Blue Cross Blue Shield of Rhode Island

provider update

P=Professional | **B**=Behavioral Health | **F**=Facilities

August 2018

Referrals help ensure an appropriate level of care

We all know that getting the right care at the right time in the right place is a powerful combination that leads to improved health outcomes, better patient experiences, and lower overall costs. Sometimes, however, determining the who, what, when, where and why of that combination might seem unclear or a little complicated – especially to our members, who may not always know what constitutes an "appropriate level of care."

For example, most patients do not need to see a dermatologist for a rash from exposure to poison ivy. But how would they know that and who makes that decision? Inadequate care can be frustrating and possibly even dangerous, for sure. Care that is too advanced or too specialized can be medically unnecessary and a waste of valuable resources. It can also tie up specialized resources for people who really need them. So again, what is "appropriate care" and how do we get there?

Well, here at Blue Cross & Blue Shield of Rhode Island (BCBSRI), we strongly believe that delivering personalized, integrated care to our members under the supervision and coordination of a primary care provider (PCP) is absolutely the way to go – and we offer a number of tools intended to support this highly focused model. One example is our web-based referral management tool, which we introduced a couple of years ago to help PCPs better manage the care of their BCBSRI patients and to improve and streamline communication among PCPs, specialists, and any other health providers involved in a patient's care.

Last year, our web-based referral tool became mandatory for those products requiring referrals, and on January 1, 2018, we extended this requirement to BlueCHiP for Medicare products. We also made some updates to the referral process that we told you about back in March. As a reminder, they include:

- PCPs can retroactively generate a web-based referral within 90 days of the specialist visit. (Previously, it was 30 days.)
- If a provider enters an inactive member ID, they will receive an error message.

Here are some other important things to note:

- Behavioral health services do not require a referral.
- PCPs decide themselves whether it's necessary to see a patient prior to initiating a referral.
- Referrals are valid up to one year from the date the web-based referral is entered.
- Specialists need to confirm – in the web-based tool – that a referral has been made.

I hope you find these updates helpful, but if you are unsure about the referral requirements for a specific BCBSRI member, you can click here to review a complete list of BCBSRI's products with notations for those that require a web-based referral. You can also verify medical benefits by logging on to our secure Provider Portal and confirming patient eligibility.

If you have any questions, please call our Physician & Provider Service Center at (401) 274-4848. If out-of-state, please call 1-800-230-9050.

As always, we appreciate your efforts to help us make healthcare affordable and simple for our members and your patients, and we thank you for your continued support of our programs.

Gus Manocchia, M.D.
Executive Vice President and Chief Medical Officer

Contents

BCBSRI Update.................................2
Quality.................................4
Behavioral Health.................................6
Claims.................................8
Policies.................................9

Our providers 'MET' the challenge

Matt Collins, M.D., MBA
Vice President, Clinical Integration

Here at BCBSRI, our overarching goal is to make healthcare affordable and simple for Rhode Islanders. We work to achieve this objective by executing on a number of important initiatives intended to support and advance the triple aim of enhancing the patient experience, controlling costs, and improving outcomes. But transforming the way healthcare is delivered and paid for in our state isn't something we can do alone. It takes teamwork—lots of it.

Fortunately, there are many providers across the state who share a similar vision and you are willing, active partners when it comes to thinking differently about 'the system' and offering ideas that can help make it work better for everyone. The latest example of this collaboration in action was our inaugural Provider MET Summit, which was held recently at our 500 Exchange Street office in downtown Providence.

As you likely know, MET stands for "medical expense trend." BCBSRI has a program dedicated to bending the trend and reducing unnecessary medical costs through the identification, oversight, execution, and monitoring of savings opportunities. Our MET team started the annual MET Summit three years ago to involve BCBSRI employees throughout the organization in these activities. As it turned out, a winning submission from the 2017 MET Summit was to hold a similar event for our provider partners, so that we could leverage your expertise and tap into the great ideas you all have. And that's what we did. I had the pleasure of hosting the event, and here's how it went.

