

provider update

P=Professional

B=Behavioral Health

F=Facilities

April 2018

For nearly 80 years, Blue Cross & Blue Shield of Rhode Island (BCBSRI) has served our state as a healthcare and community partner. We are continually investing in ways to support providers in improving their patients' health outcomes, which is why we provide three Your Blue Store locations across our state that offer consultative support for a variety of healthcare needs.

For 70% of Rhode Islanders, a Your Blue Store location is within only a 10-mile drive, with stores in East Providence, Warwick, and Lincoln. This means that your patients, who are BCBSRI members, can more easily speak with someone face-to-face when they have questions about their health insurance plan, or are looking for resources to get or to stay healthy.

Here are just a few of the resources we offer:

- **In-person support:** Our staff can help members select a primary care provider (PCP), make payments, enroll in a health plan, or get help better understanding the plan they have.
- **Multilingual staff:** All three locations are staffed with English and Spanish speakers, and our East Providence location has Portuguese-speaking staff members.
- **Free fitness classes:** Yoga, Pilates, "butts and guts" classes, introduction to salsa dancing, and more.
- **Nurses and health specialists:** Nurses and other health specialists work with members and their PCPs to address health concerns and set wellness goals, such as managing diabetes, lowering blood pressure, and losing weight.

- **Clinics and screenings:** Our stores regularly hold health screenings and clinics, such as flu clinics. In addition, our East Providence location has a body mass index (BMI) screening machine. Members can receive a BMI reading, which is then printed and sent to the Virgin Pulse® app, a mobile platform that lets users track and measure their health activities. From there, members can use this information to facilitate health-based discussions with their PCP.

All three Your Blue store locations are open during the following hours:

- Monday and Thursday – 9:00 a.m. to 7:00 p.m.
- Tuesday, Wednesday, Friday – 9:00 a.m. to 5:00 p.m.

I encourage you to direct your patients, who are BCBSRI members, to one of our stores if they have questions about their health plan, or if they are looking for additional resources to stay healthy. They can also learn more by visiting our website – bcbstri.com/yourbluestore.

Thank you.

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



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BCBSRI Update



Rhode Island adolescent vaccination rates among highest in U.S.

A recent *Health of America* report from the Blue Cross Blue Shield Association confirmed something we've all known – Rhode Island's healthcare community has done a great job making sure adolescents get the vaccines recommended by the Centers for Disease Control and Prevention (CDC). In fact, Rhode Island leads the nation when it comes to important adolescent vaccinations, including human papillomavirus (HPV); tetanus, diphtheria and pertussis (Tdap); and meningococcal.

The seven-year *Health of America* report, which was also done in partnership with HealthCore and Blue Health Intelligence, examined medical claims for U.S. commercially insured adolescents between 2010 and 2016. Nationally, rates increased over time for all three CDC-recommended vaccines, and Rhode Island led for all three vaccines.

Below is a 2016 national average comparison to Rhode Island:

- HPV first dose: Nationally, 34%; Rhode Island, 78%
- Meningococcal: Nationally, 78%; Rhode Island, 93%
- Tdap: Nationally, 84%; Rhode Island, 93%

What makes Rhode Island a standout? There are a few factors to consider:

- We benefit from a statewide vaccination program that was started by the Rhode Island Department of Health (DOH) more than 25 years ago. The program eliminates barriers to getting needed vaccinations, makes them free for Rhode Island children, and tracks rates through a registry.
- Insurers, such as Blue Cross & Blue Shield of Rhode Island, contribute annually to the state's vaccination fund. The DOH then buys from the CDC (at a fraction of the cost) all vaccinations needed for Rhode Island children and makes them available in the state.
- Rhode Island instituted an HPV vaccination mandate in 2015 that requires all 7th graders receive the first dose of the vaccine for entry into school. Rhode Island is one of only two states and the District of Columbia to pass an HPV vaccine mandate.

Reaching these vaccination levels is something we should all be proud of, especially since it can be challenging to get adolescents to stick to their regular pediatrician well visits. We also recognize that it is your diligence in this area that has led to our state's success. I encourage you to continue speaking with your adolescent patients and their parents about receiving CDC-recommended vaccinations.

