

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

Exercise Is a Healthy Prescription for Patients With Diabetes

This article is part of our ongoing Medicare Quality Care News series.

As you know, activity and exercise are vitally important in keeping your diabetic patients healthy. Dr. Ronald Arky, the Daniel D. Federman Professor of Medicine and Medical Education at Harvard Medical School recently shared his insights about this important topic with *Provider Focus*.

“You can’t overestimate its importance, not only for diabetes, but for general well-being,” says Dr. Arky. “A physically active lifestyle can improve the body’s ability to use insulin and lower blood glucose and blood pressure.”

Not exercising can worsen the effect of diabetes, explains Dr. Arky.

“The multiple complications leading to high glucose, problems with eyes,

kidneys, nerves, or complications that are related to high blood sugars are more likely outcomes for an inactive, sedentary person,” he says.

The Centers for Disease Control and Prevention recommends that patients with diabetes participate in moderate-intensity physical activity for 30 minutes on five or more days of the week.

Tips for Talking to Patients about Exercise

Of course, your diabetic patients may be reluctant to start a new exercise regimen or may have specific concerns.

Dr. Arky offers these tips on how to get them started:

- ▶ Emphasize the importance of physical activity to their health
- ▶ Encourage exercising at the same time each day, preferably after a meal.



- ▶ Talk about preventing hypoglycemia by monitoring blood glucose before and after exercise.
- ▶ Discuss the patient’s physical activity limitations. Work together to create an achievable physical activity plan.

continued on page 4

In This Issue

- 2 Clarifications on Our Opioid Management Policy
- 3 Enhanced PCP Reports Are Available Online
- 5 Provider Directory Now Includes Cost-sharing Levels
- 7 Recredentialing Tips
- 9 Reminders for Ancillary and Behavioral Health Providers
- 11 Medical Policy Update

In Brief

We’re Consolidating Telephone Numbers for Providers

To help streamline your interactions with us, we are consolidating the phone numbers for our Network Management Services and Provider Enrollment and Credentialing areas to one number.

Starting July 1, 2012, please call Network Management and Credentialing Services at 1-800-316-BLUE (2583) if you need help:

- ▶ Getting the status of a previously submitted provider contract
- ▶ Credentialing
- ▶ Changing a current contract
- ▶ Resolving other non-claims related issues.

In addition, starting July 1, the old number for Provider Enrollment and Credentialing, 1-800-419-4419, will no longer be in use. ❖

Physician News

Payment for Clinician Services in the Teaching Settings

We have created new guidelines on billing for services rendered by individuals in training. Students, interns, fellows, and other trainees are not considered assistants, and services performed by them alone are not reimbursable.

Our guidelines outline criteria that must be met before credentialed and contracted teaching clinicians can be reimbursed for their oversight of services performed by trainees under their supervision.

To view these guidelines, log on to bluecrossma.com/provider, click on Resource Center>Admin Guidelines & Info, and go to the Billing Resources section. ❖

Reminder About Ordering Lab and Diagnostic Services Appropriately

Any lab or diagnostic services ordered for our members should be medically necessary, and the results of these tests should be used to prevent, diagnose, evaluate, or treat a condition. In addition, the results of all lab or diagnostic tests should be filed in the member's medical record and made available during routine audits. Services required by a third party are not considered covered services and should not be submitted for payment. Third-parties may include courts, employers, camps, schools, and supervised housing authorities. ❖

Clarifications on Opioid Management Policy, Effective July 1, 2012

Based on questions we have received from prescribers, we would like to provide clarifications about our opioid management program that takes effect on July 1, 2012:

- ▶ Prior authorization is not required for any patient who filled a prescription for an opioid between April 1, 2012 and June 30, 2012. This includes members who have been routinely receiving opioid prescriptions prior to July 1.
- ▶ Prior authorization to confirm the presence of evidence-based opioid prescribing is only required for patients newly starting opioids on or after July 1, 2012, as follows:
 - Members receiving long-acting opioid prescriptions for the first time after July 1 will require a prior authorization.
 - Members who need more than two 15-day supplies of a short-acting opioid within a 60 day period will need prior authorization.
- ▶ Opioid prior authorization will apply to all classes of opioids used to treat pain for the duration of the authorization. In other words, if a patient has an approved authorization, all-short-acting and long-acting opioids in our formulary will be covered.
- ▶ Prior authorization is not required for Lomotil[®]/diphenoxylate or opioid-containing cough medicines.
- ▶ We are making special accommodations for members who have cancer and those who are at the end-of-life to make sure that their care is not affected by these changes. Prescriptions for opioids written by oncologists do not require prior authorization. Because we cannot identify patients at the end-of-life or patients with cancer being treated by physicians other than oncologists, you will need to indicate this on a prior authorization request.
- ▶ As of July 1, new-start prescriptions for Suboxone[®] and buprenorphine will require prior authorization.
- ▶ As of October 15, 2012, we will require prior authorization for members who began receiving Suboxone and buprenorphine prior to July 1. Providers with affected members will receive notification later this summer with member lists to aid in obtaining authorization for their patients. ❖

