Blue Cross Blue Shield of Rhode Island

provider update

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

January 2019

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is committed to making sure our members have access to high-quality, cost effective healthcare. We've collaborated, and will continue to collaborate, with the provider community to improve the patient experience and the quality of the care our members receive. Now, we need to make those efforts more transparent to meet the demands of those who purchase health insurance and those who use it. Our first step will be providing your patients, who are BCBSRI members, with meaningful insight into quality and cost efficiency ratings for primary care providers (PCPs).

Similar to how we are distinguishing our facilities with Blue Distinction recognition and our patient-centered medical homes with NCQA accreditation, we will be evaluating all of our primary care providers in 2019 on quality and cost efficiency. These results will be generated annually and displayed in our online provider directory – Find a Doctor.

We will provide each PCP with their individual rating in advance of it being published in our Find a Doctor tool by summer 2019. These ratings will only be visible to those members who have logged on to the BCBSRI member portal.

More to come with specialty care

Our hope is that specialists become more involved in cost efficiency by collaborating with BCBSRI and our system of care (SOC) primary care partners. To encourage this, we are developing specialist performance profiles with an initial focus on two specialties – cardiology and orthopedics.

These profiles will only be informational and will not be shared on our Find a Doctor tool. However, in early 2019, we will be sharing this information with our SOC partners with whom we have primary care risk-based contracts. This information will help these PCPs make more informed referral pattern decisions.

Communicating with our PCPs and specialists

In early 2019, PCPs, cardiologists and orthopedists will receive their individual performance profiles, which will include a detailed explanation of our methodology for the PCP ratings and the performance profile composite scores for cardiologists and orthopedists.

We look forward to receiving your feedback and hope our efforts generate meaningful discussions about how we can continue to improve quality and the patient experience. Thank you for your continued partnership.

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

Contents

BCBSRI Update 2
Provider Relations 2
Quality 3
Behavioral Health 5
Pharmacy 7
Products & Benefits 9
Claims 10
Policies 11

BCBSRI Update

Coming soon: Electronic attestation for provider demographics

We are preparing to move from fax attestations to electronic attestations in 2019. You may still receive one more fax attestation in early 2019, but once the electronic attestation is ready you will receive a notification and fax attestations will stop. The attestations will be loaded into the provider portal on bcbsri.com. You will receive an email when the attestation is loaded to your portal, and will then need to log in into your account on bcbsri.com. There will be a new link on your sidebar called "Update Practice Info." Anyone in your office who has an account on bcbsri.com will be able to attest when needed. If you do not have a bcbsri.com account, please follow the steps below to gain access:

1. Click here for a Provider Identification Number (PIN).
2. Fill out the required information & select "Go."
3. Upon completion of the form, your PIN will be emailed to you.

If you are having trouble receiving your PIN, please contact Provider Relations at ProviderRelations@bcbsri.org. The web administrator for your practice should follow their normal procedure to add additional access within your office.

Hospital affiliations email blast

In December 2018, an email alert was sent to providers about a new process pertaining to providers who have affiliations with hospitals. If you need to update your hospital affiliations, please fill out the hospital affiliation form to update our records. You can find the form by clicking here.

Reminder: FEP call center

When your office is calling in to the FEP call center, FEP cannot continue the call if the address on file does not match what is being stated on the call. Please ensure the address for the NPI and TAX ID that is being used during verification is what is on file with BCBSRI. If the address does not match our records, the caller will be transferred to the Provider Relations line. At that time, we will need the caller to leave a voicemail for Provider Relations to review the address that we have on file with that NPI and TAX ID. If the information does not match, Provider Relations will send a Practitioner Change Form for updates. Please ensure your office staff is utilizing the correct NPI/TAX ID combination when calling.

Provider Relations

Webinars

BCBSRI's Provider Relations team will soon load more webinars for viewing. The Fall 2018 seminar is now posted to the portal for anyone who was unable to attend in October. Some new webinars to expect soon are:

- How to obtain a PIN for a new provider in your office
- How to obtain a PIN to gain access to the provider portal
- What is expected when filing out a Practitioner Change Form

If you have any recommendations on a webinar, please email Provider Relations at ProviderRelationsSeminars@bcbsri.org.

