

# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

**January 2018**

With the New Year underway, Blue Cross & Blue Shield of Rhode Island (BCBSRI) is pleased to offer the 2018 version of the PCP Quality Incentive Program, which rewards primary care providers (PCPs) for closing gaps in care for our members in their practices. This 2018 incentive program is open to all PCPs and reflects our ongoing commitment to move from a fee-for-service payment model to one that rewards quality.

BCBSRI's 2018 Quality Incentive Program integrates nationally accepted quality measures from recognized organizations, such as the National Committee on Quality Assurance (NCQA), the Center for Medicare and Medicaid Services (CMS), the National Quality Forum, and the Oregon Pediatric Improvement Partnership. BCBSRI evaluates performance measures yearly. Categories and targets are adjusted annually and are based on industry standards, as well as both national and local performance of providers.

BCBSRI's 2018 Quality Incentive Program organizes key measures into the following three groups:

- Adult: BlueCHIP for Medicare
- Adult: Commercial
- Pediatric Commercial

As a PCP, you're in a unique position to close gaps in care for BCBSRI members, and in fact, many of the measures contained in this program are within the scope of healthcare services you provide every day.

Additionally, our PCP Quality Incentive Program encourages the use of CPT® Category II codes for specific test results and preventative services, which can help you close gaps in care by sharing information with BCBSRI more quickly. Of note, using these codes eliminates the need for BCBSRI to request charts from your office at a later date to determine whether services have been completed.

I encourage you to make the most out of our 2018 PCP Quality Incentive Program, as it could be very financially rewarding for you and your practice. You can access the program booklet by clicking [here](#). It contains information about expectations for providers and specific measurements of the program, which can help you meet program targets.

If you have any questions about the program, please reach out to your provider relations representative, or email [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

Here's to a happy and healthy 2018.

**Dr. Gus Manocchia**  
*Senior Vice President and  
Chief Medical Officer*



## Contents

BCBSRI Update.....	2	Pharmacy.....	8	Policies.....	13
Quality.....	3	Claims.....	10		
Behavioral Health.....	6	Contracting & Credentialing.....	11		

# BCBSRI Update



## Referral requirements for all individual 2018 Medicare Advantage plans

As of January 1, 2018, all seven of BCBSRI's individual Medicare Advantage plans require a member's PCP to generate a web-based referral for specialist office visits. Previously, only BlueCHIP for Medicare Advance members required a referral, but this requirement is now extended to all individual BlueCHIP for Medicare members in 2018. Please note that Group BlueCHIP for Medicare members are not impacted by this change and do not require a referral.

Prior to rendering services, PCPs are responsible for generating referrals to specialists and specialists are responsible for ensuring a referral from a PCP is made. Specialist office visits rendered to BlueCHIP for Medicare members without a PCP first making a web-based referral will result in a denied claim and the specialist will be held liable. Additionally, when there is no referral on file, Medicare Advantage members cannot be balance-billed.

Please note that behavioral health services do not require a referral.

Here are a few things to keep in mind, regarding web-based referrals:

- Web-based referrals are valid for up to 180 days.
- PCPs can retroactively generate a web-based referral within 30 days of the specialist visit\*.
- BCBSRI does not accept paper referrals.

To determine whether any of your patients are enrolled in a referral-based plan, you can:

- Click [here](#) to review which of BCBSRI's products require a web-based referral for specialist visits.
- Verify medical benefits by logging on to BCBSRI's Provider Portal and going to the Patient Eligibility section. From there, click the Medical Benefits tab, and then select the appropriate Service Category and Service Type.

We encourage you to share our [referral tip sheet](#) with your patients enrolled in the individual BlueCHIP for Medicare plans. There is also a [referral FAQ](#) for BCBSRI providers to reference.

If you have any questions regarding our web-based referral management tool or information on BCBSRI plans and products that require web-based referrals, please call our Physician & Provider Service Center at (401) 274-4848. If out-of-state, please call 1-800-230-9050.

\*In March, referrals can be retroactively requested up to 90 days from the date the referral is entered.

# BCBSRI Update

## **PBF** Important: verify your practice information!

BCBSRI 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.

The Centers for Medicare & Medicaid Services (CMS) requires providers to note whether the location displayed 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 on the faxed form, please check the “attestation” box and fax it back to BCBSRI, as soon as possible.

