



provider update

P=Professional

B=Behavioral Health

F=Facilities

March 2016



Dr. Gus Manocchia
Senior Vice President
and Chief Medical
Officer

*Greetings,
Our monthly newsletter includes news and updates for physicians, providers, and facilities in our network. It's full of important and useful information impacting how we do business together.
As always, please contact us with any comments or questions you have. We look forward to your continued partnership and collaboration.*

BCBSRI Update

PBF Blue Cross & Blue Shield of Rhode Island selects Prime Therapeutics LLC to Provide Pharmacy Benefits Management

Blue Cross & Blue Shield of Rhode Island (BCBSRI) has contracted with Prime Therapeutics LLC (Prime) to provide pharmacy benefit management (PBM) services starting on January 1, 2017. The five-year agreement applies to all BCBSRI commercial, individual market, and Medicare members.

The selection of Prime followed a comprehensive review process in which BCBSRI focused on choosing a PBM partner that has a proven record of operational excellence and a commitment to serving the needs of providers and members. Prime is owned by 13 Blue Plans and is the fourth-largest PBM in the country. It has a 25-year track record of integrating pharmacy and medical data to identify opportunities for improved health outcomes and reduced pharmacy costs for members.

BCBSRI and Prime understand that this transition must minimize impact to our providers and our members, and BCBSRI is already working closely with Prime to ensure the transition is as seamless as possible for you and your patients.

BCBSRI and Prime also are committed to improving the prior authorization process and making it much more efficient for you and our members. To that end, pending state approval, BCBSRI plans to transition prior authorization for Commercial members to Prime later this year. The transition for Medicare members will take place on January 1, 2017. Prime utilizes an electronic prior authorization (ePA) platform through CoverMyMeds®. This program will allow you to execute PA forms online in your office, eliminating traditional paper forms, faxes, and follow-up calls. (Traditional PA methods will still be available.) We will communicate the date of the prior authorization transition for Commercial members as soon as we receive state approval.

More information about our transition to Prime will be made available in the coming months through Provider Update, on bcbsri.com, and through direct outreach to providers. In the meantime, if you have any questions about this transition, please call our Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 (out of state only).

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PF BCBSRI to Introduce Provider Web PIN Self Service

In April, BCBSRI will introduce web personal identification number (PIN) self-service capability. BCBSRI participating providers will be able to obtain their PIN electronically when registering on the BCBSRI.com site. This new, more efficient process eliminates the need to mail or fax a signed form and will allow providers to receive their PIN immediately via email once they complete a few easy steps online. Providers requesting a PIN online will be required to provide some data for verification, such as information from a recent BCBSRI settlement form, NPI, name, etc. As soon as this new self-service enhancement is live we will send an e-mail alert and include information in future Provider Updates.

PBF BCBSRI Offers LGBTQ Safe Zone Certification

BCBSRI encourages healthcare providers in our participating network to collaborate with us in support of the LGBTQ (lesbian, gay, bisexual, transgender, queer) community. Our goal is to identify environments in which LGBTQ members feel welcome and safe when seeking healthcare services locally. Healthcare settings that meet specific criteria will be referred to as LGBTQ Safe Zones and receive BCBSRI identification, such as an award, window cling, and designation in the Find a Doctor tool.

More information about our program and the requirements can be found on our Provider Portal or by [clicking here](#). If you have questions, please contact Susan Walker, provider relations manager, at (401) 459-5381 or susan.walker@bcbsri.org.

PBF BCBSRI at SAGE Rhode Island

On Friday, April 8, SAGE Rhode Island (Services & Advocacy for Gay, Lesbian, Bisexual, & Transgender Elders) will host a half-day conference to discuss the unique challenges faced by elderly LGBT community members. While designed for providers of all disciplines, this conference will offer social work CEUs.

Life at the Intersections: Working with Older LGBT Adults

Friday, April 8

8:00 a.m. - noon

Save the Bay

100 Save the Bay Drive

Providence, RI

\$75

Registration available via sage-ri.org.

The program will include a best practices panel featuring Katherine Dallow, M.D., BCBSRI vice president of clinical affairs.

PBF REMINDER: Update Your Practice Information!

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

PB 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.

Adult and Pediatric BMI Wheels: Limited Quantities Available

The Adult BMI Assessment (ABA) and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) are HEDIS measures for NCQA accreditation. The Adult BMI Assessment is also a Medicare Stars measure. They require the assessment and documentation of encounter date, height, weight, and BMI value or percentile depending on age. A review of HEDIS data showed the most opportunity for improvement in these measures among practices that do not have an electronic health record (EHR). **We have a limited quantity of adult and pediatric BMI wheels available on a first come, first served basis.**

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

Please Note: Practices that have access to our population health registry can proactively monitor their patients' information for this measure and can also enter information to close gaps in care.