You can learn more about how Rhode Island is setting an example with high rates of adolescent vaccinations by reading [BCBSA's Health of America Report](#).



BCBSRI Update

PBF BCBSRI offers LGBTQ Safe Zone certification

BCBSRI encourages its participating providers to collaborate with us in supporting lesbian, gay, bisexual, transgender, queer (LGBTQ) communities. Our goal is to help identify healthcare environments in which LGBTQ members can feel welcome and safe when seeking healthcare services.

BCBSRI welcomes all healthcare provider sites, including specialist offices and facilities, to pursue LGBTQ Safe Zone certification.

Healthcare settings that meet specific criteria are designated as LGBTQ Safe Zones and receive BCBSRI identification, including an award, a window cling, and a Safe Zone designation on BCBSRI's [Find a Doctor tool](#).

As of February 2018, 12 providers in Rhode Island have been LGBTQ Safe Zone certified:

Four health centers:

- Thundermist Health Center of South County
- Thundermist Health Center of West Warwick
- Thundermist Health Center of Woonsocket
- West View Nursing and Rehabilitation Center

Three dental clinics:

- Thundermist Health Center of South County
- Thundermist Health Center of West Warwick
- Thundermist Health Center of Woonsocket

Five behavioral health providers:

- Frank J. Canino, Ph.D.
- Jayna Klatzker, LICSW
- Jessica Peipock, LICSW
- Laurie Thornton, MA, CAGS, LMHC
- Wilder Therapy and Wellness

We invite you to consider having your practice site certified as an LGBTQ Safe Zone. To learn more about how to become a certified provider site, please click [here](#), or contact Jason Furlan, senior development organizational consultant at jason.furlan@bcbsri.org or at (401) 459-2297.



PBF Fax and email submission process for grievance & appeals

As a reminder, all submissions to the Grievance and Appeals Unit can be sent by fax or email.

- Commercial member complaints and appeals can be faxed to (401) 459-5005.
- Medicare member complaints and appeals can be faxed to (401) 459-5668.
- All provider complaints and appeals can be sent by encrypted email to Gau_Complaints_Appeals@bcbsri.org.

BCBSRI will continue to accept paper submissions, but we strongly encourage your office to utilize fax or email as those methods are more efficient. If you have any questions, please call the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 for out-of-state callers. We appreciate your support and participation as we work to streamline our process and improve our service.

BCBSRI Update

PBF 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.

The Centers for Medicare & Medicaid Services (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.

Quality

PBF 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 your patients, our members. 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, manager, quality at (401) 459-2763, or email courtney.reger@bcbsri.org.

HEDIS measure: Osteoporosis Management in Women Who Had a Fracture

The HEDIS measure for Osteoporosis Management in Women Who Had a Fracture tracks the percentage of women aged 67-85 who:

- Received a bone mineral density (BMD) scan, or
- Filled a prescription to prevent or treat osteoporosis

Either of these must have been completed within six months of a recorded fracture during the measurement year. On this specific measure, HEDIS 2017 data indicates only 48% of eligible female BlueCHIP for Medicare members met these criteria. This score ranks within the 65th percentile nationally, indicating opportunity for improvement.

To help move toward improvement, BCBSRI continues partnering with MedXM, a company specializing in heel ultrasounds, a diagnostic test that fulfills this measure. MedXM will schedule in-home visits with female BlueCHIP for Medicare members if they have had a fracture and no BMD scan recorded within six months of the incident. BCBSRI will mail an informative letter about MedXM to members meeting these criteria. MedXM will also call these members to schedule a technician visit to complete a heel ultrasound. A fax notification will be sent to PCPs listing their patients who will receive outreach from MedXM. PCPs will also receive a copy of their results to review and file in the patients' records.



There is no charge for this in-home visit, and it will not affect your patients' healthcare coverage in any way. These visits are not meant to replace the care patients receive through their PCP. MedXM is not involved in the care or treatment of the patient, nor will they prescribe medications. Patients will be encouraged to remain up-to-date with their preventive care and routine office visits with their PCP.