Please note that even if your information is accurate, your office must check the attestation box to confirm the information is verified, and fax the form back to BCBSRI.

If you have questions about these verification efforts, please email [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

## Quality

### **PF** Hints for HEDIS® (and more)

As part of our ongoing efforts to provide the highest quality healthcare 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 internal resources. This helps us identify opportunities to enhance clinical care for our members, who are your patients. Hints for HEDIS (and more) provides guidance and resources to help address these opportunities.

If you have any questions, comments, or ideas regarding any of our quality or clinical initiatives, please contact Courtney Reger, RN, BSN, senior clinical quality management analyst, at (401) 459-2763, or email [courtney.reger@bcbsri.org](mailto:courtney.reger@bcbsri.org).

### **New-onset, non-acute low back pain**

With winter here, low back pain diagnoses may appear more often, with patients injuring themselves by shoveling or by slipping and falling on ice or snow. Clinical evidence indicates that in the absence of red flags (see exclusions below), diagnostic imaging, such as plain X-rays, MRIs, and CT scans, is not necessary for most cases of new-onset back pain.

On matters of diagnosing and treating lower back pain, BCBSRI consults the American College of Physicians and the American Pain Society’s clinical practice guidelines, found on the Annals of Internal Medicine’s [website](#). We track performance in this area using the HEDIS measure titled Use of Imaging Studies in Low Back Pain. This measure examines the percentage of members aged 18-50 with a primary diagnosis of new-onset low back pain, who have not had an imaging study, such as plain X-ray, MRI, or CT scan within 28 days of the diagnosis. This measure is reported as an inverted rate. Members receiving imaging studies are subtracted from the denominator. A higher rate indicates better performance.

# Quality

The table below summarizes the HEDIS measure, population, and tips for improving performance.

<i>Measure</i>	<i>Population: Numerator and Denominator</i>	<i>Tips for success</i>
Use of Imaging Studies for Low Back Pain	<ul style="list-style-type: none"> <li>• Numerator: Members from the denominator, who had an imaging study with a diagnosis of low back pain and no exclusions.</li> <li>• Exclusions: Cancer, HIV, IV drug abuse, neurologic impairment, organ transplant other than kidney transplant, prolonged use of corticosteroids, spinal infection, trauma</li> <li>• Denominator: Members 18-50 years old with a principal diagnosis of low back pain, during an outpatient or emergency room visit.</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid ordering diagnostic studies in the first six weeks of new-onset back pain in the absence of red flags</li> <li>• Encourage conservative treatment (pain management, activity modification, physical therapy) for new-onset low back pain without red flags. Remind patients that uncomplicated low back pain is typically a benign, self-limited condition and that the majority of patients resume their usual activities within 30 days.</li> <li>• Use correct exclusion codes where necessary. For example, you would enter the code for cancer or other secondary diagnoses, if these are why the studies are ordered.</li> </ul>

## Avoidance of antibiotic treatment in Adults with Acute Bronchitis (AAB)

The AAB measure evaluates the inappropriate use of antibiotics in adults ages 18-64 with a diagnosis of acute bronchitis. This measure advises that the vast majority of cases of acute bronchitis do not require antibiotic therapy, as they are viral. This measure is aimed at improving antibiotic stewardship across the population, by stemming the tide of antibiotic resistance in local communities, as well as nationwide. It also aims to help avoid potential side effects and complications of antibiotic therapy in individual patients, when the treatment is not clearly indicated.

Precise diagnostic coding is essential for accurate use of this measure. The new ICD-10 codes are mostly specific to viral bronchitis. There are two unspecified ICD-10 codes, which are J20.8 and J20.9. Please pay careful attention to the diagnostic codes and accurately reflect the condition being treated. Use bacterial ICD-10 codes, when appropriate.

There are particular comorbid conditions that could influence your decision to prescribe antibiotic therapy for bronchitis are also critical to document, since they will result in removal of the patient from the denominator in this measure and more appropriately reflect your clinical thought process.

To achieve clinical coding accuracy, only utilize the code for acute bronchitis, if the diagnosis is accurate and confirmed.

