



provider update

P=Professional

B=Behavioral Health

F=Facilities

June 2016

BCBSRI Update



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.

PBF Kim A. Keck Named President and CEO of Blue Cross & Blue Shield of Rhode Island



On May 19, 2016, after a comprehensive national search to find a new president and CEO, the board of directors of Blue Cross & Blue Shield of Rhode Island (BCBSRI) announced that Kim A. Keck, a seasoned healthcare executive with 25 years of experience at Aetna, would take the helm. Keck, BCBSRI's seventh president and CEO, succeeds Peter Andruszkiewicz, who announced his retirement in October 2015.

Keck, who was raised in Cumberland, is thrilled to be returning to the Ocean State. "I'm passionate about Rhode Island," says

Keck. "I grew up here, I have a home here. And I am convinced that our company has a real opportunity to move the needle on healthcare affordability and access."

During her tenure at Aetna, Keck held various leadership roles in the company, including president of the northeast region, interim president of the southeast region, head of enterprise strategy and mergers and acquisitions integration, and vice president of finance. She also served as the chief of staff to Aetna's former chairman, CEO and president, Ronald A. Williams. Most recently, she was engaged in integration planning in connection with Aetna's anticipated acquisition of Humana.

Keck acknowledges the tremendous changes and significant market forces that have shaped the healthcare industry since 2011 when Andruszkiewicz arrived at BCBSRI. She believes that along with Andruszkiewicz, BCBSRI senior leadership and its dedicated board of directors have laid the foundation for the company's successful execution of its 2018 strategy.

"Transforming healthcare delivery systems is one of our top areas of focus," notes Keck. "Together with partners in the provider community, I know we can build on the progress we've already made in this arena, including the establishment of several patient-centric, integrated systems of care." Keck is no stranger to this work. During her distinguished career at Aetna, she was instrumental in the development of value-based reimbursement programs, models for accountable care and population health, and utilization management.

Keck plans to spend her early months at BCBSRI in the community, meeting with BCBSRI provider partners. She wants to learn firsthand not only about their work, but also about

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BCBSRI Update

ways BCBSRI can continue to facilitate and lead change that results in more efficient and effective delivery systems that meet the triple aim—providing quality care, improving the patient experience, and taking unnecessary cost out of the system.

In addition, she will evaluate new opportunities at the company’s retail locations, which are successfully meeting a variety of customer needs. At our stores, customers are receiving information about plans and billing, addressing specific health concerns with on-site nurse care managers, and making social connections that enhance day-to-day quality of life, which contributes to improved wellness and well-being.

PBF BCBSRI Certifies Nine Practice Sites as LGBTQ Safe Zones

In 2015, Blue Cross & Blue Shield of Rhode Island (BCBSRI) launched our LGBTQ Safe Zone Certification program to encourage healthcare providers in our participating network to collaborate with us in support of the LGBTQ (lesbian, gay, bisexual, transgender, queer) community. Our goal with the program is to identify environments in which LGBTQ members feel welcome and safe when seeking healthcare services locally.

We are pleased to report that since the program’s launch, nine practice sites have been recognized as LGBTQ Safe Zones. They are:

Dental

- *Thundermist Health Center, South County*
- *Thundermist Health Center, West Warwick*
- *Thundermist Health Center, Woonsocket*

Medical

- *Thundermist Health Center, South County*
- *Thundermist Health Center, West Warwick*
- *Thundermist Health Center, Woonsocket*

Mental Health

- *Jayna Klatzker, LICSW, Providence*
- *Jessica Peipock, LICSW, Cumberland*
- *Wilder Therapy & Wellness, Warwick*



Katherine Dallow, M.D., BCBSRI vice president, Clinical Affairs (left), and Stephanie Huckel, BCBSRI manager, Culture and Diversity & Inclusion (right), present Jennifer Gruslin of Thundermist Health Center (center) with BCBSRI LGBTQ Safe Zone recognition plaques.

If you’d like to learn how your practice can become a BCBSRI LGBTQ Safe Zone, please visit our [secure provider site](#). You can also contact Susan Walker, provider relations manager, at (401) 459-5381 or susan.walker@bcsri.org. An updated list of certified providers can always be found at bcsri.com/safezones.

