Blue Cross Blue Shield of Rhode Island

provider update

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

January 2016

Dr. Gus Manocchia
Senior Vice President and Chief Medical Officer

Greetings,

Our monthly newsletter includes news and updates for physicians, providers, and facilities in our network. It's full of important and useful information impacting how we do business together.

As always, please contact us with any comments or questions you have. We look forward to your continued partnership and collaboration.

Contents

BCBSRI Update

PBF Reminder: Update Your Practice Information!

It is important that you update your practice information regularly by completing a Practitioner Change Form. All providers voluntarily terminating their network participation are required to provide 60-day advance notice, which is a contractual obligation. It is especially important to do this, as it can impact our members' ability to be transitioned to another PCP in a timely fashion or choose a PCP when enrolling for coverage. Please click here to access the form.

PF Prospect Health Services Update

As previously communicated, BCBSRI, Prospect Health Services of Rhode Island, Inc., and CharterCARE Health Partners have entered into a partnership that will benefit 6,500 Medicare Advantage members who have physicians affiliated with Prospect Provider Group of RI, LLC (PPGRI). PPGRI is a primary care and specialty provider independent practice association affiliated with CharterCARE Health Partners, which includes Roger Williams Medical Center, Our Lady of Fatima Hospital, St. Joseph Health Center, and Elmhurst Extended Care.

The agreement includes new quality benchmarks and standards for patient safety, evidence-based care coordination, and satisfaction. Additionally, some aspects of care coordination that are traditionally performed by a health plan, such as case management and disease management with members, will be delegated to PPGRI. This will lead to better coordination of healthcare services for BCBSRI Medicare Advantage members choosing a PPGRI PCP.

Reminder: This change will impact providers not affiliated with PPGRI as it relates to the medical management requirements for Medicare Advantage members. Providers will need to identify the BCBSRI member as having a PPGRI PCP by verifying benefits and eligibility.

We are pleased to announce that you are now able to verify the member's benefits and eligibility on bcbsri.com in the Preauthorization Requests section. To verify the member is covered under the PPGRI plan, simply select the "Need Help?" option, then the "Is this a Prospect member?" option, and enter the member's demographic information in order.

You may also call the BCBSRI Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050. If the member has a PPGRI PCP, you will be transferred to PPGRI's call center. Requests can also be faxed to PPGRI at (844) 762-9230.

If you request a preauthorization through BCBSRI or any of our other vendor partners not listed above, you will be redirected to PPGRI.

PF High-Tech Radiology After-Hours Access for Prior Authorization

MedSolutions, Inc. (MSI) / EverCore

When performed on an outpatient basis, authorization is required for the following services: CT, MR, PET, or Nuclear Cardiac Imaging. For urgent studies needed after hours, MedSolutions will approve requests without clinical review. These approvals will be tracked to help ensure the policy is being utilized appropriately.

If a member requires a high-tech imaging study when the MedSolutions call center is not open, BCBSRI providers have two options :

Option 1 [*Option 1 is the preferred option for after-hours requests.*]

- Submit request on MedSolutions web portal – www.medsolutionsonline.com.
- For cases that are not approved upon submission, providers may proceed with having the study performed and then contact MedSolutions the next business day.
  - > Give the MSI agent the case # and explain that the request was urgent and made during after hours.
  - > MSI will approve the request without clinical review and use the date the study was performed. The case will be identified as being an urgent, after-hours approval

Option 2

- Proceed with having the study performed.
- Call MedSolutions on the next business day (888-693-3211) .
  - > Give the MSI agent the case # and explain that the request was urgent and done during after hours.
  - > MSI will approve the request without clinical review and use the date the study was performed. The case will be identified as being an urgent, after-hours approval.

PB Pharmacy Benefit Manager After-Hours Access for Prior Authorization

OptumRx, formerly Catamaran

To obtain a Prior Authorization after-hours, providers may contact OptumRx at the following numbers:

Medicare: 866-235-1793, ext.: 16675
Commercial: 866-235-3062, ext.: 16741
Monday – Friday, 7:00 a.m. to 11:00 p.m. and Saturday, 8:00 a.m. to 4:30 p.m.