Healthcare providers from across the state submitted first-round application ideas back in the spring. From that list, nine were accepted for presentation at the Provider MET Summit. Providers had about 8-10 minutes to present their ideas, which was followed by 2-3 minutes of Q&A. After a thoughtful review process, the following three ideas received the most votes by our selection committee and will move on to a scoping and validation session:

Mobile Integrated Health Pilot
Presenter: Dr. Bryan Choi,
University Emergency Medicine Foundation

Geri RADE (Reducing Adverse Drug Events)
Presenter: Dr. Elizabeth Goldberg,
University Emergency Medicine Foundation

Spine Care: Moving from Disarray to Community Pathway
Presenter: Dr. Donald Murphy,
Rhode Island Spine Center

While these three ideas were the ones chosen to move forward this time around, it's not necessarily the end of the line for the other ideas. The submissions that did not receive the top votes are still worthy of further exploration, and I have already reached out to the submitting providers to continue discussions. For the record, the non-selected submissions included a variety of innovative ideas that could potentially yield positive results down the road. Here are just a few examples:

- A cloud-based remote glucose monitoring program to help patients with diabetes better manage their condition
- A "mini specialization" training program for PCPs, pediatricians, and specialists
- A cortical integrative therapy model for the treatment of brain-based disorders and injuries
- A shared decision making model for orthopedics diagnoses
- A pilot program intended to create a statewide quality of care system for urology care

Based on the experience this year and the quality of all your submissions, I expect the Provider MET Summit to become a new tradition. So I want to thank everyone who took the time to participate in the event, and for your ongoing commitment to improving the health of our members.

BCBSRI Update

Provider Relations Seminars: Fall 2018

Please join us in October to learn about new and ongoing BCBSRI programs available to you and your patients. These seminars will provide an overview of the following programs and benefits:

- 2019 Medicare plan changes
- Referral tool changes
- Healthcare affordability and high-value care
- Telemedicine updates
- New authorization application replacing Clear Coverage in 2019

Below is a list of available dates and times, so you can choose the seminar that works best for you. You may RSVP by emailing ProviderRelationsSeminars@bcbsri.org. Please include your name, how many people will be attending, and the date/location in your email.

Thursday, October 11, 2018
Your Blue Store Lincoln
622 George Washington Hwy, A – 06
Lincoln, RI

Friday, October 12, 2018
Kent County Hospital
Doctors Auditoriums A & B
455 Toll Gate Road
Warwick, RI

Monday, October 15, 2018
Miriam Hospital
Sopkin Auditorium
164 Summit Avenue
Providence, RI

Thursday, October 18, 2018
Rhode Island Hospital
George Auditorium
593 Eddy Street
Providence, RI

Friday, October 19, 2018
Roger Williams Hospital
Kay Auditorium
825 Chalkstone Avenue
Providence, RI

Tuesday, October 23, 2018
Newport Hospital
Gudoian Conference Room
11 Friendship Street
Newport, RI

All seminars will take place from 8:00 to 9:00 a.m., and complimentary coffee and breakfast will be served. See you there!

Event: Prevent Diabetes STAT Rhode Island

Over one-third of Rhode Islanders are pre-diabetic and the vast majority are not aware that they are. Left untreated, between 15 and 30 percent of pre-diabetics will develop full type 2 diabetes within five years.

Prevention programs, however, have proven to be very effective in preventing pre-diabetics from progressing to diabetes – which is why BCBSRI is proud to sponsor the Rhode Island Medical Society's "Prevent Diabetes STAT Rhode Island." (For reference, STAT stands for Screen/Test/Act Today™.)

This event will provide detailed data regarding the effectiveness of diabetes prevention programs (DPP). It will also focus on the importance of routine pre-diabetes screenings and how to perform such screenings, as well as how to refer patients to free, evidence-based DPPs in their communities. Given these tools, physicians will not only establish new clinical habits, but will also empower patients to take better care of themselves.

As you may know, diabetes is the single most costly chronic condition in Rhode Island. So we hope you can join us for this important educational event.

- Prevent Diabetes STAT Rhode Island
  Saturday, September 8
  8:00 a.m. to 12:00 p.m.
  Warren Alpert Medical School of Brown University
  222 Richmond Street
  Providence, Rhode Island

Register online at www.rimed.org.

BCBSRI Update

Important: Verify your practice information!

BCBSRI regularly conducts quarterly fax-based validation and attestation of provider practice information displayed within our Find a Doctor tool. We contact provider offices directly, via fax, to ensure this information is accurate and up to date.

CMS requires providers to note whether the location included is the same as where a patient is able to make an appointment. CMS also requires providers to note whether they are accepting new patients.

Once your office has verified your information, please check the "attestation" box and fax it back to BCBSRI as soon as possible. Please note that even if your information is presently accurate and not in need of updates, your office is still expected to verify your information, check the attestation box, and fax the form back to BCBSRI.

