

provider update

P=Professional

B=Behavioral Health

F=Facilities

September 2017

For several months, I've often used this forum to share Blue Cross & Blue Shield of Rhode Island's (BCBSRI) commitment to making healthcare simpler and more affordable for Rhode Islanders. BCBSRI is doing this by introducing value-based products, moving us toward a reimbursement model that embraces quality, value, and efficiency, while continuing our investments in delivery system transformation. And yet another way we provide our members—and your patients—a simpler and more affordable experience with healthcare is through our ongoing efforts to make the costs of a variety of healthcare services more transparent. This helps our members better understand their out-of-pocket costs, which is especially important in an era of higher copays and deductibles.

In 2016, we introduced a tool, the Cost Estimator, to make it easier for you to share costs with your patients. The tool is populated with BCBSRI claims data and provides useful information, such as:

- Estimates for out-of-pocket expenses members may incur
- Projected costs of procedures, across a range of providers and facilities
- A view of treatment facilities and their related costs
- Estimated costs for each phase of care

Our Cost Estimator allows you to search for information in a number of different ways. For example, you can get member-specific information, such as out-of-pocket costs, by entering the member's BCBSRI ID number and other identifying information. You can also filter your searches by procedure, including what the total costs would be without insurance. The Cost Estimator tool breaks down timelines associated with each phase of care, also.

We encourage you to use this tool to help educate and guide your patients to cost-effective care options. You can access the Cost Estimator through our provider portal at bcsri.com.

As always, we welcome your feedback and your questions. Please don't hesitate to reach out to your provider relations representative, or send an email to ProviderRelations@bcsri.org.

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



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BCBSRI Update

PBF Provider Relations Seminars: Fall 2017

Please join us in October to learn about new and ongoing BCBSRI programs available to your patients. These seminars will provide an overview of the following programs and benefits:

- 2018 Medicare Advantage plan changes
- *NEW* New England Health Plan product offerings:
Network Blue New England and Blue Choice New England
- Healthcare affordability and high-value care
- Pharmacy updates

Below is a list of available dates and times, so you can choose the seminar that works best for you. You may RSVP by [clicking here](#), or by emailing Provider Relations at ProviderRelations@bcbsri.org.

Tuesday, October 10, 2017

8:00 – 9:00 a.m.

Your Blue Store

71 Highland Ave., East Providence, RI 02914

Friday, October 27, 2017

8:00 – 9:00 a.m.

Sopkin Auditorium, Miriam Hospital

164 Summit Ave., Providence, RI 02906

Monday, October 23, 2017

8:00 – 9:00 a.m.

South Pavilion Auditorium 1, Women and Infants Hospital

101 Dudley St., Providence, RI 02905

Tuesday, November 7, 2017

8:00 – 9:00 a.m.

Auditorium A, Kent Hospital

455 Toll Gate Rd., Warwick, RI 02886

Thursday, October 26, 2017

8:00 – 9:00 a.m.

George Auditorium, Rhode Island Hospital

593 Eddy St., Providence, RI 02903

Complimentary coffee and refreshments will be served.

See you in there!

PBF Healthcare affordability and high-value care

BCBSRI continues to take steps that advance us toward our triple aim goals of better health for our state, a simpler patient experience, and lower costs. While most of our efforts have targeted the primary care space, we also recognize the opportunity that exists with including specialists in these efforts. Broadening our view to encompass specialists is critically important, as we transition to value-based care and alternative payment methodologies.



To continue our pursuit of healthcare affordability, while better understanding specialist performance, we've partnered with the

healthcare data analytics vendor RowdMap. They will assist us in analyzing publicly available data from the Centers for Medicare and Medicaid Services (CMS), along with our own claims data, to identify high-performing providers delivering high-value care.

We are currently holding monthly webinar to introduce our approach to high-value care and explain how our partnership with RowdMap will help us better understand specialist performance. We welcome you to join us for an informative and detailed webinar on one of the following dates:

- Thursday, October 5 – noon to 1:00 p.m.
- Thursday, November 2 – noon to 1:00 p.m.
- Thursday, December 7 – noon to 1:00 p.m.

We encourage you to attend one of these ongoing webinars, as they offer providers the opportunity to learn more about how we measure high-value care. These sessions also present opportunities to familiarize yourself with our strategy around specialist utilization, as well as readiness for alternative payment models.

