



# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

October 2015



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

**Greetings,**

*Our monthly newsletter includes news and updates for physicians, providers, and facilities in our network. It's full of important and useful information impacting how we do business together.*

*As always, please contact us with any comments or questions you have. We look forward to your continued partnership and collaboration.*

## BCBSRI Update

**PBF** **New Products for 2016**

In 2016, we will introduce new products for Commercial and Medicare Advantage members. The products—BlueCHIP Advance and BlueCHIP for Medicare Advance—will feature a referral management component for services that are rendered outside the scope of the members' primary care physician. These products will be sold in the market this fall to our Commercial and Medicare Advantage populations and will be effective on January 1, 2016.

We will be hosting onsite trainings regarding new product features for 2016 and how these products will impact your practice.

**Office Managers & Providers – Register for Onsite Training**

Provider Relations will be conducting seminars in October at the following locations:

**Tuesday, October 20**  
7:30 to 8:30 a.m.  
Hurvitz 2 Conference Room  
The Miriam Hospital  
164 Summit Avenue  
Providence, RI 02906

**Friday, October 23**  
7:30 to 8:30 a.m.  
Doctors' Auditorium  
Kent Hospital  
455 Toll Gate Road  
Warwick, RI 02886

**Thursday, October 22**  
7:30 to 8:30 a.m.  
George Auditorium  
Rhode Island Hospital  
593 Eddy Street  
Providence, RI 02903

**Tuesday, October 27**  
8:00 to 9:00 a.m.  
Physicians' Auditorium  
Memorial Hospital  
111 Brewster Street  
Pawtucket, RI 02680

### Contents

BCBSRI Update	Pages 1-3
Quality	Pages 4-8
Behavioral Health	Page 9
Benefits & Products	Pages 9-10
Pharmacy	Pages 11-12
Claims	Page 13
Contracting & Credentialing	Page 13
Policies	Pages 14-15

*Complimentary coffee and refreshments will be served.*

[Click here](#) to RSVP for the 2016 Important Plan Information seminars.

## **PBF** ICD-10 Transition on October 1, 2015

As of October 1, 2015, all providers, hospitals, and facilities must be transitioned to ICD-10. This date was set by the Department of Health and Human Services. The transition to ICD-10 codes impacts both the medical and behavioral health community.

### **For Behavioral Health Providers**

As of October 1, behavioral health providers are required to use ICD-10 codes only. BCBSRI recommends that behavioral health providers consider the purchase of DSM-V as it has direct mappings from the DSM-V codes to the ICD-10 codes.

### **Resources for All Providers**

The Centers for Medicare and Medicaid Services (CMS) has created a comprehensive website, [CMS ICD-10 Provider Resources](#), that contains materials

to help providers with the transition, including:

- A checklist of tasks with estimated time frames for completion
- A guide outlining the tasks in each phase of the implementation and a timeline with suggested start/finish dates for tasks
- Individual documentation for small, medium, and large practices
- Links to physician professional organizations that may provide specialty-specific information

Please [click here](#) to review our ICD-10 Frequently Asked Questions document. If you have any additional questions, 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** New Convenient Way to Refer Into Our Care Coordination Program!

We have updated our Care Coordination referral process. We have automated it so you no longer have to print and complete the form; rather, you can now submit your request through the provider portal of BCBSRI.com.

*Follow these easy steps:*

1. Log on to the provider portal of BCBSRI.com
2. Click on Tools and Resources
3. Click on Forms
4. Click on Case Management Request
5. Complete the required fields and click Go!

The screenshot shows the BCBSRI Provider portal interface. At the top left is the Blue Cross Blue Shield of Rhode Island logo. The main header area includes the word 'Providers' and a search bar. A left-hand navigation menu lists various options: Provider Home, Dental Provider Home, Claims & Billing, Preauthorization, Patient Profile, Tools & Resources, Forms, Provider PIN Request, Institutional PIN Request, W9, Practitioner Change, Voluntary Termination, and Claims Adjustment Request. The main content area is titled 'Welcome, Staff' and shows the user's last sign-in time. Below this is a 'Forms' section with a descriptive paragraph and a list of 'Online Forms' including Request for Medicare Prescription Drug Coverage Determination, Provider Application Request Form, Provider Orientation Request Form, Provider Policy Request Form, EFT Enrollment Form, ERA Enrollment Form, and Case Management Request. A red arrow points to the 'Case Management Request' link. In the top right corner, there are links for 'Customer Service Information' and 'Log out'.