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 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 Monica Broughton, MPH, quality management analyst, at (401) 459-1146 or monica.broughton@bcbsri.org.

New onset, non-acute low back pain

Now that winter has arrived, low back pain diagnoses may appear more often as patients can potentially injure themselves shoveling or from slips and falls on ice and snow. Clinical evidence indicates that in the absence of red flags (see exclusions below), diagnostic imaging (plain X-ray, MRI, CT scan) is not necessary for most cases of new-onset back pain[1]. BCBSRI utilizes the *Clinical Guidelines for the Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guidelines from the American College of Physicians and the American Pain Society*. The full guideline is available on the Annals of Internal Medicine website at www.annals.org/cgi/reprint/147/7/478.pdf and contains additional guidance for diagnosis and treatment. We track performance in this area using the HEDIS measure "Use of Imaging Studies in Low Back Pain (LBP)," which examines the percentage of members 18-50 years old with a primary diagnosis of new onset low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis[2]. The table below summarizes the HEDIS measure, population, and tips for improving performance.

Measure	*Population: Numerator and Denominator*	*Tips for success*
Use of Imaging Studies for Low Back Pain (LBP)	**Numerator:** Members from the denominator who had an imaging study with a diagnosis of low back pain and no exclusions. ***Exclusions:*** HIV, spinal infection, organ transplant other than kidney transplant, cancer, trauma, neurologic impairment, prolonged use of corticosteroids, or IV drug abuse. **Denominator:** Members 18-50 years old with a principal diagnosis of low back pain at either an outpatient or an emergency room visit.	• Avoid ordering diagnostic studies in the first six weeks of new onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse). • 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 in 30 days. • Use correct exclusion codes where necessary (e.g., code for cancer or other secondary diagnoses if these are why you are ordering the studies).

[1] Citations located at http://www.qualitymeasures.ahrq.gov/content.aspx?id=48635&search=back+pain

[2] This measure is reported as an inverted rate. Members receiving imaging studies are subtracted from the denominator. A higher rate indicates better performance.

P Avoidance of antibiotic treatment in adults with acute bronchitis (AAB)

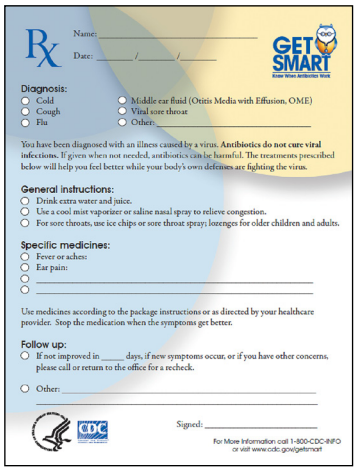
The AAB measure evaluates the inappropriate use of antibiotics in adults age 18-64 with a diagnosis of acute bronchitis. The rationale is that the vast majority of cases of acute bronchitis are viral and do not require antibiotic therapy. This measure is aimed at improving antibiotic stewardship across the population – stemming the tide of antibiotic resistance in local communities and the nation and avoiding potential side effects and complications of antibiotic therapy in an individual patient when the treatment is not clearly indicated.

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

Certain comorbid conditions that could influence your decision to prescribe antibiotic therapy for bronchitis are critical to document as well, since they will result in removal of the patient from the denominator in this measure and more appropriately reflect your clinical thought process. Here are some tips for clinical coding accuracy on this measure:

- Only utilize the code for acute bronchitis if the diagnosis is accurate/confirmed
- Remember to code for relevant comorbidities if and when you do prescribe antibiotics for bronchitis:
  - HIV
  - Malignant Neoplasm
  - Emphysema
  - COPD
  - Cystic Fibrosis
  - HIV Type 2
  - Disorders of the Immune System

We also realize that pressure for antibiotic therapy may come from patients themselves. To assist you in educating your patients on the importance of antibiotic stewardship and the facts about viral versus bacterial processes, we would be happy to supply you with Rx pads from the Centers for Disease Control's Get Smart campaign about antibiotics **while supplies last.** If you would like to receive these Rx pads, please contact Monica Broughton, MPH, quality management analyst, at (401) 459-1146 or monica.broughton@bcbsri.org. For the most up to date information on this campaign please visit www.cdc.gov/features/antibioticuse/index.html.


