



# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

November 2014



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

**Welcome to the “new”  
Provider Update newsletter!**

*It contains the important information and updates you’ve come to expect from us each month, but in a fresh, clean email format. We hope you like it!*

*As always, please contact us with any comments or questions you have. Thank you for your partnership!*

## BCBSRI Update

### **PFB** Web-Based Preauthorization

In December 2013, we implemented McKesson’s Clear Coverage™ decision support tool for prior authorization of genetic testing services. Our goal was to provide an online evidence-based decision support tool that makes the prior authorization process easier for providers and our members. Feedback has been that it improves efficiency when an authorization is required. Since that time, we have been working with McKesson to expand the number and types of services offered through Clear Coverage. This web-based tool automates and simplifies the prior authorization process.

- **Automated authorization:**  
Real-time approval for services that meet clinical criteria
  - > Immediate proof of authorization while patients are 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

### **How Prior Authorization is Becoming Easier**

Beginning December 1, 2014, we will transition most of our current BCBSRI web-based/fax prior authorization processes to Clear Coverage. Please see “Prior Authorization for Services Through Clear Coverage” for a list of exceptions.

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

### **Prior Authorization for Services Through Clear Coverage**

For a full list of the services that are to be submitted for prior authorization through Clear Coverage effective December 1, 2014, please review the following policies in the Provider section of **BCBSRI.com**:

### Contents

BCBSRI Update	Pages 1-7
Benefits & Products	Pages 8-10
Pharmacy	Page 11
Claims	Page 11
Policies	Page 12

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

If you obtain preauthorization before December 1, 2014 for dates of service on or after December 1, 2014, you do not need to obtain it again through this new tool.

### Please note:

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

### Provider Education & Training

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

#### Webinars

From November 4, 2014 through December 4, 2014, we will offer three webinars per week:

- Tuesdays at 7:30 a.m. (except Tuesday, November 11)
- Wednesdays at 12:00 p.m.
- Thursdays at 4:00 p.m. (except Thursday, November 27)

### 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 [BCBSRIWebinar@bcbsri.org](mailto:BCBSRIWebinar@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 Provider section of **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 currently have a log-in for **BCBSRI.com**, you will be able to access Clear Coverage immediately.

If you (or your practice) do not currently have a log-in for **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

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.

#### Reminder: Preauthorization Required For Genetic Testing

McKesson's Clear Coverage web-based decision support tool is also used to manage prior authorization for genetic diagnostic testing. BCBSRI currently defines genetic tests as any CPT code within the code range 81200 – 81479. All tests in this range require prior authorization. Also, BCBSRI requires the ordering provider to submit for an authorization through Clear Coverage as well as supply any supporting medical documentation that may be needed. BCBSRI does not allow for the laboratory (that the specimen is referred to) to participate in the prior authorization process in any way. You can access Clear Coverage through the provider portal on BCBSRI.com under Preauthorization, located on the left navigation. Also available is a Frequently Asked Questions document as well as a Provider Training Overview for Clear Coverage. We've created these documents to help familiarize you with the Clear Coverage preauthorization tool.

*If you need additional assistance with Clear Coverage, please call the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).*

This Preauthorization Quick Reference Guide provides a comprehensive list of services requiring preauthorization:

