Blue Cross Blue Shield of Rhode Island

provider update

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

April 2015

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

PF REMINDER: Web-Based Preauthorization

As recently communicated, we transitioned most of our current BCBSRI web-based/fax prior authorization processes to McKesson's Clear Coverage™ decision support tool in December 2014. In January/February Provider Update, we explained that select procedures rendered by orthopedic, cardiology, and neurosurgery specialists will require preauthorization through the Clear Coverage system beginning April 1, 2015.

Please see the Policies section for additional procedures that will require preauthorization beginning June 1, 2015.

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 must 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.
- 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

For your convenience, you will be able to receive training for Clear Coverage in the following ways:

- *Webinars:*
  Through May 28, we will be offering three webinars per week:
  > Tuesdays at 7:30 a.m.
  > Wednesdays at 12:00 p.m.
  > Thursdays at 4:00 p.m.
- *On-site training in your office:*
  Please contact the Physician & Provider Service Center to schedule.

Participants interested in attending any of these webinars should email their request to BCBSRI Webinar@bcbsri.org. Your enrollment will be confirmed via email, and instructions to access the webinar will be provided.

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 in 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 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.

Hints for HEDIS®

As part of our ongoing efforts to provide the highest quality care to our members, BCBSRI reviews Healthcare Effectiveness Data and Information Set (HEDIS) performance data as well internal data to identify opportunities to enhance clinical care for your patients, our members. "Hints for HEDIS" provides guidance and resources to help address these opportunities. If you have any questions, comments, or ideas regarding any of our quality or HEDIS initiatives, please contact Siana Wood, R.N., Senior Quality Analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

Osteoporosis Management in Women Who Had a Fracture

The Osteoporosis Management in Women Who Had a Fracture HEDIS measure tracks the percentage of women ages 67 to 85 years old who have received a bone mineral density (BMD) scan or filled a prescription to prevent or treat osteoporosis within six months of a recorded fracture during the measurement year.

HEDIS 2014 results indicate that only 17.9% of eligible female BlueCHiP for Medicare members met this criteria. While this is an improvement over our 2013 results of 15.8%, this score ranks in the 25th national percentile, well below the national Medicare mean of 24.8%.

In the December 2014 Provider Update, we reported that we had started working with MedXM, a company specializing in heel ultrasounds, a diagnostic test that fulfills this measure. Please note that we are continuing our efforts with MedXM for in-home heel ultrasounds. MedXM schedules in-home visits for female BlueCHiP for Medicare members who have had a fracture and no BMD scan recorded within six months of the incident. Members who meet this criteria will receive a letter from BCBSRI about MedXM, and MedXM will call to schedule a visit from a technician for a heel ultrasound. A fax notification will be sent to PCPs, listing their patients who will receive outreach from MedXM. PCPs will also receive a copy of the results to review and file in the patients' records.

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

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

As you know, greater than 90% of uncomplicated acute bronchitis infections are due to viruses. Clinical guidelines recommend that antibiotics not be used to treat acute bronchitis, regardless of duration of cough, unless comorbidities and co-occurring infections are present that warrant their use. Despite these guidelines, it is estimated that antibiotics are prescribed for acute uncomplicated bronchitis 65% to 85% of the time. In comparison to other health plans, BCBSRI performs poorly on the HEDIS measure Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, consistently ranking in the 10th percentile. This may reflect not only overuse of antibiotics, but also failures to submit diagnostic information documenting comorbidities.

We understand that challenges to meeting this standard may include patients' lack of knowledge about the treatment of most bronchitis. We encourage you to talk with your patients about the treatment of viral illnesses and the risks of inappropriate antibiotic use, including potential side effects, antibiotic resistance, and drug allergies. When comorbidities and co-occurring infections are present and warrant antibiotics, be sure to code your documentation accordingly.