If you have questions about these verification efforts, please email ProviderRelations@bcbsri.org.

Important: Update your practice information on the NPPES NPI registry website!

BCBSRI's vendors like Prime, Beacon and eviCore utilize the National Plan and Provider Enumeration System (NPPES) NPI registry when sending letters regarding authorizations, appeals, etc. If your address is not updated with CMS and the NPPES NPI registry website, you may not be receiving pertinent vendor notifications. If you would like to check what address is loaded on the website, please visit https://npiregistry.cms.hhs.gov/. If you have any questions about updating your information, please email ProviderRelations@bcbsri.org.

Quality

Hints for HEDIS® (and more)

As part of our ongoing efforts to provide the highest quality care to our members, BCBSRI reviews data from the Healthcare Effectiveness Data and Information Set (HEDIS®), CMS Stars, Consumer Assessment of Healthcare Providers and Systems, Medicare Health Outcomes Survey, and our internal resources. This information helps us identify opportunities to enhance clinical care for your patients, who are our members. "Hints for HEDIS (and more)" contains resources and guidance to make it easier for providers to take advantage of these opportunities.

If you have any questions, comments, or ideas regarding any of BCBSRI's quality or clinical initiatives, please contact Monica Broughton, MPH, quality management analyst, at (401) 459-1146 or email monica.broughton@bcbsri.org.

Tips and tricks for HEDIS

The following tips will aid you in optimizing your HEDIS performance as the year comes to an end and will ultimately increase the quality of care your patients (our members) receive:

- For primary care providers (PCPs) — Familiarize yourself with the BCBSRI PCP Quality Incentive Program. Learn how you can report compliance in a variety of ways, such as maximizing coding through claims. Refer to CPT Category 2 Code guide or the PCP Quality Incentive Program booklet.
- Collaborate with BCBSRI on medical records requests — BCBSRI strives to minimize provider disruption by coordinating HEDIS and risk adjustment medical record requests whenever possible. No special request or patient authorization is needed.

Quality

- Colorectal Cancer Screening — Document in the medical record any discussion in regard to this topic, follow up on referrals, and educate the patient on alternatives to a colonoscopy. Stating the colonoscopy is "up to date" is not enough to meet compliance; documentation must include at least the year the procedure was done.
  – Cologuard® and other stool tests are generally covered at 100% and are HEDIS compliant.
- Controlling High Blood Pressure — Take two blood pressure readings during visits to ensure that any patient with a high reading is rechecked at the time of service. Ensure all documentation is legible.
- Comprehensive Diabetes — All patients with diabetes should have a minimum of one hemoglobin A1c test per calendar year and one nephropathy screening. Reach out to non-compliant patients or leverage acute visits to address the importance of these diabetic screening tests. Also, be sure to document any discussion in the medical record, for example the eye care provider's name and if the patient declines due to inconvenience or cost.

  Follow up on referrals for diabetic eye exams and educate patients that a dilated eye exam is not always necessary. Either of the following count for HEDIS compliance for diabetic members:

  – A retinal or dilated eye exam by an eye care professional (2017)

  – A negative retinal or dilated eye exam (no evidence of retinopathy) by an eye care professional in the year prior (2016) to the measurement year.

  Lastly, use of CPT® Category II code 3072F (Diabetic Retinal Screen Negative) when used appropriately closes the gap in care for two years as set forth by the National Committee for Quality Assurance (NCQA) via the Healthcare Effectiveness Data and Information Set (HEDIS) performance measures.
- NEW Transitions of Care — (Please note all portions of this measure must come from the same managing care providers medical record.) Admission and discharge notifications should be scanned into the medical record and time stamped within 24 hours of the event. Schedule a follow-up office visit with the patient within 30 days of discharge of all inpatient admissions and document 'medication reconciliation' or 'medications reviewed' in the medical record with a current medication list. A telephonic review of medications is acceptable if it is performed by a provider with prescribing authority, registered nurse or clinical pharmacist and is noted in the medical record. Submit CPT Category 2 code 1111F when medication reconciliation is performed. A visiting nurse/home health visit also counts if the paperwork is scanned into the managing provider's records.
- Adult BMI Assessment — Ensure that BMI is captured at a minimum annually - even if taken at an acute visit—and clearly document in the medical record. Outreach to patients who have not been seen in the last two years.

  – It's not too late to capture adult BMIs. If a member had a height and weight taken in the past two years during an outpatient visit you can calculate the BMI value and document it in the medical record as a late entry.

