



provider update

P=Professional

B=Behavioral Health

F=Facilities

January/February 2015



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

Happy New Year!

This is an exciting time to be part of delivering innovative care in Rhode Island. 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 partnership in 2015!

BCBSRI Update

PFB Accessing the Important Information You Need

We want to help you work as efficiently as possible. By logging on to the secure provider portal on BCBSRI.com, you and your office staff can access valuable information for your practice. All you need to do is register for a personal identification number (PIN).

How to Obtain a PIN

Only physicians/providers who are participating with BCBSRI and have a National Provider Identifier (NPI) may obtain a PIN. To request one, please read and sign the [Confidentiality and Security Guidelines form](#). **The practicing physician's/provider's signature is required on this form.** Upon receipt of the PIN, the practicing physician/provider may choose to act as the System Administrator or delegate that responsibility to a staff member who can perform the duties outlined. You will receive your PIN by mail or email in less than 10 business days.

You and your staff can take advantage of these valuable features:

- **View Remittance Advices (RAs)** – Access the Correspondence Center to view your RAs.

- **View claim status** – Check the status of all claims submitted with your NPI.
- **Check member eligibility** – Verify effective dates of coverage, copayments, deductibles, and other information.
- **Review medical coverage policies** – Locate our medical coverage policies quickly and easily.
- **Find information on BCBSRI case and disease management programs** – Access information on the case and disease management programs that we offer to assist members in managing complex or chronic health conditions, and learn how members and providers can use these services.
- **Look up pharmacy management procedures** – This includes lists of specialty drugs, quantity limits, generic substitutions, drugs requiring prior authorization, and step therapy rules as well as information on the exception process for excluded drugs (along with associated forms).

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- **Access publications** – Read online publications, including:
 - > **Provider Update** – This monthly publication includes news and updates for physicians, providers, and facilities in our network. Providers and their office staff will find important information about benefits, products, claims, policies, quality programs, formularies, and more.
 - > **Provider Manual** – This comprehensive guide for participating providers includes information on hours of operation, contacts, committee structure and roles, physician/provider rights and responsibilities, referrals and authorizations, member rights and responsibilities, complaints, appeals, claims administration, how to obtain a copy of specific utilization management criteria, a utilization statement about prohibitions on incentives, other compliance matters, and more.
 - > **Clinical Practice Guidelines** – We adopt evidence-based guidelines for medical conditions such as asthma and diabetes, behavioral health conditions such as ADHD and depression, preventive healthcare, and prenatal healthcare.
 - > **Quality Objectives and Program Evaluation** – This annual evaluation includes the program goals for our clinical, preventive, and service activities with an update in progress towards meeting the goals. It is available for your review each spring.

Provider publications can be downloaded from BCBSRI.com for your convenience. You can also call (401) 274-4848 or 1-800-230-9050 (out of state only) if you'd like us to provide an orientation at your office about provider publications, how to use our online HealthShare hospital comparison tool, or how to submit online pre-service or after-care authorization requests.

Get Started Today

Please complete and return the [Confidentiality and Security Guidelines form](#) so that we may start the process of establishing your PIN.

REMINDER: Web-Based Preauthorization

As communicated in [November](#) and [December Provider Update](#), we transitioned most of our current BCBSRI web-based/fax prior authorization processes to McKesson's Clear Coverage™ decision support tool on December 1, 2014.

Clear Coverage's fully automated web-based system includes real-time decision support features. Here are some highlights:

- **Automated authorization:** Real-time approval for services that meet clinical criteria
 - > Immediate proof of authorization while patient is in your office
 - > Printable confirmation with an authorization number
 - > Ability to submit requests 24/7
 - > Minimal need for phone calls, faxes, and providing additional clinical information

- **Clinical decision support: Automated interactive tool with InterQual® Criteria**
 - > Confirms evidence basis for requested service or recommends alternatives
 - > Easily and clearly verifies if authorization is required for specific types of services by CPT or service type
 - > Printable clinical evidence summaries for use in your practice

Preauthorization for Services Through Clear Coverage

For a full list of the services that are to be submitted for preauthorization through Clear Coverage, please review the following policies in the Provider section of BCBSRI.com:

- [Preauthorization via Web-Based Tool for Procedures](#)
- [Preauthorization via Web-Based Tool for Durable Medical Equipment](#)

Also, please review the [Preauthorization Quick Reference Guide](#) for a description of services by code(s).