# Quality

Remember to code for relevant comorbidities when you do prescribe antibiotics for bronchitis. Comorbidities requiring coding are:

- COPD
- Cystic Fibrosis
- Disorders of the Immune System (new)
- Emphysema
- HIV
- HIV Type 2
- Malignant neoplasm

Patients sometimes pressure their providers to prescribe antibiotic therapy. To help you further educate your patients on antibiotic stewardship, as well as the difference between viral and bacterial processes, we are happy to supply you with informational Rx pads from the Centers for Disease Control's (CDC) Get Smart campaign. Supplies are limited, so please be sure to reach out quickly. To obtain these pads, please call Courtney Reger, RN, BSN, senior clinical quality management analyst, at (401) 459-2763, or email [courtney.reger@bcbsri.org](mailto:courtney.reger@bcbsri.org).

To obtain the most up-to-date information on this campaign, please visit the CDC's [website](#).

## Report gaps in care

Please be reminded that PCPs have until **February 22, 2018** to send us their closed gaps in care for 2017. To send BCBSRI your gaps in care, use GlidePlath files to help maximize incentive dollars.

If you have questions about using GlidePath, please contact your provider relations representative, or email to [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

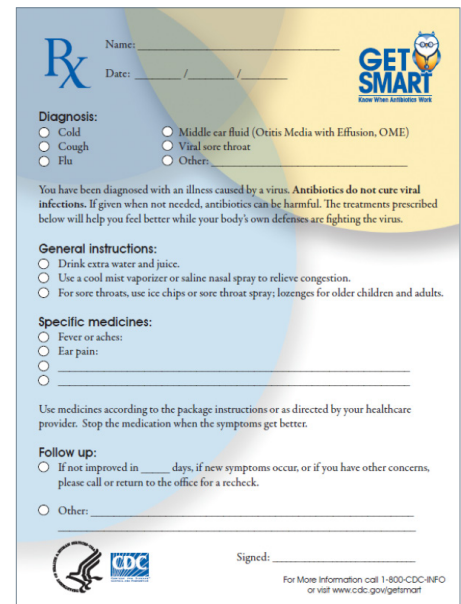
## New Category II code for eye exams negative for retinopathy

Effective with HEDIS 2017, the National Committee on Quality Assurance added a new CPT® Category II code. The new code, 3072F, identifies diabetic eye exams that are negative for retinopathy. While CPT Category II codes are not reimbursed by BCBSRI, it should be noted that submission of this code will likely reduce the HEDIS medical record review burden on your practice. Effective immediately, this code can be submitted and used for claims with older dates of service.

Please contact Courtney Reger, RN, BSN, senior clinical quality management analyst, at (401) 459-2763, or email [courtney.reger@bcbsri.org](mailto:courtney.reger@bcbsri.org) with any questions.

## Clinical Practice Guidelines

On November 15, 2017, the 2017 [Clinical Practice Guidelines for Asthma](#) were reviewed and approved by the Professional Advisory & Credentials Committee. The next review will take place in November 2019.



The image shows a CDC Get Smart campaign Rx pad form. It includes fields for Name and Date, a Diagnosis section with radio buttons for Cough, Flu, Middle ear fluid (Otitis Media with Effusion, OME), Viral sore throat, and Other. Below this is a paragraph explaining that antibiotics do not cure viral infections. The form also has sections for General instructions (Drink extra water and juice, Use a cool mist vaporizer or saline nasal spray to relieve congestion, For sore throats, use ice chips or sore throat spray; lozenges for older children and adults), Specific medicines (Fever or aches, Ear pain), and Follow up (If not improved in \_\_\_ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck). There is a signature line and a note at the bottom: "For More Information call 1-800-CDC-INFO or visit www.cdc.gov/getsmart".

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

## **PB** National Drug and Alcohol Facts Week

National Drug and Alcohol Facts Week takes place the week of January 22-28, 2018. This is sponsored by the National Institute on Drug Abuse (NIDA) and exposes teenagers to science-based facts to dispel myths about drug use. Launched in 2010 by scientists at the NIDA, this week-long event was created to provide informational events in communities that educate teens on the science of drug addiction. In 2016, the National Institute on Alcohol Abuse and Alcoholism (NIAA) collaborated with NIDA, and alcohol has subsequently been added as a topic area for the week. Both NIDA and NIAA are part of the National Institutes of Health.