New exclusions to Medicare product line

The following exclusions have been added by the National Committee for Quality Assurance (NCQA). These exclusions apply to the Medicare product line for members aged 65 and older, who are living long-term in institutional settings:

- Members enrolled in an institutional SNP (I-SNP) at any time during the measurement year.
- Members living long-term in an institution at any time during the measurement year.
 - Organizations may use the Long Term Institutional Status flag in the Medicare Part C monthly membership file.

Urinary incontinence: How you can help

According to a recent survey of BCBSRI members, 67% report experiencing a leakage of urine. However, only 35% have talked with a doctor, nurse, or other healthcare provider about their urinary incontinence. Many patients try to cope on their own by wearing absorbent pads, carrying extra clothes, or avoiding going out in public.

BCBSRI is committed to working with providers to encourage the screening of patients for urinary incontinence, so they can discuss simple, safe, and effective treatment options for what can often be considered an embarrassing topic.

Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis

Osteoarthritis (OA) and rheumatoid arthritis (RA) are the two most common forms of arthritis, but each has distinct disease processes. OA is a degenerative disease of the joints and is more common. RA is an autoimmune disease, in which the body attacks its own healthy tissue around the joint areas. It is critical to properly diagnose patients and accurately code their records. **Some providers have reported that their electronic health records supply “rheumatoid arthritis” as an initial choice, when searching for arthritis diagnoses. Please use caution if this is the case in your practice.**

An inaccurate diagnosis of RA can affect reimbursement, falsely elevate disease prevalence rates, and can prevent patients from obtaining life insurance. **RA is normally confirmed by a series of tests.** Once the diagnosis of RA is confirmed, please use appropriate coding. To assist your office in this effort, please note the relevant alternative diagnoses codes listed in the below table.

For both HEDIS and CMS Stars, the Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis (ART) measure evaluates the use of DMARD therapy in members aged 18 years and older with rheumatoid arthritis. The HEDIS 2017 rate for Medicare members was 76.82%, which was at the 33rd national percentile. BCBSRI's Quality Management department will be conducting ongoing provider assessments, via fax, to learn more about our RA patients and any potential impact to the ART measure.

The following table contains specific guidance on coding for RA:

<i>Measure</i>	<i>Population: Numerator and Denominator</i>	<i>Tips for Success</i>
Disease-Modifying Anti-Rheumatic Therapy for Rheumatoid Arthritis (ART)	<p>Numerator: Members from the denominator who had at least one ambulatory prescription dispensed for a DMARD (see following table) during the measurement year.</p> <p>Denominator: Members 18 years and older with two of the following events on different dates in the measurement year:</p> <ul style="list-style-type: none"> • Outpatient visit with any diagnosis of rheumatoid arthritis • Non-acute inpatient discharge with any diagnosis of rheumatoid arthritis <p>Exclusions: Members diagnosed with HIV or members who are pregnant during the current year</p>	<ul style="list-style-type: none"> • Only utilize codes for RA, if diagnosis has been confirmed. • Relevant alternative diagnosis codes: <ul style="list-style-type: none"> - OA <ul style="list-style-type: none"> ▪ M150-M1993 - History of RA/Remission <ul style="list-style-type: none"> ▪ Z87.39 - Joint pain <ul style="list-style-type: none"> ▪ M2550-M25676 • For members with confirmed RA, DMARD therapy is the current standard of care.

Medications counted as DMARD therapy

The following table contains medications that NCQA includes as DMARD therapy:

<i>Description</i>	<i>Prescription</i>
5-Aminosalicylates	<ul style="list-style-type: none"> • Sulfasalazine
Alkylating agents	<ul style="list-style-type: none"> • Cyclophosphamide
Aminoquinolines	<ul style="list-style-type: none"> • Hydroxychloroquine
Anti-rheumatics	<ul style="list-style-type: none"> • Auranofin • Gold sodium thiomalate • Leflunomide • Methotrexate • Penicillamine
Immunomodulators	<ul style="list-style-type: none"> • Abatacept • Adalimumab • Anakinra • Certolizumab • Certolizumab pegol • Etanercept • Golimumab • Infliximab • Rituximab • Tocilizumab
Immunosuppressive agents	<ul style="list-style-type: none"> • Azathioprine • Cyclosporine • Mycophenolate
Janus kinase (JAK) inhibitor	<ul style="list-style-type: none"> • Tofacitinib
Tetracyclines	<ul style="list-style-type: none"> • Minocycline