## Procedures & Tests

Services Requiring Preauthorization	CPT / HCPCS Codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
Acute Inpatient Rehabilitation Level of Care	N/A	BCBSRI Traditional	Rendering	BCBSRI Policy
Adjustable Gastric Band and Bariatric Surgery	43644, 43645, 43770, 43775, 43845, 43846, 43847, 43848, <b>43842 (Commercial Only)</b>	Clear Coverage	Rendering	InterQual
Ambulance Air and Water	A0430, A0431, A0435, A0436	BCBSRI Traditional	Rendering	BCBSRI Policy
Anastomosis of Extracranial-Intracranial Arteries	61711	Clear Coverage	Rendering	BCBSRI Policy
Angioplasty and Stent, Carotoid	37215, 37217	Clear Coverage	Rendering	InterQual
Autologous Chondrocyte Implantation	27412, J7330	Clear Coverage	Rendering	BCBSRI Policy
Autologous Platelet-Derived Growth Factors (PRP)	G0460-Q0	BCBSRI Traditional	Rendering	BCBSRI Policy
Belimumab	J0490	BCBSRI Traditional	Rendering	BCBSRI Policy
Biofeedback	90901, 90911	BCBSRI Traditional	Rendering	BCBSRI Policy
Blepharoplasty	15820, 15821, 15822, 15823	Clear Coverage	Rendering	InterQual
Bone Marrow Transplant	FEP Only	Clear Coverage	Rendering	InterQual
Botulinum Toxin	J0585, J0586, J0588	BCBSRI Traditional	Rendering	BCBSRI Policy
Breast Implant Removal	19328, 19330	Clear Coverage	Rendering	InterQual
Breast Reconstruction	11920, 11921, 11922, 15877, 19316, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396	Clear Coverage	Rendering	InterQual
Capsule Endoscopy	91110, 91111	Clear Coverage	Rendering	InterQual
Cardiac Hemodynamic Monitoring	93701 (Medicare Only)	Clear Coverage	Rendering	BCBSRI Policy
Cellular Immunotherapy for Prostate Cancer	Q2043	BCBSRI Traditional	Rendering	BCBSRI Policy
Chemoembolization and Radiofrequency Ablation, Liver	47370, 47380, 47382, 76940	Clear Coverage	Rendering	InterQual
Denosumab	J0897	BCBSRI Traditional	Rendering	BCBSRI Policy
Dental Services Rendered in the Outpatient Setting	D0120 - D9999	BCBSRI Traditional	Rendering	BCBSRI Policy
External Counterpulsation (ECP)	G0166 (Medicare Only)	Clear Coverage	Rendering	BCBSRI Policy
Fusion, Lumbar Spine	22533, 22558, 22585, 22612, 22614, 22630, 22633	Clear Coverage	Rendering	InterQual
Gastric Stimulation	43648, 43882, 64595	Clear Coverage	Rendering	InterQual
Genetic Testing	81200-81479	Clear Coverage	Ordering	InterQual
Hyperbaric Oxygen Therapy (HBO)	99183	Clear Coverage	Rendering	BCBSRI Policy

# BCBSRI Update *(continued)*

## Procedures & Tests, continued

Services Requiring Preauthorization	CPT / HCPCS Codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
Infertility Treatment Mandate	58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89280, 89281, 89255, 89268, 89272, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4042	BCBSRI Traditional	Rendering	BCBSRI Policy
Injectable Clostridial Collagenase for Fibroproliferative Disorders	20527, J0775	Clear Coverage	Rendering	BCBSRI Policy
Laser Treatment for Proliferative Vascular Lesions	17106, 17107, 17108	Clear Coverage	Rendering	BCBSRI Policy
Multiple Sleep Latency Test	95805	Clear Coverage	Rendering	InterQual
Non-Contact, Non-Thermal Ultrasound Treatment for Wounds	97610 (Medicare Only)	Clear Coverage	Rendering	BCBSRI Policy
Omalizumab	J2357	BCBSRI Traditional	Rendering	BCBSRI Policy
Orthognathic Surgery	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21247 (Commercial Only)	BCBSRI Traditional	Rendering	BCBSRI Policy
Outpatient Pulmonary Rehabilitation	G0242, S9473	BCBSRI Traditional	Rendering	BCBSRI Policy
Panniculectomy, Abdominal	15830	Clear Coverage	Rendering	InterQual
Pediatric Feeding Disorders Treatment	92526	BCBSRI Traditional	Rendering	BCBSRI Policy
Pegloticase	J2507	BCBSRI Traditional	Rendering	BCBSRI Policy
Percutaneous Radiofrequency Ablation of Lung Tumors	32998	BCBSRI Traditional	Rendering	BCBSRI Policy
Peripheral Subcutaneous Field Stimulation	0282T, 0283T, 0284T	BCBSRI Traditional	Rendering	BCBSRI Policy
Polysomnogram (PSG), Facility Based Only	95805, 95807, 95808, 95810, 95811	Clear Coverage	Rendering	InterQual
Posterior Tibial Nerve Stimulation (PTNS) for Urinary Dysfunction	64566 (Medicare Only)	Clear Coverage	Rendering	BCBSRI Policy
Private Duty Nursing	G0154	BCBSRI Traditional	Rendering	BCBSRI Policy
Ptosis Repair	67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911	Clear Coverage	Rendering	InterQual
Radioembolization for Primary and Metastatic Tumors of the Liver	77399	BCBSRI Traditional	Rendering	BCBSRI Policy
Radiofrequency Ablation (RFA), Renal	50250, 50542, 50592, 50593	Clear Coverage	Rendering	InterQual
Radiology (High Tech)	70000 series range (see policy for details), 0042T, G0219, G0252, S8037, S8042	MedSolutions, Inc.	Ordering	MedSolutions, Inc.