Physician News

Enhanced Reports for PCPs Are Available on Our Website

To help PCPs improve the quality of care delivered to their patients, we offer quarterly enhanced reports to help PCPs identify, contact, and remind their patients about guideline-recommended preventive or chronic care screenings. Reports for dates of service from January 1, 2012 – April 30, 2012 are now available on our website.

The reports focus on a wide range of NCQA HEDIS ambulatory care measures that evidence shows are important to the health of our members, and that are used for the Massachusetts Health Quality Partners (MHQP) practice-level results. The reports include:

- ▶ A year-to-date summary of your performance on each ambulatory care measure for which you have BCBSMA members, and
- ▶ For each measure, a list of the BCBSMA members for whom screening is recommended, the date, diagnosis, and procedure associated with the screening.

You will only be able to access these reports if you have a sufficient patient population to be evaluated for the measures and if you are not affiliated with an Alternative Quality Contract (AQC) group.

To access your report, log on to our website, bluecrossma.com/provider, and click on Manage Your Business>Access Your Reports. We expect that you will use and protect the data in all of these reports in accordance with the same standards of privacy and confidentiality that you apply to all protected health information.

Your feedback is important to us, so please contact your Network Manager at 1-800-316-BLUE (2583) with any questions. ❖

Pharmacy Update

Specialty Pharmacy Network Expanded for Fertility Medications

Occasionally, we review our network of retail specialty pharmacies. We do this to ensure that the level of service and clinical programs and protocols meet the needs of our members. After a recent review, we decided to add Metro Drugs to our network as of July 1, 2012, in addition to the fertility specialty pharmacies currently in our network.

To find a complete list of specialty medications and the pharmacies that dispense them, log on to bluecrossma.com/provider and click Manage Your Business>Search Pharmacy & Info>Specialty Pharmacy Medication List. You may send fertility medication prescriptions for our members to any of the pharmacies shown below. ❖

Retail specialty pharmacies for fertility medications:

[Ascend SpecialtyRx](#)
Phone: 1-800-850-9122
Fax: 1-800-218-3221
www.ascendspecialtyrx.com

[Metro Drugs](#) (as of 7/112)
Phone: 1-888-258-0106
Fax: 1-201-253-1101
www.metrodrugs.com

[Freedom Fertility Pharmacy](#)
Phone: 1-866-297-9452
Fax: 1-888-660-4283
www.freedomfertility.com

[Village Fertility Pharmacy](#)
Phone: 1-877-334-1610
Fax: 1-877-334-1602
www.villagefertilitypharmacy.com

Exercise Is a Healthy Prescription for Patients With Diabetes

continued from page 1

Dr. Arky explained how exercise is beneficial for patients with diabetes, but the benefits of exercise can help all older adults. Exercise can also improve arthritic pain, increase strength and balance, and reduce falls and depression.

About Our Medicare Advantage Quality Care Program

To learn more about how we are working with providers to enhance care for our Medicare Advantage patients, view our online presentation, *Enhancing Quality for Medicare Advantage Patients*. Log on to bluecrossma.com/provider and click on Resource Center>Training & Registration>Course List. Then, select the course title from the Specialty Care or Primary Care menu. ❖



Tools and resources for your Medicare Advantage patients:



Boston Moves for Health

Boston Moves for Health, a state-wide campaign started by Mayor Menino, has set a goal for Boston residents to walk 10 million miles in 2012.

Visit

Bostonmovesforhealth.org

to sign up for the free wellness portal to set personal health goals, map walks and runs, find new workouts, get nutrition tips, and track progress.