**Blue Cross Blue Shield of Rhode Island** | Providers

SEARCH

Provider Home | Dental Provider Home | Claims & Billing | Preauthorization | Patient Profile | Correspondence Center | Tools & Resources | Forms | Provider PIN Request | Institutional PIN Request | W9 | Practitioner Change | Voluntary Termination | Claims Adjustment Request | Policy Request(PDF) | Provider Policy Request | Provider Appeal Request | Direct Deposit Agreement | Provider Application Request | Electronic Fund Transfer Request | Electronic Remittance Advice Request

Welcome, Staff  
Last Sign-in: 09/16/15 11:52 AM ET

Customer Service Information | Log out

## Care Coordination Request

Cancel Request

### About the Request

#### Validate Member Information

Member ID

Member DOB

Member or Caregiver  Yes  No  
Informed of Referral?

Caregiver Name and   
Relation

Language Preference

Interpreter Needed?  Yes  No

Form Completed By   
Title

Referring Provider Name   
Referring Provider Phone   
Referring Provider Fax

Referral To (Select one)  Registered Nurse  
 Behavioral Health  
 Registered Dietician  
 Maternity  
 Health Advocate (Community Resource Specialist)

Current Presentation

Relevant Past Medical History

Secondary Concerns

<< Start Over

## **PBF** REMINDER: Web-Based Preauthorization

As recently communicated, we transitioned most of our current BCBSRI web-based/fax prior authorization processes to McKesson's Clear Coverage™ decision support tool in December 2014. As of October 1, 2015, existing or new codes are being added to services that already require preauthorization, and there are changes to the method in which preauthorization is obtained (traditional BCBSRI vs. Clear Coverage).

You can find more information—including a full list of the services that must be submitted for preauthorization through Clear Coverage—in the following policies on BCBSRI.com:

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

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

## 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 analyst at (401) 459-5413 or [siana.wood@bcbsri.org](mailto:siana.wood@bcbsri.org).

### October is National Breast Cancer Awareness Month

According to 2011 data\*, the incidence of breast cancer in Rhode Island for females of all races was 126.4 per 100,000. The 2011 age-adjusted female breast cancer death rate in RI was 20.0 per 100,000. These figures align with national statistics for the same year (incidence of 122 per 100,000; female breast cancer death rate of 21.5 per 100,000) but opportunities remain for early detection and treatment of breast cancer.

BCBSRI's [Well Adult clinical practice guideline](#) are derived from the U.S. Preventive Services Task Force guidelines and contain guidance on screening for breast cancer in women. The following recommendations pertain to women not at an increased risk of breast cancer due to a known genetic mutation or history of chest radiation:

POPULATION:	WOMEN AGED 40-49 YEARS	WOMEN AGED 50-74 YEARS	WOMEN AGED ≥75 YEARS
RECOMMENDATION:	Individualize decision to begin biennial screening using film mammography according to the patient's circumstances and values.	Screen every 2 years using film mammography.	No recommendation.

Mammograms are a covered service for BlueCHIP for Medicare and Commercial members. Mammograms performed as preventive are covered at 100% according to the Affordable Care Act (ACA). Benefit coverage for diagnostic mammograms varies according to the member's coverage. Please encourage members to obtain their mammograms according to the clinical recommendations for their age, risk level, and circumstances.

It is important to help members understand whether they have factors that increase their risk for breast cancer, as some are modifiable. Breast cancer also occurs in women without risk factors. The most significant factors for increased risk are being female, increasing age, and the existence of genetic mutations. In addition, the Centers for Disease Control and Prevention (CDC, 2014) lists the following factors, which may increase or decrease breast cancer risk:

FACTORS THAT INCREASE RISK	FACTORS THAT DECREASE RISK
Long-term use of hormone replacement therapy	Being older when you first had your menstrual period
Personal history of breast cancer or non-cancerous breast diseases	Starting menopause at an earlier age
Family history of breast cancer (maternal or paternal)	Giving birth to more children, being younger at the birth of your first child, and breastfeeding your children
Treatment with radiation therapy to the breast/chest	Getting regular exercise
Exposure to diethylstilbestrol (DES)	Maintaining a healthy weight
Dense breasts by mammogram	
Drinking alcohol	
Night-shift work	