## BCBSRI Update *(continued)*

### *Procedures & Tests, continued*

Services Requiring Preauthorization	CPT / HCPCS Codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
Radium 223, Xofigo for Treatment of Metastatic, Castration Resistant Prostate Cancer	A9699	BCBSRI Traditional	Rendering	BCBSRI Policy
Reduction Mammoplasty	19318	Clear Coverage	Rendering	InterQual
Respiratory Syncytial Virus Prophylaxis	90378	BCBSRI Traditional	Rendering	BCBSRI Policy
Rhinoplasty	30410, 30420, 30435, 30450, 30460, 30462	Clear Coverage	Rendering	InterQual
SNF Concurrent Review for Continued Care Services	N/A	BCBSRI Traditional	Rendering	BCBSRI Policy
Speech Therapy	92507, 92508, 92526, 92606, 92609	BCBSRI Traditional	Rendering	BCBSRI Policy
Stereotactic Radiation	32701, 77373, 77435	Clear Coverage	Rendering	BCBSRI Policy
Transcatheter Aortic-Valve Implantation for Aortic Stenosis	33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369	Clear Coverage	Rendering	BCBSRI Policy
Transcranial Magnetic Stimulation	90867, 90868, 90869	BCBSRI Traditional	Rendering	BCBSRI Policy
Varicose Veins: Echosclerotherapy	S2202	Clear Coverage	Rendering	InterQual
Varicose Veins: Endovenous Ablation	36475, 36476, 36478, 36749	Clear Coverage	Rendering	InterQual
Varicose Veins: Ligation/Excision With or Without Stripping	37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785	Clear Coverage	Rendering	InterQual
Varicose Veins: Sclerotherapy	36470, 36471	Clear Coverage	Rendering	InterQual
Varicose Veins: Stab Phlebectomy	37765, 37766	Clear Coverage	Rendering	InterQual
Varicose Veins: Vascular Endoscopy	37500	Clear Coverage	Rendering	InterQual

**Please note, this applies to professional providers and facilities. There will be a behavioral health-specific reference guide in the next issue of Provider Update.**

See the [Durable Medical Equipment Preauthorization Quick Reference Guide](#) on page 6



## Durable Medical Equipment

Services Requiring Preauthorization	CPT / HCPCS Codes	Preauthorization Method	Responsible Provider	Clinical Criteria Source
Air Fluidized Bed	E0194	Clear Coverage	Rendering	InterQual
Bone Growth Stimulators	E0747, E0748, E0760	Clear Coverage	Rendering	InterQual
Breast Pump, Hospital Grade, Electric	E0604	Clear Coverage	Rendering	BCBSRI
Cardioverter Defibrillator, Wearable (WCD)	K0606, K0607, K0608, K0609	Clear Coverage	Rendering	InterQual
Continuous Passive Motion (CPM) Device, Upper Extremity	E0936	Clear Coverage	Rendering	
Glucose Monitoring Systems	S1030, S1031, A9276, A9277, A9278	Clear Coverage	Rendering	BCBSRI
Insulin Pump, Ambulatory	E0784	Clear Coverage	Rendering	InterQual
Medical Food	S9433, S9434, S9435 (Commercial Only)	Clear Coverage	Rendering	BCBSRI
Negative Pressure Wound Therapy (NPWT) Pump	E2402	Clear Coverage	Rendering	InterQual
Orthoses, Upper Extremity	E1800, E1802, E1805, E1825	Clear Coverage	Rendering	InterQual
Power Operated Vehicles	K0800, K0801, K0802, K0806, K0807, K0808, K0812	Clear Coverage	Rendering	InterQual
Power Wheelchairs	K0013, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891	Clear Coverage	Rendering	InterQual
Seat Lift Mechanism	E0627	Clear Coverage	Rendering	InterQual
Secretion Clearance Devices	E0480, E0481, E0483, E0484	Clear Coverage	Rendering	InterQual
Speech Generating Devices	E2500, E2502, E2504, E2506, E2508, E2510, E2511	Clear Coverage	Rendering	InterQual