Pharmacotherapy Management of COPD Exacerbation

This measure focuses on members aged 40 years and older with COPD (including chronic bronchitis or emphysema) who go to the ER or have an acute inpatient hospitalization with a primary diagnosis of COPD. The measure evaluates whether these patients are on appropriate medications to manage their COPD upon discharge. Members must have the following two medications dispensed:

1. A systemic corticosteroid within 14 days of the event
2. A bronchodilator within 30 days of the event

Please note: The eligible population for this measure is based on the discharges

Quality

and visits, not the patient. It is possible for the denominator for this measure to include multiple events for the same patient.

This measure uses administrative claims information to identify adults aged 40 and older who were seen in the ER or hospitalized with COPD as their primary diagnosis. It then checks pharmacy claims to look for evidence of current fills of a systemic corticosteroid and a bronchodilator.

Evidence shows that most patients with COPD who have had a recent inpatient hospitalization or ER visit can benefit from taking both a systemic corticosteroid and a bronchodilator. Discuss with your patients the importance of filling their prescriptions and taking these medications, and how they can prevent further exacerbations of their disease. We understand this is based on your clinical expertise and the circumstance of the patient. Members who express difficulty with adherence, transportation, or access related to their medications may benefit from a referral to our Case Management department. You or your staff can refer members to BCBSRI Case Management by calling (401) 459-2273, faxing (401) 459-5804, or emailing triage_group@bcbsri.org.

P Department of Health Reports Healthcare Quality Information

Help your patients make informed decisions about their inpatient hospital care. The quality of care a patient receives in the hospital can greatly impact their health and the level of care they will need when discharged. Many patients do not know how to pick a "good" hospital, and often choose one based on location alone.

The Department of Health publishes reports that provide consumers with easy-to-understand, comparative quality information about Rhode Island hospitals. This information can be found on the Department of Health website and can be printed and shared with patients and their family members.

Benefits & Products

PF Living Fit Benefit

Being active can help improve your patients' health and quality of life. That's why BlueCHiP for Medicare offers Living Fit! Members can get an unlimited-use health club membership at any one network facility for only $5 per month. Members pay the $5 membership fee month to month, and may cancel at any time. With their membership, BlueCHiP for Medicare members can take advantage of:

- Group fitness classes (Additional cost may apply.)
- State-of-the-art exercise equipment
- Knowledgeable, courteous staff
- Indoor swimming pool (available at some facilities)

We encourage you to speak with your patients about the importance of exercise to their overall health and well-being.

To learn more about member eligibility for low-cost fitness benefits, 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. You can read more about Living Fit here.

PFB National Employer Group Platform Enhancement

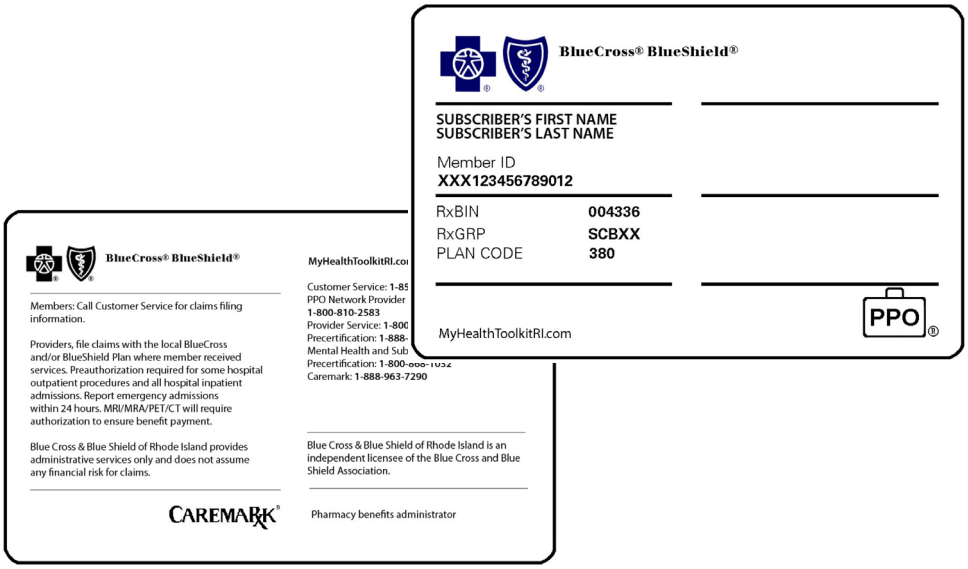
BCBSRI is offering a national solution to service the unique needs of select multi-state clients. While the members associated with these accounts will continue to be enrolled through BCBSRI and present BCBSRI membership ID cards, they will be serviced via National Alliance. National Alliance uses a different platform than our local membership. Beginning in 2015, you will begin to see BCBSRI member ID cards associated with this platform. Below is a sample member ID card.