Please note:

- Inpatient admissions, speech therapy, private duty nursing, and pulmonary rehab will continue to go through BCBSRI's traditional web-based/fax preauthorization process.
- High-tech radiology preauthorization requests will continue to go through MedSolutions, Inc., our radiology management vendor.

BCBSRI Update

- Prescription drugs covered by the member's pharmacy benefit will continue to go through Catamaran, our pharmacy benefit manager.
- Prescription drugs covered by the member's specialty pharmacy benefit will continue to go through Walgreen's Specialty Pharmacy.
- Behavioral health preauthorization requests will continue to go through ValueOptions, our behavioral health management vendor.

ValueOptions, our behavioral health management partner, is responsible for all preauthorizations and concurrent reviews for behavioral health services.

Facility-based behavioral health services include:

- Inpatient
- Residential
- Partial Hospitalization Program (PHP)
- Intensive Outpatient (IOP)

Outpatient behavioral health services include:

- Applied Behavior Analysis (ABA)
- Child & Family Intensive Treatment (CFIT)
- Transcranial Magnetic Stimulation (TMS)

Provider Education & Training

If you would like one-on-one training for the Clear Coverage tool, please contact the Physician & Provider Service Center to schedule an appointment with a Provider Relations Representative.

How to Access Clear Coverage on BCBSRI.com

You will need to log in to the secure provider portal on BCBSRI.com to initiate the preauthorization process through Clear Coverage. Once logged on, click on Preauthorization, which is located on the left-hand navigation. If you can currently log in to BCBSRI.com, you will be able to access Clear Coverage immediately.

If you or your practice do not currently have a log-in to BCBSRI.com, please follow these steps:

1. Click "Sign up for a log-in" on the lower right-hand side of the Provider home page.
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.

For More Information

You can find more information in our [Clear Coverage Frequently Asked Questions](#). If you have any questions regarding these changes, please don't hesitate to contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

PF REMINDER: Home Infusion Network Changes

As communicated in [November](#) and [December Provider Update](#), we have collaborated with

numerous provider organizations over several years to help simplify and transform the existing delivery system into one that improves the quality, coordination, and affordability of our members' care. In support of these efforts, we are making changes to our home infusion provider network.

Home Infusion Network Changes as of January 1, 2015

Participating Providers

- Infusion Resource LLC, dba Care Resource
(401) 431-0200 or toll free 1-877-431-0000
[Care Resource](#)
- CarePoint Partners
(New England Home Therapies, a BioScrip Company)
(401) 727-6100 or toll free 1-800-848-7739
[BioScrip](#)
- Option Care Enterprises
(Walgreens Infusion Services)
(401) 431-1300 or toll free 1-800-431-4250
[Walgreens](#)

Non-Participating Providers

- Boston Home Infusion
- Coram Healthcare Corporation
- Home Infusion Solutions
- New England Home Infusion, Inc.
- Southcoast Home Infusion Services

If you have questions regarding this change, please call the Physician and Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

PF REMINDER: Durable Medical Equipment (DME) Update Changes

As communicated in [December Provider Update](#), Apria Healthcare, Inc. (Apria) will be an out-of-network provider effective January 1, 2015. This means that BCBSRI providers will not be able to refer BCBSRI members or members of other Blue Plans who are receiving services in Rhode Island to Apria on or after January 1, 2015.

We have worked with Apria to ensure they are transitioning any of our members receiving continuous rentals to a participating BCBSRI provider.

Because of the change in Apria's participation with BCBSRI, you may be contacted by a DME provider asking your office for a new order for services. We appreciate your assistance in providing new order information to the transitioning provider.

A listing of participating DME providers can be found through the [Find a Doctor](#) tool on BCBSRI.com.