Prescription for Healthy Bones

Use the Prescription for Healthy Bones to prescribe your Medicare Advantage patients prevention, education, and screenings. To order a prescription pad, call Network Management Services at 1-800-316-BLUE (2583).

Prescription for Healthy Bones	
	<p>Follow these simple steps toward a healthy lifestyle and potentially reduce your risk of falls and fractures:</p> <p>1. Prevention</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eat a healthy diet that includes calcium and vitamin D. <input type="checkbox"/> "Keep Moving!"* Look for a walking club in your community. Visit www.mass.gov/dph/keepmoving or call 1-800-227-7233.** <input type="checkbox"/> Check your plan benefits for fitness-related savings. <p>2. Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learn more about preventing a fall; call the Falls Prevention Information Line: 1-800-227-SAFE (7233). <input type="checkbox"/> Check out some useful websites on the back for more information. <p>3. Screening</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take charge of your bones by keeping up with osteoporosis screenings, as recommended by your physician/clinician.
	<p><small>Blue Cross Blue Shield of Massachusetts is a Medicare Advantage Organization with a Medicare contract.</small></p>

Office Staff Notes

Provider Directory Now Includes Cost-sharing Levels

Members and providers can now use our online Find-A-Doctor directory to determine their cost-sharing level when their plan includes the Hospital Choice Cost Sharing benefit feature.

Hospital Choice Cost Sharing is a benefit feature available to members of our Blue Care® Elect, HMO Blue®, HMO Blue® New

England, and Preferred Blue® PPO health plans.

The tool lets members filter results to show their level of cost-share for services they receive from hospitals, labs, imaging providers, high-tech radiology providers, and independent physical therapists, occupational therapists, and speech-language pathologists.

This will help our members better plan their out-of-pocket expenses, especially since they pay more for these types of services at certain hospitals.

Members can use this information in consultation with their PCP or specialist to select the provider who best meets their needs.❖

Guide to Working with Blue Benefit Administrators of Massachusetts

Blue Benefit Administrators (BBA) of Massachusetts is an administrative service-only plan offered to Blue Cross accounts who wish to

self-insure. Because the claim submission process and ID cards are unique for members with BBA benefit designs, we'd like to offer

some tips to help you when rendering services to these members.❖

To:	Then:
Download our new <i>Quick Tip</i> to help you identify BBA members and process claims	<ul style="list-style-type: none">▶ Log on to bluecrossma.com/provider and click on Resource Center>Admin Guidelines & Info>Quick Tips <i>OR</i> <ul style="list-style-type: none">▶ Go to bluebenefitma.com (registration required)
Check benefits and eligibility for BBA members	Call 1-877-707-2583
Obtain precertification or authorization for services	Call BBA at 1-877-707-2583 or fax your request to 1-877-596-2583
Submit electronic BBA claims	Be sure to use electronic payer ID 03036
Submit paper BBA claims	Mail to: Blue Benefit Administrators of MA P.O. Box 55917 Boston, MA 02205-5917
Access the BBA-specific <i>Blue Book</i> manual	<ul style="list-style-type: none">▶ Log on to bluecrossma.com/provider and click on Resource Center>Admin Guidelines>Blue Book. Under the Professional <i>Blue Book</i> heading, select Appendix. <i>OR</i> <ul style="list-style-type: none">▶ Go to bluebenefitma.com (registration required)

Office Staff Notes

Medical Necessity Review Reminder for Federal Employee Program Members

When you request medical necessity reviews for Federal Employee Program members, be sure to send any required medical record documentation to the address or fax number shown below. You can help expedite the review process

by following these guidelines. Your Provider Detail Advisory will provide all the information required for medical necessity review submissions.❖

Mailing address:	Fax number:
Blue Cross Blue Shield of MA Medical Records Department – 6th Floor Federal Employee Program – MS 02/06 One Enterprise Drive North Quincy, MA 02171	617-246-5036

The 2012 *Blue Book* Is Now Available Online

The 2012 *Blue Book* for professional providers is now available on BlueLinks for Providers. Our online version makes it easy for you to quickly access and print the sections you need to help you do business with Blue Cross.

To access the *Blue Book*, log on to bluecrossma.com/provider and click Resource Center> Admin Guidelines & Info> Blue Books.❖

What Health Care Technologies Do You Use? Complete the HCAS Survey

We encourage you to share feedback on the health care technologies you use by completing the HealthCare Administrative Solutions (HCAS) *Provider Technology Adoption Survey*.