There are some features that are unique to this national platform. When a member presents this ID card, please do the following:

- To verify benefits, eligibility, and member liability, please visit www.myhealthtoolkitri.com. If this is your first time using the website, follow the prompts to create a user name and password.
- You can also visit www.myhealthtoolkitri.com to access and/or verify providers in the tiered network.*
- Look on the back of the member's ID card for phone numbers for preauthorizations. Employer groups that 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.

* Employees and dependents of Prospect CharterCARE have access to a tiered network and are administered on the National Alliance platform, effective January 1, 2015. These members can be identified with a Member ID Prefix of "GTY."



Pharmacy

PFB Free Pharmacy Benefit Seminars for BCBSRI Members and Providers

Patients frequently expect that their providers will have all of the answers, including questions about their insurance. We want to help you shift the conversation. Let your patients rely on you for medical advice and turn to us for their insurance questions. We've opened Your Blue Stores to give people the opportunity to speak with BCBSRI representatives face-to-face. The Warwick location even has a Community Room offering classes and seminars to help people better understand their health and their health insurance, including pharmacy coverage.

To help members understand their pharmacy benefits, we hold seminars at 2:00 p.m. on the third Wednesday of each month at Your Blue Store in Warwick (300 Quaker Lane – Christmas Tree Shops Plaza). Topics include:

- *Pharmacy 101 :*
  This seminar will cover the basics of prescription drug coverage, plus provide tips for saving money on medications.
- *Specialty Pharmacy:*
  What is a "specialty medication"? When should someone use a specialty pharmacy? Members will get these questions answered and discover how to save money on expensive specialty drugs.
- *The Medicare Part D Coverage Gap:*
  Members will learn about the coverage gap (also called the "donut hole"), how it works, and steps they can take to maximize their benefits.
- *Prior Authorizations:*
  This seminar explains prior authorization, how to get one, and what cost-saving options may be available.
- *CMS Stars Program:*
  Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next. Members will find out how Blue Cross earns our score, what it means for them, and how the program helps improve health and lower costs.
- *2016 Pharmacy Benefit Updates:*
  Members will discover what changes are in store for 2016 and how selecting the right plan can maximize their savings.

This flyer has a calendar of events for 2015. Please share it with patients who could benefit from more information on pharmacy and other healthcare topics.

We can also facilitate a seminar or presentation for your office on pharmacy-related topics, such as medication therapy management, vaccinations, high-risk medications, generic dispensing, or dosing strategies. If you are interested in a presentation, please contact Rosa Tysor, Pharmacy Program Specialist, at rosa.tysor@bcbsri.org or (401) 459-1484.

PFB BCBSRI Pharmacy Program: April 1, 2015 Formulary Changes

The information below is effective as of April 1, 2015 and applies to all commercial BCBSRI products, including the Managed Pharmacy Benefit and Essential Health Benefit (EHB) plan designs. These changes do not apply to BlueCHiP for Medicare. Any changes to this list are the result of a comprehensive review of relevant clinical information by the BCBSRI Pharmacy and Therapeutics Committee.

Brand Name Drugs (excluded from coverage – medical necessity available)

For the Standard and EHB Formularies, the following brand-name drugs are excluded from coverage effective April 1, 2015, but **will have** medical exception criteria available.

AMRIX
CAMBIA
FENOFIBRATE
JUBLIA
NAPRELAN CR
RAYOS
SODIUM
SULYMD/SULFA
VIMOVO
ZIPSOR

Brand Name Drugs (excluded from coverage – no medical necessity)

For the Standard and EHB Formularies, the following brand-name drugs are now **available with generic equivalents**. As a result, the brand name will be **excluded** from coverage effective April 1, 2015.