BCBSRI Update

PBF REMINDER: Update Your Practice Information!

It's important that you update your practice information regularly by completing a [Practitioner Change Form](#). This ensures that your patients and our members have access to accurate data as well as fulfills the CMS requirement—and the contractual obligation—that providers give BCBSRI a 60-day notification of any provider or practice changes.

Please submit all practice demographic changes as soon as possible to avoid any delays in claims payment.

The Practitioner Change Form should be submitted when there is a change to any of the following:

- Street address and/or suite number
- Phone number
- TIN
- Office hours
- Panel changes (open/close)
- Adding or removing a location
- Other changes that affect your accessibility and availability to patients

If you have any questions regarding these requirements please email ProviderRelations@bcbsri.org.

PBF You Spoke, We Listened

BCBSRI appreciates the feedback of our providers, and we take it very seriously. We understand that wait times in our Physician & Provider Service Center have been unacceptably long and we're doing something about it. We've been monitoring the situation and have been making changes that will ultimately decrease call wait times and improve overall service.

Over the next two months, BCBSRI will make more significant changes that will result in greatly improved service times.

On May 2, 2016, we migrated our Physician & Provider Service Center to an offsite team. This change allowed us to increase the number of representatives available to answer your calls. While our goal is to provide better service to our customers and providers, as with any transition, there are likely to be bumps in the road associated with implementation. As we identify issues, we are committed to resolving them quickly. During this time of transition, we apologize for any inconvenience this may cause you and your staff. Meanwhile, be assured that these changes, as well as other upcoming improvements, will greatly reduce call wait times and improve your experience.

Please note that the phone numbers and hours for our Physician & Provider Service Center remain the same.

- (401) 274-4848 or 1-800-230-9050 (out of state only)
- Monday through Friday, 8 a.m. to 4:30 p.m.

Thank you for your understanding.



P Hints for HEDIS® (and More)

As part of our ongoing efforts to provide the highest quality care to our members, BCBSRI reviews data from the Healthcare Effectiveness Data and Information Set (HEDIS®), CMS Stars, Consumer Assessment of Healthcare Providers and Systems, Medicare Health Outcomes Survey, and internal resources. This helps us identify opportunities to enhance clinical care for your patients, our members. “Hints for HEDIS (and More)” provides guidance and resources to help address these opportunities. If you have any questions, comments, or ideas regarding any of our quality or clinical initiatives, please contact Siana Wood, RN, senior quality management analyst, at (401) 459-5413 or siana.wood@bcbsri.org.

June is Safety Month: New Onset, Non-acute Low Back Pain

As summer approaches and warmer weather motivates us to spend more time outdoors, new diagnoses of back pain may result from injuries secondary to engaging in sports and outdoor activities. Safety Month, one of the national health observances for the month of June, provides an opportunity to discuss safe body mechanics with patients, particularly around preventing low back pain and injury.

Clinical evidence indicates that in the absence of red flags—trauma, cancer, neurological impairment, IV drug use—diagnostic imaging such as a plain X-ray, MRI, or CT scan is not necessary for most cases of new-onset back pain¹. BCBSRI utilizes the Clinical Guidelines for the Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society. The [full guideline](#), available from the Annals of Internal Medicine, contains additional guidance for diagnosis and treatment.

We track performance in this area through the HEDIS measure “Use of Imaging Studies in Low Back Pain (LBP).” The table below summarizes the HEDIS measure, population, and tips for improving performance.

Measure	Population	Tips for Success
Use of Imaging Studies for Low Back Pain (LBP)	Members 18-50 years old with a principal diagnosis of low back pain at either an outpatient or an emergency room visit. The rate represents members from the denominator who did not have an imaging study to treat their diagnosis of low back pain. A higher rate indicates better performance. Exclusions: Cancer, trauma, neurologic impairment, or IV drug abuse	<ul style="list-style-type: none"> • Avoid ordering diagnostic studies in the first six weeks of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse). • Encourage conservative treatment—pain management, activity modification, physical therapy—for new onset low back pain without red flags. Remind patients that uncomplicated low back pain is typically a benign, self-limited condition, and that the majority of patients resume their usual activities in 30 days. • Use correct exclusion codes where necessary (e.g., code for cancer or other secondary diagnoses if these are why you are ordering the studies).

