particular, follow-up appointments play a key role in successful and responsible care for patients with ADHD.

Identifying a gap in care

Our data show that approximately half of our members ages 6-12 who have filled an ADHD medication prescription **do not** have a follow-up appointment scheduled with a prescribing practitioner in the 30-days after the initial prescription.

Supporting your care with a new member outreach program

To support the care you provide to our members and improve health outcomes, starting in June, we will call the parents/caregivers of young members who are newly starting ADHD medications to:

- Discuss their plan benefits and educate them about ADHD and community resources, if applicable.
- Ask if they have scheduled an appointment with their prescriber within the first 30 days or assist them in scheduling one.
- Help the parent/caregiver find a behavioral health provider for family and individual support if he or she is interested.
- Educate the parent/caregiver on recommended continuing follow-up care, including two scheduled follow-up visits between the 31st and 300th day of treatment after a new start.❖

HEDIS measure defined

The percentage of patients, ages 6-12 years, with a new prescription for an ADHD medication who have:

- At least one follow-up visit with a practitioner with prescribing authority during the first 30 days (initiation phase).
- At least two follow-up visits within 270 days after the end of the initiation phase (continuation and maintenance phase).

Medical Policy Update

Lists of new, revised, and clarified medical policies are now available online. Log on to **bluecrossma.com/provider,** select **Manage Your Business>Review Medical Policies>View Medical Policies.** In the middle of the page, you will find summaries of Medical and Pharmacy Policy Updates, grouped by the month in which the policy or update is effective. Each month's list is organized alphabetically by policy title. Click on the policy title to view a summary of the update.❖

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.

Coding Corner: How to Code Active Condition vs. History of a Condition

Reporting active conditions

For outpatient services, code and report conditions as *active* only if the condition impacts current patient care or treatment.* Conditions that do not require or affect patient care, treatment, or management **should not** be reported as active conditions.

Reporting history of a condition

Use the history codes (V10-V19) to report conditions that were previously treated but are no longer active.

History codes describe a medical condition that is no longer being treated, but has the potential for recurrence, and therefore may require continued monitoring. Report a history code when the historical condition impacts current care or influences treatment.

Is the condition resolved?

To health care providers, the term *history of* often describes a condition that persists over time and still exists. However, in ICD-9-CM coding, the term *history of* means **the condition is resolved and no longer exists** (meaning it is not an active condition). This discrepancy in usage can often result in confusion about the correct way to code.

How to apply:

The office note should clearly state whether your patient's condition is:

- An active, acute condition
- An active, chronic and/or managed condition
- A resolved condition (history of a condition).

Example 1

The office note states the patient has a ***history*** of hypertension. The patient has no complaints and reports a 20 lb weight loss with diet and exercise and blood pressure is within normal limits. Without further clarification on the claim, the correct ICD-9-CM diagnosis code would be V12.59 (personal history of other diseases of circulatory system not elsewhere classified) to report a personal history of hypertension.

Example 2

The office note states the patient has chronic hypertension ***managed*** with medication. The patient has no complaints, and the blood pressure is within normal limits. The recommendation is to continue medication as prescribed and follow-up in three months. The correct ICD-9-CM diagnosis code would be 401.9 (unspecified essential hypertension). When the condition is stated as chronic and/ or managed, coders can report the active condition code.

*See ICD-9-CM Official Guidelines for Coding and Reporting, section K: *Code all documented conditions that coexist.* ❖

Working Together to Manage Coronary Artery Disease (CAD)

In the United States, heart disease is the leading cause of death for both men and women. About 600,000 people die of heart disease in the United States every year—that's one in every four deaths.

The role of PCPs

PCPs play an essential role in diagnosing and treating CAD. Clinicians can refer to the National Guideline Clearinghouse's evidence-based clinical practice guidelines for diagnosing and treating patients with CAD. You can access these guidelines by visiting **guidelines.gov** and entering **coronary artery disease** in the search box.

Blue Cross resources to support your care

The Blue Care Connection® chronic condition management program supports physicians by helping your patients with CAD take control of their health and follow your advice. The program assigns a Nurse Coach to patients who may need additional support to help them manage their overall health through education and self-management strategies.

To learn more, download our *Caring for CAD* fact sheet at **bluecrossma.com/provider**. Log in and select **Manage Your Business>Manage Patient Care** and in the drop-down menu select **Coronary Artery Disease**. The sheet can be found on the **Practice Support Tool** tab.

National standards of care

The NCQA HEDIS performance measures for CAD care are defined as follows:

- The percentage of patients, age 18-75, discharged alive for AMI, coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI), or who had a diagnosis of ischemic vascular disease (IVD), who received each of the following:
  - -LDL-C screening
  - -LDL-C control (<100 mg/dL)
- The percentage of patients, age 18-85, who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.❖

In-home Bone Mineral Density (BMD) Testing Pilot Program Announced

Blue Cross, in collaboration with VNA Care Network Inc., is launching an in-home BMD screening pilot program to support our members in Worcester County with limited mobility or access to BMD screening facilities. We are in the process of identifying eligible members and will reach out to physicians to coordinate care. To refer your patients who have suffered a fracture and may be in need of an in-home BMD screening, please call Holly Sweeney at **617-246-5510**.❖

Million Hearts®

We have endorsed and embraced the Million Hearts campaign—a national initiative to prevent one million heart attacks and strokes by 2017 through research, education, and prevention. Join us in our support for this campaign and help prevent heart attacks and strokes in your patients. To learn more and access tools and resources visit **millionhearts.hhs.gov.**❖

Correction Notice on Osteoporosis Screening

In the April issue of *Provider Focus*, we incorrectly cited the U.S. Preventive Service Task Force (USPSTF) recommendation for osteoporosis screening frequency. The recommendation is as follows:

The USPSTF recommends screening for osteoporosis in women aged 65 years or older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.