BCBSRI encourages PCPs to universally screen for substance use disorders, by using the Screening, Brief Intervention and Referral to Treatment (SBIRT) model. SBIRT is an evidence-based practice that identifies, reduces, and prevents problematic use, abuse, and dependence on alcohol and illicit drugs.

SBIRT consists of three major components:

- Screening—a healthcare professional assesses a patient for risky substance use behaviors, using standardized screening tools.
- Brief Intervention—in a short conversation, a healthcare professional engages a patient showing risky substance use behaviors, providing feedback and advice.
- Referral to Treatment—a healthcare professional provides a referral to brief therapy or additional treatment to patients, who screen as being in need of additional services.

Screening for substance use disorders using the SBIRT model is a reimbursable service. Please click [here](#) to be directed to BCBSRI's website for policy details.

## **PB** BCBSRI offers support for members struggling with substance abuse disorders

The resources listed below are available for BCBSRI members, who are struggling with substance abuse disorders and need assistance.

### **CODAC Medication Assisted Treatment (MAT) Program**

This is an outpatient Buprenorphine/Naloxone or Buprenorphine program offered by CODAC, a substance use disorder treatment facility. BCBSRI partners with Rhode Island's first Center of Excellence to provide comprehensive medication assisted treatment services to our Commercial members to facilitate recovery from opioid dependence. The goal of the program is to offer structured and intensive treatment, including medications like Suboxone, along with nursing, counseling and case management services. These treatments are designed to help facilitate the maintained recovery from opioids in a less intensive treatment program.

If you wish to refer someone to this program, please call CODAC at (401) 461-5056.

## Butler Hospital's Ambulatory Detoxification Program

This is an outpatient program that works to meet the needs of members unable to meet the criteria for an inpatient detox, but who still pose a high risk of relapse and high utilization without structured supports. Butler Hospital offers outpatient detoxification services for those who will benefit from medically safe ambulatory withdrawal management from alcohol, heroin, opioids, or other prescription medications. Patients must have transportation to and from their home, a supportive home environment, and no medical or psychiatric conditions requiring an inpatient level of care. The program requires prior authorization through Beacon Health Options.

If you wish to refer someone to this program, please contact Butler Hospital's intake department at (401) 455-6223.

## Peer Recovery Coaches

BCBSRI is piloting a program through Anchor Recovery and the Providence Center that will connect Commercial members with substance use disorders with a peer recovery coach. Peer recovery coaching is a SAMHSA-recognized tool that facilitates recovery and reduces healthcare costs. Peer recovery coaches are in recovery themselves and go through extensive training to provide addiction support to their peers. While recovery coaches do not diagnose or treat addiction, they do serve as a bridge to community supports and substance abuse services.

To learn more about Anchor Recovery, please visit their website at [anchorrecovery.org](http://anchorrecovery.org).

To learn more about the Peer Recovery Coach program, please call Sarah Fleury, LICSW, CPHQ, lead behavioral health clinical program specialist, at (401) 459-1384, or email [sarah.fleury@bcbsri.org](mailto:sarah.fleury@bcbsri.org).

## **B** How do I connect a patient to behavioral health services?

The behavioral health system can be confusing and overwhelming for your patients to navigate. As BCBSRI continues to expand our continuum of services for Behavioral Health, we realize that providers may have questions regarding the types of services available to their patients.

Here are several opportunities your patients have to pursue behavioral health services:

- Contact BCBSRI's Provider Call Center at (401) 274-4848 or 1-800-230-9050. Someone can answer your questions regarding a member's benefits, including member liability for services. We can also help you find a participating behavioral health provider, which can also be done by searching [bcbsri.com](http://bcbsri.com).
- The Beacon Health Options Clinical Referral Line is available 24/7 and is answered by clinical behavioral health staff. The clinical referral line is available to help you identify a behavioral health provider, along with receiving support and guidance. The clinical referral line should not be used, if there is concern of imminent danger, but can be a first point of contact in non-emergency situations. The clinician, who may be a registered nurse, independently licensed social worker, or a mental health counselor, will ask questions to get a better understanding of your patient's needs. The clinician will provide you with information about services that are available and will offer the names and contact information for providers who offer these services. To use this clinical referral line, please call 1-800-274-2958, or share the number with your patients who wish to call themselves.
- Beacon Health Options Intensive Case Management Program can assist your patients in effectively managing their behavioral health conditions. Independently licensed behavioral health clinicians will work with your patient to:
  - Help them understand barriers that prevent them from getting the most from their treatment or in obtaining recommended treatment.
  - Help them find and obtain services or resources needed for better managing a behavioral health condition.
  - Provide education and supports to help them better manage their condition.
  - Coordinate care with providers to ensure you and your patient have the necessary information to provide them with the best care and support.
  - Work with them to ensure they know the medications they should be taking and understand the instructions you've provided to them.