If you'd like to attend an upcoming webinar, please [click here](#) to register or call Provider Relations at 1-844-707-5627. We also encourage you to learn your Provider Portrait Report, which is based on RowdMap's data. You can request your information by emailing providerrequests@bcbsri.org.

We look forward to working with you and our entire provider community to make healthcare simpler and more affordable for Rhode Islanders.

BCBSRI Update

PBF Important: verify your practice information!

BCBSRI now conducts quarterly fax-based validation and attestation of provider practice information displayed within our Find a Doctor tool. We are now contacting provider offices directly, via fax, to ensure this information is accurate and up-to-date.

The most current quarterly validation was faxed in September 2017. Please review our fax and verify your practice's information, along with making any needed updates.

The Centers for Medicare and Medicaid Services (CMS) requires providers to note whether the location included is the same as where a patient is able to make an appointment. CMS also requires providers to note whether they are accepting new patients.

Once your office has verified your information, please check the "attestation" box, and fax it back to BCBSRI as soon as possible. Please note that even if your information is presently accurate and not in need of updates, your office is still expected to check the attestation box, verify your information, and fax the form back to BCBSRI.

If you have questions about these verification efforts, please email ProviderRelations@bcbsri.org.

PBF BCBSRI offers LGBTQ Safe Zone certification!



Safe Zone

Committed to providing a supportive environment for LGBTQ individuals.



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 by [clicking here](#).

In 2017, 13 practices were certified, including:

- Four health centers
 - Planned Parenthood – Providence Health Center
 - Thundermist Health Center of South County
 - Thundermist Health Center of West Warwick
 - Thundermist Health Center of Woonsocket
- Three dental clinics
 - Thundermist Health Center of South County – Dental Services
 - Thundermist Health Center of West Warwick – Dental Services
 - Thundermist Health Center of Woonsocket – Dental Services
- Four behavioral health providers
 - Jayna Klatzker, LICSW
 - Jessica Peipock, LICSW
 - Laurie Thornton, MA, CAGS, LMHC
 - Wilder Therapy and Wellness
- Two specialty practices
 - Rhode Island Nutrition Therapy
 - R.I. Women's Health & Midwifery

If you would like to become a BCBSRI LGBTQ Safe Zone certified practice, please contact Susan Walker, provider relations manager, at (401) 459-5381 or susan.walker@bcbsri.org.



PBF 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 Courtney Reger, RN, BSN, quality management analyst at (401) 459-2763 or courtney.reger@bcbsri.org.

P CPT® Category II Codes

Did you know that the use of CPT® Category II Codes can close gaps in care, as set forth by the National Committee for Quality Assurance? While CPT® category 2 codes are not reimbursed by BCBSRI, submission of these codes will greatly **reduce the HEDIS medical record review burden on your practice** by closing gaps in care through claims data. We have attached [a list of relevant CPT® Category II Codes](#). These codes can be submitted effective immediately and can even be used for claims with older dates of service. If you have any questions, please contact your Provider Relations representative or email ProviderRelations@bcbsri.org.

PF September is Child Obesity Awareness Month

The Centers for Disease Control reports that in the past 30 years obesity has doubled in children and quadrupled in adolescents. Obesity predisposes children to a host of chronic illnesses and potentially debilitating conditions, such as type 2 diabetes, hypertension, cardiovascular disease, arthritis, certain cancers, and stroke. Several of BCBSRI's quality measures are aligned to track clinical care focused on changing activity and nutrition habits for children and their families.

The HEDIS measure for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) looks for documentation and evidence of counseling for both nutrition and physical activity in children and teens ages 3 to 17. The counseling you provide as clinicians counts toward this measure and can help encourage families with children to benefit from increased activity, better nutrition, and weight loss.

