



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

## Freestanding Labs and Imaging Providers Offer Affordability and Convenience

Many patients are surprised that different providers charge different fees for the same service. At Blue Cross Blue Shield of Massachusetts (BCBSMA), we're committed to educating our members about how to access lower-cost options.

In the April issue of *Provider Focus*, we explained how our Hospital Choice Cost-Sharing plan design guides our members to high-quality, lower-cost sites of care, including lower-cost hospitals, freestanding laboratories, and freestanding imaging centers.

Freestanding providers also offer our members other benefits, such as:

- ▶ The option to schedule lab appointments via e-mail and access lab tests online—some will even send results directly to the patient's smartphone
- ▶ Easy-to-access locations, many of which have free parking
- ▶ Walk-in service and Saturday hours at select locations

Non-Hospital Imaging Centers and Clinical/Diagnostic Labs

MASSACHUSETTS

This document includes non-hospital imaging (MRI/CT/PET) and diagnostic laboratory providers that are part of your network in Massachusetts. These facilities generally provide the same services you would receive at hospitals, but at a lower cost. If you are a member of a Blue Options health plan, or a plan with the Hospital Choice Cost Share benefits, you would pay the lowest out-of-pocket costs at these locations.

**Clinical/Diagnostic Labs**

| Facility Name                                  | Street               | Suite      | City         | State | Phone          |
|--|----------------------|------------|--------------|-------|----------------|
| Quest Diagnostics                              | 138 Haverhill Street |            | Andover      | MA    | (978) 475-7520 |
| Quest Diagnostics                              | 22 Mill Street       | 2nd Floor  | Arlington    | MA    | (617) 894-3041 |
| Quest Diagnostics                              | 22 Mill Street       | Suite 107  | Arlington    | MA    | (781) 641-1941 |
| Dermatopath Lab Inc.                           | 555 Pleasant Street  | Suite 106  | Attleboro    | MA    | (508) 226-5540 |
| Diagnostic Laboratory Medicine                 | 14 Crosby Drive      |            | Bedford      | MA    | (781) 275-0855 |
| Quest Diagnostics                              | 221 Boston Road      | Suite 1    | Billerica    | MA    | (978) 667-5212 |
| Center for Human Genetics at Boston University | 700 Albany Street    | Room 408   | Boston       | MA    | (617) 638-7083 |
| Quest Diagnostics                              | 319 Longwood Avenue  |            | Boston       | MA    | (617) 731-2240 |
| Amerineth New York                             | 40 Forbes Road       | Suite 200E | Quintessence | MA    | 966-370-0787   |

- ▶ The convenience of making payments online
- ▶ Web-based interfaces that enable the patient's physician to order and receive test results electronically.

By choosing lower-cost, high-quality providers when possible, our members can not only help themselves, but also help to reduce the overall cost of health care.

### How You Can Help

To help you when discussing care options with BCBSMA members, please view our list of lower-cost freestanding labs/imaging providers. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on the Plan Education Center link from the home page. Then click on HCCS Planning Guide and scroll down to the bottom of the page to access printable lists. ❖

### In This Issue

- 2 Study Shows Positive Results for Developmental Screens for Children
- 3 Reaching for the Stars with our Medicare Advantage Members
- 5 Change in Reimbursement for Certain Non-Participating Ambulance Provider Services
- 6 DME Codes Have Been Updated
- 7 Medical Policy Update

### In Brief

#### New Credentialing Guideline Available on Our Website

To provide easy access to BCBSMA credentialing information, we have posted a credentialing guideline summary to our website.

BCBSMA's credentialing guideline describes requirements for participation in our managed care networks and offers details on the credentialing cycle, providers' rights, the approval and denial process, and the HCAS/CAQH process.

To access the guideline, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider)

and click on Manage Your Business>Access Credentialing Information.

We will periodically review and revise the guideline, and will communicate any changes in *Provider Focus*.

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

## Colorectal Cancer Screening Outreach Planned

To encourage greater use of our colorectal cancer screening benefit, BCBSMA is reaching out to eligible HMO, POS, and PPO members, ages 51-60, who have not yet been screened (based on our data). Eligible members will receive a reminder from us via e-mail, postcard, or pre-recorded telephone message encouraging them to talk to their provider about the screening option that is right for them. If you have any questions, please call Network Management Services at 1-800-316-BLUE (2583). ❖

## Development Screens for Children

BCBSMA's Performance Measurement and Evaluation program recently completed an analysis of developmental screenings performed by primary care providers (PCPs) over a two-and-a-half-year period.