The screenshot shows the 'Find a Doctor' tool on the BCBSRI website. At the top, there is the Blue Cross Blue Shield of Rhode Island logo and the text 'Find a Doctor'. Below the logo is a link to 'Go to the Blue Cross RI Home Page'. The main search area features a dropdown menu set to 'All' and a text input field for 'Name, specialty, and more...'. A green 'SEARCH' button is to the right. Below this is a 'Your location' field set to 'Providence, RI'. The interface is divided into three columns. The left column, 'Perform a Search', includes fields for 'I want to search for...', 'Plan', 'Location' (with an example address and a 'within 5 miles' dropdown), 'Services', and 'Facility Name' (with an example 'Universal Hospital'). It also has a link for 'LOOKING FOR A PROVIDER OUTSIDE OF RHODE ISLAND?' and a 'SEARCH' button. The middle column, 'Your Choice of Providers', features an image of a doctor examining a child and text explaining that in-network providers result in lower out-of-pocket costs. The right column, 'Search by Specialty', includes a silhouette of a human body and text asking if the user is unsure of what type of doctor they need, with a link for help. At the bottom of this column, it states 'This tool gives information on common types of doctors who treat certain parts of your body. Always talk to your primary care'.

P 2015 Pay for Performance Booklet

We are pleased to provide you with the details of our 2015 PCP Quality Incentive Program.

Each year, BCBSRI is evaluated on the health outcomes of our members by a number of organizations, including the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). We recognize that primary care physicians have much more influence than BCBSRI in affecting improvement on many of the measures identified, specifically those related to closing potential gaps in care.

We have selected key measures used by CMS and NCQA to evaluate health plans for performance incentive and accreditation programs. PCPs will receive compensation for gaps in care that are closed throughout the year. However, we will only be looking at end-of-year results for many of the measures.

The [2015 Pay for Performance Handbook](#) provides an overview of the program, including:

- BlueCHIP for Medicare Measures, Thresholds, and Payment Amounts
- Commercial Measures, Thresholds, and Payment Amounts
- Pediatric Measures, Thresholds, and Payout Amounts
- Detailed Measure Descriptions
- 2015 Program Enhancements
- General Program Participation Requirements
- Attribution Methodology
- Frequently Asked Questions

Population Health Registry

We will be implementing a Population Health Registry in the summer of 2015 to assist you in earning your greatest potential payout. Please see the [2015 Pay for Performance Handbook](#) for additional information.

If you have any questions, please contact your BCBSRI provider relations representative or email us at ProviderQuality@bcbsri.org. We appreciate your support of this physician incentive program.



Benefits & Products

PFB National Employer Group Platform Enhancement

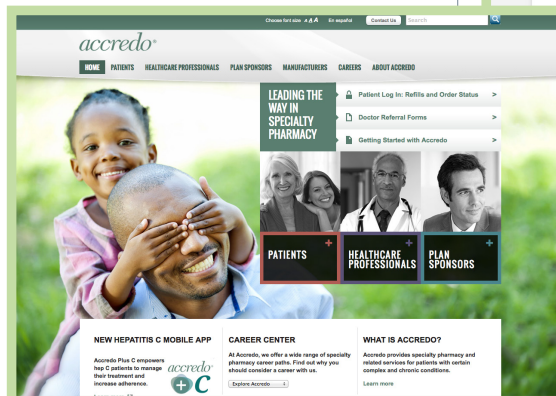
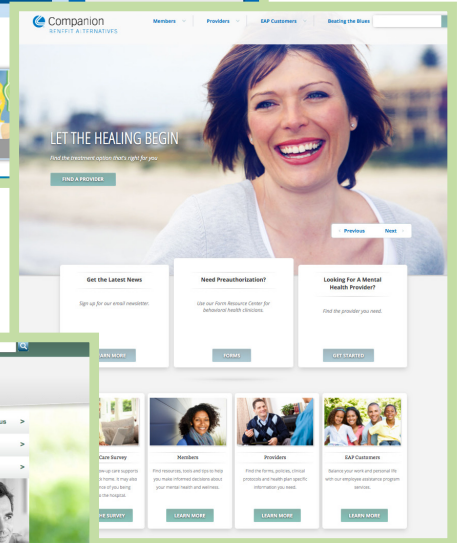
BCBSRI is offering a national solution to service the unique needs of select multi-state clients. While the members associated with these accounts will continue to be enrolled through BCBSRI and present BCBSRI membership ID cards, they will be serviced via National Alliance, which is a different platform than our local membership. Beginning in 2015, member IDs associated with this platform will have a prefix of **GTY**.