The following table contains additional details:

<p>BMI percentile documentation</p>	<p>Documentation must include height, weight and BMI percentile during the measurement year.</p> <p>Either of the following meets this criteria:</p> <ul style="list-style-type: none"> • BMI percentile • MBMI percentile plotted on age-growth chart. 	<ul style="list-style-type: none"> • Services may be rendered during a visit, other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit. • Services specific to an acute or chronic condition do not count toward the "counseling for nutrition" and "counseling for physical activity" indicators. <p>Suggestions for documenting nutrition counseling:</p> <ul style="list-style-type: none"> • Current nutrition behaviors (e.g., appetite or meal patterns, eating and dieting habits)
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		<p>Suggestions for documenting physical activity counseling:</p> <ul style="list-style-type: none"> • Physical activity counseling • Current physical activity behaviors (e.g., exercise routine, participation in, or an exam for, sports activities)
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If your practice has an electronic health record (EHR), please ensure it is calculating and recording BMI percentile, after entering the patient’s height and weight. In many +EHRs, this is a function that needs to be turned on, in order to calculate BMI percentile. In practices routinely performing well on these measures, the clinical workflow includes obtaining and documenting a BMI percentile at every visit, including sick visits. Practices with access to our population health registry can proactively monitor their patients’ information for this measure and can enter information to close gaps in care, as well.

In addition to provider-centered measures, BCBSRI also maintains philanthropic programs to combat the health issue of childhood obesity. BlueAngel Community Health Grants support several community organizations working to create a healthier Rhode Island. You can read more about past grant recipients and how to get involved by clicking [here](#).

Osteoporosis management in women who've had a fracture

The HEDIS measure for Osteoporosis Management in Women Who Had a Fracture 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 2016 results indicate that only 37.35% of eligible female BlueCHiP for Medicare members met these criteria. This score ranks in the 50th national percentile, indicating opportunity for improvement.



We continue to partner with MedXM, a company specializing in heel ultrasounds, a diagnostic test that fulfills this HEDIS 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, along with 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 primary care providers (PCPs) listing their patients who will receive outreach from MedXM. PCPs will also receive a copy of these results to review and file within 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.

B September: Recovery Month

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors National Recovery Month to increase awareness and understanding around substance use and mental health disorders, while celebrating those in recovery. This observance promotes the belief that behavioral health is essential to overall health, by promoting the ideas that prevention works, treatment is effective, and people can enter recovery from substance abuse and mental health disorders.

The theme for this upcoming Recovery Month 2017 is *Join the Voices for Recovery: Strengthen Families and Communities*. This September will mark 27 recovery months and will highlight the achievements of individuals reclaiming their lives in long-term recovery, while honoring the treatment and recovery service providers who help facilitate recovery from addiction.

BCBSRI has many resources available for our members with substance use disorders. In addition to covering traditional treatments for substance use disorders, such as inpatient detoxification and residential treatment, partial hospital programs, and intensive outpatient programs, BCBSRI offers the following innovative services:

- **CODAC Medication Assisted Treatment (MAT) Program** is an outpatient Buprenorphine/Naloxone or Buprenorphine program offered by CODAC, a substance use disorder treatment facility. BCBSRI has partnered with Rhode Island's first Center of Excellence (COE) for the treatment of opioid dependence to provide comprehensive medication-assisted, treatment-related services to BCBSRI Commercial members. The program offers structured and intensive treatment, including medication-assisted treatment, such as Suboxone. The program also offers nursing, counseling, and case management services, which can ultimately lead to one entering into and maintaining recovery in a less intensive treatment program.

If you wish to refer someone to this program, please contact CODAC directly at (401) 461-5056.

- **Butler Hospital's Ambulatory Detoxification Program** is an outpatient for members who do not meet criteria for inpatient detox, but still require structured supports, as they may still be at high risk for relapse and higher utilization. To help meet the needs of this population, Butler Hospital offers outpatient detoxification services those deemed able to benefit from medically safe, ambulatory withdrawal management from alcohol, heroin, opioids, or other prescription medications.

In addition to supports typically found in a detox program, Butler Hospital's program includes a Peer Recovery Coach, who will engage the member while in the program and will conduct follow-up calls up to 30 days post-discharge, ensuring the member remains well-supported.

Patients must have transportation to-and-from their homes and must have a supportive home environment and no medical or psychiatric conditions requiring an inpatient level of care. The program requires prior authorization through Beacon Health Options.

If you wish to refer someone to this program, please contact Butler Hospital Intake at (401) 455-6223.