  – Going forward, ensure you are using the ICD-10CM Codes to Identify BMI (Numerator) Adult BMI Value: Z68.1–Z68.45. This will close the gap in care without the burden of medical record review.
- Cervical Cancer Screening — Clearly document a hysterectomy within the medical record such as "Total hysterectomy", "Absence of cervix" or "PAP no longer needed" so that the member can be excluded from your population.
- Prenatal and Postpartum Care — Schedule a postpartum visit within 21-56 days after delivery. This is important even for women with C-sections. An incision check 7-10 days after delivery does not meet the intent of this measure.

We thank you for your cooperation during the HEDIS season and all year long!

Antidepressant Medication Management

The HEDIS measure Antidepressant Medication Management (AMM) applies to the percentage of members who are 18 years of age and older, were treated with antidepressant medication, had a diagnosis of major depression, and remained on antidepressant medication treatment. The measure focuses on two rates—the effective acute phase and the effective continuation phase. Detailed information on this measure is in the following table:

Measure	*Measure population*	*Tips for success*
Antidepressant Medication Management	The Effective Acute Phase Treatment refers to the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). The Effective Continuation Phase Treatment refers to the percentage of members who remained on an antidepressant medication for at least 180 days (six months).	• Schedule a follow-up office visit to assess symptoms within a maximum of six weeks. • Visits should be sufficiently frequent to optimize adherence. (Roughly half of all patients treated for depression stop taking their medication within the first month.) • Remind patients that symptom alleviation may take between two and four weeks. It can sometimes take up to eight weeks for medication to become fully effective. • Remind patients to continue to take medications for at least six months, even if their symptoms improve.

Follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medication

The HEDIS measure Follow-Up Care for Children Prescribed ADHD Medication focused on the percentage of children who have been newly prescribed ADHD medication. It also focused on children with at least three follow-up care visits within a 10-month period, one of which occurred within 30 days of first dispensing ADHD medication. The measure is concerned with both the initiation, and continuation and maintenance phases. Details on each phase, along with tips for success, are listed below:

<table>
<tr><th>Measure</th><th>Measure population</th><th>Tips for success</th></tr>
<tr><td rowspan="2">Follow-Up Care for Children Prescribed ADHD Medication (ADD)</td><td>Initiation Phase: The percentage of children 6-12 years of age as of the index prescription date (IPSD). Should have ambulatory prescription dispensed for ADHD medication and one follow-up visit with a practitioner with prescribing authority. Follow-up visit should occur in the first 30 days of the Rx dispensation.</td><td rowspan="2">• When prescribing new ADHD medication, schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in your office.
• Schedule two additional visits in the nine months after the first 30 days to continue monitoring your patient's progress.
• Telephone codes can help satisfy the requirements for the Continuation & Maintenance phase part of the measure. Codes 98966, 98967, 98968, 99441, 99442, and 99443 are covered but not separately reimbursed by BCBSRI. If the patient is not seen face-to-face, but instead completes a follow-up call, these codes may satisfy the numerator for the continuation measure.
• Controlled substances should not be reordered without at least two visits per year to evaluate a child's progress and growth.</td></tr>
<tr><td>Continuation & Maintenance Phase: The percentage of children who are aged 6-12 years, as of the IPSD. Should have an ambulatory prescription dispensed for ADHD medication and should remain on medication for at least 210 days. In addition, the initiation phase should have had at least two follow-up visits with a practitioner, occurring within 270 days (nine months) after the initiation phase has ended.</td></tr>
</table>

Behavioral Health

PBF FUH HEDIS measure

The HEDIS measure Follow-up After Hospitalization for Mental Illness (FUH) is the percentage of discharges of members who are six years of age and older who were hospitalized for treatment of selected mental illness diagnoses. The measure also focuses on members who have had an outpatient visit, partial hospitalization, or intensive outpatient encounter with a mental health practitioner. Please see below for how the FUH measure focuses on the following two rates:

Measure	*Measure population*	*Tips for success*
Follow-up After Hospitalization for Mental Illness (FUH)	30-day follow-up: An outpatient visit, partial hospitalization with a mental health practitioner, or intensive out-patient visit within 30 days of being discharged. These include visits and partial hospitalization that occur on the date of discharge.	• Collaboration between the inpatient facility and outpatient provider is critical. • Therefore, if a provider is aware of an inpatient admission, efforts should be made to work with hospital discharge planners to set up appointments prior to the patient leaving the hospital.
	Seven-day follow-up: An outpatient visit, partial hospitalization, partial hospitalization with a mental health practitioner, or intensive outpatient visit within seven days of being discharged. These include visits and partial hospitalization that occur on the date of discharge.	

