

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

Hospital Choice Cost-Sharing Adds Value for Members and Employers

BCBSMA's highest priority is to make quality health care affordable. One part of achieving this goal is offering new benefit designs that help guide our members to high-quality, lower-cost hospitals and facilities.

Introduced in January, our newest addition to value-based health plans, Hospital Choice Cost-Sharing, provides an average premium savings of approximately 5% while offering incentives for members to seek care at hospitals or independent centers that deliver high-quality care at a lower cost. In its first month, approximately 30% of small business and individual customers renewing with BCBSMA enrolled in one of these innovative plans.

Hospital Choice Cost-Sharing is designed to give members the incentive to make choices based on the cost of care. Members of these plans are encouraged to let their doctors know they will pay more if they



receive certain types of service at higher-cost-share hospitals (compared to either lower cost-share hospitals or alternative sites of service) and to review their options for care together with their doctors.

To help you better understand what the Hospital Choice Cost-Sharing benefit design means for you and your patients, we offer new tools for you on our website.

Identifying Members with Hospital Choice Cost-Sharing

Because the member's ID card does not indicate the cost-sharing differential, we have developed two new

Quick Tips to help providers understand how to verify cost-sharing for these members using Online Services and NEHENet. The *Quick Tips* provide step-by-step instructions and visuals to help you identify members with this benefit design. Knowing which members have Hospital Choice Cost-Sharing will help you assist your patients to determine the most cost-effective site of care for them.

Helping Members Identify Low-cost Sites of Care

The Hospital Choice Cost-Sharing Plan Education Center now has enhanced functionality you can use to help your patients locate cost-effective sites of care for clinical/diagnostic labs, CT and PET scans, MRIs, technical diagnostic imaging centers, and limited services clinics.

Offering Online Training

Our *BCBSMA Hospital Choice Cost-Sharing Overview* presentation is designed to help you understand this

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In Brief

Updated Training Courses Are Available on Our Website

To help you stay up-to-date on our programs, initiatives, and new products, we recently posted the following training courses on our BlueLinks for Providers website:

- ▶ *Provider Office Staff Training Spring 2011 Updates*
- ▶ *BCBSMA 2011 Medical Product Updates*
- ▶ *2011 Primary Care Provider Incentive Program*

To access these courses, log on to www.bluecrossma.com/provider, click on Resource Center> Training and Registration> Course List, then select the appropriate course title from the menu for your provider type.

You can find a list of all of our online learning opportunities under the Training and Registration section of our website. ❖

Physician News



MASSACHUSETTS

Dr. Anton (Tony) Dodek Joins BCBSMA as New Medical Director

BCBSMA recently welcomed Tony Dodek, MD, as our new Medical Director of Quality and Consultative Support. Dr. Dodek is the lead physician providing expertise and direction on BCBSMA's quality improvement efforts, including the BCBS Association's Blue Distinction program, and statewide efforts such as developing community standards of care.

Dr. Dodek is also collaborating with our Performance Measurement and Improvement area on pay-for-performance metrics and the effectiveness of BCBSMA's quality measures, and he will be supporting our efforts in the Alternative Quality Contract by taking on the lead physician consultant role for several AQC groups.

A pediatrician and 20-year veteran of the health care industry, Dr. Dodek has extensive knowledge of medical management and pharmacy programs, quality measures, and at-risk contracts. He spent 11 years at Tufts Health Plan, most recently playing a key role in providing medical consultation to the clinical review, quality and health informatics, case management, pharmacy, and internal audit departments.

Dr. Dodek was heavily involved with external groups focusing on the analysis and reporting of quality, cost, and practice variation data to targeted groups. He was also Tufts' lead Medical Director for the Group Insurance Commission and participated on the expert panel for Performance Measurement, a Massachusetts-based group that focuses on standardizing performance measures for both hospitals and physicians. He was also Tufts' representative on the Governor's Patient Centered Medical Home Council.



Before joining Tufts, Dr. Dodek held clinical leadership positions at the Massachusetts Hospital School, Franciscan Children's Hospital, New England Medical Center, and Tufts University School of Medicine.