There are some features that are unique to this national platform. When a member's ID has the prefix of GTY, please do the following:

- To verify benefits, eligibility, and member liability, please visit www.myhealthtoolkitri.com.
- Look on the back of the member's ID card for phone numbers for preauthorizations.
- Employer groups who are managed through National Alliance will use their vendors, such as:
 - > [NIA](#) for radiology management
 - > [Accredo](#) for specialty pharmacy

- > [CVS/Caremark](#) for pharmacy benefit manager
- > [Companion](#) for behavioral health

If you have any questions, please don't hesitate to contact our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.



PFB OutcomesMTM Program

In July 2014, we began a partnership with OutcomesMTM to provide Medication Therapy Management (MTM) services by specially trained Personal Pharmacists™ at no additional cost for eligible members. The MTM program is designed to optimize therapeutic/economic outcomes and reduce avoidable medical expenses—such as office visits, ER visits, or inpatient admissions—through enhanced understanding, increased adherence, and prevention of drug complications, conflicts and interactions.

OutcomesMTM-trained Personal Pharmacists perform Comprehensive Medication Reviews (CMR), prescriber consultations, non-prescription consultations, patient education and monitoring, and other targeted interventions. The majority of pharmacies in Rhode Island have an OutcomesMTM-trained Personal Pharmacist. However, if patients fill their medications at pharmacies that do not offer this service (most notably CVS and several small independent pharmacies), they are still eligible to have this service performed by an OutcomesMTM-trained Personal Pharmacist elsewhere without switching where they fill their medications.

OutcomesMTM-trained Personal Pharmacists may be available at RiteAid, Target, Walgreens, Walmart, and other pharmacies.

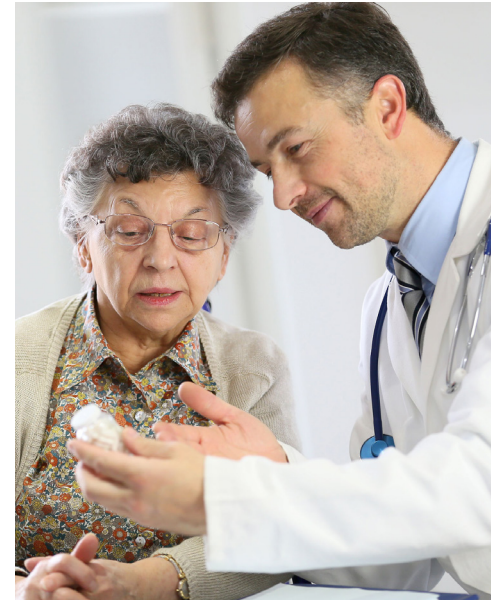
Six patient-centered medical homes (PCMHs) now have pharmacists on-site who are OutcomesMTM-trained Personal Pharmacists. They perform these targeted interventions for their PCMH's patients, regardless of where the patient fills their medications. These offices are:

- Anchor Medical Associates
- Coastal Medical
- Medical Associates of Rhode Island
- Rhode Island Primary Care Physicians Corporation
- South County Hospital Health-care System
- University Medicine

OutcomesMTM-trained Personal Pharmacists or representatives from our Pharmacy team may contact prescribers to discuss a patient's medication therapy. These interventions are targeted by OutcomesMTM as important due to any number of factors that could affect the patient's health and/or costs. Frequently, these interventions are also an integral part of our strategy to maximize scores on HEDIS and CMS Stars programs. Your collaboration with the OutcomesMTM-trained Personal Pharmacists is crucial and appreciated.

For more information, please see:

- [OutcomesMTM](#)
- [Medicare Management Therapy Program](#)
- [On-site Pharmacist Program](#)



PBF Audit & Recovery Program

The goal of our Audit Program is to proactively analyze claims data to ensure that billing is in accordance with Current Procedural Terminology (CPT®) guidelines, payment policies, benefit policies, medical policies (including preauthorization requirements), provider contract terms, reimbursement methodologies, and other applicable standards, rules, laws and regulations.