**Rendering** = The provider performing the service, procedure, or test.

**Ordering** = The provider requesting the service, procedure, or test be performed.

**BCBSRI Traditional** = Preauthorization managed by BCBSRI.

**Clear Coverage** = Preauthorization managed through the Clear Coverage web-based decision support tool.

**MedSolutions, Inc.** = Preauthorization managed by MedSolutions, Inc.

**BCBSRI Policy** = Medical policy criteria developed by BCBSRI.

**InterQual** = Nationally recognized evidence-based clinical decision support criteria.

## **PFB** Home Infusion Network Changes

Over the last several years, we have collaborated with numerous provider organizations 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.

### **Preferred home infusion providers**

We recently conducted a request for proposal (RFP) for home infusion services. After careful review and consideration of the RFP responses, we have selected three home infusion providers to partner with BCBSRI as of January 1, 2015. The decision to select these three preferred providers was based on their clinical capabilities to provide quality health outcomes, lower total cost of care, and align with our care delivery strategy.

You'll find a list of our home infusion preferred network of providers, with contact information, on the right side of this page. Please use this list when making new referrals or transitioning your patients currently receiving traditional long-term home infusion therapy services, including enteral nutrition. By ensuring your patients have transitioned to a preferred home infusion provider by January 1, 2015, you can help them avoid higher out-of-network costs. We have made provisions with providers that are currently participating, but that will become

non-participating as of January 1, to continue treatment for your patients who are on short-term therapy (e.g., 28-day antibiotic patients). As a result, patients on short-term therapy will not need to transition to a preferred provider as of January 1, 2015.



### **Helping patients during this transition**

We understand that transferring your current patients requires administrative effort, and we appreciate your assistance in helping ensure a smooth transition. At the end of November, we will begin communicating to BCBSRI members who are currently receiving total parenteral nutrition, and long-term therapies to help them understand this change. We will also encourage them to work with your practice to ensure the transition of continued services.

If you have questions regarding this change, please contact the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050.

### **Home Infusion Network Changes as of January 1, 2015**

#### **Preferred Participating Providers**

- Infusion Resource LLC, dba Care Resource (401) 431-0200 or toll free 1-877-431-0000 [www.infusionresource.com](http://www.infusionresource.com)
- CarePoint Partners (New England Home Therapies, a BioScrip Company) (401) 727-6100 or toll free 1-800-848-7739 [www.bioscrip.com](http://www.bioscrip.com)
- Option Care Enterprises (Walgreens Infusion Services) (401) 431-1300 or toll free 1-800-431-4250 [www.walgreens.com/pharmacy/infusion\\_services.jsp](http://www.walgreens.com/pharmacy/infusion_services.jsp)

#### **Current Network Providers That Will Become Non-Participating**

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

### **PFB** BlueCHiP for Medicare Annual Enrollment Period Reminder

BlueCHiP for Medicare members should have received their plan-applicable 2015 Annual Notice of Changes and plan-applicable Evidence of Coverage, along with the 2015 Comprehensive Formulary, Low-Income Subsidy Rider, and Pharmacy Directory (if applicable).

