

Providerfocus



MASSACHUSETTS

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Andrew Dreyfus Named New President and CEO of BCBSMA

Making health care more affordable—that’s Blue Cross Blue Shield of Massachusetts’ (BCBSMA’s) highest priority, according to Andrew Dreyfus, the company’s new President and Chief Executive Officer (CEO). His new role became effective September 7.

Over the past five years, Dreyfus served as BCBSMA’s Executive Vice President for Health Care Services with a broad scope of responsibility that included payment, contracting, and performance measurement and improvement for hospitals, physicians and other providers; wellness programs for employers; and care and disease management programs for acute and chronically ill members.

Dreyfus also led the development and execution of the company’s Alternative Quality Contract (AQC), an innovative payment model that aligns physician and hospital payments with the quality of care patients receive. One of the largest



“BCBSMA is a great company with a strong legacy as a health and community leader. I want to thank the Board for giving me the privilege to lead such a highly regarded company during this critical time in health care.”

Andrew Dreyfus

private payment reform initiatives in the nation, the AQC has received national recognition as a template for future payment reform efforts.

“Slowing the unsustainable growth in health care costs will require a broad community solution, and I pledge to work with others to achieve our shared goal of high-quality, patient-centered health care at a cost that’s affordable to individuals, families, and employers” said Dreyfus.

Dreyfus has been a part of the company’s executive leadership team since 2001, when he was selected as the first President of the BCBSMA Foundation.

Under his leadership, the Foundation established its mission of expanding access to health care for Massachusetts residents and earned a reputation for substantive, non-partisan community leadership.

continued on page 3

In This Issue

- 2 Current Asthma Guidelines Now on Our Website
- 4 2011 Updates to Our Pharmacy Program
- 7 New Benefit Plan Design Options Will Be Offered Starting in 2011
- 8 Efforts to Improve Decision Making for Low-risk Prostate Cancer Patients
- 9 Medical Policy Update

In Brief

Your 2010-2011 Blue Book Will Soon Be Available Online

We are in the process of updating our BCBSMA *Blue Book* for professional providers and plan to post it on our BlueLinks for Providers website in November.

We will mail a postcard to let you know when the updated manual is available.

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

Our online version makes it easy for you to refer to the sections you need quickly to help with your administrative tasks. ❖



Current Asthma Guidelines Are Available on Our Website

The current National Heart, Lung, and Blood Institute's *Guidelines for the Diagnosis and Management of Asthma* have been reviewed and are available on our website. No changes have been posted. To access these evidence-based guidelines, as well as other

asthma-related resources, log on to our website at www.bluecrossma.com/provider, click **Manage Your Business>Manage Patient Care**, and select **Asthma** from the drop-down menu. Then click on the appropriate tab shown in the chart. ❖

You can access:	By clicking on this tab:
The National Heart, Lung, and Blood Institute's <i>Guidelines for the Diagnosis and Management of Asthma</i>	Medical Decision Support
Information our members use through BCBSMA's asthma disease management program	Practice Support Tools
Our <i>Patient Referral for Health Management Programs & Services</i> form	Blue Cross Program Info

EHR Pilot Study Yields Impressive Results for MetroWest Medical Center

Electronic Health Record (EHR) adoption, acceptance, and utilization have not been as widespread as expected, especially in small physician practices. According to a 2008 BCBSMA-sponsored survey of Massachusetts physicians, EHR use in the state is two times higher than the national average; still, only 32% of physicians in practices with fewer than 25 physicians have an EHR and use all of its capabilities for at least some of their patients.

In 2009, BCBSMA sponsored a new pilot project with MetroWest Health Care Alliance and MetroWest Medical Center to help 100 physicians in small practices overcome common barriers to adopting Electronic Health Record (EHR) technology, including financial constraints, physician time, and the complexity of solutions.

Working with MedPlus®, a Quest Diagnostics Company, participating providers adopted Care360 EHR, a web-based solution that documents patient encounters, performs clinical transactions, and enhances clinical workflow. Because it's web-based, Care360 is more affordable for small practices and no special equipment is needed. With a modular approach to training, providers had a choice of learning all the functionality at once or starting more slowly with one module before adding another.