Claims

PBF Reminder: Utilizing the correct form for claim adjustment requests

BCBSRI wants all practices to have their administrative issues resolved accurately and timely. This is why it is so important to ensure that the appropriate form is filled out and submitted correctly, as well as sent to the appropriate department.

As such, please remember that the Grievance & Appeals Unit (GAU) does not process claims adjustments. GAU is BCBSRI's internal review team for grievances and appeals and is not responsible for claim adjustments or processing.

If you are sending in a claim retraction, claim correction, or medical records, please use the Physician/Provider Claim Adjustment Request form that can be printed and downloaded by clicking here. This form must be mailed to our claims department at the following address, which is also listed on the bottom of the claim adjustment form:

Blue Cross & Blue Shield of Rhode Island
Attn: Basic Claims Administration – Inquiry Unit 00066
500 Exchange Street
Providence, RI 02903-2699

Please note that any claims submissions that are incorrectly sent to GAU to process of any kind may be returned, and you will be asked to submit the proper form to the proper BCBSRI department.

If you are looking to submit an appeal, please use the Physician/Provider Appeal Request form, which you can print and download by clicking here. If you have any questions regarding which form to use or the appropriate BCBSRI department to submit claim adjustments to, we welcome you to email ProviderRelations@bcbsri.org.

Claims

PBF Modifier 22 updated claim form

A new policy has been created to document and clarify the existing process for determining reimbursement for modifier 22 claims using updated criteria. Additionally, the Modifier 22 Unusual Procedural Service Form was updated to reflect these changes. Providers are asked to begin submitting the new form effective September 1, 2018. Please see the full text of this policy at BCBSRI.com. The new form can be found by clicking here.

Policies

PF Policies recently reviewed for annual update

The following policies were recently reviewed for annual update. The full text of these policies is available on the Policies page in the Provider section of BCBSRI.com.

- Autologous Chondrocyte Implantation
- After Hours: Special Services, Procedures and Reports
- Bioimpedence Devices for Detection and Management of Lymphedema
- Breast Pumps – Hospital Grade
- Buprenorphine Implant for the Treatment of Opioid Dependence
- Dry Needling
- Cardiac Hemodynamic Monitoring
- Intensive Behavioral Therapy (IBT) for Obesity
- Medical Record Standards
- Non-Powered Negative Pressure Wound Therapy (former title: Mechanical Wound Suction)
- Payments for Outpatient Service Performed when a Member is Admitted as an Inpatient to a Different Hospital
- Prostate Specific Antigen (PSA) Screening Testing Mandate
- Self-care and Treatment of Family Members

For your review, we also post monthly drafts of medical policies that are in the process of being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the Policies page in the Provider section of bcbsri.com. Once there, click on the Medical and Payment icon to view the relevant policy. From there, use drop-down box to sort policies by draft.

PF New policies

Two new policies were created and are ready for review:

- Confocal Laser Endomicroscopy
- Gene Expression Profiling for Cutaneous Melanoma

Effective dates vary so please review the full text of these policies in the Provider section of BCBSRI.com by clicking here under the Medical Policy heading.

Policies

PF Preventive services for Commercial members

As part of the annual review for the Preventive Services for Commercial members, coverage has been added under Maternal Depression Screening for the Administration of caregiver-focused health risk assessment instruction (e.g. depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument. Effective August 1, 2018, CPT code 96161 is covered for members up to 12 months of age. Additionally, the Women's Preventive Services Guidelines have been updated with the following requirements:

- Diabetes Screening after Pregnancy
- Urinary Incontinence Screening

Note: Coverage for newly recommended preventive health services will be made no later than one year after the release date of the recommendation. Please refer to the Preventive Services for Commercial Members policy for more details.

P New submission requirements for claims using modifier 59 and X {EPSU} modifiers

As published in June's issue of Provider Update, starting August 15, 2018, BCBSRI requires paper claim submission with supporting documentation for claims filed with modifier 59 or XE, XP, XS, XU (X {EPSU}) modifiers. This requirement reflects BCBSRI's efforts to align with CMS' National Correct Coding Initiative, which promotes accurate and appropriate claims submission practices. BCBSRI also works diligently to follow the recommendations on the use of modifier 59 set forth by the Office of Inspector General.