Providers may use the following fax numbers to submit the Prior Authorization form:

Medicare: 866-391-2929
Commercial: 866-391-7222

PBF Clinical Practice Guidelines Update

The 2015 Clinical Practice Guidelines for Asthma were presented for review and approved at the November 18, 2015 Professional Advisory Committee. The next review will take place in November 2017.

PBF New Products for 2016

On January 1, 2016, BCBSRI introduced two new products: BlueCHiP for Medicare Advance and BlueCHiP Advance Commercial. **These plans require referrals for care provided by specialists or other providers outside the scope of primary care.**

Below is detailed information about each new product:

BlueCHiP for Medicare Advance

This limited network plan replaces BlueCHiP for Medicare Select and offers a number of new features, including a wider provider network. The doctors and hospitals in this exclusive network were chosen for their ability to improve coordination and communication across all aspects of patient care. In addition, BlueCHiP for Medicare Advance features:

- > $0 premium option for members
- > $5 copays for primary care visits
- > $2 copays for preferred generic drugs
- > $100 yearly allowance for eyeglasses and contacts

Members who choose this plan must receive care within the BlueCHiP for Medicare Advance network of providers and facilities. In addition, referrals will be required when being treated by specialists or any other providers outside of the scope of primary care.

Providers and hospitals in the BlueCHiP for Medicare Advance network include:

- > Care New England employed physicians
- > Integra ACO/Rhode Island Primary Care Physicians Corporation
- > Prospect Provider Group RI, LLC (PPGRI)/CharterCARE

> Lifespan shared savings groups and employed physicians

> Coastal Medical

> All specialists

> All hospitals with the exception of L+M Westerly Hospital

BlueCHiP Advance Commercial

In this tiered network product, premiums are low, but benefits are rich. Members who work with their PCPs to select the most appropriate services, providers, and facilities will experience significantly lower out-of-pocket expenses. Members will also receive:

> Annual foot and eye exam for diabetics at no cost

> $2 maintenance medications for asthma, diabetes, and COPD

Members who choose this plan have the option of receiving care from any of the providers and facilities within the BCBSRI network of providers, but their out-of-pocket copay, coinsurance, and deductible will vary based on the rendering provider's tier. Referrals will be required when being treated by specialists or any other providers outside of the scope of primary care. Providers and hospitals in BlueCHiP Advance Commercial Tiers 1 and 2 include:

Tier 1

> Integra ACO/Rhode Island Primary Care Physicians Corporation

> Prospect Provider Group RI, LLC (PPGRI)/CharterCARE

> All specialists with a primary or secondary affiliation at a Tier 1 hospital

> All hospitals with the exception of Newport Hospital, The Miriam Hospital, South County Hospital, and L+M Westerly Hospital

Tier 2

> All other primary care physicians, specialists, and hospitals

Referral Process

For both of these new products, members will choose a PCP. As with current BlueCHiP Commercial products, the primary care physician is responsible for coordinating care and issuing referrals to specialists for BCBSRI members. To make the referral process easier, BCBSRI will soon launch a web-based referral tool.

Please note that once the referral tool is live, web-based referrals will be required for all BlueCHiP Commercial products and BlueCHiP for Medicare Advance. Until then, please follow the existing referral process. Also, please continue to follow the existing referral process for New England Health Plan members.

Training Program

BCBSRI will soon launch a comprehensive training program that will include educational webinars and in-office training as needed. More information about the webinar schedule will be made available later this month. Additional details will be available in future Provider Updates and on bcbsri.com.

If you have any questions about the new products, the referral tool, or your network status related to these products, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).

P RIMS Announces its Eleventh Hour Education Event

The Rhode Island Medical Society (RIMS) has organized an opportunity to obtain required education in a timely manner on Saturday, April 30. The required topics to be covered are pain management and risk management. Also covered will be important education on a non-required topic.