This brief survey will be posted on the HCAS website for a limited.

The goal of the survey is to assist HCAS member health plans* to collect information about statewide provider technology use to meet All-Payer Claims Database requirements established by the Massachusetts Division of Health Care Finance and Policy.

Facilities and groups may also submit survey responses on behalf of their providers.

For more information and to access the survey, go to hcasma.org and click on the survey link on the left-hand side of the page.❖

** Organizations collecting information from this survey include Blue Cross Blue Shield of Massachusetts, Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health, and Tufts Health Plan.*



Click on the survey link on the HCAS home page.

Office Staff Notes

Tips for a Smooth Recredentialing Process

To avoid delays in renewing your credentials with BCBSMA, we offer the tips below to address some common issues you may encounter when you are completing your recredentialing application through the Council for Affordable Quality Healthcare (CAQH) website.

To access CAQH's Universal Credentialing Datasource[®] application, go to caqh.org and click on the Universal Credentialing Datasource link.

Malpractice Insurance Information

One of the most common reasons for a delay in the credentialing or recredentialing process is missing or expired malpractice insurance information. Please include the most current dates of coverage for your malpractice insurance. To find this section of the application, click on the Answer tab. Under the "Go To Specific Sections" drop-down list, select Professional Liability Insurance.

Advanced Practice Nurses

If you are an Advanced Practice Nurse (e.g., nurse practitioner, psychiatric nurse practitioner, clinical nurse specialist, certified nurse anesthetist, or certified nurse midwife) please indicate your collaborating and admitting physician's name on the "Detail" screen. Also, be sure to indicate the start and end dates of your work history on the "Professional Affiliations/Work History" screen.

Credentialing Contact Information

In the event that BCBSMA needs to verify or obtain credentialing information, please ensure that your credentialing contact infor-

mation is current. This includes name, address, e-mail address, telephone number, and fax number.

Address Updates

If you are updating a site and billing address:

- ▶ Update your recredentialing application through the CAQH website.
- ▶ To ensure that BCBSMA has accurate address and telephone information, please submit a *Change of Address* form to our provider enrollment area.

Please note that the primary telephone number should indicate the number your patients would call to schedule an appointment. All changes must be submitted in writing.

Questions?

- ▶ To access CAQH's Universal Credentialing Datasource application, a sample Welcome Kit, and a variety of other tools, go to the Resources section of the CAQH website.
- ▶ If you have any questions about using the website, call the CAQH help desk at 1-888-599-1771.
- ▶ If you'd like to complete our online training course, log on to BlueLinks for Providers at bluecrossma.com/provider and click on Resource Center>Training & Registration> Course List. Under the "All Providers" menu, select The HCAS Credentialing Process. ❖

Health Plans Standardize Process for Credentialing and Enrollment Inquiries

To help you find a single point of contact for credentialing and enrollment inquiries at each Massachusetts health plan, a new reference document is now available in the credentialing resources section of HealthCare Administrative Solutions' (HCAS) website, hcasma.org.

Plans worked together with the Massachusetts Hospital Association, Massachusetts Medical Society, Massachusetts Coalition for Nurse Practitioners, and the Massachusetts Association of Health Plans to help establish an efficient way for you to ask about your network enrollment application or credentialing application status at each plan. New enrollments are defined as:

- ▶ A new provider for the plan, *or*
- ▶ An existing practitioner with the plan who may be joining a new business entity (i.e., practitioner is enrolling with a different group).

At Blue Cross, you can e-mail ProviderApplicationStatus@bcbsma.com or call 1-800-316-BLUE (2583). ❖

Office Staff Notes

Reminder About Privileging Criteria for Technical and Professional Providers

Blue Cross' privileging program applies distinct and separate assessment criteria to technical providers who perform imaging services only for modality-specific procedure ranges, and to professional providers who perform interpretations only for procedure ranges specific to their specialty and medical training. To apply for diagnostic imaging privileges, please follow these instructions.

Technical Component

If you own, lease, or incur the full usage cost of diagnostic imaging equipment for modalities, please complete the *Technical Privileging Application*, available online.

Changes to Sites or Equipment. If there are changes to the diagnostic imaging equipment or service site

information, please submit a new copy of the application with an explanation attached.

Professional Component

Practitioners who intend to bill Blue Cross for diagnostic imaging interpretation should submit the *Professional Privileging Application*.