- **Peer Recovery Coaches** BCBSRI is piloting a program through Anchor Recovery and The Providence Center that will provide an opportunity for Commercial members with substance use disorders to work with a peer recovery coach. 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. Peer Recovery Coaching is a SAMHSA-recognized tool that facilitates recovery and reduces healthcare costs.

To learn more about Anchor Recovery visit: www.anchorrecovery.org. To learn more about the Peer Recovery Coach program, please contact Sarah Fleury, LICSW, CPHQ, lead behavioral health clinical program specialist, by calling (401) 459-1384 or emailing sarah.fleury@bcsri.org.

Behavioral Health

- **HealthPath and HealthPath Connect**

Through a partnership among BCBSRI, Continuum, and Care New England, HealthPath is an innovative program designed to provide BCBSRI members with comprehensive behavioral health services. The program highlights the benefits of team-based care, delivered by a multidisciplinary team of psychiatrists, nurses, independently licensed clinicians, peer support specialists, and substance abuse specialists. This team provides individualized office, home, or community-based services, depending on the patient's identified needs. HealthPath offers clients access to range of services, including:



- Psychiatric care
- Counseling
- Case management
- Health and wellness care
- Life skills support, including vocational and educational training
- Medication management
- Transportation to-and-from medical appointments, as needed
- Flexible appointment scheduling.
- Weekend and holiday emergency care.

These services are intended to assist members struggling with behavioral health conditions to reach their highest level of functioning through a coordinated and individualized treatment approach. Additionally, the program HealthPath Connect offers members the same array of services as HealthPath, but is intended for members who may need less intensive or less frequent services.

If you have a patient that you believe would benefit from HealthPath or HealthPath Connect, please contact Continuum Behavioral Health at (401) 415-8868 to schedule an intake appointment. Patients who present at intake and do not meet eligibility criteria will be referred to appropriate providers.

How do I connect a patient to Behavioral Health services?

The behavioral health system can be overwhelming and confusing for your patients to navigate. As BCBSRI continues to expand our continuum of services for behavioral health, we realize that providers may have questions regarding the types of services available for their patients.

There are several ways to learn more about our behavioral health benefits and services:

- *The Provider Call Center* (401) 274-4848 or 1-800 230-9050 can answer questions regarding a member's benefits, including member liability for services. They can also assist if you're simply looking for a participating behavioral health provider. You can reach the Provider Call Center by calling (401) 274-4848 or 1-800-274-4848. You may also obtain information online, including a list of behavioral health providers at bcsri.com.
- *The Beacon Health Options (Beacon) Clinical Referral Line* is available 24/7 and is answered by clinical behavioral health staff. The clinical referral line can assist you in identifying a behavioral health provider and can offer support and guidance, as well. While the clinical referral line should not be used if there is concern of someone being in imminent danger, it can be used as a first point of contact in non-emergency situations. The clinician, who may be a registered nurse, independently licensed social worker, or a mental health counselor, will ask questions to get a better understanding of your patient's needs. The clinician will provide you with information about services that are available and will offer the names and contact information of appropriate providers. You can contact the Clinical Referral Line at: 1-800-274-2958. You may also share this number with your patients, should they prefer to contact Beacon Health Options themselves.

Behavioral Health

- **Beacon Health Options Intensive Case Management Program** can assist your patients in effectively managing their behavioral health conditions. Independently licensed behavioral health clinicians will work with your patient to:
 - Understand barriers preventing them from getting the most out of, or obtaining, their recommended treatment.
 - Find and obtain the services, resources, education and supports needed to better manage their behavioral health condition(s).
 - Coordinate care with other providers to ensure both you and your patient have the necessary information to administer optimal care and support.
 - Ensure they understand which medications they should be taking, along with what instructions must be followed.

To refer a patient to Beacon Health Options Case Management Program, please call 1-800-274-2958, press option 3, then option 1.

You may also use our automated referral form at bcbsri.com by following 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!

Pharmacy

In August 2016, Prime Therapeutics, LLC (Prime), BCBSRI's pharmacy benefits manager and mail order pharmacy announced a long-term relationship with Walgreens. Both companies have come together to create a central specialty pharmacy and mail service company jointly owned by Prime and Walgreens. This new company will be the third largest specialty pharmacy in the U.S. and the fourth largest mail pharmacy. Walgreens Mail Service is an industry leader in health care customer service, so members will continue to receive the same great level of service from PrimeMail by Walgreens Mail Service, as they do with PrimeMail.