To refer a patient to Beacon Health Options Case Management Program, please call 1-800-274-2958, press option 3, and then press option 1.



## Behavioral Health

You may also use our automated referral form at [bcbsri.com](http://bcbsri.com) by following these easy steps:

1. Log on to the [Provider Portal](#) of [bcbsri.com](http://bcbsri.com)
2. Click on Tools and Resources
3. Click on Forms
4. Click on Case Management Request
5. Complete the required fields and click Go!

### **B** New Medication Assisted Treatment program at CharterCare

In an effort to expand access to the most effective treatment for opioid use disorders, BCBSRI has partnered with CharterCare Health Partners to offer a medication assisted treatment program for our Commercial population. Instead of offering services in a traditional fee for service model, members are able to access physician visits, individual and group therapy, urine drug screenings and care management services at a bundled rate with only one copay per month. The program also offers expanded access for our members, with appointments available within three days of a request for services. To learn more about the program for your patients, please contact CharterCare at (401) 456-2362.

## Pharmacy

### **PBF** Updates to BlueCHiP for Medicare preferred pharmacy network

Beginning January 18, 2018, certain Rite Aid pharmacies, including those in Rhode Island, will no longer be in the BlueCHiP for Medicare preferred pharmacy network. This means that your patients who are BlueCHiP for Medicare members could potentially pay higher out-of-pocket costs for their prescription drugs, when they fill their prescriptions at a Rite Aid.

BCBSRI offers BlueCHiP for Medicare members the opportunity to pay lower costs for their prescription drugs through the BlueCHiP for Medicare preferred pharmacy network. Pharmacies included in the preferred network include:

- CVS® Pharmacy—including Target store locations
- Stop & Shop® Pharmacy
- Walmart® Pharmacy
- Many independent pharmacies

For a complete list of participating network pharmacies, please click [here](#):

BCBSRI partners with the pharmacy our members use most often to help our members pay potentially lower out-of-pocket costs for their prescription drugs than they would at a “standard” pharmacy.

Please ask your BlueCHiP for Medicare patients whether they would like their prescriptions sent to a location that participates in the preferred pharmacy network.

BlueCHiP for Medicare’s preferred network applies to individual BlueCHiP for Medicare members only. This does not affect Commercial, Direct Pay members who purchase through HealthSource RI, or BlueCHiP for Medicare Group members. Members who are affected by this change will have an RxPCN of “BCRIMA” on their member ID cards.

If you have any questions about this network change, please contact your provider relations representative, or send an email to [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).



## **PBF** Changes to Individual market formulary

Effective January 1, 2018, the below formulary changes will take effect\*. These changes apply only to the Individual market segment, including Direct Pay and Direct Pay through HealthSource RI. This formulary is developed and maintained with a comprehensive review of relevant clinical information by the Prime Therapeutics National Pharmacy and Therapeutics Committee. It includes local review by the BCBSRI Pharmacy and Therapeutics Committee.