Additional Privileges: The designation "Privilege" applies to modalities within a board-certified specialty when a provider wishes

to submit claims for the interpretation of diagnostic imaging services. If you perform services for additional modalities beyond what your specialty is privileged for, you must submit an appeal for further consideration. Be sure to include documentation of education, additional training, and volume of studies.

Technical and professional privileges should be obtained prior to claim submission to avoid processing delays. ❖

To download this form:	Go to bluecrossma.com/provider and click on Become a Blue Cross Provider , then:
<i>Technical Privileging Application</i>	Select Technical Diagnostic Imaging
<i>Professional Privileging Application</i>	Select the practitioner's specialty.

Ancillary News

Urine Drug Testing Code Updates for Clinical Labs

In conjunction with our opioid management and addiction treatment program, effective July 1, 2012:

- ▶ We are adding G0431 to the fee schedule for clinical labs.
- ▶ *Qualitative* urine drug testing must be billed using G0431 or G0434. It will not be covered if reported with CPT codes 80100-80104. In most clinical situations, coverage is limited to no more than one test per week.

Quantitative testing should only be ordered to verify findings of qualitative testing. In most clinical situations, coverage is limited to 12 tests/calendar year.

For more details on our opioid management program, please refer to our recent *FYI*. (PC-1483) online. Log on to bluecrossma.com/provider and click on News for You>FYIs. ❖

Codes Added for Certified Nurse Midwives

These codes will be added to the Certified Nurse Midwife fee schedule for all products, effective for dates of service on or after September 1, 2012:

- ▶ 59612
- ▶ 59614. ❖

Looking for Your Fee Schedule? Go to BlueLinks for Providers

To find your fee schedule online, log on to BlueLinks for Providers at bluecrossma.com/provider and

click on Resource Center> Admin Guidelines & Info> Fee Schedules. Or, if you have any questions,

please call Network Management Services at 1-800-316-BLUE (2583). ❖

Ancillary News

Important Reminders for Ancillary and Behavioral Health Providers

Bill Only Codes on Your Fee Schedule

We would like to remind ancillary and behavioral health providers that you may only bill codes listed on your fee schedule. This will help to avoid claim delays and rejections.

Participation Information for Group Practices

If you participate in a group practice, please remember that all of the providers who participate in that group should participate in the same products. Otherwise, the member's out-of-pocket expenses could be affected.

For example, let's say you participate in all Blue Cross products. While you're away on vacation, another clinician in your group covers for you, but that clinician does not participate in Medicare PPO BlueSM. A Blue Cross Medicare PPO

Blue member receives services from the covering clinician and the claim is billed under that clinician's NPI. Because the covering clinician does not participate in Medicare PPO Blue, the member has a higher cost-share for this out-of-network service.

Exceptions to this requirement include any ancillary or behavioral health professional provider whose practice is limited to pediatrics or neonatology.

If you need to update your contracts with us or have questions, please call Network Management Services at 1-800-316-BLUE (2583).

Please Do Not Bill Claims for Services Provided by Non-contracted and Non-credentialed Providers

Occasionally, we receive claims from providers who are not contracted

and credentialed and the service is billed under the NPI of another provider who is contracted and credentialed. This is not permissible under your agreement with Blue Cross unless we have notified you in writing. Failure to comply with this requirement may result in a recovery of payment.

Our members count on us to facilitate safe, affordable access to care from a network of providers who have met contracting and credentialing standards. We ask you to be sure that services are delivered only by contracted and credentialed providers.❖

DME Providers: Billing for Negative Pressure Wound Therapy

When submitting claims for negative pressure wound therapy (NPWT), please:

1. Verify that there is a valid authorization on file. Since these services require prior authorization, you may experience a claim denial if no authorization exists.
2. Use the SQ modifier followed by either NU or RR when submit-

ting claims for procedure codes that are associated with NPWT, such as E2402, A6550 and A7000.

3. List the SQ modifier as the first modifier on the line, followed by either RR or NU (depending on the procedure code).