**As a reminder, the Annual Enrollment Period timeline is as follows:**

- **October 15, 2014:** Annual Enrollment Period begins
- **December 7, 2014:** Annual Enrollment Period ends
- **January 1, 2015:** Coverage changes become effective; Annual Disenrollment Period begins
- **February 14, 2015:** Annual Disenrollment Period ends

During the Annual Enrollment Period of October 15 through December 7, 2014, members may switch from one Medicare plan to another for the following year. Changes that members make during the Annual Enrollment Period will be effective on January 1, 2015.

From January 1 through February 14, 2015, during the Annual Disenrollment Period, members can switch from BlueCHiP for Medicare to Original Medicare, with or without a separate Medicare prescription drug plan.

Outside of these times, members generally cannot make any other changes during the year unless they meet special exceptions; such as if they move, have Medicaid coverage, or get Extra Help in paying for prescription drugs.

For information on BlueCHiP for Medicare benefits, please contact the 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.



# Benefits & Products

## **PFB** BlueCHiP for Medicare Select

During the Medicare Annual Enrollment Period, which started on October 15 and ends on December 7, we are offering Medicare Advantage members several BlueCHiP for Medicare plans. One of our new plans for 2015 is BlueCHiP for Medicare Select, which offers \$0 monthly premium\*, \$0 copays for primary care in the Select network, and \$0 copays for generic drugs.

In addition to specialists and other healthcare providers, the BlueCHiP for Medicare Select network features primary care offices and hospitals working together to improve coordination of care and offer our members a simpler, more hassle-free experience. Through a partnership with one of the state's leading hospital systems, providers in this network will help to ensure that our members can get quality care when they need it.

The Select network includes these participating providers and hospitals:

### **Primary Care:**

- Rhode Island Primary Care Physicians Corporation (RIPCPC) offices
- Care New England primary care providers

### **Hospitals:**

- Butler Hospital
- Kent Hospital
- Landmark Medical Center
- Memorial Hospital
- Rhode Island Hospital
- South County Hospital
- Women & Infants Hospital

Please note that this new product does not change the participation status of any of our providers.

To verify member benefits and eligibility, please log on to **BCBSRI.com** or 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.

\*Members must continue to pay their Medicare Part B premium.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. [Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance] may change on January 1 of each year. Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield depends on contract renewal.



PCPs



Specialists



Hospitals



Coordination of Care

## **PFB** Marketing of Medicare Related Products

The Centers for Medicare & Medicaid Services (CMS) has rules related to provider marketing activities as it relates to Medicare Advantage (MA) and Part D plans. CMS places limitations on a provider's ability to market MA and Part D plans since providers may not know all plan benefits and costs and to reduce beneficiary confusion related to whether or not the provider is acting as an agent of the health plan versus acting as the beneficiary's provider. We are reminding you of the do's and don'ts of provider marketing activities below:

Providers may:

- Provide the names of Plans/Part D Sponsors with which they contract and/or participate (see below for additional information on provider affiliation).
- Provide information and assistance in applying for the Low-Income Subsidy.
- Make available and/or distribute plan marketing materials.
- Refer their patients to other sources of information, such as SHIPs, plan marketing representatives, their state Medicaid Office, local Social Security Office, CMS' website at <http://www.medicare.gov/> or 1-800-MEDICARE (1-800-633-4227).
- Share information with patients from CMS' website, including the "Medicare and You" Hand-

book or "Medicare Options Compare" (from <http://www.medicare.gov/>), or other documents that were written by or previously approved by CMS.

- Announce a new affiliation once within the first 30 days of a new contract agreement. This may be done through direct mail, email, by telephone, or advertisement. The provider does not need to notify beneficiaries that the provider may contract with other Plans/Part D Sponsors.
- Distribute continuing affiliation announcements, which may be made through direct mail, email, phone or advertisement. Continuing affiliation announcements must clearly state that the provider may also contract with other Plans/Part D Sponsors.
- Announce new or continuing affiliations between providers and specific Plans/Part D Sponsors through general advertising (e.g., radio, television, websites).

Providers may engage in discussions about plan options with beneficiaries should a beneficiary seek advice. However, providers must remain neutral when assisting with enrollment decisions and not:

- Offer scope of appointment forms.
- Accept Medicare enrollment applications.
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider.
- Mail marketing materials on behalf of Health Plans or Part D

Sponsors.