Results of MetroWest Pilot Using Care360

- ▶ 31,000 e-prescriptions written
- ▶ 32,000 lab test results received electronically
- ▶ 11,000 radiology test results received electronically
- ▶ 53,000 SOAP notes created

These features bridge the barriers to adoption, making transition easier for providers.

Between January and July 2010, MetroWest providers improved their operational efficiency with better documentation and communication, and less paper. In addition, they were able to share relevant clinical data and medical records with other providers easily.

BCBSMA continues to track high-level usage of the EHR to understand adoption levels, and plans to evaluate the overall program in 2011.

To read more details about MetroWest's experience with Care360, go to <http://www.medplus.com/brochures-downloads.cfm> and click on **MetroWest Customer Testimonial**. ❖

Physician News

BCBSMA Launches New GoalGetterSM iPhone App

Demonstrating our commitment to the community's health and wellbeing, BCBSMA has launched GoalGetter for iPhone, a tool to help BCBSMA members *and* non-members track their progress in a walking or running regimen and reach their personal fitness goals. An easy-to-use app, GoalGetter:

- ▶ Offers a full-function pedometer and GPS mapping
- ▶ Records and saves walking routes
- ▶ Shows progress made toward goals
- ▶ Allows sorting of goal data by time, pace, and calories burned.

To download the app and learn more about GoalGetter's functionality, iPhone users can:

- ▶ Go to www.bluecrossma.com/goalgetter
- ▶ Text the word "Goal" to 22122 from the iPhone. The user will receive a message with a direct link to the GoalGetter page in the phone's App Store.

At this time, GoalGetter is not available for other smart phones, such as the BlackBerry or Droid. ❖

Urologists: BCBSMA Is Collaborating to Improve Decision Making for Low-risk Prostate Cancer Patients

Through its active involvement in the Employers Action Coalition on Healthcare (EACH), BCBSMA is collaborating with multiple physician groups, other health plans, and employer groups, to offer shared decision-making for patients with low-risk prostate cancer.

EACH has developed a new patient-decision aid website for these patients and is launching a new coding initiative to help researchers and policy experts understand the patterns of care being delivered to prostate cancer patients.

As part of this effort, we are requesting help from BCBSMA providers. For more details, see our related article on page 8. ❖

Important Pharmacy Updates
See pages 4-5

Andrew Dreyfus Named New President and CEO of BCBSMA

continued from page 1

During his tenure, the Foundation distributed nearly \$17 million in grants to community organizations and undertook a series of policy initiatives, including the *Roadmap to Coverage*, which formed the basis for the state's landmark 2006 Health Reform Law.

Prior to joining BCBSMA in 2001, Dreyfus was an Executive Vice President at the Massachusetts Hospital Association, and held senior positions in the

Massachusetts Executive Office of Human Services and the Executive Office of Consumer Affairs and Business Regulation.

"Andrew is not only an experienced leader in the industry and a nationally known expert on critical issues, such as health reform and changing the way we pay for care, but just as importantly, he has a broad understanding and passionate commitment to continuing and strengthening the important

leadership role BCBSMA has played in our community since the company's founding 73 years ago," said BCBSMA Board Chairman Paul Guzzi.

Dreyfus succeeded Bill Van Faasen, who had served in an unpaid interim role of President and CEO since March 16, 2010. Van Faasen is now Chairman of BCBSMA's Board of Directors. ❖

Pharmacy Update

The Year Ahead: Pharmacy Program Updates for 2011

BCBSMA is introducing a number of carefully selected changes to our pharmacy program that will take effect on January 1, 2011.

These changes include:

- ▶ Adding a new specialty pharmacy and updating specialty medications on our list of retail specialty pharmacies for certain medications.
- ▶ Introducing prior authorization requirements for Dysport®, Ilaris®, Simponi™, and Stelara™ when administered in a clinician's office or outpatient setting, or by a home infusion therapy provider and billed under the member's medical benefits. We are updating existing medical policies to reflect this new requirement and requests should be submitted using the *Outpatient Medical Prior Authorization Form*.
- ▶ Retiring medical policy 021: *Orphan Drugs for the Treatment of Rare Diseases* and updating our list of medications requiring prior authorization to reflect this change.
- ▶ Making updates to our standard, BlueValue Rx, Blue MedicareRx, and Medicare Advantage formularies.