The transition from PrimeMail to PrimeMail by Walgreens Mail Service will be effective on September 30, 2017. This transition will be seamless to members, in that their existing refillable mail order prescriptions will automatically transfer to PrimeMail by Walgreens Mail Service. However, members will need to update their payment information. Members currently using PrimeMail will receive a series of communications to assist them with steps required to update their payment information. A few things to keep in mind, as this new development gets underway:

- If a member does not proactively update their payment information, they will be prompted to do so when calling or submitting online.
- When calling for a refill, members will be automatically routed to a call center for assistance in updating payment information.
- When refilling online, members will follow the current links and will be automatically directed to update their payment information with PrimeMail by Walgreens Mail Service.

Additionally, please be advised that expired orders, as well as orders for controlled substances and orders with no refills remaining, will not transfer. Member communications will be available in early September. You may send prescriptions electronically, or you may fax a prescription request to PrimeMail by Walgreens Mail Service at 1-800-332-9581.

A summary of formula changes is routinely updated online and can be found by clicking [here](#).

Claims

PBF Important reminder for laboratory, imaging, durable medical equipment, and home infusion providers regarding ordering provider information

As of September 1, 2017, BCBSRI now requires providers to report the name and the Type 1 National Provider Identifier (NPI) of the ordering provider on the CMS-1500 claim form, or via electronic submission. The name of the ordering provider should be reported in box 17, and the Type 1 NPI should be reported in box 17b. When the ordering provider is also the performing provider, as is often the case with in-office clinical labs such as a urine dipstick, the performing provider should enter his or her information in boxes 17 and 17b. For electronic submitters, the Type 1 NPI of the ordering/referring provider must be in the 2310A Loop, NM109 segment.

When a service is incident to the service of a physician or non-physician practitioner, the name of the person who performs the initial service and orders the non-physician service must appear in box 17.

Missing or incomplete information will result in a claim being rejected back to the provider.

1500
HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE **MEDICAID** **TRICARE** **CHAMPVA** **GROUP HEALTH PLAN** **FECA** **OTHER** **PICA**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **3. PATIENT'S BIRTH DATE** MM | DD | YY **SEX** M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial) **5. PATIENT'S ADDRESS** (No., Street) **6. PATIENT RELATIONSHIP TO INSURED** Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street) **8. PATIENT STATUS** Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) **10. IS PATIENT'S CONDITION RELATED TO:** a. OTHER INSURED'S POLICY OR GROUP NUMBER YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER **12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. **13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First symptom) OR **INJURY** (Accident) OR **PREGNANCY** (LMP) MM | DD | YY **15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE** MM | DD | YY **16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION** FROM MM | DD | YY TO MM | DD | YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE **17a.** Name **17b.** NPI **18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES** FROM MM | DD | YY TO MM | DD | YY **19. RESERVED FOR LOCAL USE** **20. OUTSIDE LAB?** YES NO **\$ CHARGES**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) **22. MEDICAID RESUBMISSION CODE** **23. PRIOR AUTHORIZATION NUMBER**

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.		
A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. PLACE OF SERVICE		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS		F. \$ CHARGES		G. DUES OR FEES		H. NET AMOUNT PAID		I. BALANCE DUE		J. RENDERING PROVIDER ID #		K. NPI		L. NPI		M. NPI		N. NPI		O. NPI			
1																															
2																															
3																															
4																															
5																															
6																															

25. FEDERAL TAX I.D. NUMBER **SSN** **EIN** **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** YES NO **28. TOTAL CHARGE** \$ **29. AMOUNT PAID** \$ **30. BALANCE DUE** \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) **32. SERVICE FACILITY LOCATION INFORMATION** a. NPI b. NPI **33. BILLING PROVIDER INFO & PH #** ()

SIGNED _____ DATE _____

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

PBF The Medicare National Correct Coding Initiative

BCBSRI follows the Medicare National Correct Coding Initiative (NCCI). NCCI was implemented to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. Please review the [June](#) edition of Provider Update for important coding guidelines.