To contact Dr. Dodek, please send an e-mail to anton.dodek@bcbsma.com. ❖

Fluoridation Recommendations Updated by HHS and EPA

More and more, we read about the evidence linking oral health and overall health. As you know, fluoride has been a key component in maintaining good oral health.

The Centers for Disease Control and Prevention says fluoridation of drinking water is one of the top 10 greatest public health achievements of the 20th century. It has reduced the incidence of dental caries in children and adults, improving the oral health of millions of Americans. Today, nearly four million Massachusetts residents in 141 communities receive fluoridated water.



Since fluoride is so easily accessible from fluoride supplements, food and beverages processed with fluoridated water, and toothpaste and mouth rinses—the U.S. Department of Health and Human Services (HHS) and the Environmental Protection Agency (EPA) has issued new recommendations to lower fluoride levels in community water. The new recommendation continues to promote tooth decay prevention, but also helps to avoid the unwanted health effects of excessive fluoride consumption.

Patient Considerations

- ▶ For children at an increased risk for decay who are not receiving fluoridated drinking water, encourage fluoride supplements.
- ▶ Use fluoride toothpaste at least twice each day. American Academy of Pediatric Dentistry President John Liu, DDS, says, "Parents shouldn't avoid fluoridated water, which helps form strong teeth, or toothpaste with fluoride to protect teeth that have erupted. Parents need to monitor the amount of toothpaste their children use. A pea-sized amount is the best way to prevent the white spots."
- ▶ Adults exposed to excessive fluoride consumption over a lifetime may have increased likelihood of bone fractures. Pain and tenderness may also occur consistent with dental fluorosis in advanced cases. ❖

To read the *Community Water Fluoridation Fact Sheet* and other oral health resources, visit www.mass.gov/dph/oralhealth. ❖

Pharmacy Update

Retail Specialty Pharmacy Network Updates

We recently made the following updates to our retail specialty pharmacy medication list:

- ▶ Added five new medications that must be filled through one of the designated pharmacies in our network:
 - Carbaglu
 - Egrifta
 - Halaven
 - Krystexxa
 - Xgeva.
- ▶ Added information on Ascend SpecialtyRx, a specialty pharmacy that recently joined our network and that specializes in fertility medications for our members.

Resources Available on Our Website

To access a complete list of medications that must be filled using a network retail specialty pharmacy, download our *Specialty Pharmacy Medication List* from BlueLinks for Providers.

Log on to www.bluecrossma.com/provider and select Manage Your Business>Search Pharmacy & Info. Then, scroll down to the list.

How to contact Ascend SpecialtyRx

- ▶ Phone: 1-800-850-9122
- ▶ Fax: 1-800-218-3221
- ▶ Web: www.ascendspecialtyrx.com. ❖

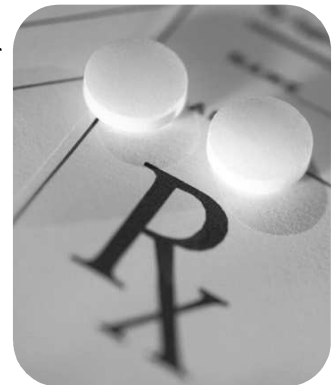
Tips on Registering for ExpressPA, Our Pharmacy Authorization Tool

More provider offices are turning to ExpressPA for instant answers on pharmacy authorization requests. This web-based tool allows you to submit prescription authorization requests, such as prior authorizations, formulary exceptions, and quality care dosing overrides for commercial members.

Before you begin using the tool, you must first register and activate your account. From our experience with other practices, we offer these tips to help ensure a smooth registration process:

- ▶ Using your National Provider Identifier (NPI) to register is faster because it will pre-populate your contact information into the system. You'll then need to upload a copy of your NPI, DEA, or state medical license for confirmation.
- ▶ ExpressPA will e-mail activation information to you; you'll need to respond using the user name and password entered during registration. (Adjust your e-mail settings, if necessary, so the activation e-mail from ExpressPA is not blocked.)
- ▶ If you are a nurse or office manager (an agent) using ExpressPA to work on behalf of a prescriber, the prescriber will first need to be registered and activated on ExpressPA. That prescriber must assign privileges to his/her agents.
- ▶ Agents must register for ExpressPA using the special physician ID number (PPI number) assigned during the prescriber's account activation. Be sure to obtain that PPI from the prescriber.