The Rhode Island Department of Health states that "unless you were in training or became board certified or re-certified within the past two years, (physicians) need to complete 40 hours of Continuing Medical Education (CME) during each two-year license cycle. At least two hours of this education may be related to one of the following topics: Risk Management; Opioid Pain Management/Chronic Pain Management; End of Life/Palliative Care; Ethics." *The current license renewal cycle requires that you obtain and submit your credits no later than June 1, 2016.*

The program agenda and registration details for this event may be found at www.rimed.org. RIMS members may log onto the Member Portal to register or complete the form and return as noted. Please contact Megan E. Turcotte with questions at mturcotte@rimedi.org or (401) 331-3207.

If you are not a RIMS member but would like to join, please complete the online membership application at your earliest convenience. The member registration rate will be offered to applicants for this event upon receipt of the membership application.

PBF Save the Date: Rhode Island Trans* Health Conference for Providers: January 30, 2016

BCBSRI, along with The Warren Alpert Medical School of Brown University and Rhode Island College, is proud to help support the state's second Trans* Medicine Conference for medical, behavioral health, and allied healthcare providers as well as self-identified members of the transgender and gender-nonconforming community. This one-day conference is scheduled for January 30, 2016 at Rhode Island College. The purpose of the conference is to:

- Provide education on important concepts related to caring for transgender patients
- Enhance clinical expertise
- Expand the community's access to care

Experts from the region will present on best practices and lessons from their own work. Continuing education units will be available for physicians, nurses, and behavioral health providers. Attendance at the conference helps fulfill staff training requirements for practices applying to become LGBT Safe Zones. If you have any questions about the conference, please contact the Brown University Office of Continuing Medical Education by phone at (401) 863-2871 or by email at cme@brown.edu.

P 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 Siana Wood, RN, senior quality management analyst at (401) 459-5413 or siana.wood@bcbsri.org.

Cervical Cancer Awareness Month

January is Cervical Cancer Awareness Month. Routine screening remains one of the most effective ways to detect cervical cancer (and precancerous changes) that might otherwise develop undetected. Preventive care is covered at no cost to the member (according to the Affordable Care Act). Please discuss with patients (as appropriate) the importance of obtaining the following tests:

Test/Exam	Measure Population	Exclusions	Tips for Success
Cervical Cancer Screening	Women ages 21-64 who have had a Pap test within the measurement year or prior two years **OR** Pap/HPV co-testing within the measurement year or prior four years	Women who have had a complete hysterectomy with no residual cervix	Documentation in the medical record must include **both** a note indicating the date when the test was performed, and the result or finding. Please note: -Biopsies are not counted as evidence of screening. -Remind members that preventive tests are covered with no copay/cost-share.*

*When suspicious tissue is encountered during routine screening and removed or sampled for biopsy, a test typically considered preventive may be coded as diagnostic. In this case, the member may be subject to copays or cost-sharing based on their respective benefit plan.

Quality

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

The AAB measure evaluates the inappropriate use of antibiotics in adults ages 18 to 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. This helps stem the tide of antibiotic resistance in local communities and the nation as well as avoid 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. There is only one code for acute bronchitis—466.0—and this code does not differentiate clinically between a viral or bacterial process. Therefore, we recommend careful attention to use of this and other diagnostic codes to most precisely reflect the condition you are treating. 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 use 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

We also realize that much pressure for antibiotic therapy comes 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 free materials from the Centers for Disease Control's Get Smart campaign about antibiotics. For providers, we also have exam room posters, treatment summaries for adult and pediatric populations, and Rx pads with symptomatic treatment for viral upper respiratory infections. Below are a few selected images from the available materials. If you would like to receive any of these materials (or the others in stock but not pictured), please contact Siana Wood, RN, senior quality management analyst, at (401) 459-5413 or siana.wood@bcbsri.org. We also look forward to delivering free supplies of posters, Rx pads, and treatment summaries to adult and pediatric practices in early 2016.

Poster RX Pad

Patient Handout

Exam Room

Follow-Up Care for Children Prescribed ADHD Medication

The HEDIS measure Follow-Up Care for Children Prescribed ADHD Medication is the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The measure looks at two rates—the initiation phase and the continuation/maintenance phase. Details about each phase, as well as tips for success, are listed below.