Audits are primarily conducted on a claim-by-claim basis. Depending on the type of audit being conducted, many medical records may be requested. Some audits review many issues concerning claims, while others target specific issues. A typical audit may include a review of the claim as well as a review of the medical records or other supporting documents to substantiate the claim submitted. Audits may be conducted by BCBSRI, our self-insured customers, or governmental, accreditation, or regulatory agencies. Providers are required to participate in audits conducted by all such parties, including any contracted vendors used to conduct the audits.

Depending on specific claim reimbursement terms, audit reviews may consider, but are not limited to:

- Compliance with contractual conditions and terms

- Appropriateness of coding (e.g., national coding standards; CPT, HCPCS, ICD9-CM, others as applicable)
- Unbundling of services/procedural codes (e.g., Hospital Charge Reimbursement Definitions, Correct Coding Initiative, and code editing hardware)
- Billing accuracy
- Duplicate payments
- Hospice election
- Member benefits, exclusions, and coverage periods
- Coordination of benefits (If BCBSRI pays a claim and is later informed that other insurance exists, an auditor will determine the primary payer and adjust the claim accordingly.)



- Claims processing guidelines
- Accuracy of the authorization and prior approval processes, where indicated or required
- BCBSRI payment methodologies

BCBSRI or one of our contracted vendors (Peak Health Solutions, Altegra Health, or Verisk Health)

may request medical records or supporting documentation in connection with an audit. Copies of medical records are to be provided free of charge unless otherwise required by law or contract.

All audits will be conducted in accordance with any applicable state or federal laws or requirements along with any provisions set forth in a provider's participation agreement with us.

If you want to request further consideration of an audit, your inquiry must be received within 90 days of the audit adjustment notification. Inquiries received after the 90-day limit will not be considered. Please send inquiries to:

Audit and Recovery Services
Blue Cross & Blue Shield of
Rhode Island
500 Exchange Street, Providence
RI 02903-2699

Auditandrecoverymailbox@bcbsri.org

Please note: This information is intended to serve as a general resource regarding the audit and recovery process and is not intended to address all reimbursement situations or all processes.

(Claims section continued on next page)

Claims

PFB Directions for Submitting Medical Records

BCBSRI may need to review medical records for a number of reasons, including determining medical necessity, obtaining prior or retroactive authorizations, audit and recovery activities, and fraud investigations. It is important to accurately label all records with the destination address as well as to identify the sender of the records and how they can be contacted. Each submission of medical records MUST include at least one of the cover sheets listed below. Here are the guidelines on when to use each cover sheet:

Adjustment Form

The [adjustment form](#) should be used when submitting medical records to obtain a preauthorization or if a claim denies and a retroactive review is needed to obtain an authorization. When submitting the records for a denied claim, you must also include a copy of the denied claim report.

Appeal Form

An [appeal form](#) should be used as the cover sheet for medical records when a claim has been denied for any reason other than a missing authorization or missing documentation.

Request from BCBSRI

If you received a request from us via letter, fax, or email, you must include it as the first sheet when sending in the records.

General Medical Records Cover Sheet

The [General Medical Records Cover Sheet](#) can be used for any other purpose. If you are using it for a claim-related matter, you must include a copy of the claim with the records. If you select the "Other" category on the form, please provide a clear explanation of why the records are being sent so we can quickly and accurately process your request.

Being HIPAA Compliant

When sending in supporting documentation such as the Remittance Advice (RA), please ensure that only the applicable member information is submitted. If you are using a page from the RA as a reference, then the remaining members on the RA must be removed or de-identified.

PFB BlueCard Business Transitioning to Facets

Beginning in mid-January, BlueCard claims will transition to our Facets system. This should be seamless to our providers. However, if you experience any issues with claims processing, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only), Monday through Friday, 8:00 a.m. to 4:30 p.m.