- ▶ If there is more than one prescriber in your practice, you will need to register as an agent for each prescriber.
- ▶ Please note that ExpressPA does not work with Mac operating systems; we plan to enhance this functionality in the future.



For more information on the registration and activation process, refer to our *Quick Start Guide*.

Online Resources

- ▶ To access ExpressPA's website, go to <https://www.express-pa.com>.
- ▶ To find our *Quick Start Guide*, which contains helpful information on the registration process, log on to www.bluecrossma.com/provider and select Technology Tools; then scroll down to ExpressPA and click on Learn more. ❖

Member Education

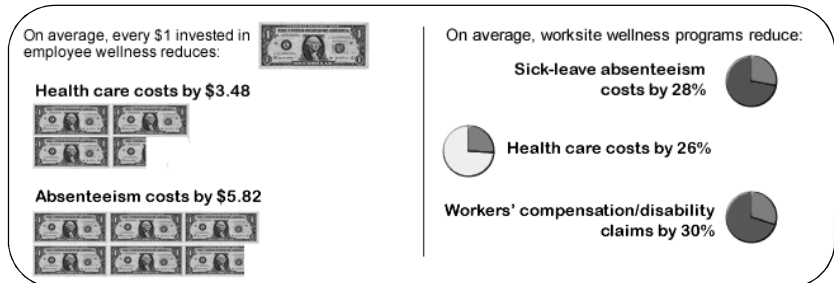
Municipal Employer Wellness Programs Thrive in Western Massachusetts

BCBSMA's Sales and Wellness team is working with municipal employers in Western Massachusetts to highlight the importance of wellness programs. As part of this effort, they are reviewing aggregate claims data and customizing programs for each employer to address diabetes, and low rates of physical activity and preventive screenings. In turn, this allows the employer to assume greater responsibility for the health of its employees.

For example:

- ▶ Berkshire Health Group and Scantic Valley Trust each hired a wellness coordinator to spearhead programming for members who are dispersed across these regions.
- ▶ Hampshire County is launching a colonoscopy incentive program in April, offering a \$50 gift card to each member over

Worksite Wellness: A Cost/Benefit Analysis



*Source: Centers for Disease Control and Prevention, 2009

the age of 50 who is screened. BCBSMA designed and promoted the program, and the account will fund the gift cards.

- ▶ In September 2010, the city of West Springfield implemented a football-themed fitness challenge. In 13 weeks, 136 employees walked a total of 51,734 miles—the equivalent of 910,518 football fields.

“We promoted the importance of wellness with these employers and helped them get started,” says Pam Santin, Municipal Wellness Program Manager for BCBSMA. “Now, they are taking the ball and running with it by organizing and funding their own initiatives, even on tight budgets. We continue to look at the big picture for them and offer advice, but it’s great to see these municipalities becoming self-sufficient in wellness.” ❖

Hospital Choice Cost-Sharing Adds Value for Members and Employers

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benefit design better. It provides information on cost-share amounts for lower- and higher-cost-share hospitals, a list of higher-cost-share hospitals, and tips on determining the member’s cost-share. We also talk about how we’re educating our members about Hospital Choice Cost-Sharing through phone calls, welcome kits, e-mails, and our online Plan Education Center.

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

To access:	Follow these instructions:
Our <i>Quick Tips</i> for Online Services and NEHENet	Log on to www.bluecrossma.com/provider and click on Resource Center>Admin Guidelines & Info>Quick Tips.
The <i>Hospital Choice Cost-Sharing Overview</i> presentation	Log on to www.bluecrossma.com/provider and click on Resource Center>Training and Registration. Under the All Providers drop-down menu, select the course title.
The Hospital Choice Cost-Sharing section of our Plan Education Center	Go to www.bluecrossma.com/hospitalchoice and click on HCCS Planning Guide on the left-hand side. Scroll to the bottom of the page to download lists of: <ul style="list-style-type: none"> ▶ Lower- and higher-cost hospitals ▶ Lower-cost freestanding labs and imaging facilities

Medicare News

Medicare Advantage Provider Quality Improvement Program to be Discontinued

BCBSMA will discontinue the voluntary Medicare Advantage Provider Quality Improvement Program (MAPQIP), effective June 1, 2011. This decision was made in an effort to reduce administrative expenses and focus on other similar Medicare Advantage member health assessment efforts.