Measure	Measure Population	Tips for Success
Follow-Up Care for Children Prescribed ADHD Medication	*Initiation Phase* The percentage of children ages 6-12 years as of the index prescription date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority in the first 30 days of the Rx dispensation	When prescribing a new ADHD medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working. Schedule this visit while your patient is still in the office. Schedule two more visits in the nine months after the first 30 days to continue to monitor your patient's progress. *Telephone codes* can be used to help satisfy the requirements for the Continuation & Maintenance phase part of the measure. The following codes are covered, but not separately reimbursed, by BCBSRI: 98966, 98967, 98968, 99441, 99442, and 99443. You may use these codes to satisfy the numerator for the continuation measure if you do not see your patient face-to-face, but rather complete a follow-up call. Keep in mind that controlled substances should not be reordered without at least two visits per year to evaluate a child's progress and growth.
	Continuation & Maintenance Phase The percentage of children ages 6-12 years as of the index prescription date (IPSD) with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended	

Documenting BMI for Adults and Children

The Adult BMI Assessment (ABA) and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) are HEDIS measures for NCQA accreditation. The ABA is also a Medicare Stars measure. They require the assessment and documentation of encounter date, height, weight, and BMI value or percentile depending on age. A review of HEDIS data showed the most opportunity for improvement in these measures among practices that do not have an electronic health record (EHR). Provider Relations representatives recently visited with primary care practices without EHRs and brought them adult and pediatric BMI wheels to help calculate and document accurate body mass index measurements. **We have a limited quantity of extra BMI wheels available on a first-come, first-served basis.** If you would like to request BMI wheels, please contact Siana Wood, RN, senior quality management analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

If your practice has an EHR, please ensure it is calculating and recording the BMI after entering the patient's height and weight. In many EHRs, this is a function that needs to be turned on to calculate BMI. **In practices that routinely perform well on this measure, the clinical workflow includes obtaining and documenting a BMI at every visit, including sick visits.**

Behavioral Health

PBF Value Options Name Change

As we previously communicated, ValueOptions, Inc., our behavioral health vendor, merged with Beacon Health Strategies, LLC, at the end of 2014. Today, ValueOptions, Inc. and Beacon Health Strategies, LLC exist as two distinct corporate subsidiaries of a parent company, FHC Health Systems. This January, the two subsidiaries will be rebranded as Beacon Health Options, Inc.

Beacon Health Options, Inc. will be the same company as ValueOptions, Inc. It will have the same Internal Revenue Service employer identification number, only with a new name. Also, all Beacon employees will use new @beaconhealthoptions.com email addresses. Existing @valueoptions.com addresses will seamlessly redirect to these new Beacon email addresses, so there will be no missed communications.

From a provider perspective, nothing will change regarding the way providers contact Beacon Health Options or interact with Beacon on a daily basis.

If you have any questions regarding the merger or branding, please contact the BCBSRI Behavioral Health Team at BehavioralHealth@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 for their patients. There are several ways to learn more about behavioral health benefits and services:

- **The Provider Call Center** at (401) 274-3103 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 bcbsri.com for a behavioral health provider.
- **The Beacon Health Options (ValueOptions) Clinical Referral Line** is available 24 x 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 it can be a first point of contact in non-emergency situations. The clinician—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 Health Options (ValueOptions) themselves.
- **Beacon Health Options (ValueOptions) Intensive Case Management Program** can assist your patients in effectively managing their behavioral health conditions. Independently licensed behavioral health clinicians will:
  - > Help patients understand the barriers that prevent them from getting the most from their treatment or in obtaining recommended treatment.
  - > Help patients find and obtain services or resources to better manage their behavioral health condition.
  - > Provide education and support to help patients better manage their condition.
  - > Help patients coordinate care to ensure providers have the necessary information to deliver the best care and support.
  - > Work with patients to ensure they know the medications they should be taking and understand medication instructions.
- To refer a patient to the Beacon Health Options (ValueOptions) 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 in to the secure Provider section
  2. Click on Tools and Resources
  3. Click on Forms
  4. Click on Case Management Request
  5. Complete the required fields and click Go

Behavioral Health

PBF 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 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. At this time, services are offered via an alternative benefit and referrals are identified by Beacon Health Options (ValueOptions) and Anchor Recovery/The Providence Center.