Behavioral Health Measures: ADD, AMM, and FUH

This year, BCBSRI is expanding our behavioral health provider and community collaboration. You can expect more initiatives designed to support members with behavioral health diagnoses, improved transitions of care, the continuation of our HealthPath program, and more. Three HEDIS measures (ADD, AMM, and FUH) emphasize the importance of careful medication management in adults and children with specific behavioral health diagnoses, and the importance of follow-up care after hospitalization. Each measure's specifications are detailed below.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

The HEDIS measure Follow-Up Care for Children Prescribed ADHD Medication (ADD) is the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The measure looks at two rates—the initiation phase and the continuation/maintenance phase. Details about each phase, as well as tips for success, are listed on the next page. **Please Note: Practices that have access to our population health registry can proactively monitor their patients' information for this measure.**

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

Antidepressant Medication Management (AMM)

The HEDIS measure Antidepressant Medication Management is the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. The measure examines performance in two rates: the effective acute phase and the effective continuation phase. Details about each phase, as well as tips for success, are listed below. **Please Note: Practices that have access to our population health registry can proactively monitor their patients' information for this measure.**

Measure	Measure Population	Tips for Success
Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment: the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)	<ul style="list-style-type: none"> A follow-up office visit to assess symptoms should be conducted at a maximum of six weeks. Visits should be sufficiently frequent to optimize adherence. Roughly half of all patients treated for depression stop taking their medication within the first month. Patients should be reminded that symptom alleviation may take two-four weeks and that it can sometimes take up to eight weeks for the medication to fully work. Patients should also be reminded to continue to take medications for at least six months even if symptoms improve.
	Effective Continuation Phase Treatment: the percentage of members who remained on an antidepressant medication for at least 180 days (six months)	

Follow-Up After Hospitalization for Mental Illness (FUH)

The HEDIS measure Follow-Up After Hospitalization for Mental Illness (FUH) is the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. The measure looks at two rates:

1. The percentage of discharges for which the member received follow-up within 30 days of discharge.
2. The percentage of discharges for which the member received follow-up within seven days of discharge.

Measure	Measure Population	Tips for Success
Follow-Up After Hospitalization for Mental Illness (FUH)	30-day follow up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days after discharge. This includes outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	Collaboration between the inpatient facility and outpatient provider is critical. If a provider is aware of an inpatient admission, efforts should be made to work with hospital discharge planners to set up follow-up appointments prior to the patient leaving the hospital.
	Seven-day follow up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within seven days after discharge. This includes outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	

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

The AAB measure evaluates the inappropriate use of antibiotics in adults age 18-64 years old with a diagnosis of acute bronchitis. The rationale is that the vast majority of cases of acute bronchitis are viral and do not require antibiotic therapy. This measure is aimed at improving antibiotic stewardship across the population—stemming the tide of antibiotic resistance in local communities and the nation and avoiding potential side effects and complications of antibiotic therapy in an individual patient when the treatment is not clearly indicated.

Precise diagnostic coding is essential for accurate performance on this measure. There is only one code for acute bronchitis—466.0—and this code does not differentiate clinically between a viral or bacterial process. Therefore, we recommend careful attention to use of this and other diagnostic codes to most precisely reflect the condition you are treating. Certain comorbid conditions that could influence your decision to prescribe antibiotic therapy for bronchitis are critical to document as well, since they will result in removal of the patient from the denominator in this measure and more appropriately reflect your clinical thought process.

Here are some tips for clinical coding accuracy on this measure:

- Only utilize the code for acute bronchitis if the diagnosis is accurate/confirmed
- Remember to code for relevant comorbidities if and when you do prescribe antibiotics for bronchitis:
 - > HIV
 - > Malignant Neoplasm
 - > Emphysema
 - > COPD
 - > Cystic Fibrosis

Please Note: Practices that have access to our population health registry can proactively monitor their patients' information for this measure. We also realize that much pressure for antibiotic therapy comes from patients themselves. To assist you in educating your patients on the importance of antibiotic stewardship and the facts about viral versus bacterial processes, we would be happy to supply you with free materials from the Centers for Disease Control's Get Smart campaign about antibiotics. For providers, we also have exam room posters, treatment summaries for adult and pediatric populations, and RX pads with symptomatic treatment for viral upper respiratory infections. Below are a few selected images from the available materials. If you would like to receive any of these materials (or the others in stock but not pictured), please contact Siana Wood, RN, senior quality management analyst at (401) 459-5413 or siana.wood@bcbsri.org. We also look forward to delivering free supplies of posters, RX pads, and treatment summaries to adult and pediatric practices in Q3 2016.