Whether members in your practice are coping with breast cancer, or are newly diagnosed, they may seek recommendations for support services in the community to supplement their medical care. The following is a list of local organizations that can provide information, advocacy, and support regarding breast cancer:

- **American Cancer Society, Rhode Island Chapter:**  
Call (401) 243-2600. Cancer Information Specialists can also be reached 24 hours a day at 1-800-227-2345
- **Breast Cancer Council of Rhode Island:**  
Call 1-800-216-1040 or email [ribcc@aol.com](mailto:ribcc@aol.com)
- **Gloria Gemma Breast Cancer Resource Foundation:**  
Call (401) 861-HERO (4376) or email [info@gloriagemma.org](mailto:info@gloriagemma.org)

You can also refer these members to our Case Management department by calling (401) 459-2273 or emailing [clinical\\_programs@bcbsri.org](mailto:clinical_programs@bcbsri.org).

\* U.S. Cancer Statistics Working Group. United States Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2014. Available at: [www.cdc.gov/uscs](http://www.cdc.gov/uscs).

## ***Disease-Modifying Anti-Rheumatic Therapy (ART) for Rheumatoid Arthritis***

Osteoarthritis (OA) and rheumatoid arthritis (RA) are the two most common forms of arthritis but each has distinct disease processes. OA, a degenerative disease of the joints, is more common. RA is an autoimmune disease in which the body attacks its own healthy tissue around the joint areas. It is critical to properly diagnose patients and accurately code their records. **Some providers have reported that their EHRs supply “rheumatoid arthritis” as an initial choice when searching for arthritis diagnoses. Please use caution if this is the case in your practice.** An inaccurate diagnosis of RA can affect reimbursement, falsely elevate disease prevalence rates, and can prevent patients from obtaining life insurance. RA is normally confirmed by a series of tests. Once the diagnosis of RA is confirmed, the codes described in the table on page 6 should be used.

For both HEDIS and CMS Stars, the ART measure evaluates the use of disease-modifying anti-rheumatic drug (DMARD) therapy in members 18 years and older with rheumatoid arthritis. The table on page 6 provides specific guidance about coding for RA, followed by a summary of the measure, population, and tips for success.

# Quality

Measure	Population: Numerator and Denominator	Tips for Success
Disease-Modifying Anti-Rheumatic Therapy (ART) for Rheumatoid Arthritis	<p><b>Numerator:</b> members from the denominator who had at least one ambulatory prescription dispensed for a DMARD (see table below) during the measurement year</p> <p><b>Exclusions:</b> members diagnosed with HIV or members who are pregnant during the current year</p>	<p>Only utilize codes for RA if the diagnosis has been confirmed.</p> <p>For members with confirmed RA, DMARD therapy is the current standard of care.</p> <p>For rule-out, suspect, or possible RA, code the symptoms or appropriate condition. Below you will find useful diagnosis codes that may more accurately describe the services provided to your patients:</p> <ul style="list-style-type: none"> <li>• V13.4: Patient-Reported or Personal History of RA</li> <li>• V17.7: Family History of Arthritis</li> <li>• V82.1: Screening for RA</li> <li>• 714.9: Unspecified Inflammatory Polyarthropathy</li> <li>• 715.XX: Osteoarthritis</li> <li>• 716.5: Unspecified Polyarthrititis or Polyarthropathy</li> <li>• 720.9: Unspecified Inflammatory Spondylopathy</li> <li>• 725.0: Polymyalgia Rheumatica</li> </ul>
	<p><b>Denominator:</b> members 18 years and older with two of the following events on different dates in the measurement year:</p> <ul style="list-style-type: none"> <li>• Outpatient visit with any diagnosis of RA</li> <li>• Nonacute inpatient discharge with any diagnosis of RA</li> </ul>	