Rx

Name: _____

Date: ____/____/____

GET SMART

Diagnosis:

- Cold
- Cough
- Flu
- Middle ear fluid (Otitis Media with Effusion, OME)
- Viral sore throat
- Other: _____

You have been diagnosed with an illness caused by a virus. **Antibiotics do not cure viral infections.** If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

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:
- _____
- _____

Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

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.
- Other: _____

Signed: _____

For More Information call 1-800-CDC-INFO or visit www.cdc.gov/getsmart

P Reminder: Gaps in care data

Primary care providers have until February 15, 2019 to send us their 2018 gaps in care supplemental data using the 'GlidePath' files in order to maximize their incentive dollars. Questions about the 'GlidePath' files? Please email our Quality Concierge Team at qualityhedis@bcbsri.org.

B National Drug and Alcohol Facts Week

National Drug and Alcohol Facts Week takes place from January 22-27, 2019. This week is sponsored by the National Institute on Drug Abuse (NIDA) and is aimed at linking teens to science based facts to dispel myths about drug use. The observance was launched in 2010 by scientists at NIDA to stimulate educational events in communities so teens can learn what science has taught us about drug use and addiction. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) collaborated with NIDA in 2016, and alcohol has been added as a topic area for the week. NIDA and NIAAA are part of the National Institutes of Health.

BCBSRI encourages all primary care providers to universally screen for substance use disorders 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 this policy for details.

BCBSRI has the following programs to support our members who may be struggling with substance use disorders:

CODAC Medication Assisted Treatment (MAT) Program is an outpatient Buprenorphine/Naloxone or Buprenorphine program offered by CODAC, a substance use disorder treatment facility. BCBSRI has partnered with Rhode Island's first Center of Excellence (COE) for the treatment of opioid dependence to provide comprehensive medication assisted treatment-related services to BCBSRI commercial members to facilitate recovery. The goal of the program is to offer structured and intensive treatment including medication-assisted treatment, such as Suboxone, nursing, counseling, and case management services that ultimately lead to recovery—and the ability to maintain recovery—in a less intensive treatment program.

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

Peer recovery coaches

BCBSRI is piloting this 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 Substance Abuse and Mental Health Services Administration (SAMHSA)-recognized tool that facilitates recovery and reduces healthcare costs. Peer Recovery Coaches are individuals in recovery themselves who 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.

To learn more about Anchor Recovery visit: www.anchorrecovery.org. To learn more about the Peer Recovery Coach program, please contact Sarah Fleury, LICSW, CPHQ, lead behavioral health clinical program specialist, at (401) 459-1384 or sarah.fleury@bcbsri.org.

How do I connect a patient to behavioral health services?

The behavioral healthcare 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 for their patients. There are several ways to learn more about behavioral health benefits and services:

- The Provider Call Center [(401) 274-4848 or 1-800-230-9050)] can answer questions regarding a member's benefits, including member liability for services. They can also assist if you're simply looking for a participating behavioral health provider. You can also search our website at bcbsri.com if you are simply looking for a behavioral health provider.
- The Beacon Health Options (Beacon) 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 providing 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 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. You can contact the Clinical Referral Line at 1-800-274-2958. You may also share this number with your patients if they prefer to contact Beacon themselves.
- The Beacon 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 obtaining recommended treatment.
  - Help them find and obtain services or resources needed to better manage their behavioral health condition.
  - Provide education and support 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, option 3, then option 1.

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

1. Log on to the Provider portal of 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!".

PF CMS guideline change – opioids

BCBSRI is informing the provider community about a recent CMS guideline change regarding opioid use for opioid naïve patients. As of January 1, 2019, for Medicare Advantage members, there is a hard safety edit limiting opioid prescription fills for the treatment of acute pain limiting to a seven-days' supply allowance at point-of-sale in the pharmacy for patients who have not had an opioid prescription filled in the previous 90-days; prescriptions written for greater durations will reject. Pharmacies have the option to dispense a seven-day supply or less to ensure members have access to medication. The purpose of this change is for patients to receive the lowest effective dose of opioids for the shortest possible duration. This regulation is more lenient than current state regulations (not to exceed 30 milligrams of morphine equivalence per day, 20 doses, and a maximum of five days), therefore we expect minimal patient impact.