Poster RX Pad



Patient Handout



Exam Room

Osteoporosis Management in Women Who Had a Fracture

The HEDIS measure for Osteoporosis Management in Women Who Had a Fracture 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 2015 results indicate that only 17.65 percent of eligible female BlueCHIP for Medicare members met these criteria. This score ranks in the 25th national percentile, indicating opportunity for improvement.

We continue to partner with MedXM, a company specializing in heel ultrasounds, a diagnostic test that fulfills this measure. 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 these criteria will receive a letter from BCBSRI about MedXM, and a phone call from MedXM to schedule a visit from a technician who will complete a heel ultrasound. A fax notification will be sent to all 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. **Please Note: Practices that have access to our population health registry can proactively monitor their patients' information for this measure.**

Practice Pearls: Lab Results and Schedules

Most of us manage the minutiae of a work day by rote. Small, repetitive tasks are relatively unremarkable compared to the hundreds of demands placed on clinicians and their staff. When a patient's labs come back normal, most clinicians acknowledge the results with a signature on the document or a time stamp in the EHR. When practice schedules get delayed, care teams traditionally forge ahead, making up time where possible. The impact on the patient may be overlooked. Research on patient-centered care, however, shows that updating patients about these details can go a long way toward improving trust, physician and patient satisfaction, and care coordination. **Practices that routinely score high in patient satisfaction typically include the following elements in their office workflow:**

- When test results are normal: medical assistants can send a letter or a secure message through the patient portal (if available) to patients to let them know that test results were normal and/or to reiterate next steps (i.e. "Dr. Jones asked me to tell you that your cholesterol is normal so she'd like you to continue your atorvastatin at the current dose. Please call the office with any questions.")
- If a provider is delayed more than a certain number of minutes (i.e. 15 minutes), have a process for staff to notify patients face-to-face about the delay and how much longer the wait is expected to be.

PBF Did You Know?

Did you know that there are Beacon Health Options case managers who can assist you and your patients with accessing the most appropriate behavioral health services available? Case managers are independently licensed behavioral health professionals who work telephonically with members to:

- Assess and address barriers to care
- Facilitate access to resources and services
- Provide education and support to promote member self-management of behavioral health conditions
- Coordinate care across provider settings in collaboration with the health plan staff and primary care provider
- Facilitate medication reconciliation

In addition to managing complex members, Beacon Health Options case managers are also available to assist members in accessing behavioral health services. To reach a case manager, please contact Beacon Health Options at 1-800-274-2958.

Butler Hospital's Ambulatory Detoxification Program is an outpatient program that meets the needs of members who do not meet criteria for inpatient detox, but without structured supports are at high risk for relapse and higher utilization. In addition to supports typically found in a detox program, Butler's program includes a Peer Recovery Coach who will follow the member after discharge. The Peer Recovery Coach will engage the member while at Butler and will conduct follow up calls up to 30 days post discharge to ensure that the member is well-supported through their recovery. The program requires prior authorization through ValueOptions. If you wish to refer someone to the program, please contact Butler Hospital Intake at (401) 455-6214.

Peer Recovery Coaches

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

To learn more about Anchor Recovery, visit:

www.anchorrecovery.org.

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

Keep up to speed on timely behavioral health issues with Beacon Lens

Beacon Lens is the blog from Beacon Health Options, BCBSRI's behavioral health partner and the nation's pre-eminent behavioral health company. The blog's focus is on rapid response to the most pressing and controversial issues in behavioral health-care today.

In addition to blog posts, Beacon Lens also features a selection of white papers that Beacon Health Options has written regarding current issues in behavioral health.

To read and subscribe to The Beacon Lens, please visit:

www.beaconlens.com.

PF BCBSRI Expands Network of Skilled Nursing Facilities and Home Care Agencies

BCBSRI has expanded the network of participating skilled nursing facilities (SNFs) and home care agencies in the BlueCHIP for Medicare Advance and Commercial Advance products.