For complete details about the changes, please read our *F.Y.I.* (PC-1440) dated September 1, 2010. Refer to the chart on page 5 for instructions on accessing the *F.Y.I.* and related forms on our website. ❖

Oncologists and Dialysis Providers: Updated Medical Policy for Aranesp, Epogen, and Procrit

We are updating our *Erythropoietin, Recombinant Human* medical policy to include new reporting requirements when requesting prior authorization for these medications. Authorization requests that meet coverage criteria will now be approved in six-month intervals.

As you are aware, members do not have coverage for these medications under their medical benefit, unless the medication is administered on an inpatient basis or through a dialysis or home infusion therapy provider.

Please refer to page 11 for more information on this pharmacy medical policy update. ❖

Reminder to Submit Authorization Requests for Proton Pump Inhibitors

Last January, we made changes to our *Proton Pump Inhibitors* pharmacy medical policy, including implementing authorization requirements for these medications.

We would like to remind you that authorization requests are typically approved for 90 days and we urge you to submit those requests in advance to prevent disruption for your patient.

Authorizations that meet coverage criteria for this class of medications are approved in intervals; this means that you will need to submit additional requests throughout the calendar year, when indicated, for your patient.

If the member is continuing his/her course of treatment and you are requesting an authorization extension, please fax the *Request*

for Outpatient Retail Pharmacy Prior Authorization for Proton Pump Inhibitors Form to Clinical Pharmacy Operations using the fax number indicated on the form (see chart on page 5 for instructions on accessing the form). Or, call 1-800-366-7778.

Using Express PA to Submit Your Requests for New Starts

If the member is newly starting his/her course of treatment with the PPI, you may use ExpressPA to submit your authorization request.

At this time, ExpressPA will only accept authorization requests for prescription medications for renewals the day after the previous authorization has expired. We expect to expand this functionality in the future. ❖

Pharmacy Update

CVS Caremark Is Now a Preferred Vendor for Synagis

BCBSMA has designated CVS Caremark as a preferred Home Infusion Therapy provider for Synagis for all BCBSMA members who require respiratory syncytial virus (RSV) immunoprophylaxis.

You can purchase Synagis directly from a wholesaler and then bill BCBSMA as a medical claim for the drug and its administration (if our medical policy guidelines have been met).

Or, you may order the medication you need for the coming season from CVS Caremark. They will ship the medication to your office and bill BCBSMA directly.

To reach CVS Caremark, call **1-800-237-2767**.

Medical Policy Requirements Apply

Since this medication is covered through a BCBSMA member medical benefit, medical policy requirements must be met.

Please refer to the chart below for instruction on accessing BCBSMA's medical policy 422, *RSV Immune Globulin*, online. ❖



Pharmacy-related Resources for Providers

To:	Log on to www.bluecrossma.com/provider and click:
Link to ExpressPA (registration required)	Technology Tools>ExpressPA (Or, go directly to https://www.express-pa.com)
View an online audiovisual presentation about pharmacy benefits, prior authorization requirements, tools available to you on BlueLinks for Providers, and using ExpressPA	Resource Center>Training & Registration>Course List , then choose Your Pharmacy Questions Answered under the All Providers menu
View the <i>F.Y.I.</i> that announces prior authorization changes effective January 1, 2011	News for You>FYIs and click on the September 1, 2010 <i>F.Y.I.</i> (PC-1440); scroll down to the Resources section of the <i>F.Y.I.</i> to access a PDF with details on formulary changes.
Find our pharmacy forms related to prior authorization requests	Resource Center>Forms>Pharmacy Forms
Access BCBSMA's medical policies	Manage Your Business>Review Medical Policies>View Medical Policies
Search our standard and Blue Value Rx formularies	Manage Your Business>Search Pharmacy & Info>Medication Search

See page 11 for Pharmacy Medical Policy Updates.