¹Find citations at <http://www.qualitymeasures.ahrq.gov/content.aspx?id=48635&search=back+pain>

For Patients with Asthma and Allergies

For patients with asthma, allergies, and both conditions, the summer months often bring an increase in triggers such as humidity, mold, spores, and presence of certain animals/insects. Patients with asthma may benefit from conversations about condition management, including the following:

- Review of triggers and plan for mitigating impact for any newly identified triggers
- Review or creation of a personal asthma action plan
- Reminders to refill seasonal control and rescue medications
- Learning about coverage for spirometers by calling Customer Service at the number on their BCBSRI member ID card
- Eligibility for adult and pediatric asthma programs (more information provided below)

BCBSRI Asthma Disease Management Program

BCBSRI offers a Disease Management program for Commercial, Direct Pay, and FEP adults and children with asthma. Interventions are based on risk stratification. All identified members (low risk) receive a mailing to introduce the program and provide educational material. A call-in line is available for additional information or questions.

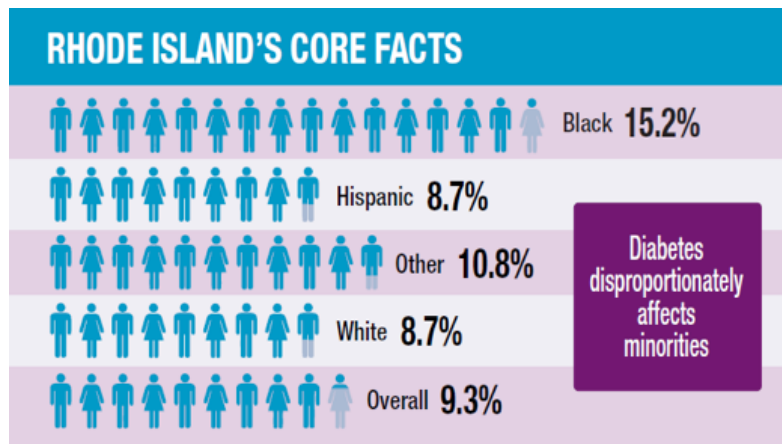
Members stratified as high risk are offered the opportunity to participate in telephonic health coaching. Health coaches are RNs who may be Certified Asthma Educators and/or have clinical/educational experience in asthma management. The notification to high-risk members who belong to a patient-centered medical home includes a recommendation that they contact the nurse case manager at their primary care physician's office for assistance with asthma management. If you have Commercial, Direct Pay, or FEP patients who could benefit from our Asthma Disease Management program, please call the BCBSRI Triage Line at (401) 459-2273.

Draw a Breath Program

Based at Hasbro Children's Hospital, this asthma education program for children and their parents is designed to provide families with the knowledge, skills, and tools to effectively manage asthma and to reduce emergency room and overnight hospital stays for asthma. It's offered regardless of insurance coverage, in English and Spanish, and is funded entirely through grants and donations. For more information, call (401) 444-8340.

PF Available Now: FREE Diabetes Program for Medicare FFS and Medicare Advantage Members

BCBSRI is pleased to announce a program for Medicare Advantage members with diabetes (or pre-diabetes) from disparate groups, made possible by Healthcentric Advisors (the Quality Innovation Network-Quality Improvement Organization). Communities of color suffer from diabetes at much higher rates than their white counterparts, as shown in this infographic:



Eligibility Guidelines

This program is based on the evidence-based Stanford Model of Diabetes Self-Management Education. Healthcentric Advisors seeks Medicare Advantage members with diabetes or pre-diabetes who also meet one or more of the following criteria:

- Identify as:
 - > African-American
 - > Hispanic/Latino
 - > Asian/Pacific Islander
 - > Native American
- Live in a rural zip code

The program also welcomes Medicare Advantage members with diabetes and pre-diabetes who do not meet the above criteria.

Healthcentric Advisors has seen high attendance rates from members whose physicians have recommended they attend.