Based on the use of development screening code 96110, the study demonstrated that by the second quarter of 2010, 12.5% of members between the ages of 0-19 received developmental screening, and of that group, 4.25% had follow-up services for identified issues related to the screenings, such as behavioral health evaluation and treatment.

The results were more significant for patients between the ages of 0-3 where 23% received screening and 6.25% received follow-up services.

Nationally, approximately 19.5% of children are screened<sup>1</sup>. Approximately 14% of the screens reveal areas for follow-up, and approximately 61% of these patients are referred for further assessment and/or treatment<sup>2</sup>, including approximately 6% for behavioral health issues<sup>3</sup>.

Overall, available data, especially for younger children, indicates that physicians are effective in both screening and referring. ❖

<sup>1</sup>Minnesota Department of Health Fact Sheet: Title V (MCH) Block Grant Children and Adolescents with Special Health Care Needs September 2009

<sup>2</sup>Implementing Developmental Screening and Referrals: Lessons Learned From a National Project, *Pediatrics* 2010;125:350-360; originally published online Jan 25, 2010; DOI: 10.1542/peds.2009-0388

<sup>3</sup>Mental Health Screening in Pediatric Practice: Factors Related to Positive Screens and the Contribution of Parental/Personal Concern; *PEDIATRICS* Vol. 118 No. 5 November 2006, pp. 1896-1906 (doi:10.1542/peds.2006-0026)

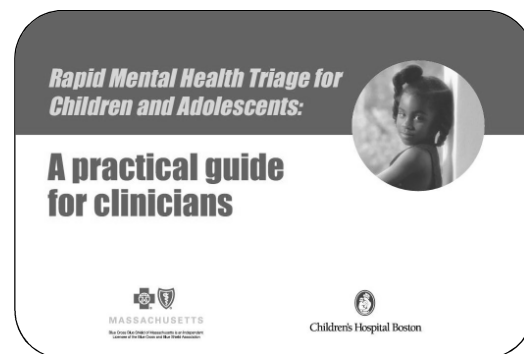
## Pediatricians: Rapid Mental Health Triage Toolkit Available on Our Website

Massachusetts physicians have told us about the challenges they face in obtaining behavioral health services for their pediatric patients during a patient crisis. We understand this is a serious problem that requires a multi-faceted response, and we are collaborating with many organizations and providers trying to address this problem.

One tool that may offer some help is the *Rapid Mental Health Triage for Children and Adolescents: A Practical Guide for Clinicians*.

The toolkit was developed in collaboration with the Department of Psychiatry at Children's Hospital in 2007. It is not a diagnostic or screening tool, nor is it payer-specific. Instead, it is designed to help you:

- ▶ Identify behavioral health issues in children and adolescents
- ▶ Determine quickly if the patient's needs are emergent, urgent, or routine
- ▶ Arrange care in a timely way.



The toolkit is available on our website. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider), click Manage Your Business>Manage Patient Care, then select Child Health and Mental Health from the drop-down menu. The toolkit is located under the Medical Decision Support tab.

We hope that you and your colleagues will find this helpful in your practice. ❖

# Medicare News

## Reaching for the Stars: Our Commitment to CMS' Five-Star Rating System

Last November, the Centers for Medicare & Medicaid Services (CMS) released ratings through its Five-Star program on the quality of care and service Medicare Advantage plans offer to their Medicare beneficiaries.

In 2011, as a result of the excellent care BCBSMA participating clinicians provide, our Medicare HMO Blue® and Medicare PPO Blue<sup>SM</sup> plans received an overall rating of 4.5 stars out of a possible 5, ranking in the top 7% of all Medicare Advantage plans nationwide.

The Star ratings look at performance in three key areas and reflect the care and service our Medicare Advantage members receive:

- ▶ Clinical indicators: How well the plan and its network of providers help members stay healthy and manage chronic illness
- ▶ Member satisfaction: How members score the plan in terms of overall satisfaction
- ▶ Member experience: How well the plan manages its customer service function.

Your engagement with our Medicare Advantage members' health has been critical in us receiving a positive score; we appreciate your help and look forward to your continued partnership in providing our members with quality care.

[How Five-Star Ratings are Derived](#) CMS ranks health plans on a scale of 1 to 5, with 5 representing the highest quality of care and service a plan offers its members.