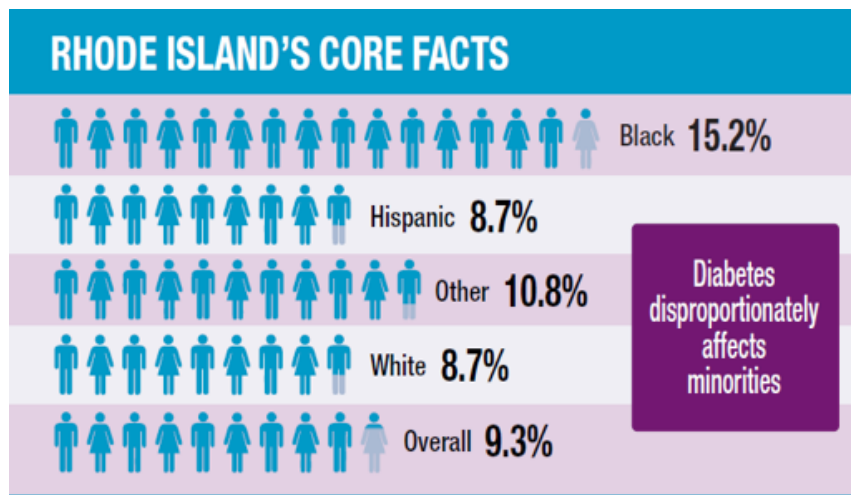
NCQA Table ART-C: Medications Counted as DMARD Therapy

Description	Prescription	J Codes
5-Aminosalicylates	sulfasalazine	
Alkylating agents	cyclophosphamide	
Aminoquinolines	hydroxychloroquine	
Anti-rheumatics	<ul style="list-style-type: none"> <li>• auranofin</li> <li>• gold sodium thiomalate</li> <li>• leflunomide</li> <li>• methotrexate</li> <li>• penicillamine</li> </ul>	J1600, J9250, J9260
Immunomodulators	<ul style="list-style-type: none"> <li>• abatacept</li> <li>• adalimumab</li> <li>• anakinra</li> <li>• certolizumab pegol</li> <li>• etanercept</li> <li>• golimumab</li> <li>• infliximab</li> <li>• rituximab</li> <li>• tocilizumab</li> </ul>	J0129, J0135, J0717, J0718, J1438, J1602, J1745, J3262, J9310
Immunosuppressive agents	<ul style="list-style-type: none"> <li>• azathioprine</li> <li>• cyclosporine</li> <li>• mycophenolate</li> </ul>	J7502, J7515, J7516, J7517, J7518
Janus kinase (JAK) inhibitor	tofacitinib	
Tetracyclines	minocycline	



## **PBF** 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 prediabetes 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 prediabetes who do not meet the above criteria.

### 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

For more information or to refer patients, please contact Brenda Jenkins, RN, CDOE, D.Ay., CPEHR, PCMH CCE, by emailing [bjenkins@healthcentricadvisors.org](mailto:bjenkins@healthcentricadvisors.org), calling (401) 528-3246, or securely faxing (401) 528-3237.

## **P** Quality Interactions

We are pleased to offer primary care physicians, mid-level practitioners and nurses an educational opportunity to enhance your communication with patients from different cultures. Through this online interactive training, Quality Interactions, you can take part in “real-life” patient encounters created to deepen your understanding of how the diverse patient population in Rhode Island views and values their health.

You have the option of doing this training online at your own pace. Please review the attached flyer and instructions for more information on Quality Interactions.

### **Incentives for Completing the Training**

Complete each of the three Quality Interactions modules with a score of 70 percent or greater and receive three FREE CME/CEU credits!

### **How to Use Quality Interactions**

1. Visit [Quality Interactions](#)
2. Select “New User”
3. Enter Organization ID 92700
4. Create a unique username and password, then complete and submit the registration form
5. Select the appropriate course title and complete it
6. Complete the evaluation (required)

Primary care physicians, mid-level practitioners, and nurses should take the Test Your Skills for Clinicians modules. Pediatric physicians, mid-level practitioners, and nurses should take the Test Your Skills for Pediatricians modules.

Please note: You do not need to take all three courses in one sitting; however, if you exit in the middle of a section, you'll have to retake that section the next time you log in. To prevent this, please log out between sections.

### **Questions?**

Please contact [PCMH@BCBSRI.org](mailto:PCMH@BCBSRI.org) or call Sarah Enright at (401) 459-5295.

## **PBF** Save the Date: Rhode Island Trans\* Health Conference for Providers: January 30, 2016

BCBSRI, along with The Warren Alpert Medical School of Brown University and Rhode Island College, is proud to help support the state's second Trans\* Medicine Conference for medical, behavioral health, and allied healthcare providers as well as self-identified members of the transgender and gender-nonconforming community. This one-day conference is scheduled for January 30, 2016 at Rhode Island College. The purpose of the conference is to:

- Provide education on important concepts related to caring for transgender patients.
- Enhance clinical expertise.
- Expand the community's access to care.