This free program includes:

- Groups of 10-20 participants facilitated by trained leaders
- Six weekly meetings, each two-and-a-half hours long, in community settings such as churches, community centers, libraries, and hospitals
- Meetings in English and Spanish
- Information about stress management, coping skills, exercise, medication, and healthy eating
- Participation by patients, including creating weekly action plans, sharing experiences, and helping each other solve problems they encounter with their self-management program

Some classes offer incentives for completion, and some classes offer meals. For more information or to refer patients, please contact Brenda Jenkins, RN, CDOE, D.Ay., CPEHR, PCMH CCE. You can reach her by:

- Emailing bjenkins@healthcentricadvisors.org
- Calling (401) 528-3246
- Securely faxing (401) 528-3237



B Behavioral Health Resources Available

BCBSRI has many resources available to our members with behavioral health issues. Below is a look at three of those programs.

Butler Hospital's Ambulatory Detoxification Program

This outpatient program is designed for patients who don't meet the criteria for inpatient detox, but are at high risk for relapse and higher utilization without structured supports. In addition to supports typically found in a detox program, Butler's program includes a peer recovery coach who will follow the patient after discharge. The peer recovery coach will engage the patient while at Butler and will conduct follow-up calls up to 30 days post discharge to ensure that the patient gets the help they need through their recovery. The program requires prior authorization through Beacon Health Options. If you wish to refer someone to the program, please contact Butler Hospital Intake at (401) 455-6214.

Peer Recovery Coaches

Through Anchor Recovery/The Providence Center, BCBSRI is piloting a program for Commercial members with substance use disorders to work with a peer recovery coach. Peer recovery coaching is a SAMHSA-recognized tool that facilitates recovery and reduces healthcare costs. These coaches are in recovery themselves and have been through extensive training to provide support to their peers. Peer recovery coaches do not diagnose or treat addiction, but rather serve as a bridge to substance use services and community supports. At this time, services are offered via an alternative benefit, and referrals are identified by Beacon Health Options and Anchor Recovery/The Providence Center.

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

B On Track

Quality measurement continues to be at the forefront of BCBSRI's strategic objectives for behavioral health. On Track is an easy way to incorporate feedback-informed treatment and quality measurement into your practice. On Track is a quality initiative that allows clinicians to access outcomes data they have collected from their patients and integrate it into their clinical practice without having to compile or analyze it themselves. Feedback-informed treatment is a SAMHSA-recognized evidence-based practice of providing psychotherapy treatment informed by repeated administration of patient self-report questionnaires. This feedback enables the clinician to better tailor treatment to the needs of the individual to achieve better treatment outcomes. Providers using On Track report that they are seeing a significant upward trend in improved patient outcomes.

In addition to receiving access to analyzed data to inform treatment, providers who participate in the On Track program will receive \$5 per questionnaire submission.

For more information about On Track, please contact Sarah Fleury, LICSW, BCBSRI behavioral health performance specialist at (401) 459-1384 or sarah.fleury@bcbsri.org.

B Psychological and Neuropsychological Testing

As previously communicated in [May Provider Update](#), BCBSRI's Psychological and Neuropsychological Testing policy has been updated and will be in effect as of July 1, 2016. At that time, psychiatrists submitting claims for psychological testing will no longer be eligible for reimbursement. BCBSRI recognizes that neuropsychologists, psychologists, and pediatric neurodevelopmental specialists are specifically trained in the administration of psychological tests and should be the only specialists administering such tests. The policy was revised to state that claims submitted for psychological and neuropsychological testing for disorders, other than for learning disabilities, are covered only when submitted by one of the previously mentioned providers. Please see the [full text of this policy](#).

PBF Quest Diagnostics No Longer in BCBSRI Laboratory Network Effective July 1, 2016

If you refer your patients to Quest Diagnostics or if you have BCBSRI patients who use Quest Diagnostics labs, we ask that you transition them to a participating laboratory as soon as possible. This will facilitate a smooth transition for your patients and help them avoid any out-of-pocket expenses they will incur when Quest Diagnostics becomes a non-participating lab on July 1, 2016.

Please note that BCBSRI participating providers are required to refer members to BCBSRI participating providers, including ancillary providers, such as laboratories and durable medical equipment providers.