Blue Cross Blue Shield of Rhode Island

Medical Records Cover Sheet

When submitting patient medical records to Blue Cross & Blue Shield of Rhode Island (BCBSRI), please attach a copy of the request letter gr this cover sheet to ensure that medical records are distributed to the appropriate BCBSRI department. If you choose to use this cover sheet, please provide the information requested below to explain your reason for submitting medical records.

Please fax this completed cover sheet, along with the medical records, to (401) 459-1950 or mail to:

Medical Records Unit
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903-2629

1. Please complete the information below.

Provider Name	
Provider Email	
Sender Name	
Sender Phone #	
Patient Name	
Member ID	

2. Please specify your reason for submitting medical records:

- Denied Claims (must include claim)
- Prior Authorization
- Audit
- BlueCard Request
- Other _____

3. Please include medical records with faxed or mailed form.

If you have questions, please call the Physician & Provider Service Center at (401) 274-4848.

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

Blue Cross Blue Shield of Rhode Island

Physician/Provider Claim Adjustment Request Form

Type of Claim (check one):

- BCBSRI
- BlueCard
- New England Health Plan (NEHP) (CTA, CTF, WTR, NHP, NRP, WEP, WEP)
- FEP
- Workers Compensation

Date: _____

Provider Name: _____ Group Name: _____

National Provider Identifier (NPI): _____ Phone: (____) _____

Office Contact Person: _____ Member ID: _____

Attachment:

- CMS-1500 Claim
- UB - 04 Claim Form
- Other (please specify): _____
- BCBSRI/BlueCHIP Plans Settlement*
- Another Carrier Settlement*

*Note: Please do not shade or highlight line items when submitting settlements. Our imaging system is unable to identify shaded/highlighted areas. Please use asterisks to identify specific line items within your settlement. To comply with HIPAA, all other non-pertinent information on the settlement should be blacked out.

Reason for Adjustment:

- Not our patient
- Duplicate payment
- Service not performed
- Incorrect DOS billed
- Incorrect reimbursement
- Incorrect denial for primary payment (submit EOB)
- Incorrect # of units paid
- Incorrect provider # billed
- Incorrect CPT code
- Incorrect ICD-9 code
- Referral/pre-auth obtained
- Incorrect member # billed
- Connected claim copy (original submission error)
- Incorrect NPI # billed

Other (please specify): _____

Additional Comments: _____

Please be sure to submit all supporting documentation to:

ADJUSTMENTS CANNOT BE MADE WITHOUT SUPPORTING DOCUMENTATION

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

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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association. 12/12

PF Policies Recently Reviewed for Annual Update

The following policies were recently reviewed for annual update. You can review the full text of these [policies](#).

- Actigraphy
- Ambulance: Air and Water Transport
- Anastomosis of Extracranial-Intracranial Arteries
- Autologous Chondrocyte Implantation
- Bariatric Surgery
- Breast Reconstruction and Applicable Mandates
- Cardiac Hemodynamic Monitoring
- Carotid Angioplasty/Stenting without Embolic Protection
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
- Digital Breast Tomosynthesis
- Dynamic Splinting
- Early Intervention Services
- Evaluation of Hearing Impairment/Loss
- External Counterpulsation
- Functional Neuromuscular Electrical Stimulation
- Glucose Monitoring Systems
- Hyperbaric Oxygen
- Hyperthermia for Cancer Treatment
- Infertility Services
- Ingestible pH and Pressure Capsule
- Injectable Clostridial Collagenase for Fibroproliferative Disorders

- Injectable Fillers
- Mechanical Wound Suction
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Monitored Anesthesia Care (MAC)
- Multifocal/Accommodating Intraocular Lens (IOL)
- Neural Therapy
- Non-Contact Non-Thermal Ultrasound Treatment for Wounds
- Orthognathic Surgery
- Outpatient Pulmonary Rehabilitation
- Ovarian and Internal Iliac Vein Embolization as a Treatment of Pelvic Congestion Syndrome
- Pathfinder TG Molecular Testing
- Pediatric Feeding Disorders Treatment
- Peripheral Artery Disease (PAD) Rehabilitation
- Physical and Occupational Therapy
- Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Radiofrequency Ablation of the Renal Sympathetic Nerves as a Treatment for Resistant Hypertension
- Rhinomanometry
- Salivary Hormone Tests
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Transcatheter Aortic-Valve Implantation for Aortic Stenosis

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.