As part of the transition to the new formulary, the following drug products will be in the prescription drug list and pharmacy coverage benefit, effective January 1, 2018:

ACTEMRA	FABRAZYME	MOZOBIL	SOMATULINE DEPOT
ARALAST NP	FIRMAGON	MYOBLOC	SUPPRELIN LA
ARISTADA	FLEBOGAMMA DIF	NAGLAZYME	SYNAGIS
BICILLIN L-A	GAMASTAN S/D	NPLATE	TRELSTAR
BIVIGAM	GAMMAGARD LIQUID	NUCALA	TRELSTAR MIXJECT
BOTOX	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	OCTAGAM	TYSABRI
CARIMUNE NANOFILTERED	GAMMAKED	ORENCIA	VELETRI
CEREZYME	GAMMAPLEX	PRIVIGEN	VIMIZIM
CINQAIR	GAMUNEX-C	PROLASTIN-C	VPRIV
CINRYZE	ILARIS	PROLIA	WINRHO SDF
DEPO-PROVERA	KALBITOR	REMICADE	XEOMIN
DYSPORT	KRYSTEXXA	REMODULIN	XGEVA
ELELYSO	LUCENTIS	RITUXAN	XOLAIR
ENTYVIO	LUMIZYME	SANDOSTATIN LAR DEPOT	ZEMAIRA
EYLEA	MAKENA	SIGNIFOR LAR	ZOLADEX
		SIMPONIA ARIA	

\*These drugs were noted in the November & December edition of Provider Update as covered under the medical benefit starting on January 1, 2018. Please note that the above drugs will remain covered under the pharmacy benefit.

## **PBF** Online submission of cross border referrals for New England Health Plan

BCBSRI's [Provider Portal](#) now allows providers to submit cross border referrals for New England Health Plan (NEHP) members to providers in other New England states. To submit a cross border referral, log on to BCBSRI's secure provider portal, and click the 'Preauthorization' icon, located in the left hand navigation bar. From there, follow the steps to submit your cross border referral.

Referrals to BCBSRI participating providers should continue to be submitted through the web-based referral management tool, also found on the Provider Portal.

## **PF** Ambulance billing for mileage

BCBSRI follows CMS guidelines regarding billing for mileage for covered ambulance services for both Commercial and BlueCHIP for Medicare products.

Per CMS Claims Processing Manual Chapter 14: Section 30.2.1, beginning with dates of service on or after January 1, 2011 for electronic claim submissions only, mileage must be reported as fractional units for trips totaling up to 100 covered miles.

When reporting fractional mileage, providers must round the total miles up to the nearest tenth of a mile, and the decimal must be used in the appropriate place (e.g., 99.9). For trips totaling 100 covered miles and greater, providers must report mileage rounded up to the nearest whole number mile (e.g., 999) and not use a decimal, when reporting whole number miles over 100 miles.

For trips totaling less than one mile, enter a "0" before the decimal (e.g., 0.9). Please click [here](#) to read the full text of this policy.



# Contracting & Credentialing

## **PBF** Updates to provider coverage information

BCBSRI is updating the provider coverage information we have on file, effective February 1, 2018. The updated information will reflect that only PCPs are able to cover for one another, unless a provider has directed us to designate a specialist in their coverage information.

If you are a PCP and have questions about who is listed in your coverage information, please email [ProvDB@bcbsri.org](mailto:ProvDB@bcbsri.org).

## **PBF** Skilled nursing facility network changes effective January 1, 2018

BCBSRI is committed to ensuring our members have access to the best care possible. To do this, we regularly evaluate the participation of skilled nursing facilities (SNFs) within our provider network.

Effective January 1, 2018, the following SNFs are no longer participating with BCBSRI's network:

- **Bannister House**, 135 Dodge Street, Providence, RI 02907
- **Oak Hill Health and Rehabilitation Center**, 544 Pleasant Street, Pawtucket, RI 02860
- **Summit Commons Rehabilitation & Healthcare Center**, 99 Hillside Avenue, Providence, RI 02906
- **Wingate at Blackstone**, 353 Blackstone Boulevard, Providence, RI 02906

BCBSRI uses nationally recognized, publicly available data for quality and efficiency to carefully assess which SNFs participate in our provider network.

Those BCBSRI members who received skilled nursing services within the last 90 days from one of these listed facilities received written notification of this change approximately 30 days in advance.

If a BCBSRI member is residing at one of these facilities and receiving long-term, custodial levels of care, they should have received a phone call from a BCBSRI utilization management nurse informing them of this change.

Members receiving long-term care from one of the above-listed facilities, who leave their residence for treatment in an emergency room or acute setting, may go back to their place of residence for skilled nursing care, regardless of whether a SNF participates in BCBSRI's network. Pending prior authorization, these members will have the same level of coverage and cost sharing, if skilled nursing services are appropriate.