ACCOLATE
ACEON
ACTONEL

Pharmacy

ASTEPRO SPRAY
ATACAND
ATACAND HCT
ATIVAN
AVINZA
BACTRIM
BACTRIM DS
BARACLUDE
BUPHENYL POW
BUPRENEX INJ
CADUET
CARDIZEM 30MG
CARDIZEM LA
CELEBREX
CIPRO SUSP
CLOBEX SPRAY
COLYTE SOL PACKS
COMPAZINE
COSOPT OPTH SOL 2-0.5%
CYCLESSA
DEMADEX
DERMATOP CRE
DESOGEN-28
DIOVAN HCT
DISALCID
ELOCON CRE
EPIVIR SOL
ERYGEL GEL 2%
ESGIC TAB
EVOCLIN AERO
EXACTUSS LIQ
EXALGO
EXFORGE
EXFORGE HCT
FEMCON FE
FIORICET CAP
FIORICET w Cod CAP
GARAMYCIN OPTH SOL
GILTUSS LIQ
GLUCOTROL XL
HALCION
HECTOROL
HECTOROL INJ
HYCET SOL
KADIAN ER
KAYEXALATE POW
LITHOBID CR
LOCOID LIPO CREAM
LOPRESSOR
LOTENSIN HCT
LOVENOX INJ
LUVOX CR
LUXIQ AERO
LYSTEDA
MALARONE
MIRCETTE-28
MYCOBUTIN
NEPTAZANE
NEXIUM
OLUX AERO
OLUX-E AERO
ORAPRED ODT
OVACE PLUS SHA
OVACE WASH
OVIDE LOT
OXSORALEN-UL
PATANASE SPRAY
PENLAC SOL
PENNSAID SOL
PEPCID
PERIDEX SOL
PLAQUENIL TAB
PREVIDENT 5000 PLS
PROTOPIC OINT
PULMICORT SUSP
PYRIDIUM
QUALAQUIN
RETIN-A CREAM
RETIN-A GEL
SOLARAZE GEL 3%
STROMECTOL
TACLONEX OINT
TIAZAC
TOBI NEB
TRANXENE T
UROCIT-K 15
UROXATRAL
VANCOCIN HCL
VIVELLE-DOT
XYZAL SOL
XYZAL TAB
ZITHROMAX INJ
ZOVIRAX
ZYVOX SOL

For the Traditional Formulary, these products will continue to be covered with a non-preferred copay.

Brand Name Drugs Moved to a Non-Preferred Tier – All Commercial Benefit Plans

The following brand name drugs have been changed to a non-preferred status, effective April 1, 2015.

BIONECT (all products)
CELLCEPT SUSP
RAPAMUNE
VALCYTE

Specialty Pharmacy Benefit Update

The following updates apply to all prescription benefit policies with a specialty pharmacy benefit, effective on April 1, 2015. The following products are added to specialty benefit requirements with prior authorization required.

THIOLA
ACTIMMUNE

All medical criteria guidelines and authorization forms for specialty pharmacy are available in the Provider section of bcbsri.com.

Standard Plan Exclusions – Update to all Commercial Benefit Plan Designs

The following products have not been identified as a covered service in the subscriber agreement language and therefore do not qualify for coverage under the Standard Prescription Drug

benefit guidelines. Effective April 1, 2015, these products will no longer be covered under the pharmacy benefit at a retail pharmacy.