4. Use a date range when billing for multiple units.

The example below shows how these claims should be billed.❖

	24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)					E. DIAGNOSIS POINTER	F.		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM DD YY	To MM DD YY				CPT/HCPCS			MODIFIER			\$ CHARGES								
1	01	01	12	01	30	12			E2402	S	Q	R	R	710.15	2000	00	30		NPI	
2	01	01	12	01	30	12			A6550	S	Q	N	U	710.15	400	00	15		NPI	
3	01	01	12	01	30	12			A7000	S	Q	N	U	710.15	80	00	10		NPI	



Tools and Resources and BlueLinks for Providers

Accounts Receivable Training Available

Have you ever had questions about BCBSMA accounts receivables? Our new, on-demand training presentation can help you learn how to use online advisories and post reports to track your payments.

What You'll Learn

During this nine-minute audiovisual presentation, you'll learn:

- ▶ How BCBSMA notifies providers of a negative adjustment
- ▶ How to find accounts receivable information on provider advisories and posting reports

- ▶ How to quickly obtain accounts receivable information using PaySpan Health.

How to Access the Training

Log on to bluecrossma.com/provider and click on Resource Center>Training & Registration>Course List. Then, select Accounts Receivables for Professional Providers from the menu for your provider type. ❖

An Easier Way to Submit Your Claims

Are you still submitting paper claims using InfoDial? Blue Cross is pleased to offer a better alternative—Direct Data Entry (DDE), available through Online Services. This free tool is ideal for small and mid-size practices.

Online Services can be used to submit any professional claim when BCBSMA is the primary payer and no supplemental documentation is required. ❖

To:	Follow these instructions:
Learn more about DDE, view our online tutorial, or download our <i>Quick Tips</i> for registering and submitting claims	Log on to BlueLinks for Providers at bluecrossma.com/provider and select the link in the Direct Data Entry for Professional Claims box on the right-hand side of the page.
Register for BlueLinks for Providers	Go to bluecrossma.com/provider and click on the blue box labeled Register Now.
Contact us with questions	Call 1-800-771-4097 option 4, M-F 8 a.m. - 4 p.m., or e-mail us at provider.self.service@bcbsma.com

Sign up for Direct Deposit

Are you still receiving claim payment checks in the mail, but would like to switch to direct deposit payments? Are you looking for an easy way to access claims and payment information 24/7?

PaySpan Health, a free web-based tool, can do that and more. Offered by PaySpan[®], Inc. and BCBSMA, PaySpan Health allows you to:

- ▶ Receive payments by direct deposit
- ▶ Access claim and payment data 24/7
- ▶ View, print, and search Provider Payment Advisories (PPAs) and Provider Detail Advisories (PDAs)
- ▶ Simplify secondary submission with patient-specific PDAs
- ▶ Get accounts receivable information.

Registration is Fast and Free

Go to bluecrossma.com/provider and click on the box marked Direct Deposit and Online PPAs and PDAs. To register you will need your:

- ▶ Registration Code
- ▶ PIN
- ▶ Tax ID Number (TIN)
- ▶ Bank account number
- ▶ Routing number.

To access your registration code and PIN, contact either:

- ▶ BCBSMA at 1-800-771-4097 or Provider.Self.Service@bcbsma.com
- ▶ PaySpan, Inc. at 1-877-331-7154 or providersupport@payspanhealth.com.

Questions?

To learn more about PaySpan Health, view our short audiovisual training presentation. Log on to bluecrossma.com/provider, click on Resource Center>Training & Registration>Course List, and select PaySpan Health. ❖

Medical Policy Update

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

Changes

[Auricular Electrostimulation, 362](#). New medical policy describing non-coverage. Effective 9/1/12.

[Cytoreductive Surgery and Perioperative Intraperitoneal Chemotherapy for the Treatment of Pseudomyxoma Peritonei, Peritoneal Carcinomatosis of Gastrointestinal Origin, and Peritoneal Mesothelioma, 048](#). Effective 9/1/12:

- ▶ Adding coverage for cytoreductive surgery and perioperative intraperitoneal chemotherapy for the treatment of peritoneal mesothelioma.
- ▶ Policy title was changed to include peritoneal mesothelioma.
- ▶ Use of the term “hyperthermic” was changed to “perioperative” in the title and policy statements to include early postoperative intraperitoneal chemotherapy.
- ▶ Use of the term “cytoreduction” was changed to “cytoreductive surgery” to be more specific.

[Electrical Bone Growth Stimulation; Ultrasound Accelerated Fracture Healing Device, 157](#). Adding coverage for low-intensity ultrasound treatment for delayed union of bones. Effective 9/1/12.

[Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus, 218](#). Adding coverage for treatment of Barrett's esophagus with low-grade dysplasia. Effective 9/1/12.