PF Updates to the Preauthorization via Web-Based Tool for Procedures Policy

Effective April 1, 2015, the following procedures have been added to the [Preauthorization via Web-Based Tool for Procedures Policy](#):

- Aortic Valvuloplasty, Percutaneous Balloon
- Implantable Cardioverter Defibrillator (ICD) Insertion
- Percutaneous Coronary Interventions (PCI), Elective Only
- Arthroscopically Assisted Knee Surgery
- Joint Replacement:
 - > Elbow
 - > Shoulder
 - > Wrist
- Removal and Replacement, Total Joint Replacement (TJR):
 - > Hip
 - > Knee
 - > Shoulder
- Total Joint Replacement (TJR):
 - > Ankle
 - > Hip
 - > Knee
- Unicondylar Knee Replacement

(Policies section continued on next page)

PBF Hospital Readmissions

Effective January 1, 2015, hospital readmissions determined to be related to the primary admission will not be separately reimbursed. If the readmission is to a different hospital, then payment will be separately reimbursed, but is subject to medical necessity review. This policy has been updated since last communicated in November *Provider Update*. Please see the [full text of this policy](#).

PBF 2015 HCPCS Code Changes

We have completed our review of the 2015 current procedural terminology (CPT) code changes, including 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, 2015. The lists include codes that have special coverage or payment rules for standard products. (Some employers may customize their benefits.) We've included codes for services that are:

- **“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.
- **“Not separately reimbursed”** – Services that are not separately reimbursed are generally included in another service or are reported using another code and may not be billed to your patient.

- **“Pending CMS coverage determination”** – Coverage determinations for these codes will be communicated after CMS has made their determination.
- **“Subject to medical review”** – Preauthorization is recommended for commercial products and required for BlueCHIP for Medicare.
- **“Invalid”** – Use alternate procedure code, CPT, or HCPCS code.
- **“Deleted”** – Code has been deleted and replaced with a CPT or HCPCS code.
- **“Medicare lab network exempt”** – All laboratory services that are not listed as exempt from the [BlueCHIP for Medicare Laboratory Network Exemption List](#) must be performed at ESCL, Quest Diagnostics, Inc., Lifespan Laboratories, and Coastal Medical Laboratory in order to

be covered. An exceptions list is included in the policy.

Please note: 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

See pages 12 and 13 for 2015 CPT updates.



2015 CPT Updates

G6027	Use alternate procedure code for institutional providers for BlueCHIP for Medicare and commercial products
G6028	Use alternate procedure code for institutional providers for BlueCHIP for Medicare and commercial products
G9362	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9363	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9364	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9365	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9366	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9367	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9368	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9369	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9370	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
G9371	Measurement codes, not separately reimbursed for professional and institutional providers for Medicare and commercial products
G9372	Measurement codes, not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
J0571	Not covered for BlueCHIP for Medicare and commercial products, pharmacy benefit only
J0572	Not covered for BlueCHIP for Medicare and commercial products, pharmacy benefit only
J0573	Not covered for BlueCHIP for Medicare and commercial products, pharmacy benefit only

J0574	Not covered for BlueCHIP for Medicare and commercial products, pharmacy benefit only
J0575	Not covered for BlueCHIP for Medicare and commercial products, pharmacy benefit only
J2704	Not separately reimbursed for professional and institutional providers for BlueCHIP for Medicare and commercial products
L3981	Not separately reimbursed for institutional providers for BlueCHIP for Medicare and commercial products
L6026	Not separately reimbursed for institutional providers for BlueCHIP for Medicare and commercial products
L7259	Not separately reimbursed for institutional providers for BlueCHIP for Medicare and commercial products
L8696	Not separately reimbursed for institutional providers for BlueCHIP for Medicare and commercial products
S9901	Not covered for all products

As a reminder, HCPCS codes G0461 and G0462 are deleted effective December 31, 2014. To report after this date, please use revised CPT code 88342 and new CPT codes +88341 and 88344.



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