ACTIVE FE
ADIPEX-P
ADRENAL C
ADVANCED AM/PM
AIRAVITE
ALBAFORT INJ
ANIMI-3
APPTRIM
AXONA POW
B6 FOLIC ACD
BIFERARX
BP VIT 3
CALCIFOL WAF
CALCIUM-FA WAF PLUS D
CARDIOTEK-RX TAB
CARDIOVID PLUS
CENFOL
CENTRATEX
CESINEX
COD LIVER OIL
CORVITA
DERMANIC
DIALYVITE
DIVISTA
ED CYTE F
FA-B6-B12
FE C PLUS
FERIVA
FERRALET 90
FERRAPLUS 90
FERREX 150 FORTE
FERREX 28
FERROCITE PLUS
FERRO-PLEX
FERROTRIN
FOLASTIN
FOLBEE PLUS
FOLGARD OS
FOLIVANE-F
FOLIVANE-PLS
FOLTRATE
FOLTRIN
FOLTX
FORTAVIT
FOSTEUM
FUSION PLUS
HEMATOGEN
HEMATOGEN FA
HEMOCYTE-F
IS 24/6 MIS
LUNGLAID EMU
MACUTEK
MAGNEBIND
MAXARON FORTE
METAFOLBIC
METANX CAP
METHYLFOL/ME TAB -CBL/NAC
METHYLFOL/ME TAB -CBL/P5P
MULTIGEN
MULTIGEN FOLIC
MULTIGEN PLUS
NEPHROCAPS
NEPHRON FA
NEURIN-SL
NICOMIDE
NIRON KOMPLE
NOVAFERRUM
NUTRIVIT LIQ
POLYSACCHARI CAP IRON
PREFLIN
PRE-FOLIC
PROBARIMIN
PROFERRIN FORTE
PROMAR
PROTECTBONE WAF
PROTECTIRON
PROTEOLIN
RENATABS
RENATABS TAB
RENAX
SE-TAN PLUS
STROVITE
STROVITE ONE
SUPERVITE LIQ
SUPERVITE EC TAB
SUPPORT 500
SUPPORT LIQ
SYNATEK
TARON FORTE
TL GARD RX
TL-FOL 500
TL-HEM 150
TRIGELS F FORTE
TRIPHROCAPS
UDAMIN
UDAMIN SP
UROSEX
VAYACOG
VAYARIN
VAYAROL
VITAL-D RX
VITAMAX PEDI
VITA-RESPA

Standard Plan Exclusions – Update to all Commercial Benefit Plan Designs

The following products are considered to be most appropriately covered under a BCBSRI **medical policy only** effective April 1, 2015. These products will **no longer be covered** under the pharmacy benefit at a retail pharmacy.

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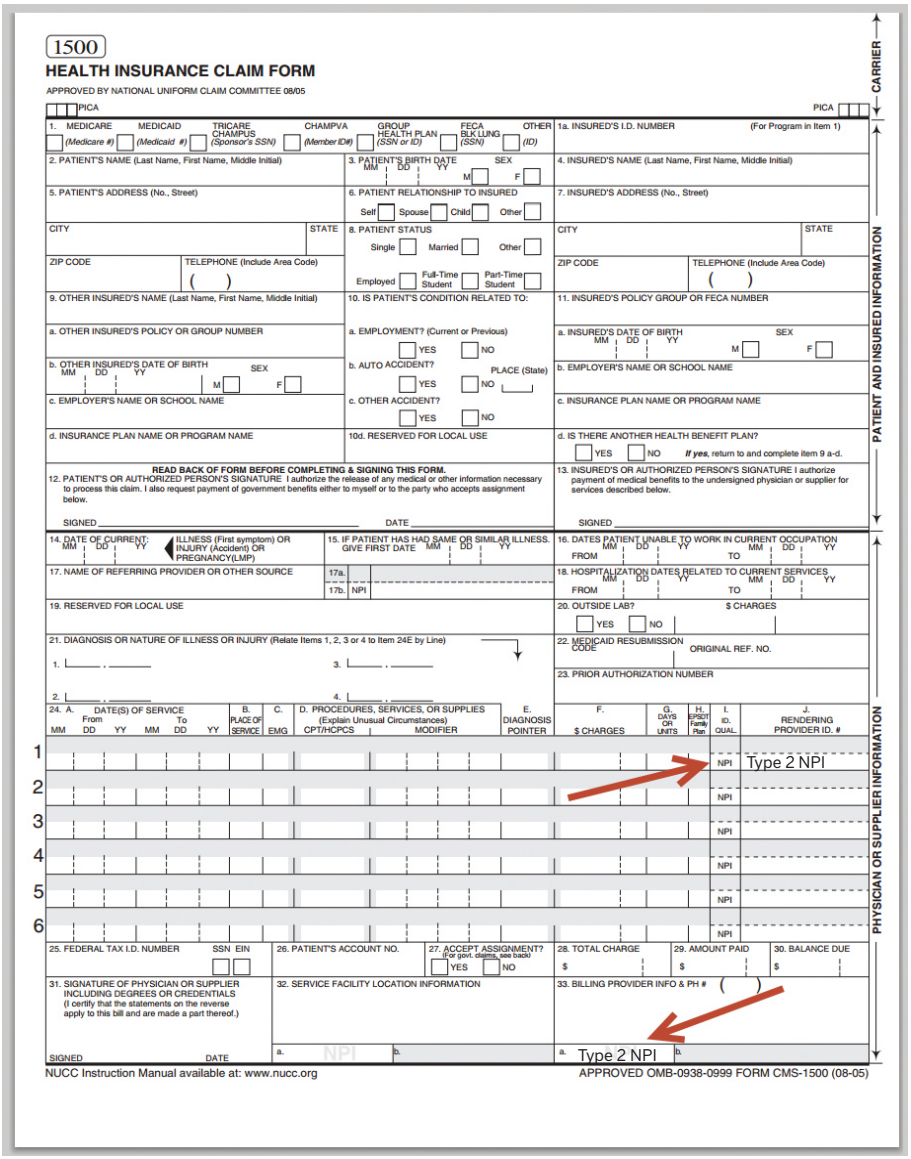
PFB Claims Adjustments