PBF Drug therapy review timeframes

Timeframes for 2019		
Plan	**Level of review**	**Turn around time**
Direct pay, small group, fully and self-funded large group *Non-coverage exceptions (PA, Step therapy, QL)*	Initial urgent	72 hours
	Initial standard	15 calendar days
	Appeal urgent (180 days to file appeal)	72 hours
	Appeal standard (180 calendar days to file appeal)	30 calendar days
	External appeal urgent	72 hours
	External appeal standard	10 calendar days
Direct pay, small group, fully and self-insured large group *Coverage exception (Rx is not listed on formulary)*	Initial urgent	24 hours
	Initial standard	72 hours
	External urgent	24 hours
	External standard	72 hours
Commercial *Coverage exceptions*	Initial urgent	72 hours
	Initial standard	15 calendar days
	Appeal urgent	72 hours
	Appeal standard	30 calendar days
	External appeal urgent	72 hours
	External appeal standard	10 calendar days
Medicare	Initial urgent	24 hours
	Initial standard	72 hours
	Appeal urgent	72 hours
	Appeal standard	7 calendar days

In order to meet these deadlines, all relevant clinical information must be provided at the time a drug therapy review is requested. If the request form is missing medical information needed for Prime Therapeutics, LLC (Prime) to make a clinically appropriate decision, attempts to contact you will be made. If Prime reaches out to attain any necessary information that may be missing, it's imperative that you respond in a timely manner to provide this missing information. This is important, as cases will be denied if they lack essential and additional information within the indicated timeframes. Any information received after these deadlines expire will be considered an appeal and will be handled as such.

To avoid unnecessary review levels and delays in access to medications, we recommend taking the following steps:

- Utilize the ePA tool at covermymeds.com.
- If using fax forms, please select and complete the correct form. Please fill in all fields and provide all requested documentation.
- Whether using fax or the ePA tool, review your responses before submitting to ensure accuracy.
- Only use urgent requests when truly needed.
- Be aware of timeframes and deadlines for review, and respond when Prime reaches out for additional information.
- Take office closures and staff availability into account when submitting requests.

Obtaining prior authorization for drug therapy reviews

Did you know that we offer a fast and seamless electronic way to submit requests for drug therapy review? CoverMyMeds is the electronic prior authorization (ePA) tool offered through BCBSRI and Prime. CoverMyMeds offers electronic submissions of prior authorizations for any prescription drug. When you submit prior authorizations electronically, they are seamlessly integrated with your electronic health record system offering you ePA functionality right in your office. Some of the benefits include:

- Reduction of administrative waste
- Faster determinations
- Validated and accurate prior authorization requests

To create a CoverMyMeds account:

- Go to www.covermymeds.com
- Click on "Create a Free Account"
- Log in with the email and password used to register your account

We encourage you to take advantage of the benefits ePA has to offer and make this your primary tool for requesting drug therapy reviews.

For questions regarding the status of an existing prior authorization, please call BCBSRI's Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050.

Members' rights and responsibilities statement

Upon enrollment, our members are granted certain rights and protection of these rights in all their encounters with BCBSRI's representatives, including physicians and other network providers' employees, BCBSRI employees, and anyone else who has a role in the delivery of care and service. We expect all of our representatives to observe the principal we have established to preserve these rights.

In exchange for this careful observance of their rights, members guarantee to assume responsibility for their attitude, knowledge, and behavior related to the healthcare services they receive while enrolled. Please see the Participating Provider Administrative Manual for a complete listing of members' rights and responsibilities.

New product: FEP Blue Focus

Effective January 1, 2019, the Blue Cross and Blue Shield Federal Employee Program® (FEP) is launching a new product for FEP members called, FEP Blue Focus. This product will be administered by BCBSRI for federal employees in Rhode Island.