As of April 1, 2016, BCBSRI added the following laboratories and all of their locations to our BlueCHIP for Medicare network:

- CharterCARE Laboratory Services – Roger Williams Medical Center and Our Lady of Fatima Hospital
- CNE Laboratories
- South County Health Laboratories

We are pleased that we are able to add these system of care laboratories to our laboratory network to provide additional access for our BlueCHIP for Medicare members.

These laboratories join our existing laboratory service providers, including:

- East Side Clinical Lab
- Lifespan Laboratories
- Coastal Medical Laboratory
- Many specialty laboratories – Full listing of participating laboratories available at bcbsri.com through the [Find a Doctor](#) tool

A complete list of all BCBSRI participating laboratories is available on our [Find a Doctor](#) tool.

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

F Prospect Health Services Fax Number Update

Prospect Health Services now has a local fax number for hospital discharge planners and skilled nursing facilities to use.

ER Admission and Concurrent Review

Local: (401) 429-6377

Toll Free: 1-844-818-1212

Case Management

Local: (401) 429-6378

Toll Free: 1-844-818-1213

Prior Authorization

Local: (401) 283-8356

Toll Free: 1-844-762-9230

If you have any questions please contact Susan Walker, provider relations manager, at (401) 459-5381 or susan.walker@bcbsri.org.

PBF Primary Source Verification Update

As of late May, BCBSRI transitioned from Cognizant to Aperture to conduct primary source verification as part of our credentialing and recredentialing process. Aperture is the leading Credentialing Verification Organization in the country and is NCQA and URAQ compliant. This will provide you with a better experience as well as reduce your overall credentialing turnaround time. If you have any questions about this change, please email ProviderRelations@bcbsri.org.

PF Policies Recently Reviewed for Annual Update

The following policies were recently reviewed for annual update. The full text is available on the [Policies page](#) of the Provider section of **bcbsri.com**.

- Anastomosis of Extracranial-Intracranial Arteries
- BCBSRI Use of Provider Performance Data for Healthcare Operations
- Botulinum Toxin Injection
- Cosmetic Services/Procedures
- Coverage of Complications following a Non-covered Service
- Endovascular Procedures (Angioplasty and/or Stenting) for Intracranial Arterial Disease (Atherosclerosis and Aneurysms)
- Evaluation of Hearing Impairment/Loss
- Fluoroscopy Without Films
- Human Leukocyte Antigen (HLA) Testing Mandate
- Home Prothrombin Time Monitoring
- Image-Guided Minimally Invasive Lumbar Decompression IG-MLD for Spinal Stenosis
- Intensive Behavior Therapy (IBT) for Obesity
- Mental Illness and Substance Abuse Mandate
- Neural Therapy
- Off-Label Use of Prescription Drugs for Cancer Mandate
- Oral Nutrition Mandate
- Percutaneous Tibial Nerve Stimulation
- Physician Concierge Services
- Prostate Specific Antigen (PSA) Screening/Testing Mandate
- Rhinomanometry and Acoustic/Optical Rhinometry
- Salivary Estriol as Risk Predictor for Preterm Labor and Management of Menopause and/or Aging
- Smoking Cessation Mandate
- Surgical Deactivation of Migraine Headache Trigger Sites
- Thermal Capsulorrhaphy as a Treatment of Joint Instability
- Transitional, Chronic and Complex Chronic Care Management

For your review, we also post monthly drafts of medical policies being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the Provider section of **bcbsri.com**. Once on that page, click the drop-down box to sort policies by draft.

PF Billing for Professional and Technical Components

The Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value file directs that a global procedure includes reimbursement for both the professional and technical components of certain procedures. A single provider can bill for both components (global procedure), or different providers can each bill for different components. Claims for these types of procedures should only be paid up to the total of the global procedure (both technical and professional components combined).

- Use modifier 26 when only the professional (physician) component is being billed.
- Use modifier TC when only the technical component is being billed.

PF Gender Reassignment

Effective July 1, 2016, the Gender Reassignment Policy has been updated to reflect that the age requirement of 18 has been removed from the criteria. Please see the [full text of this policy](#).

PF Benign Skin Lesion and Viral Infectious Lesion Removal

The Benign Skin Lesion and Viral Infectious Lesion Removal policy has been updated to reflect that as of August 1, 2016, skin tag removal will no longer be reimbursed for CPT codes 11200 and 11201. Claims filed after that date of service will be denied as cosmetic non-covered. Please see the [full text of this policy](#).