Providers who submit claims through the Electronic Data Interchange (EDI) have the capability to also request adjustments that way too. We encourage any participating providers who submit claims through the EDI to use this mechanism for all claims adjustments. We ask that you please convey this to your billing company or clearinghouse if they submit claim adjustments on your behalf.

P Billing Instructions for Urgent Care Centers

If you are a contracted urgent care center, you must file claims as a group and not at the individual practitioner level. This means filing with the Type 2 NPI in both 24J and 33a.



PFB Credentialing Updates

The Council of Affordable Quality Healthcare (CAQH) has incorporated feedback from providers and health plan focus groups into the development of CAQH ProView™, a range of new features that will make it easier to update information, reducing the time and resources necessary to submit accurate, timely data to organizations.

Providers will be able to easily submit information through a more intuitive, profile-based design. CAQH ProView's time-saving features include:

- Complete and attest to multiple state credentialing applications in one intelligent workflow design.
- Upload supporting documents directly into CAQH ProView to eliminate the need for manual submission and to improve the timeliness of completed applications.
- Review and approve Practice Manager information before data is imported.
- More focused prompts and real-time validation to protect against delays in data processing.
- Self-register with the system before a health plan initiates the application process.

PFB Access Standards

As a reminder, all BCBSRI participating physicians must adhere to our contractual standards related to access to care.

Access

Members shall have reasonable access to their physician. BCBSRI participating physicians agree to the following access standards for established patients, or when indicated for new patients:

Return of Phone Calls:
Office staff triaged calls: same day. Off-hours calls: within one hour.

Emergent Care:
Seen immediately or referred as medically appropriate.

Urgent Care:
Triaged or seen within 24 hours.

Non-Urgent, Symptomatic:
Appointments within 30 days (other than routine follow up). Medical judgment should be used in considering the need for a more prompt evaluation.

Preventive Care:
Primary Care Physicians: Appointments within two months, including preventive gynecologic exam.

New Patients:
Appointments within 30 days.

Waiting Time in Office:
Less than 30 minutes from the time of a scheduled appointment on average.

Physical Accessibility:
All participating physicians/providers are required to comply with the requirements of the Americans with Disabilities Act.