Behavioral health measures: Attention Deficit Disorder (ADD) and follow-up after hospitalization for mental illness (FUH)

BCBSRI continues to expand collaborations between behavioral health providers and community stakeholders. Expect more initiatives on the way that will support members with behavioral health diagnoses, including initiatives that improve transitions of care, help the continuation of our HealthPath program, and more.



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:

<i>Measure</i>	<i>Measure Population</i>	<i>Tips for Success</i>
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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.

Quality

FUH HEDIS measure

The HEDIS measure 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
FUH	30-day follow-up: An outpatient visit, partial hospitalization with a mental health practitioner, or intensive outpatient visit within 30 days of being discharged. These include visits and partial hospitalization that occur on the date of discharge.	<ul style="list-style-type: none">• 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.	

Behavioral Health

B National Alcohol Awareness Month

April is National Alcohol Awareness Month. Founded and sponsored by the National Council on Alcohol and Drug Dependence (NCADD) in 1987, Alcohol Awareness Month aims to help reduce the stigma associated with an alcohol use disorder. NCADD promotes public awareness related to alcohol use disorders each April, by providing education around alcohol misuse and paths to recovery.

BCBSRI encourages all 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 used to identify, reduce, and prevent 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** – A healthcare professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
- **Referral to Treatment** – A healthcare professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

Screening for substance use disorders using the SBIRT model is a reimbursable service. Please refer to the [Structured Screening and Brief Intervention Services policy](#) for details.

Behavioral Health

BCBSRI has supportive programs for our members who may be struggling with substance use disorders:

CODAC medication-assisted treatment program

The CODAC medication-assisted treatment program (MAT) is an outpatient Buprenorphine/Naloxone or Buprenorphine program offered by CODAC, a treatment facility specializing in substance use disorders. In order to facilitate recovery from opioid addiction for Commercial members through comprehensive services, such as MAT, BCBSRI partners with Rhode Island's first Center of Excellence. The program offers structured and intensive treatment services, such as Suboxone, nursing, counseling and case management services that can ultimately lead to attaining and maintaining recovery.

If you wish to refer someone to CODAC's MAT program, please contact CODAC at (401) 461-5056.

Butler Hospital's Ambulatory Detoxification Program

Butler Hospital offers an outpatient program to address the needs of members not meeting the criteria for inpatient detox, but who without structured supports are at high-risk for relapse and higher utilization. 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 between their home and the program, along with a supportive home environment and no medical or psychiatric conditions requiring an inpatient level of care. **This program requires prior authorization through Beacon Health Options.**

If you wish to refer someone to the program, please call the intake staff at Butler Hospital at (401) 455-6223.

Peer Recovery Coaches

BCBSRI is piloting a program through Anchor Recovery/The Providence Center that will provide an opportunity for Commercial members with substance use disorders to work with a peer recovery coach. Peer recovery coaching is a SAMHSA-recognized tool that facilitates recovery and reduces healthcare costs. Peer recovery coaches are themselves in recovery and have been through extensive training to provide support to their peers. Recovery coaches do not diagnose or treat addiction, but rather serve as a bridge to substance use services and community supports.

Please click [here](#) to learn more about Anchor Recovery. For more information on peer recovery coaching, please contact Sarah Fleury, LICSW, CPHQ, lead behavioral health clinical program specialist, at (401) 459-1384, or email sarah.fleury@bcbsri.org.

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. We offer several ways to learn more about behavioral health benefits and services:

- **The Physician & Provider Service Center** can answer questions regarding a member's benefits, including member liability for services. They can also assist in locating a participating behavioral health provider. The Physician & Provider Service Center can be reached at (401) 274-4848 or 1-800 230-9050 for out-of-state callers. Additional information on participating behavioral health providers can be found at 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 can assist you in identifying a behavioral health provider, as well as provider 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 mental health counselor, will ask questions to better understand your patient's needs. The clinician will provide you with information about what services are available, along with the names and contact information of the providers offering these services. You can contact Beacon Health's Clinical Referral Line at 1-800-274-2958. You may also share this number with your patients, should they prefer to contact Beacon directly.