There are only five codes that will need to be dropped to paper and submitted with Medical Records when utilizing the 59 modifier.

Digestive System
- 43239, 45380

Radiology
- 7054, 76942

Medicine/Ophthalmology
- 92250

Once the claim is submitted on paper with supporting documentation, it will be reviewed to determine if it is coded correctly. If it is coded correctly, the claim will pay according to the BCBSRI allowance. Please submit your paper claim on the CMS-1500 claim form with supporting documentation (e.g., operative and medical notes).

To file a paper claim with supporting documentation, please follow these two steps:

1. Complete a CMS-1500 claim form
2. Submit the completed CMS-1500 form and supporting documentation to:

Blue Cross & Blue Shield of Rhode Island
Claims Department
500 Exchange Street
Providence, RI 02903-2699

Claims filed electronically and/or with no supporting documentation will be denied as provider liability and will be reflected on your remittance advice as "refile claim on paper with the supporting documentation." Members cannot be billed for incorrectly submitted claims. If your claim is not reviewed because of incorrect submission after August 15, 2018, you have the right to submit an adjustment using the Physician/Provider Claim Adjustment Request form, which is located on the provider portal on bcbsri.com.

For information, please read the Modifier 59 or X {EPSU} Guidelines policy or email ProviderRelations@bcbsri.org.

PBF BlueCHiP for Medicare national and local coverage determinations policy

BCBSRI must follow CMS guidelines for national coverage determinations (NCD) or local coverage determinations (LCD). Therefore, policies for BlueCHiP for Medicare may differ from policies for Commercial products. In some instances, benefits for BlueCHiP for Medicare may be greater than what is allowed by CMS.

In the absence of an applicable NCD, LCD, or other CMS-published guidance, BCBSRI will apply policy determinations developed using peer-reviewed scientific evidence. BCBSRI will continually review NCD and LCD updates and implement appropriate policy changes.

Due to the ongoing effort to follow CMS NCDs and LCDs, many BCBSRI policies are now applicable to Commercial products only. In these instances, please refer to BlueCHiP for Medicare's National and Local Coverage Determinations policy for further information on BlueCHiP for Medicare coverage.

PF CPT® and HCPCS Level II Code changes

We have completed our review of the July 2018 current procedural terminology (CPT) and HCPCS code changes including any category II performance measurement tracking codes and category III temporary codes for emerging technology. These updates will be added to our claims processing system and are effective July 1, 2018. The lists include codes that have special coverage or payment rules for standard products. (Some employers may customize their benefits.) We have included codes for services that are:

- "Not Covered" – This includes services not covered in the main member certificate (e.g., covered as a prescription drug).
- "Not Medically Necessary" – This indicates services where there is insufficient evidence to support.
- "Not Separately Reimbursed" – Services that are not separately reimbursed are generally included in payment for another service or are reported using another code and may not be billed to your patient.
- "Subject to Medical Review" – Preauthorization is recommended for commercial products and required for BlueCHiP for Medicare.
- "Invalid" – Use alternate procedure codes, CPT or HCPCS code.
- "Medicare Lab Network" – Codes that are reimbursed to a hospital laboratory outside of the laboratory network, physician or urgent care center providers for BlueCHiP for Medicare.
- "Pending CMS determination" – For BlueCHiP for Medicare Category III codes

Please submit your comments and concerns regarding coverage and payment designations to:

Blue Cross & Blue Shield of Rhode Island
Attention: Medical Policy, CPT review
500 Exchange Street
Providence, Rhode Island 02903

Please note that as a participating provider, it is your responsibility to notify members about non-covered services prior to rendering them.

*CPT is a registered trademark of the American Medical Association.

Policies

Additional July 2018 CPT Code updates

Code	*Comment*
0045U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and Institutional providers for Commercial products.
0046U	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for commercial products.
0047U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and Institutional providers for commercial products.
0048U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and Institutional providers for commercial products.
0049U	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for commercial products.
0050U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.
0052U	Not medically necessary for professional and institutional providers for commercial products.
0053U	Not medically necessary for professional and institutional providers for commercial products
0054U	Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and commercial products.
0055U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.
0056U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.
0058U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.
0059U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.
0061U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.
0061U	Not covered for professional and institutional providers for BlueCHiP for Medicare and not medically necessary for professional and institutional providers for commercial products.

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08/18 PRR-18026