Federal employees will have the option to select the product during their annual open enrollment. FEP Blue Focus members will pay just $10 each for their first 10 primary and/or specialty care visits (excluding telehealth; see below) and will pay little or no cost for services that support good health. Members will also have access to preferred generic prescription drugs and will be covered when traveling overseas.

What is similar between the existing FEP products and FEP Blue Focus?

- No referrals required
- Preventive care benefits
- Overseas care
- Telehealth benefits by a vendor
- Continuing prior approval on current services
- Therapy services subject to copayment and visit limits
- Similar to Basic Options, members must stay in-network for services.

What is different between the existing FEP products and FEP Blue Focus?

- $10 each for 10 diagnostic professional visits
  - Includes medical and MHSA diagnosis codes
  - Includes primary care provider, other healthcare provider or specialist
- Telehealth
  - First two visits no copayment
  - After two visits —$10 copayment
- Two-tier formulary
  - Tier 1 – Preferred generics
  - Tier 2 – Preferred brand and preferred specialty medications
- Incentive for routine physical (selection of Blue365® offerings)
- Increase services requiring prior approval

Please remember to review the member's benefits prior to services at www.fepblue.org as some services may not be covered with the new plan.

Products & Benefits

New product: Access Blue New England

Effective October 1, 2018, BCBSRI launched a new product family, Access Blue New England. It will be an option for our Large Group clients. Access Blue New England plans are high-deductible health plans with New England regional coverage in-network. Members get all of the advantages of a regional BlueCHiP plan, and the flexibility to pair with a Health Savings Account (HSA), which allows members to save pre-tax dollars for qualified medical expenses now or in the future.

Highlights of Access Blue New England plans:

- They are HSA-qualified, high-deductible health plans. Members have the option to set up a tax-advantaged HSA for eligible medical expenses.
- The Access Blue New England network includes providers in Rhode Island, Massachusetts, Connecticut, New Hampshire and Maine.
- Out-of-network is covered for urgent and emergent situations.
- Members select a PCP during enrollment but referrals are not required.

Claims

Claim submissions with taxonomy code

Effective April 1, 2019, BCBSRI will require the provider taxonomy code to be submitted on all claims.

New process: Referral numbers required on claims

Effective immediately, please indicate your referral number from Health Trio on your CMS-1500 form in box 23. Health Trio is the vendor we use to load electronic referrals into their portal. PCPs load the referral for specialists, and specialists are able to view the referrals by the member. Your confirmation number from Health Trio is the referral number. This will help the Claims Department select your referral, and understand if your office was able to obtain the referral through Health Trio. This new process will ensure your claim is processed to the correct referral in case there are multiple referrals on file for the same group/TAX ID. If you have any questions related to this change, please contact Provider Relations at ProviderRelations@bcbsri.org.

Medicare Advantage claims for out-of-network payments

BCBSRI is not a PPO network sharing plan. We are not allowed to price based on our participating provider contract. When a provider in our service area sees a Medicare member from another plan, they are considered non-network. However, they are treated as a Medicare participating provider. CMS requires Medicare Advantage (MA) plans to pay non-network providers at least the rates that they would be paid by FFS Medicare, as this is how we process all MA out-of-area claims. CMS publishes a document which indicates how an MA plan must pay out-of-network providers. BCBSRI pays each service based on how the provider is paid by FFS Medicare. As a provider you are required to bill BCBSRI if you were billing Medicare, and you must accept this payment as payment in full and must not balance bill the member. For more information pertaining to the MA Payment Guide for Out-of-Network Payments, please click here.

Claims

Medicaid claims handling for out-of-state Medicaid members

Some providers expect to be reimbursed at the locally negotiated Blue rate or Medicaid rate they are accustomed to receiving in the state in which they practice. Medicaid claims are paid at the Medicaid allowed amount applicable in the member's home state. Providers are specifically prohibited by federal regulations from balance billing members. Please remember that billing out-of-state Medicaid members for the amount between the Medicaid-allowed amount and charges for Medicaid-covered services is specifically prohibited by Federal regulations (42 CFR 447.15).

Policies

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.

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 in the Provider section of bcbsri.com.