Behavioral Health

- **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 patients to help them:
 - Understand the barriers preventing them from getting the most out of their treatment, or obtaining recommended treatment
 - Find and obtain services and/or resources needed to better manage their behavioral health condition(s)
 - Better manage their condition(s) through education and support
 - Have the necessary information to ensure effective care coordination
 - Ensure they have proper knowledge of their medications, as well as instructions from their providers

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

You may also use our automated referral form at bcbsri.com. Simply follow these easy steps:

1. Log on to the provider portal at 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!

Pharmacy

P Shingrix Vaccine now available

Shingrix is a new herpes zoster vaccine available for the prevention of shingles in adults over the age of 50. The product requires two immunizations, each up to six months apart. Shingrix **does not** require freezing.

The Shingrix vaccine will be available for administration and billing by local pharmacies and will be covered through a BCBSRI member's coverage. For Commercial members, this product will be covered at 100% as a preventive vaccine, with no member liability. BlueCHiP for Medicare members are covered under the Part D portion of their coverage and will require a non-preferred brand copayment at the pharmacy.

It is expected that most participating local pharmacies will be providing administrative services and access to the Shingrix vaccine.

Please note that unlike other shingles vaccines, **Shingrix is given as a two-dose series**. It is to be administered over two doses (0.5 mL each), first at zero and again at two to six months. It is intended for intramuscular administration only.

Please note that this two-dose series may impact a BCBSRI member's cost-share for both copayments and deductibles.

PF Makena (hydroxyprogesterone caproate)

The medicine hydroxyprogesterone caproate has been shown to help reduce the risk of pre-term delivery for pregnant women with a history of spontaneous pre-term birth. The medicine needs to be administered weekly, in order to reduce the risk of pre-term delivery, with the timing of the administration being crucial. Please refer to the following information regarding the ordering process for BCBSRI members.

Five ways to order hydroxyprogesterone caproate (17-P)

1. Have Makena delivered to your office for a specific member.
2. Buy and bill compounded hydroxyprogesterone caproate.
3. Buy and bill hydroxyprogesterone caproate USP 5 ml vial.
4. Have compounded hydroxyprogesterone caproate delivered to your office for a specific member.
5. Prescribe hydroxyprogesterone caproate USP 5ml vial for a specific member who would pick it up at a retail pharmacy.

Option One: Have Makena delivered to your office for a specific member

Step 1: Prior authorization must be obtained by the ordering provider. Please call Prime Therapeutics, LLC (Prime) for prior authorization at 1-855-457-0759 or fax a completed form to 1-855-212-8110*.

Forms can be found by clicking [here](#).

To submit the form electronically, please visit www.covermymeds.com.

Step 2: Call AllianceRx WalgreensPrime at 1-877-646-4292 to order Makena.

Step 3: AllianceRx WalgreensPrime will call the member to verify that the medication will be delivered to the ordering provider's office and to arrange payment for any member out-of-pocket expenses. The pharmacy bills BCBSRI for the medication and collects any patient cost share, as this option applies to the member's pharmacy benefit. If the member does not receive a call from AllianceRx, the order was not processed and follow-up will be needed.

Option Two: Buy and bill compounded hydroxyprogesterone caproate

No prior authorization is required. The ordering provider can purchase the compounded medicine for office or clinic use. The provider can submit a medical claim to BCBSRI for each injection given. Please file J3490 plus the NDC for the ingredient.

Option Three: Buy and bill hydroxyprogesterone caproate USP 5ml vial

No prior authorization is required. The ordering provider can purchase hydroxyprogesterone caproate 250mg/ml USP for office or clinic use. This product is packaged as a 5ml multidose vial so it contains five doses. The provider can submit a medical claim to BCBSRI for each injection given. Please file J1729 per 10mg.