This voluntary program was developed to help primary care providers (PCPs) and physicians of choice (POCs) capture comprehensive and complete diagnostic codes to accurately reflect their Medicare Advantage members' health status.

Capturing complete diagnostic codes in Medicare Advantage patients' charts is still important,



and we encourage you continue this practice.

For all applicable submissions, we will continue to accept the MAPQIP *Annual Visit Form (AVF)* for up to 90 days after the discontinuation date (or through August 31, 2011) for dates of services before June 1, 2011.

We will also continue to process payments along current eligibility guidelines for AVFs that you submit (one per Medicare Advantage member per calendar year) through August 31.

You can access forms and instructions for this program by logging on to www.bluecrossma.com/provider and selecting Resource Center>Forms>Practice Management Tools>MAPQIP Annual Visit Form.

Please note: as of June 1, 2011, the AVF will no longer be available on our website.

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

Billing Notes

Tips for Expediting Payment, Reducing Appeals and Administrative Costs

BCBSMA recently completed a study to identify the most common reasons for administrative appeals. We found that the highest volume of coding change appeals were a result of:

- ▶ Incorrect use of evaluation and management codes, such as 99243 and 99244
- ▶ Wrong diagnosis codes
- ▶ Common modifiers omitted from the original claims (see chart).

Ensuring your initial claims are submitted with appropriate coding can help expedite payment to you, eliminate the need for future appeals, and reduce administrative costs.

For more details on coding, refer to your *Blue Book* manual online. Log on to www.bluecrossma.com/provider and click on Admin Guidelines & Info>Blue Books. ❖

Modifiers commonly omitted from claims

Modifier:	Description:
26	Professional component
TC	Technical component
24	Unrelated evaluation and management service by same physician during postoperative period
25	Significant, separately identifiable evaluation and management service by the same physician on the same day as the procedure/service
57	Decision for surgery
59	Distinct procedural service

Coding Corner

This section offers tips on how to code services for complex cases and how to complete your CMS-1500 claims accurately to help ensure prompt payment.

Diabetes with Complications: Documenting and Coding Cause and Effect

In our last Coding Corner (February 2011 *Provider Focus*) we addressed coding diabetes mellitus when associated conditions exist. In this issue, we'd like to expand this further and address the importance of documenting and coding cause and effect. As you know, patients with diabetes mellitus are susceptible to one or more complicating associated conditions that particularly affect the cardiovascular, renal, nervous, and peripheral vascular systems, as well as the feet and eyes.

The fourth digit in the five-digit ICD-9-CM category 250.XX for diabetes mellitus identifies any diabetic associated condition. With the exception of osteomyelitis, there must be a cause-and-effect relationship between the diabetes and the associated condition before it can be coded as a diabetic condition.*

For example, documenting "Diabetes Mellitus, Peripheral Neuropathy" does not show a causal relationship. Based on this chart entry, the correct code assignment would be:

- ▶ Diabetes (250.0X)
- ▶ Peripheral Neuropathy (356.9).

To fully capture your patient's health status with complete ICD-9-CM coding, documentation should clearly indicate a cause-and-effect relationship between the diabetes and any associated conditions. In this example, you can establish a cause-and-effect relationship by documenting one of the following:

- ▶ Diabetes with peripheral neuropathy
- ▶ Diabetic peripheral neuropathy
- ▶ Peripheral neuropathy due to diabetes
- ▶ Peripheral neuropathy secondary to diabetes.

Now that you have established a cause-and-effect relationship, the correct code assignment for any of the diagnostic statements listed above would be:

- ▶ Diabetes Mellitus with Neurological Manifestations (250.6X)
- ▶ Polyneuropathy in diabetes (357.2).