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

PBF New Behavioral Health Programs

If you are a behavioral health provider and are interested in contracting with us for residential treatment, partial hospital programs, intensive outpatient programs, child and family intensive treatment, or adult intensive services, please contact the Behavioral Health Team at BehavioralHealth@bcbsri.com to request a new program application. Please be advised that any new programs must meet our minimum program requirements as outlined in the Behavioral Health Services Inpatient and Intermediate Levels of Care Policy.

Once a new program is submitted, please allow 5-10 days for initial review by the Behavioral Health team, who will follow up with any questions and/or next steps.

Claims

Update for all EDI Trading Partners

Beginning in the first quarter of 2016, BCBSRI will start returning an Unsolicited 277CA (005010X0214) claim status response for every claim submitted by our paperless providers. These files will be placed into the Trading Partners' Mailbox on the EDI Gateway on a daily basis, as files are received.

We will inform you of when you will begin to see the unsolicited 277CA transactions in your mailbox, as soon as we have the implementation date scheduled.

PBF Provider Fee Schedule Updates

BCBSRI is committed to improving the health of our members and all Rhode Islanders by providing access to high-quality, cost-effective healthcare. To ensure reimbursement rates remain updated and consistent with this commitment, BCBSRI reviews its fee schedules on a yearly basis.

Update to standard fee schedules

BCBSRI updated its standard fee schedules for Commercial and Medicare Advantage reimbursement for dates of service on or after January 1, 2016. BCBSRI continues to use the Rhode Island Medicare Fee Schedule as the basis for the standard fee schedule reimbursement as it contains resource-based relative value, or RBRVS, pricing. For limited services that are not priced by Medicare, BCBSRI will retain its developed fees from 2014.

How to view the updated fee schedules

For your convenience, the updated fee schedules are available in Excel format in the secure Provider section of bcbsri.com. The previous fee schedules will also be included for your reference. You will need to log in to bcbsri.com to view the fee schedules.

If you don't currently have log-in access to bcbsri.com, please follow these steps:

1. Sign up for a log-in.
2. Follow the prompts to register as a participating provider and request a PIN. Please note that the information you provide online will be populated in a pdf that you will need to print, sign, and fax to BCBSRI.

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

PF Policies Recently Reviewed for Annual Update

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

- Autologous Chondrocyte Implantation
- Cochlear Implants
- CPT Category III Codes
- Diabetes Self-Management Education Mandate
- Early Intervention Services Mandate
- Genetic Testing for Mental Health Conditions
- Hearing Aid Mandate
- Injectable Clostridial Collagenase for Fibroproliferative Disorders
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Monitored Anesthesia Care (MAC)
- Optical Diagnostic Devices for Evaluating Skin Lesions Suspected of Malignancy (former policy title: Whole Body Photography with or without Dermatoscopy)
- Outpatient Pulmonary Rehabilitation
- PathFinderTG® Molecular Testing
- Peripheral Artery Disease (PAD) Rehabilitation
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Serum Biomarkers Human Epididymis Protein 4
- Surgical Deactivation of Migraine Headache Trigger Sites
- Visual Screening for Children Aged 0-5 Years

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. Once on that page, click the drop-down box to sort policies by draft.

PF Intraocular Lens Implants

The Intraocular Lens (IOL) Implants Policy has been updated to identify that while presbyopia-correcting and astigmatism-correcting intraocular lenses are not covered, it is the member's responsibility to submit for possible reimbursement up to the allowance for a standard covered lens. Please see the full text of this policy.

PF Autonomic Nervous System Testing Using Portable Automated Devices

A new policy has been written to document the coverage for Autonomic Nervous System Testing Using Portable Automated Devices. This service is considered covered but not separately reimbursed for BlueCHiP for Medicare and not medically necessary for Commercial Products as there is insufficient peer-reviewed scientific literature that demonstrates the service is effective. Please see the full text of this policy.