Office Staff Notes

Reminder About CMS Medical Documentation Requirements

BCBSMA is currently conducting medical record reviews for selected Medicare Advantage patients for the January 1, 2009 - December 31, 2009 timeframe. Annual medical record reviews are required by the Centers for Medicare & Medicaid Services and are conducted by our coding specialists to ensure that:

- ▶ Diagnosis data in the medical records is complete, coded in accordance with *ICD-9-CM Official Guidelines for Coding and Reporting*, and accurately supported in the medical record per CMS requirements

- ▶ The medical records meet CMS medical record documentation requirements.

We remind you that for medical review purposes, CMS requires medical record entries to include:

- ▶ Provider signature (handwritten or electronic)
- ▶ Provider's credentials clearly identified in the medical note
- ▶ Patient's name and/or other patient identifier
- ▶ Date of service.

Also, please note that:

- ▶ Signature stamps **are no longer** acceptable.
- ▶ Illegible signatures or initials should be accompanied by a typed or printed name.
- ▶ Handwritten medical notes should be legible to persons other than the author.

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

Manage Non-emergent Services by Referring to Limited Services Clinics Instead of the ED

Are your waiting rooms overflowing? Do you sometimes refer patients to the emergency department (ED) late in the day or when the office is busy? To help reserve your valuable time for patients with complex needs, consider referring members with simple problems to a limited services clinic contracted with BCBSMA.

Limited services clinics, such as CVS' MinuteClinics[®], offer members increased access to care by enabling them to obtain treatment for certain vaccinations and minor ailments (e.g., coughs, colds, and aches) in a location that's convenient for them, without an appointment. Coverage is limited to certain services.

The cost-share members pay for these covered services is the same cost-share they would pay for similar services provided by a primary care provider (PCP) or physician of choice. No referral or prior authorization is required.

Caryl Beison, Assistant Executive Director at Northeast Physician Hospital Organization in Beverly, says her practice has created a secure arrangement to obtain information about their patients from the local CVS MinuteClinic. When the MinuteClinic sees a patient who has a Northeast PHO PCP, a summary of the patient's visit is transmitted securely to the PCP's office and the information is imported into the patient's electronic medical record. This improves patient care by enabling the PCP to have a complete record of the patient's care.

CVS currently offers 20 MinuteClinics in eastern Massachusetts and plans to expand in 2011 and 2012. MinuteClinics are open seven days a week.

To locate a BCBSMA-contracted limited services clinic using our online Find a Doctor directory, log on to www.bluecrossma.com/provider and click on **Manage Your Business>Find a Doctor**.



Then, follow these instructions:

- ▶ Select **Find Other Medical Services/Supplies**
- ▶ Click on the member's plan (required)
- ▶ Under the "Select a Specialty" drop-down menu, choose **Clinic, Limited Services**
- ▶ Enter your Zip code and choose a distance (required).

Members can access Find a Doctor at www.bluecrossma.com.

Questions?

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

Office Staff Notes

Updates to Tiered Network Status

Because of improvements in providers' quality and cost data, we have updated hospital tiering in the following benefit designs:

- ▶ HMO Blue Options™
- ▶ HMO Blue New England Options™
- ▶ Network Blue® Options
- ▶ Network Blue New England OptionsSM
- ▶ Blue Precision™
- ▶ PPO Blue Options™
- ▶ Preferred Blue® PPO Options

Several hospitals have experienced improvements in either quality or cost, and are therefore changing their tiering status.

For members of our tiered network plans, the member's cost-share for care from a hospital or primary care provider (PCP) is based on the tier of the provider

rendering services to them. This encourages members to consider the cost and quality of the PCP or hospital each time they seek care, and rewards them for choosing providers in best-performing tiers.

As always, we encourage you to check member eligibility and benefits using one of our technologies prior to rendering services.