- Absorbable Nasal Implants for the Treatment of Nasal Valve Collapse
- Actigraphy
- Autism Spectrum Disorder Mandate – Updated with 2019 codes
- Autologous Platelet Derived Growth Factors
- Bone Mineral Density Studies
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Musculoskeletal Conditions
- Genetic Testing for Diagnosis and Management of Mental Health Conditions
- Injectable Fillers
- Lysis of Epidural Adhesions
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders
- Microvolt T-wave Alternans (MTWA)
- Minimally Invasive Intradiscal and Annular Procedures for Back Pain
- Non-Wearable Automatic External Defibrillator
- Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy
- PathFinderTG® Molecular Testing
- Patient-Controlled End of Range Motion Stretching Devices
- Pediatric Dental Essential Services
- Preventive Services: BlueCHiP for Medicare
- Proprietary Laboratory Analyses (PLA)
- Proteogenomic Testing for Patients with Cancer
- Psychological and Neuropsychological Testing - Updated with 2019 codes
- Saturation Biopsy in the Diagnosis, Staging and Management of Prostate Cancer
- Serum Tumor Markers for Breast and Gastrointestinal Malignancies
- Telemedicine Services Effective 01|01|2019
- Total Arthroplasty Hip-Knee
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization
- Ultrasonographic Measurement of Carotid Intima-Medical Thickness as an Assessment of subclinical Atherosclerosis
- Vertebral Fracture Assessment

PF Mastectomy treatment, breast reconstruction and hospital stays mandates

This policy addresses federal and state mandates relating to coverage guidelines and cost share requirements for mastectomy treatment, effective January 1, 2019. "Cost share" refers to the member's share of the cost of the service, including copayments, deductibles, and coinsurance. Please see the full text of this policy by clicking here.

PBF Allergy testing

Effective March 1, 2019, the Allergy Testing policy has been updated to reflect ICD-10 diagnosis coding allowed with applicable CPT codes. This change is applicable to BlueCHiP for Medicare and Commercial Products. Please see the full text of this policy by clicking here.

Policies

PF New policies January 2019

The following policies were recently created. Effective dates vary so please review the full text of these policies in the Provider section of bcbsri.com under the Medical Policy heading.

- Absorbable Nasal Implant for the Treatment of Nasal Valve Collapse
- Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease

PF CPT® and HCPCS Level II code changes

We have completed our review of the January 2019 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 January 1, 2019. 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, such as a CPT or HCPCS code.
- "Medicare Lab Network" – Codes that are reimbursed to a hospital laboratory outside of the laboratory network, physicians, 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

January 2019 CPT code updates:

The following services are subject to medical review for institutional and professional providers for BlueCHiP for Medicare and Commercial products:

76391	76978	77046	77047	77048	77049

81163	81164	81165	81166	81167	81171	81172	81173	81174	81177
81178	81179	81180	81181	81182	81183	81184	81185	81186	81187
81188	81189	81190	81204	81233	81234	81236	81237	81239	81271
81274	81284	81285	81286	81289	81305	81306	81312	81320	81329
81333	81336	81337	81343	81344	81345	81443	81518	81596	

0510T	0518T	0530T	0531T	0532T

Subject to medical review for Professional and Institutional providers for Commercial products

33275

The following codes are not medically necessary for Professional and Institutional providers for Commercial products:

33274	83722

The following codes are not covered for Professional and Institutional providers for BlueCHiP for Medicare and not medically necessary for Professional and Institutional providers for Commercial products:

33289	93264

The following codes are not separately reimbursed for Professional and Institutional providers for BlueCHiP for Medicare and Commercial products:

99451	99452	99453	99454	99457	99491

The following codes are not covered for Professional and Institutional providers for BlueCHiP for Medicare and Commercial products:

0537T	0538T	0539T

The following codes are pending CMS determination for BlueCHiP for Medicare and not medically necessary for Professional and Institutional providers for Commercial products:

0509T	0511T	0512T	0513T	0514T	0515T	0516T	0517T	0519T	0520T
0521T	0522T	0523T	0524T	0525T	0526T	0527T	0528T	0529T	0533T
0534T	0535T	0536T	0541T	0542T					

Blue Cross Blue Shield of Rhode Island

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