Experts from the region will present on best practices and lessons from their own work. Continuing education units will be available for physicians, nurses, and behavioral health providers. If you have questions about the conference, please email [trans.med.ri@gmail.com](mailto:trans.med.ri@gmail.com).



# Behavioral Health

## **B Beacon Lens**

Recently, our behavioral health partner, ValueOptions, merged with Beacon Health Strategies to form Beacon Health Options, the nationwide leader in behavioral health solutions for health plans. Beacon Health Options delivers best-in-class care to 47 million individuals across all 50 states and in the United Kingdom.

One added benefit of this merger is access to the Beacon Lens, an online blog that focuses on the most pressing issues in behavioral healthcare today. According to Beacon Health Options, "The blog does not always reflect the settled thinking of Beacon but rather represents the voices of our professionals on topical discussions." Please visit the [Beacon Lens](#) to learn more about issues impacting your practice today.

## **B OnTrack**

Quality measurement continues to be at the forefront of BCBSRI's strategic objectives for behavioral health. OnTrack is an easy way to incorporate feedback on informed treatment and quality measurement into your practice. OnTrack 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 (Substance Abuse and Mental Health Services Administration), evidence-based practice of providing psychotherapy treatment informed by repeated administration of patient self-reported questionnaires. This feedback enables the clinician to better tailor treatment to the needs of the individual to achieve better treatment outcomes. Providers who use OnTrack report that they are seeing a significant upward trend in client outcomes.

In addition to receiving access to analyzed data to inform treatment, OnTrack participants will receive \$5 per questionnaire submission.

BCBSRI will be offering a webinar to learn more about the OnTrack program on **Friday, November 6, 2015 from 12:00 to 1:00 p.m.**

For more information on the OnTrack program, or to register for the webinar for you, please contact Sarah Fleury, LICSW, Behavioral Health Performance Specialist at (401) 459-1384 or [sarah.fleury@bcbsri.org](mailto:sarah.fleury@bcbsri.org)

# Benefits & Products

## **PBF 2016 Annual Notice of Changes & Timeline**

By September 30, 2015, all BlueCHiP for Medicare members will have received their 2016 Annual Notice of Changes and Evidence of Coverage, along with the Multi-Language Interpreter Services insert, 2016 Comprehensive Formulary, and Low-Income Subsidy Rider, if applicable.

As a reminder, the Annual Enrollment Period timeline is as follows: October 15, 2015: Annual Enrollment Period begins.

- **December 7, 2015:** Annual Enrollment Period ends.
- **January 1, 2016:** Coverage changes become effective.
- **January 1, 2016:** Annual Disenrollment Period begins.
- **February 14, 2016:** Annual Disenrollment Period ends.

During the Annual Enrollment Period of October 15 through December 7, 2015, 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, 2016. From January 1 through February 14, 2016, 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.

# Benefits & Products

## 2016 BlueCHIP for Medicare Plan News

### *New Plan Membership Card*

BlueCHIP for Medicare members will be receiving new plan membership cards in December, which will reflect the 2016 benefits.

### *BlueCHIP for Medicare Select Plan Name Changed to BlueCHIP for Medicare Advance*

BlueCHIP for Medicare Advance (HMO) is our re-tailored \$0 premium option with an exclusive network of doctors and hospitals that were chosen for their ability to improve coordination and communication across all aspects of a patient's care. This plan features a \$0 premium, \$5 copays for primary care visits, \$2 copays for preferred generic drugs, and a \$100 yearly allowance for eyeglasses and contacts. Members who choose this plan must receive care within the Advance network of providers and facilities.

### *Dental Rider Coverage Changed*

The BlueCHIP for Medicare Dental Rider has changed for 2016. To meet the growing demands of our Individual BlueCHIP for Medicare members, we have modified our current rider to be more cost effective and meet the needs of a wider audience. Please see the benefit chart below.

Plan includes coverage up to \$1,000 per calendar year	Member pays:
Monthly premium	\$23.20
Annual exam, cleanings, & X-rays	\$0
Basic services (such as fillings, palliative care, and partial repairs/adjustments)	20%

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.