Find a Hospital's Tier Online

If your patient has a tiered network plan, you can check a hospital's tier using the Find a Doctor feature on our provider website to help your patient manage the cost of care. To access this tool, log on to www.bluecrossma.com/provider and click on **Manage Your Business>Find a Doctor**. Scroll down and click on **Find a Hospital/Facility**, then make your selections from the required fields to complete your search. ❖

New Benefit Plan Design Options Starting in 2011 *Hospital Choice Cost-sharing Offers Members Affordable Options*

As part of our ongoing efforts to offer small businesses and members more affordable choices for quality health coverage, BCBSMA has received approval from the Division of Insurance to offer new benefit plan design options, beginning on January 1, 2011.

For these plans, acute care hospitals in Massachusetts are grouped into two different cost-sharing levels. These plan designs include higher member cost-sharing for certain inpatient and outpatient services at hospitals that are equivalent to the Basic Benefit tier of our Blue Options tiered network plans. When members choose to

have these services at a higher-cost-share hospital, they will pay higher out-of-pocket costs. Unlike our Blue Options plans, there will not be different levels of member cost-sharing among primary care providers in these plans. As always, we urge you to check member eligibility and benefits before rendering services.



For more information, go to www.bluecrossma.com/provider and click on **Health & Dental Plans**. ❖

National Consumer Cost Tool to Launch in 2011

The Blue Cross Blue Shield (BCBS) Association, working in partnership with BCBS plans, is developing a web-based national consumer cost tool that will give members comparative information about the approximate cost range of services and procedures that can be appropriately performed in a variety of settings (e.g., hospital outpatient, free-standing, ambulatory surgery centers).

Expected to be available early in 2011, the tool will allow members to compare the cost of specific services, based on providers' contracted rates, at any BCBS-contracted facility near them.

The tool will encourage members to consult with their physician in making any decision about where to seek care.

While this tool is of special interest to our members with substantial out-of-pocket responsibility, we anticipate that it will be of interest to all of our members as consumers become more conscious about how the decisions they make impact their overall health care costs.

We anticipate sending you more information about the tool later this year.

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

Office Staff Notes

EACH Aims to Improve Decision Making for Low-risk Prostate Cancer Patients

Through its active involvement in the Employers Action Coalition on Healthcare (EACH), BCBSMA is collaborating with multiple physician groups, other health plans, and employer groups, to improve the quality of shared decision-making for patients with low-risk prostate cancer.

EACH has developed a new patient-decision aid website for these patients and is launching a new coding initiative to help researchers and policy experts understand the patterns of care being delivered to prostate cancer patients. In support of EACH's efforts, BCBSMA is asking for your assistance.

New Website to Support Decision Making for Patients

A free, open-access website, <http://prostateoptions.icer-review.org>, is available to support the decision-making of recently diagnosed, low-risk prostate cancer patients. We are asking providers to refer patients, as appropriate, to this site, which:

- ▶ Describes the four most common approaches to managing the disease
- ▶ Compares the side effects and what to expect in treatment

- ▶ Offers patients the chance to express their concerns and preferences in order to have a more productive conversation with their doctors.
- ▶ Features videos of local clinical experts discussing management options, including an interview with a recent prostate cancer survivor talking about his treatment decision.

The website was created by the Institute for Clinical and Economic Review, an independent evidence review group at Massachusetts General Hospital, with input from a national expert group and from expert clinicians from Boston Medical Center, Brigham and Women's Hospital, Harvard Vanguard Medical Associates, Massachusetts General Hospital, and Tufts Medical Center.

Use of Category II CPT Codes by Urologists

BCBSMA and other health plans are asking all urologists to use the Category II CPT codes (F codes) listed below to indicate the risk of recurrence for all prostate cancer diagnoses. Submitting claims with these codes will allow us to track the distribution of disease severity

and the management options used for prostate cancer.

This coding change will help researchers identify the population of "low-risk" prostate cancer patients, determine treatment selections, and evaluate the impact of the new patient website.

The use of these F codes is not linked to payment, will not be used to assess provider performance, and will not be used for public reporting. However, the use of the F codes will be critical for researchers studying the treatment patterns for patients with prostate cancer. No patients will be identified for researchers.