Option Four: Have compounded hydroxyprogesterone caproate delivered to your office for a specific member

No preauthorization is required. The ordering provider can prescribe compounded hydroxyprogesterone caproate for a specific member. Examples of pharmacies that provide this service include:

Boothwyn Pharmacy	1-800-476-7496
PhusionRx Pharmacy	(401) 823-0000 or 1-855-PHUSION

The pharmacy can deliver the medicine to the provider office or to the member as directed by the ordering provider. The pharmacy bills BCBSRI for the medication and collects any patient cost share, as this option applies to the member's pharmacy benefit.

*Please note that if a facility is administering and billing for Makena, the request for prior authorization should be submitted directly to BCBSRI and not to Prime, as Makena is covered under the medical benefit when administered in a facility setting. If the preauthorization is approved, the facility should file J1726 per 10mg.

Pharmacy

Option Five: Prescribe hydroxyprogesterone caproate USP 5ml vial for a specific member who would pick it up at a retail pharmacy.

No prior authorization is required. The ordering provider can prescribe it for a specific member who would pick it up at a local retail pharmacy. This product is packaged as a 5ml multidose vial, so it contains five doses. The pharmacy bills BCBSRI for the medication and collects any patient cost share, as this option applies to the member's pharmacy benefit.

BCBSRI's drug policy for Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies can be found [here](#).

Claims

P Physical and Occupational Therapy Reimbursement

Effective June 1, 2018, the following Current Procedural Terminology (CPT®) code will be included in the services for the physical and occupational therapy daily maximum reimbursement:

- CPT 95992 Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

Contracting & Credentialing

PF Network changes for genetic testing laboratories

Please be advised that since January 1, 2018, Sequenom Laboratories no longer participates in BCBSRI's network. Sequenom provides genetic testing, specifically non-invasive prenatal testing (NIPT).

Please click on the links below to explore other laboratory choices when referring BCBSRI members for NPIT:

- [Ariosa](#)
- [Counsyl](#)
- [Natera](#)

For more information, please contact ProviderRelations@bcbsri.org.

Contracting & Credentialing

PBF Laboratory changes in BCBSRI's network

As a BCBSRI-contracted provider, it is your obligation to coordinate member care with contracted, in-network providers. 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 BCBSRI in-network developments. As such, the following laboratories do not participate within BCBSRI's network:

- Lehigh Valley Toxicology
- Mercy Diagnostics
- Total Toxicology
- U.S. Lab & Radiology, Inc.
- Quest

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

Policies

PF Policies recently reviewed for annual update

The following policies were recently reviewed for annual updates:

- Acupuncture Mandate
- Autonomic Nervous System Testing Using Portable Automated Devices
- Behavioral Health Integration Services (formerly Collaborative Care Management for Behavioral Health)
- Constraint Induced Movement Therapy
- Digital Breast Tomosynthesis
- Drug Testing
- Durable Medical Equipment
- Electrogastrography
- Fetal Surgery for Prenatally Diagnosed Malformations
- Health and Behavior Assessment
- Immunizations Adult and Pediatric
- Knee Walker
- Laser Treatment of Onychomycosis
- Lyme Disease Diagnosis and Treatment Mandate
- Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs Mandate
- Nutritional Counseling/Medical Nutrition Therapy
- Occipital Nerve Stimulation
- Off-Label Use of Prescription Drugs Mandate
- Orthotic and Prosthetic Services Mandate
- Post Payment Audits
- Private Duty Nursing
- Progenitor Cell Therapy for the Treatment of Damaged Myocardium due to Ischemia
- Orthognathic Surgery
- Removal of Not Covered Implantable Devices
- Specimen Provenance Error Testing
- Transplants: Travel and Lodging for Blue CHiP for Medicare
- Termination of Pregnancy
- Visual Screening for Children Ages 0-5
- Wig Mandate

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

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

The following new policies have been created. Effective dates vary, so please review the full text of these policies located on the [Policies page](#) in the Provider section of bcbsri.com.