For members who do not reside at one of the above-listed facilities, please ensure they are only admitted to facilities participating in BCBSRI's network after being discharged from a hospital.

To obtain a list of SNFs participating in BCBSRI's network, please click here to use our [Find a Doctor tool](#), located on [bcbsri.com](http://bcbsri.com).

# Contracting & Credentialing

## **PBF** Genetic testing laboratory network change effective January 1, 2018

Please be advised that effective January 1, 2018, Sequenom Center for Molecular Medicine, LLC (Sequenom) will no longer be a participating provider with BCBSRI. Sequenom primarily provides genetic testing, specifically non-invasive parental testing (NIPT) to patients.

BCBSRI's laboratory network includes the following alternatives for NIPT referrals:

- [Counsyl, Inc.](#)
- [Ariosa Diagnostics](#)
- [Natera, Inc.](#)

As a reminder, you have an obligation to coordinate members' care to BCBSRI contracted providers, including specialists and ancillary providers such as clinical/pathology laboratories, durable medical equipment, and behavioral health providers.

If you have any questions regarding this notice, please contact Provider Relations at 1-844-707-5627 or [providerrelations@bcbsri.org](mailto:providerrelations@bcbsri.org).

## **PBF** Requirement to refer members to in-network providers for all BCBSRI products

As a BCBSRI-contracted provider, it is your obligation to coordinate member care with contracted, in-network providers. Section 3.7 of Blue Cross & Blue Shield of Rhode Island's Physician/Provider Agreement Administrative Policies outlines this obligation. This includes services, such as durable medical equipment, radiology, behavioral health providers, and clinical laboratory and pathology services.

We want to keep you up-to-date on all in-network developments. The following laboratories do not participate within the BCBSRI network:

- [Lehigh Valley Toxicology](#)
- [Mercy Diagnostics](#)
- [Total Toxicology](#)
- [U.S. Lab & Radiology, Inc.](#)
- [Quest](#)

Before you establish a referral relationship, please confirm that the provider you will be referring members to is contracted within the BCBSRI network. You can confirm participation by checking the status of providers on BCBSRI's [Find a Doctor tool](#).

## **PFB** 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 the BlueCHiP for Medicare National and Local Coverage Determinations policy for further information on coverage for BlueCHiP for Medicare. Please refer to the BlueCHiP for Medicare National and Local Coverage Determinations Policy for more information.

For your review, we also post monthly drafts of created or reassessed medical policies. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the [Provider section](#) of bcbsri.com. Simply click on the Medical and Payment Policy icon to view the list of final and draft policies. Once on that page, click the drop-down box to sort policies by draft.

## **PF** Policies recently reviewed for annual update

- Allergy Testing
- Aqueous Shunts and Stents for Glaucoma
- Artificial Pancreas Device System
- Automated Point-of-Care Nerve Conduction Tests
- Biofeedback
- Bone Mineral Density Studies
- Breast Pumps- Hospital Grade (title change only)
- CA 125
- Dental Services Rendered in the Outpatient Setting
- Dopamine Transporter Imaging with Single-Photon Emission Computed Tomography (DAT-SPECT)
- Dynamic Posturography
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
- Genetic Testing for Mental Health Conditions
- Glucose Monitoring – Home
- Home Uterine Activity Monitoring
- Intraocular Lens (IOL) Implants
- Islet Cell Transplant
- Measurement of Small Low-Density Lipoprotein (LDL) Particles
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Serum Tumor Markers for Breast and Gastrointestinal Malignancies
- Urinary Tumor Markers for Bladder Cancer
- Viscocanalostomy and Canaloplasty
- Medical Necessity (added language for BlueCHiP for Medicare)
- Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy
- Out of Network Services
- PathFinderTG® Molecular Testing
- Preventive Services - BlueCHiP for Medicare 2018
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Serum Tumor Markers for Breast and Gastrointestinal Malignancies
- Urinary Tumor Markers for Bladder Cancer
- Viscocanalostomy and Canaloplasty

To view the full text of these policies, please click [here](#).

For your review, we also post monthly drafts of medical policies 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](#) of the Provider section of bcsri.com. Once on that page, click the drop-down box to sort policies by draft.