About the EACH Initiative

Along with several employer groups, EACH is comprised of four major provider groups (Boston Medical Center, Harvard Vanguard Medical Associates, Partners Healthcare and Tufts Medical Center) and three major payers (BCBSMA, Harvard Pilgrim Health Care, and Tufts Health Plan). If you have any questions about this initiative, please call Network Management Services at **1-800-316-BLUE (2583)**. ❖

Category II CPT code:	Risk of recurrence for prostate cancer:	Recurrence risk guidelines according to the National Comprehensive Cancer Network/D'Amico Criteria:
3271F	Low risk	Stage T1-T2a; AND Gleason 6 or lower; AND PSA <10 ng/mL
3272F	Intermediate risk	Stage T2b-T2c; OR Gleason 7; OR PSA 10-20 ng/mL
3273F	High risk	Stage T3a; OR Gleason 8-10; OR PSA >20 ng/mL

Medical Policy Update

All updated medical policies will be available via:

- ▶ www.bluecrossma.com/provider>Medical Policies.
- ▶ Fax-on-Demand at 1-888-633-7654

Changes

Cellular Immunotherapy for Prostate Cancer, 268. New medical policy addressing coverage and non-coverage of Sipuleucel-T therapy (Provenge®). Effective 1/1/11

Cognitive Rehabilitation, 439. Adding coverage for traumatic brain injury when specific conditions are met for specific diagnoses, effective 1/1/11.

Plastic Surgery, 68.

- ▶ Adding coverage of pulsed dye laser treatment of hypertrophic scars when there is documented functional impairment. Effective 1/1/11.
- ▶ Removing claims system editing that addresses coverage of port wine stain laser treatments (tunable dye laser) billed with the CPT codes listed below. Effective 1/1/11.
 - 17106 (destruction of cutaneous vascular proliferative lesions [e.g., laser technique]; less than 10 sq cm)
 - 17107 (destruction of cutaneous vascular proliferative lesions [e.g., laser technique]; 10.0 to 50.0 sq cm)
 - 17108 (destruction of cutaneous vascular proliferative lesions [e.g., laser technique]; over 50.0 sq cm).

Sacral Nerve Neuromodulation/Stimulation for Pelvic Floor Dysfunction, 153.

- ▶ Adding coverage of sacral nerve stimulation for the treatment of fecal incontinence when identified criteria are met. Effective 1/1/11.
- ▶ Implementing editing to support coverage of sacral nerve stimulation when billed with CPT codes 64561, 64581, 64585, and 64595 and HCPCS Level II code A4290 with additional covered indication reported with ICD-9 CM diagnosis 787.6 (incontinence of feces) for our commercial products and for Medicare HMO Blue and Medicare PPO Blue. Effective 1/1/11.

Clarifications

Bioimpedance Devices for Detection of Lymphedema, 261. New medical policy clarifying non-coverage for bioimpedance devices for detection of lymphedema.

Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors, 260. New medical policy describing coverage and non-coverage of this procedure. The same information will be removed from medical policy 369, *Intra-arterial Chemotherapy; Chemoembolization of Liver Cancer; Cryosurgical Ablation of Liver Tumors; & Radiofrequency Ablation of Liver Tumor*.

Extracranial Carotid Angioplasty/Stenting, 219. Clarifying the prior authorization language for Indemnity and PPO products.

Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty), 271. New medical policy describing non-coverage of these procedures. Clarifying non-coverage of radiofrequency coblation (disc nucleoplasty) to align with BCBSA national policy. The same information will be removed from medical policy 099, *Percutaneous Annuloplasty; Intradiscal Radiofrequency Thermocoagulation; Intradiscal Electrothermal Therapy (IDET); and Manipulation under Anesthesia for Treatment of Chronic Spinal or Pelvic Pain*.

Detection of Circulating Tumors Cells in the Management of Patients with Cancer, 265. Developing a new medical policy to clarify non-coverage of these tests.

Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology), 264. Developing a new medical policy to clarify non-coverage of these tests.

Implanted Devices for Deafness-Cochlear Implants, 087. Clarifying a typographical error, 100 HZ changed to read 1000 HZ.