Plans are currently scored on 53 measures focused on Medicare Part C (medical) and Part D (pharmacy).

Plan ratings are derived from the Consumer Assessment of Healthcare Providers and Systems (CAHPS), the Healthcare Effectiveness Data and Information Set (HEDIS), the Medicare Health Outcomes Survey (HOS), prescription performance scores, and other CMS data.

If you have questions about the Star ratings or any of our health management programs, please call your Network Manager. ❖

*BCBSMA's star rating is...*



| CMS Star Ratings |               |
|------------------|---------------|
| ★★★★★            | Excellent     |
| ★★★★☆            | Above average |
| ★★★☆☆            | Average       |
| ★★☆☆☆            | Below average |
| ★☆☆☆☆            | Poor          |

### Our Plan to Improve Quality—and Our Star Rating

We have received strong scores in:

- ▶ Conducting necessary screenings/tests, and administering recommended vaccines to our Medicare Advantage members
- ▶ Handling complaints and appeals in our Member Service department.

The ratings also highlight opportunities for improvement. For example, since proactive management of chronic conditions can help improve health outcomes for our members, we have several initiatives underway in the areas of:

- ▶ Medication adherence for members with diabetes and hypertension
- ▶ Diseases and conditions, such as chronic obstructive pulmonary disease (COPD), coronary artery disease, rheumatoid arthritis, and diabetes
- ▶ Fall prevention
- ▶ Osteoporosis management
- ▶ Routine/preventive well visits.

We also plan to introduce a new form for physicians to use to

confirm a diagnosis of diabetes in conjunction with hypertension and to identify women who have had a fracture in the past 12 months who may benefit from osteoporosis management. This will enable us to more accurately identify members at risk who might benefit from one of our health management programs.

We are publishing articles in the Medicare issue of our spring *Healthy Times* member newsletter encouraging members to discuss the following topics with their primary care doctor:

- ▶ When they are due for annual physicals and screenings, such as colorectal cancer screening
- ▶ Concerns about urinary incontinence
- ▶ Methods to reduce risk of falls
- ▶ Questions about medications and possible side effects.

We also encourage you to discuss these issues with your Medicare patients at their next visit. ❖

# Office Staff Notes

## BCBSMA Improves Response Time for BlueCard® Program Appeals

BCBSMA recently implemented an automated process that has significantly streamlined our communication with other Blue Cross Blue Shield (BCBS) plans regarding claims issues.

Now when you submit an appeal related to an out-of-area BCBS member, our system is able to identify claim responses we receive

from the other BCBS plan quickly, allowing our Provider Services associates to resolve issues for you in a more timely manner.

You will continue to receive Provider Detail Advisories (PDAs) for adjusted claims, as well as other correspondence with the out-of-state plans' responses when adjustments are not warranted.

This is typically generated within three to five business days of the member's home plan's response.

We encourage you to use our technologies to check the status of your claim. To learn more about the BlueCard Program, see the chart below. ❖

| To access:   | Log on to <a href="http://www.bluecrossma.com/provider">www.bluecrossma.com/provider</a> and click on:   |
|--|--|
| The dedicated BlueCard Program section of our website        | The BlueCard Program link in the blue box on the right-hand side of the home page.   |
| BlueCard Program information in your <i>Blue Book</i> manual | Resource Center>Admin Guidelines & Info>Blue Books; under the Professional Blue Book listing, click on Billing and Reimbursement>Out-of-Area Programs. |
| An online presentation about the BlueCard Program            | Resource Center>Training & Registration>Course List; under the menu for your provider type, click on The BlueCard Program.                             |

## Copayments Have Been Added for Some Medex® members

Large and small accounts that offer Medex with medical and pharmacy benefits (OBRA) will have the option to add copayments, effective July 1, 2011.

For accounts that choose to add a copayment, the copayment amount will show on the front of the member's BCBSMA ID card.

As always, be sure to check eligibility and benefits to determine a member's appropriate cost-share amount. ❖

## Reminder: Always Use Our Technologies to Check Claim Status

BCBSMA requires that you use electronic technologies to resolve simple claim status inquiries and verify routine eligibility, rather than calling our Provider Services number. This can help our associates devote more time to helping providers with complex inquiries.