## **PBF BCBSRI Pharmacy Program October 1, 2015 Formulary Changes**

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

### **Generic Drugs – Tier Changes**

*The following generic drugs have been moved to a lower tier.*

- aripiprazole
- celecoxib

*The following generic drugs have been moved to a higher tier.*

- betamethasone val aerosol
- buprenorphine/naloxone sub
- calcipotriene cream
- calcipotriene ointment
- calcipotriene/betametha oint
- clobetasol lotion
- clobetasol aerosol
- clobetasol shampoo
- cromolyn sodium conc
- hc butyrate cream
- metaxalone
- opium tincture
- pioglitazone/glimepiride
- pramipexole tab er
- prednisolone tab odt
- sod sul/sulf cream
- sod/sulf liquid
- tretinoin gel

### **Brand Drugs – Tier Changes**

*The following Brand name drugs have been moved to a higher tier*

- AMITIZA
- EPZICOM

### **Brand Name Drugs (excluded from coverage - with medical necessity available)**

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

- CARAC
- CLINDACIN KIT ETZ
- CLINDAGEL Gel
- DEXILANT
- diclofenac 3% gel
- fluorouracil 0.5%
- FLUOROPLEX 1%
- GLUMETZA
- ONEXTON Gel

### **For EHB Plans Only**

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

The following brand name drugs are excluded from coverage effective October 1, 2015, but will have medical exception criteria available.

- GLYXAMBI
- JARDIANCE
- INVOKANA
- INVOKAMET

# Pharmacy

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

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

- ABILIFY
- ACTONEL
- ANALPRAM E KIT
- ATELVIA
- AXERT
- CAFICIT INJ 60MG/3ML
- COPAXONE 20MG INJ
- DDAVP INJ
- DDAVP SOL
- DDAVP SPRAY
- DDAVP TAB
- ESTROSTEP FE TAB
- FEMHRT TAB 0.5-2.5
- GENERESS FE
- KENALOG AER
- LOESTRIN
- LOESTRIN FE
- MESTINON
- METOZOLV ODT
- MIRAPEX ER
- NAFTIN
- NAMENDA
- NAPRELAN CR
- REVATIO INJ
- ROBAXIN INJ 100MG/ML
- SUPRAX
- TARKA CR

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

## **PF** Influenza Vaccine at the Pharmacy, 2015–2016 Flu Season

BCBSRI is pleased to announce that we are continuing our partnership with Rhode Island-based pharmacies to once again be able to bill for flu vaccine administrations through the Pharmacy Benefits Manager (PBM) system for ALL\* Commercial AND BlueCHIP for Medicare members.

There is no out-of-pocket charge to members for this service. Members need only present their BCBSRI identification card at the participating Rhode Island-based pharmacy, and they will be eligible to receive the flu shot at no charge. This includes ALL\* Commercial and Medicare Part D members, even those members who have other coverage for their pharmacy benefits.

Pharmacies are reimbursed for administration only, as the cost of the vaccine is already absorbed by BCBSRI through a fee assessment from the Rhode Island Department of Health (RI DOH). The following vaccinations are available through this program:

Vaccine	Age Range	Quadrivalent / Trivalent	Preserve Free	Latex Free	Pedi / Adult
Fluzone PF 0.25ml	6-35 months	Quad	Yes	Yes	Pedi
Fluzone PF 0.5ml	3-18 years	Quad	Yes	Yes	Pedi
Flumist	2-18 years	Quad	Yes	Yes	Pedi
Fluarix 0.5ml	19+ years	Quad	Yes	Yes	Adult
Flulaval	19+ years	Quad	No	Yes	Adult
Fluzone HD	65+ years	Tri	Yes	Yes	Adult

Members obtaining a flu vaccine shot at a non-participating RI pharmacy, or at an out-of-state pharmacy will need to pay out of pocket and request applicable reimbursement consistent with their benefit plan guidelines. Please [click here](#) to view the 2015/2016 Influenza & Pnuemococcal Summary Sheet.

\*Plan 65 benefit plans are excluded.

# Claims

## **PBF** Reminder: Claims Adjustments

As of July 1, 2015, we no longer accept claims adjustments over the phone or through Secure Messaging on BCBSRI.com to make a correction to a claim that was previously submitted with incorrect information.

### **How This Impacts You**

#### *Electronic Submitters*

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

If you have any questions on how to submit claims adjustments through the EDI, please check the [EDI Companion Guide](#) or 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.

#### *Paper Submitters*

Providers who submit claims through regular mail must complete the [Adjustment Request form](#) and mail the information to:

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

# Contracting & Credentialing

## **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 timely, or choosing a PCP when enrolling for coverage. Please [click here](#) to access the form.