- Offer anything of value to induce plan enrollees to select them as their provider.
- Offer inducements to persuade beneficiaries to enroll in a particular plan or organization.
- Conduct health screening as a marketing activity.
- Accept compensation directly or indirectly from the plan for beneficiary enrollment activities.
- Distribute materials/applications within an exam room setting.

If you have any questions regarding this, 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.

# Pharmacy

## **PFB** BlueCHiP for Medicare 2015 Formulary Changes

Effective January 1, 2015 the [BlueCHiP for Medicare 2015 Formulary Changes](#) apply to **all** BlueCHiP for Medicare products. Any changes to this list are the result of a comprehensive review of relevant clinical information. This list is **not all-inclusive** but is a sample of changes. Please refer to the 2015 Formulary for more information.



# Claims

## **PFB** IT Help Desk Changes

On November 1, 2014 we will transition our Provider IT Help Desk from Dell Services to HCL Technologies. The local service desk telephone number will remain the same: (401) 751-1673, but the toll-free telephone number has been changed to: 1-855-721-4211.

## **PFB** HIPAA Reminder

As a reminder, when corresponding with us directly via email, please ensure you send information containing Protected Health Information (PHI) and Personally-Identifiable Information (PII) securely using encryption.

## **B** DSM-V Codes for Behavioral Health Providers

Behavioral Health providers may continue to use DSM V or ICD-9 codes until the transition to ICD-10 in October 2015. For any questions, please contact Maria Sekac, Managing Director of Behavioral Health, at (401) 459-5537 or [Maria.Sekac@BCBSRI.org](mailto:Maria.Sekac@BCBSRI.org).

## **F** Skilled Nursing Facility Pharmacy Reimbursement Form

The Pharmacy Reimbursement Form for skilled nursing facilities is now available in the Tools section of [BCBSRI.com](http://BCBSRI.com) under Forms. For your convenience, this will be available in Excel format for your use. Please ensure all fields are complete and provide supporting invoice or cost documentation. Please complete the SNF Cover Sheet and send the pharmacy reimbursement form and supporting documentation to:

*By fax*

Attention: Priority Database Area  
(401) 459-2722

*By mail*

Blue Cross & Blue Shield of  
Rhode Island  
Attention: Priority Database Area  
500 Exchange Street  
Providence, RI 02903

## 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](#).

- Acute Inpatient Rehabilitation Level of Care
- Breast Ductal Lavage for Detection of Breast Cancer
- Cardiac Rehabilitation
- Gender Reassignment
- Hearing Aid Mandate
- Immunizations Adult and Pediatric
- Inpatient Admissions
- Islet Cell Transplant
- Mental Illness and Substance Abuse Mandate
- Oral Nutrition Mandate
- Smoking Cessation Mandate
- Temporary Prostatic Stent
- Therapeutic Shoes for Diabetics Mandate
- Vertebral Axial Decompression

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 Hospital Readmissions

Effective January 1, 2015 readmissions determined to be related to the primary admission will not be separately reimbursed. If the re-admission is to a facility that is not part of the primary admissions hospital system, then payment will be separately reimbursed, subject to medical necessity review. Please see the [full text of this policy](#).

## PF Surgical Treatments for Glaucoma

The Surgical Treatments for Glaucoma policy has been updated to reflect that the implantation of a single FDA-approved microstent in conjunction with cataract surgery may be considered medically necessary in patients with mild to moderate open-angle glaucoma currently treated with ocular hypotensive medication. Please see full [text of this policy](#).

## PFB 2014 HCPCS® Level II Updates

We have completed our review of HCPCS Level II updates. These updates will be added to our claims processing system and are effective October 1, 2014.

As a reminder, 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 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

## PF Preventive Services for BlueCHiP for Medicare

The [Preventive Services for BlueCHiP for Medicare](#) policy has been updated to reflect coverage of an additional preventive service. Effective June 2, 2014, Screening for Hepatitis C Virus (HCV) in adults is covered with no cost share when filed with G0472 and diagnosis code V69.8 (other problems related to lifestyle).



[www.bcbsri.com](http://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.  
11/14 PRR-15599