PBF 2016 HCPCS Code Changes

We have completed our review of 2016 HCPCS code changes. These updates will be added to our claims processing system and are effective January 1, 2016. The list includes 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:

- "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 payment for the service.
- "Invalid" – Use alternate procedure code, CPT, or HCPCS code.
- "Not separately reimbursed" – Services that are not separately reimbursed are generally included in payment for service 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.
- "Medicare lab network exempt" – Indicates that these codes are not subject to the exclusive lab networks agreement with East Side Clinical Lab (ESCL), Quest Diagnostics, and Lifespan Labs for BlueCHiP for Medicare plans. These lab tests can be performed by hospitals, physicians, and urgent care centers.

As a reminder, all laboratory services that are not listed as exempt from the exclusive lab network for BlueCHiP for Medicare members must be performed at ESCL, Quest Diagnostics, or Lifespan Labs to be covered.

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

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

2016 HCPCS Updates Code comments	
A4337	Not covered for BlueCHiP for Medicare and commercial products, for professional and institutional providers
C1822	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
C2645	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
C9458	For BlueCHiP for Medicare, invalid code for professional providers and not separately reimbursed for institutional providers; for commercial products, not medically necessary for professional and institutional providers.
C9459	For BlueCHiP for Medicare, invalid code for professional providers and not separately reimbursed for institutional providers; for Commercial products, not medically necessary for professional and institutional providers.
C9460	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
G0296	Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and commercial products
G0297	Subject to medical review for BlueCHiP for Medicare and commercial products
G0299	For BlueCHiP for Medicare, not covered for professional and institutional providers; for commercial products, subject to medical review
G0300	For BlueCHiP for Medicare, not covered for professional and institutional providers; for commercial products, subject to medical review
G0475	Medicare lab network exempt
G0476	Medicare lab network exempt
G0477	Medicare lab network exempt
G0478	Medicare lab network exempt
G0479	Medicare lab network exempt
J0202	Subject to medical review for BlueCHiP for Medicare and commercial products
J1575	Not covered for BlueCHiP for Medicare and commercial products; pharmacy benefit only
J7328	Not medically necessary for professional and institutional providers for BlueCHiP for Medicare and commercial products
J7503	Not covered for commercial products, pharmacy benefit only
J7512	Not covered for BlueCHiP for Medicare and commercial products; pharmacy benefit only
J8655	Not covered for commercial products; pharmacy benefit only
Q9950	Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and commercial products
Q9980	Not medically necessary for professional and institutional providers for BlueCHiP for Medicare and commercial products

Policies

PF Hospital Readmissions

Effective February 1, 2016, the payment guidelines for readmissions to an acute general short-term hospital will change from 10 calendar days from the date of discharge to 14 calendar days from the date of discharge when the care is provided in the same hospital with the same, similar, or a related diagnosis. Please read the full text of this policy.

PF Intra-Articular Hyaluronan Injections for Osteoarthritis

Effective January 1, 2016, BCBSRI modified the Intra-Articular Hyaluronan Injections for Osteoarthritis medical policy. Coverage for this policy has changed from covered to not medically necessary for BlueCHiP for Medicare and Commercial members.

The following HCPCS codes will be **not medically necessary** effective **January 1, 2016**:

- J7321
- J7323
- J7324
- J7325
- J7326

Additionally, CPT 20610 is not medically necessary when billed with one of the HCPCS codes listed above.

As a reminder, members are to be held harmless for any charges unless they have signed an Advance Beneficiary Notice prior to the procedure. Please read the full text of this policy.

P EKG During a Preventive Visit

According to the U.S. Preventive Services Task Force (USPSTF), an electrocardiogram should not be performed routinely on asymptomatic adults who are at low risk for coronary heart disease. The USPSTF has determined that the incremental information provided by the resting electrocardiogram (beyond that obtained with conventional risk factor assessment) is not likely to alter risk stratification or improve clinical outcomes. USPSTF recommends against using eletrocardiogram to screen for coronary disease in asymptomatic adults who are at low risk for coronary disease.

Effective January 26, 2016, BCBSRI will deny claims for 93000 (Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report) when billed in the office setting for patients 18 years of age and older without an appropriate diagnosis.

Blue Cross Blue Shield of Rhode Island
www.bcbsri.com
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.
01/16 PRR-4000