Policies

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
- Adoptive Immunotherapy
- Autologous Platelet-Derived Growth Factors (i.e., Platelet-Rich Plasma)
- Bronchial Thermoplasty
- Cardiac Hemodynamic Monitoring
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Implantable Sinus Stents Following Endoscopic Sinus Surgery
- Ingestible pH and Pressure Capsule
- Islet Cell Transplantation
- Minimally Invasive Intradiscal and Annular Procedures for Back Pain
- Microvolt T-Wave Alternans Testing
- Oral Appliances for Sleep Apnea
- Private Duty Nursing
- Prolotherapy
- Scintimammography Breast-Specific Gamma Imaging
- Sensory Integration Therapy and Auditory Integration Therapy
- Temporary Prostatic Stent
- Thermal Capsulorrhaphy as a Treatment of Joint Instability
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence
- Tumor–Treatment Fields for Gliobalstoma
- Vertebral Axial Decompression

As we continue to enhance our claims processing system, the following policies, as part of the annual review process, had diagnosis edits added to the updated policy. To ensure correct claims processing, please review the following policies.

- Ambulatory Blood Pressure Monitoring
- Cranial Orthoses (Adjustable) for Positional Plagiocephaly and Craniosynostoses
- Cryoablation of Prostate Cancer
- Electrical Stimulation for the Treatment of Arthritis
- Home Apnea Monitoring
- Home Prothrombin Time Monitoring
- Meniscal Allograft Transplantation and Collagen Meniscus Implants
- Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesion
- Ovarian and Internal Iliac Vein Emoblization as a Treatment of Pelvic Congestion Syndrome

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 and DME Policies

Effective June 1, 2015, the following procedures have been added to the Preauthorization via Web-Based Tool for Procedures and Preauthorization via Web-Based Tool for Durable Medical Equipment medical policies.

Procedures

- Antireflux Surgery or Hiatal Hernia Repair
- Arthroplasty, Temporomandibular Joint (TMJ)
- Arthroscopy, Temporomandibular Joint (TMJ)
- Bariatric Surgery (Adolescent)
- Brachytherapy, Prostate
- Discectomy and Fusion, Anterior Cervical
- Discectomy:
  - > Lumbar
  - > Temporomandibular Joint (TMJ)
- Endoscopic Antireflux Procedures
- Epidural Injection, For Pain Management Only
- Facet Joint Injection
- Fusion:
  - > Cervical
  - > Thoracic
- Hemilaminectomy:
  - > Cervical
  - > Lumbar
- Interspinous Process Decompression (Medicare Only)

Policies

- Keratoplasty
- Kyphoplasty or Vertebroplasty
- Laminectomy:
  - > Cervical, with or without Fusion
  - > Lumbar, with or without Fusion
  - > Thoracic, with or without Fusion
- Lid Lesion Excision with or without Reconstruction
- Lid Reconstruction
- Orthognathic Surgery
- Proton Beam Radiotherapy (PBRT)
- Reconstruction, Temporomandibular Joint (TMJ)
- Removal of Non-Covered Implantable Devices:
  - > Artificial Intervertebral Disc
  - > Bone Conduction Hearing Device
  - > Gastric Electrical Stimulation
  - > Occipital Nerve Stimulation
  - > Subcutaneous Implantable Cardioverter Defibrillator (Commercial Only)
- Sacroiliac (SI) Joint Injection
- Scoliosis Surgery
- Septoplasty
- Spinal Cord Stimulator (SCS) Insertion
- Upper Gastrointestinal Endoscopy
- Uvulopalatopharyngoplasty (UPPP)
- Vagal Nerve Stimulator

DME

- Hospital Beds and Cribs
- Pneumatic Compression Devices
- Prosthetic Devices
- Support Surfaces
- Transport Chair, Pediatric
- Wheels or Wheelchairs, Power-Assist

PFB Reminder: New 2015 Drug Screening Codes

BCBSRI will be adhering to CMS guidelines for the following new 2015 drug testing CPT codes: 80300 -80377. To report drug testing, claims must be filed using the appropriate HCPCS **code range G6030 through G6058.** Claims filed using the CPT codes with dates of service after January 1, 2015 will be denied as "use alternate code." This is effective for all products. Find more information.

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