Skilled nursing facilities included in BlueCHIP for Medicare Advance:

- Alpine Nursing Home, Inc. – Visionary Healthcare Network, LLC
- Bayberry Commons – Health Concepts, Ltd.
- Brentwood Nursing Home – Visionary Healthcare Network, LLC.
- Briarcliffe Manor – Visionary Healthcare Network, LLC
- Cedar Crest Nursing & Rehabilitation Center
- Coventry Skilled Nursing & Rehabilitation – Genesis HealthCare, LLC
- Crestwood Nursing Home – Visionary Healthcare Network, LLC
- Elmhurst Extended Care
- Elmwood Health Center – Health Concepts, Ltd
- Evergreen House Health – Life Care Centers of America
- Grace Barker Nursing Center – Visionary Healthcare Network, LLC
- Grandview Center – Genesis HealthCare
- Kent Regency – Genesis HealthCare, LLC
- Overlook Nursing and Rehabilitation Center – Visionary HealthCare Network, LLC
- Pawtucket Center – Genesis HealthCare
- Pine Grove Health Center – Health Concepts, Ltd.
- Riverview Healthcare Community – Health Concepts, Ltd.
- Roberts Health Centre – Visionary Healthcare Network, LLC
- Saint Elizabeth Home – CareLink, Inc.
- Saint Elizabeth Manor – CareLink, Inc.
- Scalabrini Villa
- Scallop Shell Nursing and Rehabilitation Center
- Scandinavian Home Inc. – CareLink, Inc.
- Silver Creek Manor – Visionary Healthcare Network, LLC
- South Kingstown Nursing & Rehab
- Sunny View Nursing Home – Visionary Healthcare Network, Inc.
- Village House Convalescent – Health Concepts, Ltd.
- Warren Center – Genesis HealthCare, LLC
- Westerly Nursing Home – Visionary Healthcare Network, LLC
- West Shore Health Center – Health Concepts, Ltd.
- West View Nursing and Rehabilitation Center
- Woodpecker Hill Health Center – Health Concepts, Ltd.

Home care providers in BlueCHIP for Medicare Advance and Commercial Advance now include:

- CharterCARE Home Health
- VNA of Care New England
- Visiting Nurse Home Care
- VNS Home Health Services

All other skilled nursing facilities and home care agencies are considered non-participating and as such, BCBSRI participating providers, hospitals, and hospital discharge planners should only be referring BlueCHIP for Medicare Advance subscribers to the participating providers listed above.

If you have any questions regarding these changes, 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.

PBF Timely Filing Update

In an effort to keep providers informed about Timely Filing, BCBSRI wants to update you on the differences between our Physician/Provider Claim Adjustment Request Form and our Provider Appeal Request form and clarify when to use each.

An appeal is not necessary when a claim has been filed to BCBSRI within the timeframes listed below of another insurer's retraction. You can submit an adjustment form directly to the BCBSRI Claims Department along with a copy of the EOB showing the retraction. This can be submitted on the Physician/Provider Claim Adjustment form. In turn, BCBSRI's Claims Department will process the adjustment and waive Timely Filing using the EOB as proof.

However, if the claim was filed to BCBSRI after the timeframes listed below, the provider may file an appeal using the Provider Appeal Request Form. Both of these forms can be found on the BCBSRI [Provider Portal](#).

Timeframes

Professional/Ancillary Providers = 180 days

Each Institutional Facility = per contract

Dental = One year from date of service

Member = One year from date of service

Contracting & Credentialing

PF BCBSRI Laboratory Network Update

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

- CharterCARE Laboratory Services – Roger Williams Medical Center ([lab sites located here](#)) and Our Lady of Fatima Hospital ([lab sites located here](#))
- CNE Laboratories – [Full laboratory location list available here](#)
- South County Health Laboratories – [Full laboratory location list available here](#)

We are pleased that we are able to add laboratories to our network to provide additional access for our BlueCHIP for Medicare members.

These laboratories join our existing laboratory service providers, including:

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

We also want to make you aware that Quest Diagnostics, Inc. will no longer be a participating laboratory as of 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 begin to 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.

A complete list of all BCBSRI participating laboratories will be available on the BCBSRI [Find a Doctor tool](#) on April 1, 2016.

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).

PB Important Credentialing and Re-credentialing Information

BCBSRI recognizes the importance of ensuring that the credentialing and re-credentialing of providers is done accurately and efficiently so that new providers receive approval expeditiously and participating providers' status is not interrupted. The following are some important items that are required for both new applicants and re-credentialing:

- An updated CAQH application that includes a current attestation release signed and dated within 365 days of re-credentialing (signature stamps are not accepted)
- A current copy of professional liability insurance

In addition, for new applicants:

- W-9
- Direct Deposit form
- WebPIN request form
- Electronic Claims Submission form

It is important to note that when a new applicant file or a re-credentialing file is missing any of the required documents and our attempts to obtain such have been unsuccessful, new files will be closed and the applicant must re-start the process from the beginning if intending to participate. For providers in the re-credentialing process, missing required documentation will result in a recommendation to the Professional Advisory & Credentials Committee for termination of participation. If you have questions regarding the credentialing or recredentialing process, please contact the Physician/Provider Service Center at (401) 274-4848 or (800) 230-9050 Monday-Friday 8:00 a.m. to 4:30 p.m.