Magnetic Resonance, 106. Clarifying the covered ICD-9-CM diagnosis codes when billed with CPT codes 74181, 74182, and 74183 (MRI abdomen) by including: V10.50, V10.51, V10.52, V10.53, and V10.59.

Clarifications, continued on page 10

Medical Policy Update

Clarifications, continued from page 9

Medical Technology Assessment Guidelines Non-covered Services, 400.

- ▶ Clarifying non-covered treatments for tinnitus.
- ▶ Clarifying non-coverage of vertebral body stapling for the treatment of scoliosis.

Other Than Liver, Prostate, or Dermatologic Tumors,

260. New medical policy describing coverage and non-coverage of this procedure. The same information will be removed from medical policy 369 *Intra-arterial Chemotherapy; Chemoembolization of Liver Cancer; Cryosurgical Ablation of Liver Tumors; & Radiofrequency Ablation of Liver Tumor.*

Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome, 266. Developing a new medical policy to clarify non-coverage of this procedure.

Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors, 259.

New medical policy describing coverage and non-coverage of this procedure. The same information will be removed from medical policy 369 *Intra-arterial Chemotherapy; Chemoembolization of Liver Cancer; Cryosurgical Ablation of Liver Tumors; & Radiofrequency Ablation of Liver Tumors.*

Serial Endpoint Testing for the Diagnosis and Treatment of Allergic Disorders, 270. New medical policy describing coverage of this procedure. Clarifying the term

“severe systemic allergic reaction” to align with BCBSA national policy coverage statement. The same information will be removed from medical policy 217, *Allergy Testing and Treatment.*

Treatment of Tinnitus, 267. New medical policy clarifying non-coverage for treatment of tinnitus. The same information is addressed on medical policy 400, *Medical Technology Assessment Guidelines Non-covered Services.*

Wearable Cardioverter Defibrillators, 042. Changing the title of this policy to *Wearable Cardioverter Defibrillators as a Bridge to Implantable Cardioverter Defibrillator Placement* in alignment with Blue Cross Blue Shield Association policy. ❖

Correction

In August 2010 *Provider Focus*, we published the following coverage update for *Esophageal pH Monitoring, 069* with an effective date of 11/1/10:

“Adding coverage for 48- to 96-hour catheter-free, wireless esophageal monitoring for patients who are unable to tolerate catheter-based testing (and are unable to complete this testing) but meet the policy criteria.”

Please note: the correct effective date is 8/1/10. ❖

Advance Drafts of New and Revised Policy Statements Are Now Available on Our Website

We understand that changes to medical policy can impact your practice and member treatment. That’s why BCBSMA publishes advance notice of medical policy changes in *Provider Focus* 90 days prior to their effective date. To help you better understand medical policy changes, we are providing draft versions of new and revised policy statements on the Medical Policy page of our website 45 days prior to the policy effective date.

To access a document with the draft statements:

- ▶ Go to www.bluecrossma.com/provider and click on **Medical Policies**.
- ▶ Go to the **What’s New** heading on the right-hand side of the page.

- ▶ Click on **Advance Announcement of Draft New and Revised Medical Policy Statements**.

This document will be updated as new draft statements are developed*. ❖

* *The draft medical policy coverage statements are provided by BCBSMA for informational and review purposes only. The draft policy statements do not constitute or imply member coverage or physician reimbursement. The summary information is not an authorization, explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. BCBSMA reserves the right to revise the content of the draft statements prior to their effective date.*

Pharmacy Medical Policy Update

Changes

Ampyra (Dalfampridine), 246. New medical policy addressing coverage of Ampyra. Initial coverage criteria include diagnosis of multiple sclerosis, documentation of significant limitations of instrumental activities of daily living attributable to slow ambulation, prescription from a neurologist, and completion of a timed 25-foot walk test (T25FW) or expanded disability status score (EDSS). Continuation criteria include documentation of improvement in either T25FW or EDSS. Effective 1/1/11.

Antidepressant Drugs, 024. Moving Celexa[®], Effexor[®], Effexor XR[®], Paxil[®], Prozac[®], Wellbutrin[®], Wellbutrin SR[®] and Zoloft[®] to Step 3. Effective 1/1/11.