## New policies

There has been a new policy created that is ready for review for Sacroiliac Joint Injection. Effective dates can vary, so please search for and review the full text of the policy by clicking [here](#). You will be directed to the Medical Policy section of bsbcri.com's provider page.

### **PF** Medical Criteria updates to preauthorization policies

The following preauthorization policies have updates to the medical criteria. See full text of these policies for details:

- [Belimumab](#) (Benlysta)
- [Pegloticase](#) (Krystexxa)
- Injectable Agents for [Asthma and Chronic Idiopathic Urticaria](#) – Omalizumab (Xolair), Mepolizumab (Nucala), Reslizumab (Cinqair)

### **PF** Interspinous and interlaminar stabilization/distraction devices (spacers)

Effective March 1, 2018, these services will be considered not medically necessary for all diagnosis codes for BlueCHIP for Medicare, as it currently is for Commercial products. Please click [here](#) to read the full text of this policy.

### **PF** Genetic Testing Services

For Commercial products, there are some coverage changes for Next Generation Sequencing Genetic Testing, effective as groups renew in 2018. To read the full text of this policy and the code grid for coverage determinations, please click [here](#).

## 2018 CPT and HCPCS Level II code changes

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

- "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.
- "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 service 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.

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.



# Policies

## PF Updates to January 2018 CPT and HCPCS Codes

<i>Updates to CPT and HCPCS codes</i>	<i>Codes affected</i>	
Not separately reimbursed for institutional providers for BlueCHiP for Medicare and Commercial products.	00731 00732 00811 00812 00813 E0953	E0954 L3761 L7700 L8625 Q0477
Not medically necessary for institutional and professional providers for BlueCHiP for Medicare and Commercial products.	31298 32994 J1428	
Subject to medical review for institutional and professional providers for BlueCHiP for Medicare and Commercial products.	36465 36466 36482 81259 81269 81105 81106 81107 81108 81109 81110 81111 81112	81120 81121 81361 81362 81363 81364 81448 81520 0501T 0502T 0503T 0504T C9014
Not medically necessary for institutional and professional providers for Commercial products.	55874 0492T 0497T	0498T 81521
Not medically necessary for institutional and professional providers for BlueCHiP for Medicare, not medically necessary for Commercial products.	81175 81176 81230 81231 81232	81238 81247 81248 81249
Subject to medical review for institutional and professional providers for BlueCHiP for Medicare, not medically necessary for Commercial products.	81232 81238	
Subject to medical review for institutional and professional providers for BlueCHiP for Medicare and Commercial products.	81258	
Subject to medical review for institutional and professional providers for BlueCHiP for Medicare, not medically necessary for institutional and professional providers for Commercial products.	81328 81334 81335	81346 81541 81551
Use alternate procedure code for BlueCHiP for Medicare professional providers.	97127	

# Policies

## PF Updates to January 2018 CPT and HCPCS Codes

<i>Updates to CPT and HCPCS codes</i>	<i>Codes affected</i>	
Not separately reimbursed for institutional and professional providers for BlueCHIP for Medicare and Commercial products.	99483 99492 99493 99494	G0511 G0512 G0513 G0514
Subject to medical review for institutional and professional providers for BlueCHIP for Medicare, not covered for institutional and professional providers for Commercial products.	0481T 0485T 0486T 0487T	0489T 0490T 0491T
Not covered for institutional and professional providers for Commercial products.	0488T 0493T 0499T	
Not covered for institutional and professional providers for BlueCHIP for Medicare and Commercial products; pharmacy benefit only.	C9015 C9029 J1555	
Invalid code for professional providers for BlueCHIP for Medicare and Commercial products.	C9016 C9024 C9028	C9738 C9748
Invalid code for institutional and professional providers for Commercial products.	G0515	
Subject to medical review for institutional and professional providers for BlueCHIP for Medicare and Commercial products.	J0606 J1726 J2326	J2350 J3358 Q2040
Not covered for institutional and professional providers for BlueCHIP for Medicare and not separately reimbursed for institutional providers for Commercial products.	L8694	
Medicare Lab Network: allowed for hospitals only outside of the Medicare laboratory network.	P9100	



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

500 Exchange Street • Providence, RI 02903-2699

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

01/18 PRR-17955