- Fracture Care
- Eculizumab (Soliris) – **Requires preauthorization**

PF Interpretation of radiology reports in emergency rooms

BCBSRI follows the CMS rules regarding the reading and interpretation of X-rays in an emergency room (ER) setting. BCBSRI's analysis revealed two physicians for the same diagnostic exam on the same patient often bill the professional component (interpretation and report). **To clarify a longstanding policy, it is inappropriate for the ER physician to bill the professional component of a radiology service unless a comprehensive detailed radiology report is provided.**

Preliminary reads – previously referred to as wet reads – are defined as a concise diagnosis of a medical condition with recommendations for additional procedures, as diagnostically applicable. A preliminary read is an incomplete diagnosis, as it focuses on a single aspect of the patient's condition and should not be billed.

Evaluation & management code

CPT coding guidelines define a preliminary read as considered part of the initial evaluation and management (E&M) code. There can be only one official interpretation of the films or procedure by a radiologist. The film review is considered part of the ER's E&M reimbursement. If the service performed is in the ER and a preliminary read is performed by the ER physician/group, then the physician/group should not bill, unless an official report (interpretation and written report) is completed. Therefore, reimbursement will be issued only to the radiologist performing and completing the interpretation and report.

Professional component: Modifier 26

Claims filed with modifier 26 indicate that a permanent interpretation of a diagnostic procedure are contained in the medical record. This should contain all elements and clinical details of a well-written report adhering to the established standards of the radiology practice. Documentation of any discrepancy between the preliminary and final review must also be included. The final report will be entered into the patient's permanent medical record.

BCBSRI will reimburse the first comprehensive detailed radiology interpretation per patient and per service. Separate payment will only be furnished to the provider who does the detailed interpretation and report of the radiology service. Other claims submitted for payment will be considered a duplicate and subsequently denied. In the event that the duplicate service is paid in error, it will be subject to post pay audit and recovery by BCBSRI.

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.

PBF CPT and HCPCS Level II code changes

BCBSRI has updated its claims processing system. These updates **became effective April 1, 2018**. As such, we have completed our review of the April 2018 CPT and HCPCS code changes. These include Category II performance measurement tracking codes and Category III temporary codes for emerging technology. The lists include codes that have special coverage or payment rules for standard products, though some employers may customize their benefits.

We have included codes for services that are:

- **Not covered** – Includes services not covered in the main member certificate, for example, 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 they 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, 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.

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

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

<i>Code</i>	<i>Comment</i>
0012M	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for Commercial products.
0013M	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for Commercial products.
0036U	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for Commercial products.
0037U	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for Commercial products.
0038U	Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and Commercial products.
0040U	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare; not medically necessary for professional and institutional providers for Commercial products.
C9462	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
C9463	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
C9464	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
C9465	Not medically necessary for professional and Institutional providers for Commercial products.
C9466	Subject to medical review for professional and institutional providers for BlueCHiP for Medicare and Commercial products.
C9467	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
C9468	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
C9469	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
C9749	Invalid code for professional providers for BlueCHiP for Medicare and Commercial products.
G9873	Not covered for professional and institutional providers for Commercial products.
G9874	Not covered for professional and institutional providers for Commercial products.
G9875	Not covered for professional and institutional providers for Commercial products.
G9876	Not covered for professional and institutional providers for Commercial products.

Policies

<i>Code</i>	<i>Comment</i>
G9877	Not covered for professional and institutional providers for Commercial products.
G9878	Not covered for professional and institutional providers for Commercial products.
G9879	Not covered for professional and institutional providers for Commercial products.
G9880	Not covered for professional and institutional providers for Commercial products.
G9881	Not covered for professional and institutional providers for Commercial products.
G9882	Not covered for professional and institutional providers for Commercial products.
G9883	Not covered for professional and institutional providers for Commercial products.
G9884	Not covered for professional and institutional providers for Commercial products.
G9885	Not covered for professional and institutional providers for Commercial products.
G9890	Not covered for professional and institutional providers for Commercial products.
K0903	Not separately reimbursed for institutional providers for BlueCHIP for Medicare and Commercial products.
Q2041	Subject to medical review for professional and institutional providers for BlueCHIP for Medicare and Commercial products.



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