As a reminder, it is important to understand that the National Correct Coding Initiative (NCCI) edits do not include all possible combinations of correct coding edits or types of the unbundling edits that exist. Still, providers are obligated to code correctly, even if claims edits do not exist to prevent the use of an inappropriate code combination. It is recommended that providers verify the existence of an NCCI edit prior to claim submission. Claims can be subject to pre-pay and post-pay audit, as well as possible recoveries.

During a recent claim review on Integumentary related services, we noted a high volume of claims being filed with Modifier 59, Distinct Procedural Service, and Modifier 25, a significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service. The Office of Inspector General has estimated that the projected error rate for claim lines billed with these modifiers is high, as are both commonly used and commonly abused.

Please consult below for important correct coding guidelines to be kept in mind when submitting claims for Integumentary related services:

If a procedure has a global period of 000 or 010 days, it is defined as a minor surgical procedure. In general, evaluation and management (E&M) services on the same date of service as the minor surgical procedure are included in the payment for the procedure. The decision to perform a minor surgical procedure is included in the payment for the said procedure and should not be reported separately as an E&M service. If a minor surgical procedure is performed on a new patient, the same rules for reporting E&M services apply. That a patient may be “new” to a provider is not sufficient to justify reporting an E&M service on the same date of service, as a minor surgical procedure. All procedures include pre-intra and post-procedural work that is inherent in the procedure; providers must not report an E&M service code for this work. Relevant examples of the work descriptor for CPT Code 11100 – Biopsy of Skin lesion include the following:

- *Preoperative Work:* Prior to biopsy of a lesion, obtain a pertinent history from patient to include previous skin cancer, prior treatment history, sun protection history, etc. Discussion with the patient should include: indication for a biopsy procedure, risks, benefits, description of biopsy procedure method, and expected results. The patient informed consent is obtained and staff is advised for the preparation of the patient and necessary anesthetic, supplies, and instrument tray preparation.
- *Intra-Service Work:* Inspection and palpation of the lesion are performed to assess the depth and to select a most representative site to obtain a specimen. Cleanse biopsy site with suitable antiseptic; inject appropriate local anesthetic; apply sterile drapes; obtain skin specimen with a scalpel, skin punch, or suitable instrument depending on depth and amount of tissue needed. Collect specimen in labeled formalin container. Undermine wound edges as needed to facilitate repair. Suture to approximate wound edges, or achieve hemostasis with pressure, chemical, or electrocautery, or application of topical hemostatic agents. Apply an antibiotic ointment and sterile dressing.
- *Postoperative Work:* Instruction of patient and/or family on postoperative wound care, dressing changes, and follow-up. Patient should be advised on how to recognize significant complications, such as bleeding, or allergic reaction(s) to antibiotic ointment or adhesive dressings. Patient should be advised as to when and how their results will be available and communicated to them, along with the completion of medical records, and communication of results to referring physician, as appropriate.

Claims

A significant and separately identifiable E&M service unrelated to the decision to perform the minor surgical procedure is separately reportable with modifier 25. The E&M documentation must support that the E&M service was above and beyond the procedure and, upon review, must stand on its own merit to support the level of service reported. HCPCS/CPT codes define different types of removal codes, such as destruction (e.g., laser, freezing), debridement, paring, cutting, shaving, or excision. Only one removal HCPCS/CPT code may be reported for a lesion. If multiple lesions are included in a single removal procedure (e.g., single excision of skin containing three nevi), only one removal HCPCS/CPT code may be reported for the procedure. If a removal procedure is begun by one method but is converted to another method to complete the procedure, only the HCPCS/CPT code describing the completed procedure may be reported.

From an NCCI perspective, the definition of different anatomic sites includes different organs, different anatomic regions, or different lesions in the same organ. If multiple lesions are removed separately, it may be appropriate, depending upon the code descriptors, to report multiple HCPCS/CPT codes utilizing anatomic modifiers or modifier 59 to indicate different sites or lesions. The medical record must support the appropriateness of reporting multiple HCPCS/CPT codes with these modifiers.

The HCPCS/CPT codes for lesion removal include the procurement of tissue from the same lesion by biopsy at the same patient encounter. CPT codes 11100-11101, biopsy of skin, subcutaneous tissue and mucous membrane, should not be reported separately. If the entire lesion is removed; only a removal code should be submitted. An example of this would be if a lesion is removed and a biopsy is obtained from that lesion, the biopsy is not separately reimbursable unless under specific circumstances.