To access these tools or to learn more, log on to our website at [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on Technology Tools. ❖

| Technology:     | How you can benefit from using it:   |
|-----------------|--|
| PaySpan Health  | A free service that provides direct deposit and online Provider Payment and Provider Detail Advisories.  |
| Online Services | Perform a variety of tasks for BCBSMA members—and members from other BCBS plans—without a separate sign-on, including member benefits and eligibility, claim status, referrals and authorizations, and name/family searches. |
| ExpressPA       | Submit prior authorization requests for retail prescriptions.  |
| NEHENet         | A single gateway to the region's largest payers and their most popular and essential transactions.   |

# Office Staff Notes

## Change in Reimbursement for Certain Non-Participating Ambulance Services

In the September 2010 issue of *Provider Focus*, we reported we would be updating our reimbursement policy for services rendered by non-participating providers as it pertains to ambulance services.

Effective March 14, 2011, we began paying claims directly to our subscribers for services rendered on or after November 15, 2010 for any ambulance services provided by privately owned for-profit ambulance providers and ambulance services provided by Children's Hospital\*.

This includes payment for emergent *and* non-emergent services.

A non-participating provider is defined as a provider who does not have a contract with BCBSMA for the member's product.

We will continue to pay municipally owned and operated (town) ambulance providers, and privately owned not-for-profit providers (excluding Children's Hospital\*), directly for all ambulance services provided to our members.

See chart for a summary of ambulance payment guidelines (retroactive to November 15, 2010).

### Questions?

If you have any questions, please call your Network Manager. ❖

| For this type of Ambulance Service:  | BCBSMA will reimburse:          |
|--|---------------------------------|
| Non-participating privately owned, for-profit ambulance services (not owned by municipalities)                         | The subscriber directly         |
| Children's Hospital*   | The subscriber directly         |
| Privately owned, not-for-profit ambulance providers, with the exception of Children's Hospital*                        | The ambulance provider directly |
| Municipally owned and operated ambulance companies (ambulance services run by local towns and cities in Massachusetts) | The ambulance provider directly |

### Exceptions to BCBSMA's Non-participating Provider Reimbursement Policy

We'll continue to reimburse non-participating providers directly for the following types of claims:

- ▶ Indemnity
- ▶ Blue Choice® 1
- ▶ HMO Blue New England<sup>SM</sup>, Blue Choice New England<sup>SM</sup>, and Access Blue New England<sup>SM</sup> members who have a PCP outside of Massachusetts
- ▶ Medicare products and Medicaid
- ▶ Veteran's Administration services
- ▶ FEP
- ▶ Owned and operated municipal ambulance services
- ▶ Dental products

- ▶ Privately owned, not-for-profit ambulance companies (except Children's Hospital Ambulance\*)
- ▶ BlueCard® Program claims that originated from the following provider types:
  - A Massachusetts non-contracted provider—this may result in payment to the subscriber based on the subscriber's benefits
  - A Massachusetts participating provider (who has some type of contract with BCBSMA)—this may result in payment to the provider based on the subscriber's benefits. ❖

\*Children's Hospital operates an ambulance service (private not-for-profit) that does not contract with us for all products. The other private not-for-profit ambulance providers are operated by municipalities and are excluded from this initiative.

# Billing Notes

## List of Durable Medical Equipment Codes for Clinicians Has Been Updated

BCBSMA has updated its list of reimbursable durable medical equipment (DME) items for physicians, podiatrists, nurse practitioners, nurse practitioner primary care providers (NP-PCPs), and urgent care centers.

These updates, effective for dates of service on or after April 1, 2011, result from recent Healthcare Common Procedure Coding System (HCPCS) changes.

Please note that the following codes have been added:

- ▶ L1971 (Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment)
- ▶ L8509 (Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type).

The revised document, *Durable Medical Equipment and Supplies That Can Be Billed by a Physician, Podiatrist, Nurse Practitioner, Nurse Practitioner Primary Care Provider,*

*and Urgent Care Centers*, is available on our website. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click Resource Center> Admin Guidelines & Info, then scroll down to Updated DME Codes.

As always, be sure to bill only codes within the scope of your practice specialty, and check member benefits and eligibility prior to rendering services. ❖

## ClaimCheck™ Will Be Updated On Our Website This Spring

BCBSMA will implement the latest version of ClaimCheck claims editing software this Spring.

To access our Internet-based code auditing tool, log on to

[www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on Manage Your Business>Use Clear Claim Connection.