Medicare provides coverage of a bone mass measurement that meets certain criteria once every two years (i.e., at least 23 months after the last covered bone mass measurement was performed). Repeat tests outside of this time frame are available based on medical necessity.❖

Ancillary News

DME Providers: Guidelines for Billing Replacement Equipment

Unless otherwise specified by Blue Cross, DME providers who bill for replacement supplies (e.g., TENS electrodes) should adhere to the documentation guidelines set forth by CMS.

These guidelines require, among other things, that payment for replacement equipment must be supported by one or more of the following:

- A recent physician's order
- A recent change in prescription
- A completed certificate of medical necessity (CMN) or *DME Information Form* (DIF)
- Timely documentation within the medical record showing usage of the DME supplies.

CMS defines timely documentation as a record written within the previous 12 months unless otherwise specified. As with all services that our providers render to our members, the DME supplies you provide on an ongoing basis must continue to be reasonable and medically necessary. ❖

Attention Behavioral Health Providers

For information about collaborating with primary care providers, please see *Consultation Reports: A Valuable Communication Tool for Behavioral Health and Medical Practitioners* on page 3.

Training Updates

New Office Staff Training Available Online

View our most recent Provider Office Staff Training to learn about recently announced and ongoing Blue Cross initiatives. Topics include: a discussion of our quality improvement efforts, enhancing efficiencies through our provider technologies, ways we are engaging members as active participants in their health care with value-based products, updated technologies, and much more.

To access the training, log on to **bluecrossma.com/provider** and click on **Resource Center>Training & Registration>Course List** and click on **Spring 2013 Plan Updates**. ❖

Take Our Webinar to Learn about Online Claim Entry

Did you know that you can submit professional claims to Blue Cross electronically at no cost to you? To learn how, join us for a webinar to be held this summer. By the end of the session, you will be able to:

- Complete the short registration process
- Enter a professional claim via Direct Data Entry
- Copy, edit, and re-submit claims.

More than 30 sessions are available throughout the summer. To register for a session, log on to **bluecrossma.com/provider**, go to **Resource Center>Training & Registration>Course List**, and select **Online Services Claim Entry Webinar**. You will receive a confirmation e-mail with instructions for joining the webinar. ❖

Sleep Management Program Training

To view an online training about our sleep management program, log on to **bluecrossma.com/provider**. **Resource Center>Training & Registration>Course List** and click on **Sleep Management Training**. ❖

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

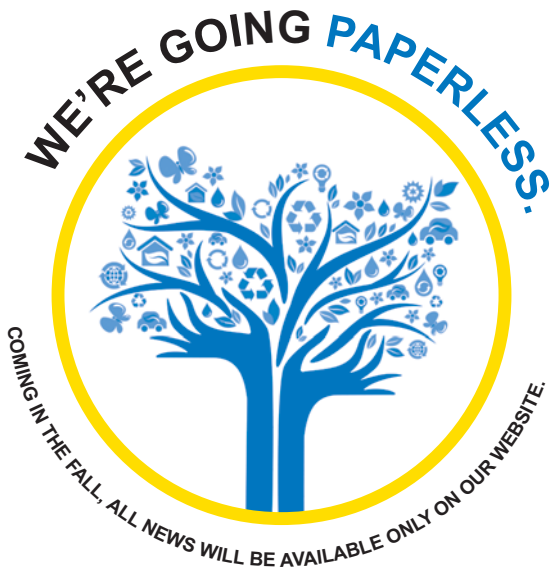
Landmark Center
401 Park Drive
Boston, MA 02215

Providerfocus

ROUTING BOX
Date received:_____
Please route to:
- ☐ **Office manager**
- ☐ **Physician**
- ☐ **Nurse**
- ☐ **Billing manager**
- ☐ **Billing agency**
- ☐ **Receptionist**
- ☐ **Other:** _____

_____

At Your Service



Providerfocus is published monthly for BCBSMA physicians, health care providers, and their office staff. Please submit letters and suggestions for future articles to:

Editor, *Provider Focus*
Provider Education and Communications
Blue Cross Blue Shield of MA
Landmark Center, MS 01/08
401 Park Drive
Boston, MA 02215-3326
—or—
E-mail: **focus@bcbsma.com**

- **Andrew Dreyfus,** *President and Chief Executive Officer*
- **John A. Fallon, M.D.,** *Chief Physician Executive and Senior Vice President*
- **Steven J. Fox,** *CHIE, Vice President, Network Management and Communications*
- **Mike Tracy,** *Editor*
- **Patricia Gaudino,** *Managing Editor*
- **Stephanie Botvin,** *Contributing Writer*
- **Jennifer Harding,** *Contributing Writer*
- **Shannon O'Connell,** *Contributing Writer*
- **Patricia Murphy,** *Graphic Designer*