Asthma Management, 011. Updating this medical policy to include both of the following requirements for Step 2 medications that do not meet the online point of service criteria. Effective 1/1/11:

- ▶ A diagnosis of asthma
- ▶ Evidence of a BCBSMA-paid claim or physician documentation confirming use of one of the following medications within the previous 130 days: inhaled corticosteroid; inhaled beta2 agonist, inhaled mast cell stabilizer, oral albuterol product, or a product containing oral theophylline.

Botulinum Toxin, 006. Implementing prior authorization for Dysport[®] inj. when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/11.

Erythropoietin, Recombinant Human, 262. Updating this medical policy to include the following information, effective 1/1/11:

- ▶ Approval timeframes for initial and continuation requests given in six-month intervals.
- ▶ Confirmation of myelodysplastic syndromes via biopsy or aspirate
- ▶ Definition of anemia of chronic renal failure in terms of GFR and/or dialysis treatment.

- ▶ Requirement to indicate recent hemoglobin (Hb) levels for initial and continuation requests for review and approval. For most diagnoses covered under this policy:

- Initial Hb level ≤ 10 g/dL
- Continuation Hb level ≤ 12 g/dL.

Glucagon-like Peptide-1 (GLP-1) Receptor Agonist, 282. New pharmacy medical policy addressing the following step therapy requirements: Step 1 Byetta[®] (exenatide); Step 2 Victoza[®] (liraglutide). Effective 1/1/11.

Immune Modulating Drugs, 004. Implementing prior authorization for Ilaris[®], Simponi[™], and Stelara[™] when administered in outpatient sites of service for managed care members, except PPO. Effective 1/1/11.

Proton Pump Inhibitors, 030. Moving pantoprazole to Step 2 and omeprazole/sodium bicarbonate to Step 3. Effective 1/1/11.

Serotonin 5-HT_{1B}, 1D Receptor Agonists, 169. Moving Amerge[®] and all formulations of Imitrex[®] to Step 3. Effective 1/1/11.

Retired

Antifungal Therapy (Oral and Topical), 022. Retiring this pharmacy medical policy, which includes coverage criteria for ciclopirox nail lacquer, CNL8[®] nail kit (ciclopirox), itraconazole capsules, Lamisil[®] granules (terbinafine), Lamisil[®] tablets (terbinafine), Penlac[™] nail lacquer (ciclopirox), Sporanox[®] capsules (itraconazole), and terbinafine tablets. Effective 1/1/11.

Orphan Drugs for the Treatment of Rare Diseases, 021. Retiring this medical policy, which includes prior authorization requirements for outpatient sites of service for Aldurazyme[™] (laronidase), Fabrazyme[®] (agalsidase beta), Naglazyme[™] (galsulfase), Somatuline[®] Depot (lanreotide), and Somavert[®] (pegvisomant). Effective 1/1/11. ❖

For more information on the status of medications on our formulary, please refer to our September 1, 2010 F.Y.I., which includes a document listing formulary changes effective January 1, 2011. See chart on page 5 for instructions on accessing these resources.



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Important Update

Fraud, Waste and Abuse Training Encouraged

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage – Prescription Drug health plans to have an effective compliance training and education program. This includes Fraud, Waste, and Abuse (FWA) training, which was previously required annually.

In the Final Rule published in the *Federal Register* on April 15, 2010, CMS clarified that providers who are *not* required to participate in FWA training and education include:

- ▶ Providers who participate in Medicare and accept Medicare patients
- ▶ Providers accredited as a durable medical equipment,

prosthetics, orthotics, and supplies (DMEPOS) supplier.

Although the FWA training is not mandatory, your continued cooperation in the prevention, detection, and reporting of suspected FWA is requested. Therefore, we encourage all providers to participate in training. To streamline the process, an online FWA training program was developed and is available through the HealthCare Administrative Solutions (HCAS) website, www.hcasma.org. Click on **Solutions>Medicare Training**. Then, follow the steps listed.

To report suspected fraudulent activity to BCBSMA, call **1-800-992-4100**. ❖

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