Then, enter your NPI for secure access to code editing policies, rules, and clinical rationale. ❖

# Payment Policy Update

## Access Our Provider Payment Policies on BlueLinks for Providers

Did you know you can access BCBSMA provider payment policies on our website? To access the most up-to-date list, log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on Manage Your Business>Access Payment Policies.

BCBSMA's provider payment policies determine the rationale by

which a submitted claim for service is billed, processed, and paid by BCBSMA.

The information provided is different than information found in our BCBSMA medical policies (which address medical necessity of services), and it is different from benefits and eligibility (which address coverage of services).

BCBSMA payment policies do not contain information about how to code services; however, they do provide links to applicable websites where providers can find more information. ❖

# Medical Policy Update

All updated medical policies will be available online. Go to [www.bluecrossma.com/provider>Medical Policies](http://www.bluecrossma.com/provider>Medical Policies).

## Changes

[Intensity-Modulated Radiation Therapy of the Abdomen and Pelvis, 165](#). New medical policy describing evidence-based community standards for coverage and non-coverage of this radiation therapy. Effective 9/1/11.

[Intensity-Modulated Radiation Therapy of the Breast and Lung, 163](#). New medical policy describing evidence-based community standards for coverage and non-coverage criteria of this radiation therapy. Effective 9/1/11.

[Intensity-Modulated Radiation Therapy of the Head and Neck Cancers, 164](#). New medical policy describing evidence-based community standards for coverage criteria of this radiation therapy. Effective 9/1/11.

*For more details on these three IMRT-related policies, please refer to our May 1 FYI online. Log on to [www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on News for You>FYIs. Then select FYI. PC-1462.*

## Clarifications

[Acute and Maintenance Tocolysis, 518](#). New medical policy clarifying covered indication and ongoing non-covered indication. The non-covered indication is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening, 557](#). New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Heart Transplant, 197](#). Clarifying medical necessity criteria.

[Heart/Lung Transplant, 269](#). Clarifying medical necessity criteria.

[Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood, 208](#). Clarifying non-coverage for allogeneic stem cell transplants for pediatric solid tumors.

[Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease, 171](#). Clarifying ongoing non-coverage of CXCL13 for diagnosis or monitoring treatment of Lyme disease.

[Intravenous Immunoglobulin, 310](#). Clarifying coverage of stiff-man syndrome for Medicare HMO Blue® and Medicare PPO Blue<sup>SM</sup> members.

[Lung and Lobar Lung Transplant, 015](#). Clarifying medical necessity criteria for patients with histories of recent malignancies.

[Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Asthma and Other Respiratory Disorders, 524](#). New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Nerve Graft in Association with Radical Prostatectomy, 590](#). New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

[Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool to Detect Amblyogenic Factors, 605](#). New medical policy describing ongoing non-coverage of this procedure. This procedure is currently addressed in medical policy 400, *Medical Technology Assessment Non-Covered Services*.

## Pharmacy

[Parathyroid Hormone, 018](#). Removed coverage criteria requiring documented treatment failure or intolerance to other medications used to treat osteoporosis such as Actonel®, Boniva®, Fosamax®, calcitonin, Evista®, or estrogen within the last six months. Effective 3/1/11. ❖



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## Providerfocus

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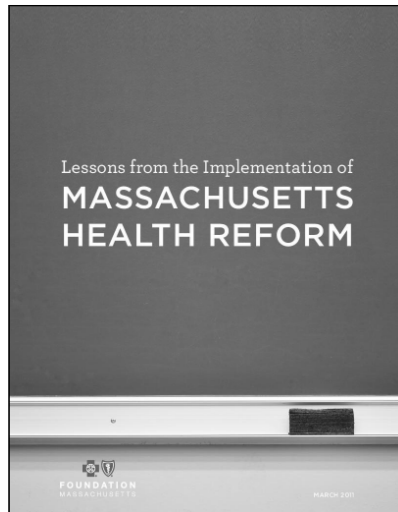
# Health Care Reform News

## Lessons from Massachusetts Health Care Reform

A new BCBSMA Foundation report presents an overview of key lessons from Massachusetts health care reform.

*Lessons from the Implementation of Massachusetts Health Reform*, by Alan G. Raymond, provides eight lessons learned and recommendations relevant to policymakers, advocates, providers, health plans, and others working to implement health reform in other states and nationally.

To read the report, go to [www.bluecrossfoundation.org](http://www.bluecrossfoundation.org) ❖



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