## 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](#).

- Balloon Assisted Maturation of Arteriovenous Fistula
- Bariatric Surgery, Not Medically Necessary Procedures
- BCBSRI Use of Provider Performance Data for Healthcare Operations
- Bioimpedance Devices for Detection and Management of Lymphedema
- Digital Electroencephalogram (DEEG)
- Fetal Surgery for Prenatally Diagnosed Malformations
- Intensity-Modulated Radiotherapy: Abdomen and Pelvis
- Intensity-Modulated Radiotherapy of the Breast and Lung
- Intensity-Modulated Radiotherapy (IMRT): Cancer of the Head and Neck or Thyroid
- Intensity-Modulated Radiotherapy: Central Nervous System Tumors
- Intensity-Modulated Radiotherapy of the Prostate
- Intravenous Anesthetics for the Treatment of Chronic Pain
- In-Vitro Chemoresistance and Chemosensitivity Assays
- Measurement of Small Low-Density Lipoprotein (LDL) Particles
- Mobile Outpatient Cardiac Telemetry (MOCT)
- Oral Nutrition Mandate
- Orthotic and Prosthetic Services Mandate
- Paraspinal Surface electromyography (SEMG) to Evaluate and Monitor Back Pain
- Prophylactic Mastectomy
- Prostate Specific Antigen (PSA) Screening/Testing Mandate
- Sympathetic Therapy for the Treatment of Pain
- Therapeutic Eyeglasses and Contact Lenses
- Thoracic-Lumbo-Sacral Orthosis with Pneumatics
- Topographic Brain Mapping
- Venipuncture for State Mandated Lead Screening

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 Alemtuzumab (Lemtrada)

Effective October 1, 2015, Alemtuzumab (Lemtrada) will be covered when medical criteria in the new policy has been met. Preauthorization will be required for BlueCHIP for Medicare and recommended for Commercial products. To request preauthorization, contact the Health Services Management Department at (401) 272-5670, extension 3012, or fax your request to (401) 272-8885. [Please see the full text of this policy.](#)

## PBF Behavioral Health Services: Inpatient and Intermediate Levels of Care

A new policy has been written to document the existing BCBSRI program requirements and payment policy for bundled services that are part of inpatient and intermediate behavioral health services. Inpatient care services consist of inpatient mental health and substance abuse treatment as well as substance abuse and mental health residential treatment. Intermediate care services consist of partial hospitalization programs (PHP), intensive outpatient programs (IOP), adult intensive services (AIS), and child and family intensive services (CFIT). [Please see the full text of this policy.](#)

## PBF Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease

A new policy, effective December 1, 2015, has been written to document coverage for Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease. The measurement of novel lipid and nonlipid risk factors is considered not medically necessary as there is insufficient peer-reviewed scientific literature to demonstrate that the service is effective. [Please see full text of this policy.](#)

## PF Technical Component – TC Modifier

This modifier identifies the technical component of certain services that combine both the professional and technical portions in one procedure code. Using modifier TC identifies the technical component. BCBSRI follows CMS guidelines for correct usage of the TC component modifier. The TC modifier should only be appended to health service codes that have a 1 in the PC/TC field on the National Relative Value Field file.



## **PBF** October 2015 HCPCS® Level II Code Updates

We have completed our review of the HCPCS Level II code update. These updates will be added to our claims processing system and are effective on October 1, 2015.

The list includes codes that have special coverage or payment rules for standard products. (Some employers may customize their benefits.) We include codes for services that are:

- “Subject To Medical Review” – Preauthorization is recommended for Commercial products and required for BlueC-HiP for Medicare.
- “Not Separately Reimbursed” – These services are generally included in another service or are reported using another code and may not be billed to your patient.
- “Invalid” – Use alternate procedure code, CPT, or HCPCS code.

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

### **BlueCHiP for Medicare and Commercial Products:**

**C9456:** Injection, isavuconazonium sulfate, 1 mg  
Professional providers: Invalid - Use alternate code  
Institutional providers: Not separately reimbursed

**C9457:** Injection, sulfur hexafluoride lipid microsphere, per ml  
Professional providers: Invalid - Use alternate code  
Institutional providers: Not separately reimbursed

**C9743:** Injection/implantation of bulking or spacer material (any type) with or without image guidance (not to be used if a more specific code applies)  
Professional providers: Invalid - Use alternate code  
Institutional providers: Not separately reimbursed

**Q9979:** Injection, Alemtuzumab, 1 mg  
Subject to Medical Review: preauthorization is recommended for Commercial products and required for BI