[Endovascular Stent Grafts for Thoracic Aortic Aneurysms or Dissections, 233](#). Adding coverage for complicated Type B dissections. Effective 9/1/12. Also clarifying non-coverage of thoracic aortic arch aneurysms.

[Gas Permeable Scleral Contact Lens, 371](#). New medical policy describing coverage when all other treatments have failed. Effective 9/1/12.

[Infertility Diagnosis & Treatment, 086](#). Removing coverage for sperm penetration assay. Effective 9/1/12.

[Liver Transplantation, 198](#). Adding neuroendocrine tumor metastases to the investigational statement. The policy statement on hepatocellular carcinoma that has extended beyond the liver and ongoing alcohol and/or drug abuse was moved from “investigational” to “not medically necessary.” Also removed “Patients with an active infection” from the investigational policy statement. Effective 9/1/12.

[NOTCH3 Genotyping for Diagnosis of CADASIL, 357](#). New medical policy describing non-coverage. Effective 9/1/12.

[Posterior Tibial Nerve Stimulation for Voiding Dysfunction, 583](#). Adding coverage for PTNS for the treatment of over-active bladder symptoms for Medicare Advantage products. The effective date of this coverage is retroactive to 5/22/11.

[Viscocalanostomy and Canaloplasty, 372](#). New policy describing non-coverage of viscocalanostomy. Effective 9/1/12. Ongoing coverage and non-coverage indications of canaloplasty were transferred from medical policy 223, *Aqueous Shunts for Glaucoma*.

Clarifications

[Aqueous Shunts for Glaucoma, 223](#). Transferring ongoing coverage and non-coverage indications of canaloplasty to medical policy 372, *Viscocalanostomy and Canaloplasty*.

[Botulinum Toxin: Injection for Muscle and Nerve Conditions, 006](#). Clarifying investigational indications: prevention of pain associated with breast reconstruction after mastectomy, Hirschsprung's disease and gastroparesis.

[Genetic Testing for Familial Cutaneous Malignant Melanoma, 300](#). Clarifying the policy title with the word “Familial” and replacing “hereditary” with “familial” in the policy statement.

[Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions, 343](#). Clarifying coverage of EYLEA (aflibercept) intravitreal injection.

[Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders, 120](#). Clarifying the list of covered diagnoses for HCPCS codes: E0483, A7025, and A7026 for commercial products.

[Plasma Exchange, 071](#). Clarifying non-coverage of systemic lupus erythematosus (SLE) nephritis and thyrotoxicosis.

[Quantitative Sensory Testing, 258](#). Clarifying additional non-covered indications: vibration threshold testing and thermal threshold testing.

[Total Artificial Hearts and Implantable Ventricular Assist Devices, 280](#). Clarifying non-coverage of percutaneous ventricular assist devices (pVADs).❖



Landmark Center
401 Park Drive
Boston, MA 02215

PRESORTED
STANDARD MAIL
U.S. POSTAGE
PAID
BOSTON, MA
PERMIT NO. 56717

Providerfocus

ROUTING BOX

Date received: _____

Please route to:

- ☐ Office manager
- ☐ Physician
- ☐ Nurse
- ☐ Billing manager
- ☐ Billing agency
- ☐ Receptionist
- ☐ Other: _____

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 & Credentialing Services:
Reach your Network Manager or inquire about contracting and credentialing issues (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.

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, *Vice President, Network Management and Communications*
- Teresa Perrier, *Editor*
- Patricia Gaudino, *Managing Editor*
- Stephanie Botvin, *Contributing Writer*
- Jennifer Harding, *Contributing Writer*
- Shannon O'Connell, *Contributing Writer*
- Barbara Chester, *Production Manager*
- Patricia Murphy, *Graphic Designer*

BCBSMA refers to Blue Cross Blue Shield of Massachusetts, Blue Cross Blue Shield of Massachusetts HMO Blue®, Inc., and/or Massachusetts Benefit Administrators LLC, based on Product participation. © 2012 Blue Cross and Blue Shield of Massachusetts, Inc. and Blue Cross and Blue Shield of Massachusetts HMO Blue®, Inc. ® Registered marks of the Blue Cross and Blue Shield Association. ® and SM Registered marks of Blue Cross Blue Shield of Massachusetts. ® and TM Registered marks of their respective companies. PEP-1914 (6-7/12)