PBF Reminder – Transitional Care, Chronic Care, and Complex Chronic Care Management

As was communicated in August 2015 Provider Update, BCBSRI supports the recommendations put forth by the Office of the Health Insurance Commissioner (OHIC) to move primary care practices to becoming accredited as a patient-centered medical home (PCMH). This accreditation underscores that a practice has conducted the appropriate training and developed the infrastructure necessary to appropriately manage transitional care, chronic care, and complex chronic care. Because BCBSRI already provides enhanced payments to PCMH providers, BCBSRI stopped providing separate reimbursement for codes 99490, 99487, 99489, 99495 and 99496 as of September 14, 2015. ([Full text of the policy is available here.](#)) Non-PCMH providers can receive enhanced payments once they join a PCMH or become accredited as one.

PF Intra-Articular Hyaluronan Injections for Osteoarthritis

Due to changes in coverage from National Government Services, Intra-Articular Hyaluronan Injections for Osteoarthritis is a covered service for BlueChiP for Medicare members effective October 1, 2015. The following HCPCS codes are covered for BlueChiP for Medicare members when submitted with one of the ICD-10 codes listed below.

HCPCS codes J7321, J7323, J7324, J7325, J7326, J7327, J7328 and Q9980 are covered when submitted with one of the following ICD-10 codes: M17.0, M17.11, M17.12, M17.2, M17.31, M17.32, M17.4, M17.5, M17.9, M19.011, M19.012, M19.111, M19.112, M19.211 and M19.212. Please see the [full text of this policy](#) at bcbsri.com.

PF Policies Recently Reviewed for Annual Update

The following policies were recently reviewed for annual update. The full text of these policies is available in the Provider section of bcbsri.com.

- Acupuncture Mandate
- Breast Prosthesis and Mastectomy Bras Mandate
- Contraceptive Drugs and Devices Mandate
- Chromoendoscopy as an Adjunct to Colonoscopy
- Health and Behavior Assessment
- Immunizations – Adult and Pediatric
- Mammograms and Pap Smears Mandate
- Medical Necessity
- Orthognathic Surgery
- Pulsed Radiofrequency for the Treatment of Chronic Pain
- Termination of Pregnancy
- Urine Toxicology Testing
- Visual Screening for Children Ages 0-5 years

For your review, we also post monthly drafts of medical policies being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the Provider home page. Click on the Medical and Payment Policy icon to view the list of final and draft policies. Once on that page, click the drop-down box to sort policies by draft.

PF Patient-Actuated End Range Motion Stretching Devices (former policy title: Dynamic Splinting)

Effective May 1, 2016, the Dynamic Splinting policy will be updated and will result in a change in coverage. Coverage for Static Progressive Stretch devices for all joints will be changed from Covered to Not Medically Necessary due to a lack of evidence proving the efficacy of these devices. Please see the [full text of this policy](#) at BCBSRI.com.

PF Antigen Leukocyte Antibody Test – Food Allergy Testing

Effective May 1, 2016, the Food Allergy Testing policy will be updated to reference specifically the Antigen Leukocyte Antibody Test, which should be filed with code 83516 and will be considered Not Medically Necessary due to a lack of evidence proving the efficacy of the service. Please see the [full text of this policy](#) at BCBSRI.com.

PF Gender Reassignment Surgery

The Gender Reassignment Surgery policy has been updated to reflect that coverage has been added to BlueCHIP for Medicare members and Commercial products. The correct benefit may not be reflected in the member's Benefit Booklet, Evidence of Coverage, or Subscriber Agreement. Please contact Customer Service at the number on the back of the member's ID card to validate benefits. Please see the [full text of this policy](#) at BCBSRI.com.

PF Transplant-Travel and Accommodations for BlueCHIP for Medicare members

A new payment policy has been created to document the guidelines and travel services that are covered for a BlueCHIP for Medicare Member who is having a transplant at a Medicare Approved Facility within 50 miles from the member's home. Please see the [full text of this policy](#) at BCBSRI.com.