PF Beta Amyloid Imaging with Positron Emission Tomography for Alzheimer's Disease

A new policy has been written to document that beta amyloid imaging with positron emission tomography (PET) for Alzheimer's disease is not medically necessary for commercial products, as there is insufficient peer-reviewed scientific literature that demonstrates the service is effective. For BlueCHIP for Medicare, this service may be covered under Coverage with Evidence Development (CED) in a CMS-qualified clinical trial. Please see the [full text of this policy](#).

PF In Vitro Fertilization

As communicated in [May Provider Update](#), following a comprehensive and thoughtful review that included collaboration with the state's leading experts in reproductive medicine, BCBSRI has modified its medical policy for in vitro fertilization (IVF) and the preferred use of elective single-embryo transfer (eSET).

This decision, effective July 1, 2016, aligns our medical policy with best practices and industry standards and follows the recommendations of the American Society for Reproductive Medicine (ASRM).

Please review the modified [Infertility Services Mandate](#) policy, which includes a fact sheet for your patients regarding eSET and a study about eSET published by the ASRM.

P Use of Modifier 25

As previously communicated in [May Provider Update](#), we recently made an enhancement to our claims editing on the use of modifier 25, which is a significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service. Upon further research, we will be conducting additional analysis on the editing rules for this modifier. As a result, effective May 12, 2016, the edit has been turned off. Any claims that were denied will be adjusted to pay. Prior to reinstating this edit, we will provide 60 days written notice to our impacted providers.

B Psychological and Neuropsychological Testing

As previously communicated in [May Provider Update](#), BCBSRI's Psychological and Neuropsychological Testing policy has been updated and will be in effect as of July 1, 2016. At that time, psychiatrists submitting claims for psychological testing will no longer be eligible for reimbursement. BCBSRI recognizes that neuropsychologists, psychologists, and pediatric neurodevelopmental specialists are specifically trained in the administration of psychological tests and should be the only specialists administering such tests. The policy was revised to state that claims submitted for psychological and neuropsychological testing for disorders, other than for learning disabilities, are covered only when submitted by one of the previously mentioned providers. Please see the [full text of this policy](#).



2016 CPT® July CPT III and HCPCS Level II Code Changes

We have completed our review of the 2016 current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) 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 July 1, 2016. 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 medical necessity.
- "Not separately reimbursed" – These services are generally included

in payment for another service or are reported using another code and may not be billed to your patient.

- "Subject to medical review" – Preauthorization is recommended for commercial products and required for BlueCHiP for Medicare.
- "Invalid" – Use alternate procedure code, CPT, or HCPCS code
- "Medicare lab network" – Codes that are reimbursed to a hospital laboratory outside of the laboratory network, physician, or urgent care center providers for BlueCHiP for Medicare.

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

*CPT is a registered trademark of the American Medical Association.

July 2016 CPT III Updates

Code comments

0437T	Not separately reimbursed for institutional providers
0439T	Not medically necessary for professional and institutional providers for BlueCHiP for Medicare and commercial products
0443T	Not covered for BlueCHiP for Medicare and commercial products
0444T	Not covered for BlueCHiP for Medicare and commercial products
0445T	Not covered for BlueCHiP for Medicare and commercial products

July 2016 HCPCS Updates

ZB	Modifier: Pfizer/Hospira
C9476	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
C9477	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
C9478	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
C9479	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
C9480	Invalid code for professional providers; not separately reimbursed for institutional providers for BlueCHiP for Medicare and commercial products
Q5102	Invalid code for professional and institutional providers for BlueCHiP for Medicare and commercial products
Q9981	Not covered for commercial products; pharmacy benefit only
Q9982	Not medically necessary for professional and institutional providers for commercial products
Q9983	Not medically necessary for professional and institutional providers for commercial products
S0311	Not separately reimbursed for professional and institutional providers for BlueCHiP for Medicare and commercial products
S3854	Commercial products – Not medically necessary for professional and institutional providers; Blue-CHiP for Medicare – Covered and allowed at all hospital laboratories



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