By documenting and coding the cause-and-effect relationship between diabetes and associated conditions, you'll capture a more complete picture of a patient's overall health and potential needed treatments. ❖

**AHA Coding Clinic 2nd Quarter 2009, 1st Quarter 2004, 1st Quarter 1991.*

Ancillary News

Attention Assisted Reproductive Therapy Providers: New Fertility Pharmacy in Our Network

See page 3 to learn about a new fertility specialty pharmacy that has joined our designated network. Ascend SpecialtyRx can accept

submissions of Stim sheets for FSH and hMG medication at the completion of each cycle.

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

Medical Policy Update

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

Changes

Catheter Ablation of Arrhythmogenic Foci, 123. Removal of Holter monitoring from title and body of policy, revision of coverage and non-coverage criteria, and updating of references. Changes effective 7/1/11.

Clarifications

Computerized 2-lead Resting Electrocardiogram Analysis for the Diagnosis of Coronary Artery Disease, 312. 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*.

Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy, 301. In February *Provider Focus*, we listed an incorrect number for this new medical policy. The correct policy number is 301. Effective 5/1/11.

Dynamic Posturography, 263. Updating with revised formatting and references.

Endobronchial Valves, 313. Clarifying non-coverage.

Heart Transplants, 197. Clarifying coverage and non-coverage statements related to patients with histories of cancer.

Heart-Lung Transplants, 269. Clarifying coverage and non-coverage statements related to patients with histories of cancer.

H-wave Electrical Stimulation, 311. 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* and in medical policy 083, *Spinal, Vagal, Deep Brain, Cerebellar Stimulation*.

In Vivo Analysis of Colorectal Polyps, 521. 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*.

Interferential Stimulation for Treatment of Pain, 509. 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*.

Infertility Diagnosis and Treatment, 086. Updated the benefit exclusions and specialty pharmacy information in the Designated Retail Specialty Pharmacy Network section of the policy. Effective 4/1/11.

KRAS Mutation Analysis in Metastatic Colorectal Cancer, 104. Changed title to *KRAS and BRAF Mutation Analysis in Metastatic Colorectal Cancer*. Also clarified ongoing non-coverage of BRAF mutation analysis and updating references and procedure-to-diagnosis editing.

Laboratory Tests for Heart Transplant Rejection, 530. 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*.

Medical Technology Assessment Non-Covered Services, 400.

- ▶ Clarifying non-coverage of 3-D tomosynthesis imaging of the breast for screening or diagnostic purposes (e.g., Selenia technology).
- ▶ Clarifying non-coverage of scoliScore™ AIS (adolescent idiopathic scoliosis) prognostic DNA-based test.
- ▶ Clarifying non-coverage of treatment of chronic cerebrospinal venous insufficiency (also known as liberation treatment).

Microarray-Based Gene Expression Testing for Cancers of Unknown Primary, 614. 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*.

MRI; MRA; MRV; MRS; Positional Magnetic Resonance Imaging; and Functional MRI, 106. Clarifying coverage of MRA for complex migraine headache with a suspicion of a structural lesion.

MRI of the Breast, 230. In September 2010 *Provider Focus*, we announced that effective December 1, 2010, we would be excluding coverage for personal history of ovarian cancer and for family history of ovarian cancer. Please note: we are continuing coverage for these indications.

Paraspinal Surface Electromyography (SEMG) to Evaluate and Monitor Back Pain, 517. 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*.

Positron Emission Tomography (PET) Scans, 358. Clarifying non-coverage of vasculitis.

Preventing Premature Delivery, 043. Changed policy name to *Home Uterine Activity Monitoring* and removed information on salivary estriol testing, which continues to be non-covered.

Spinal, Vagal, Deep Brain, Cerebellar Stimulation, 083. Removing information on H-wave electrical stimulation; information moved to new medical policy 311, *H-wave Electrical Stimulation*. ❖



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Visit our Plan Education Center and learn how we're educating our members.
www.bluecrossma.com/plan-education

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 for first tier, downstream, and related entities.

Those provider entities who have met the FWA certification through enrollment into the Medicare program or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and Supplies are deemed to have met the training and education requirements.

BCBSMA requests your continued cooperation in preventing, detecting, and reporting suspected FWA.

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, please call our confidential Fraud Hotline at 1-800-992-4100 or send an e-mail to us at fraudhotline@bcbsma.com. ❖

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