If the biopsy is performed on a separate lesion, it is separately reportable. This situation may be reported with anatomic modifiers or modifier 59. If the biopsy is performed on the same lesion on which a more extensive procedure is performed, it is separately reportable only if the biopsy is utilized for immediate pathologic diagnosis prior to the more extensive procedure, and the decision to proceed with the more extensive procedure is based on the diagnosis established by the pathologic examination. If a single lesion is biopsied multiple times, only one biopsy code may be reported with a single unit of service. If multiple lesions are non-endoscopically biopsied, a biopsy code may be reported for each lesion appending a modifier indicating that each biopsy was performed on a separate lesion. If it is medically reasonable and necessary to submit multiple biopsies of the same or different lesions for separate pathologic examination, the medical record must support the precise location and separate nature of each biopsy.

Examples of this include: a provider performing a biopsy of the lip (40490) would not also report a biopsy of skin, subcutaneous tissue and mucous membrane, including simple closure, unless otherwise listed as a single lesion (11100). When performed at the anatomic site and at the same patient encounters. Therefore, CPT codes 40490 and 11100 are mutually exclusive of each other.

Lesion removal may require closure (simple, intermediate, or complex), adjacent tissue transfer, or grafts. If the lesion removal requires dressings, strip closure, or simple closure, these services are not separately reportable. Thus, CPT codes 12001-12021 (simple repairs) are integral to the lesion removal codes. Closure/repair of a surgical incision is included in the global surgical package except as noted below. Wound repair CPT codes 12001-13153 should not be reported separately to describe closure of surgical incisions for procedures with global surgery indicators of 000, 010, 090, or MMM. Simple, intermediate, and complex wound repair codes may be reported with Mohs surgery (CPT codes 17311-17315).

The CPT Manual instruction under "Excision - Benign Lesions," for example, states that the excision includes simple closure. Therefore, the procedure described by the column one CPT code 11403 ("Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm") includes the procedure described by the column two CPT code 12001 ("Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5cm or less"). CPT code 12001 is bundled into CPT code 11400.

Contracting & Credentialing

PBF Requirement to refer members to in-network providers for all BCBSRI products

As a BCBSRI-contracted provider, you have an obligation to coordinate member care with contracted, in-network providers. This includes services, such as durable medical equipment, radiology, behavioral health providers, and clinical laboratory and pathology services.

The following laboratories are not participating providers with BCBSRI:

- Lehigh Valley Toxicology
- Mercy Diagnostics
- Total Toxicology
- U.S. Lab & Radiology, Inc.
- Quest

Before you establish a referral relationship, please confirm that the provider currently participates in the BCBSRI network. You can confirm participation by checking the status of providers on BCBSRI's [Find a Doctor](#) tool.

Policies

PF Policies recently reviewed for annual update

The following policies were recently reviewed for annual update. To view the full of these policies click [here](#):

- Prolotherapy
- Tumor Treatment Field Fields Therapy for Glioblastoma
- Autologous Chondrocyte Implantation (ACI)
- Bronchial Valves
- Electronic Health Record Payment
- First-Trimester Detection of Down Syndrome Using Fetal Ultrasound Markers Combined with Maternal Serum Assessment
- Hyperthermia for Cancer Therapy
- Meniscal Allograft Transplantation and Collagen Meniscus Implants
- Minimally Invasive Intradiscal and Annular Procedures for Back Pain
- Paraspinal Surface Electromyography (SEMG), to Evaluate and Monitor Back Pain
- Preventive Services for Commercial Members
- Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization
- Transvaginal and Transurethral Radiofrequency Tissue Remodeling for Urinary Stress Incontinence
- Varicose Veins

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

PBF New Policies

The following new policies were created and are ready for review. Effective dates vary, so please review the full text of these policies in the Provider section of bcbsri.com, located under the Medical Policy heading:

- [Nerve Graft with Radical Prostatectomy](#) – Not medically necessary
- [Sphenopalatine ganglion blocks for Headache](#) – Not medically necessary
- [Cerliponase Alfa \(Brineura\)](#) – Preauthorization
- [Edaravone \(Radicava\)](#) - Preauthorization

PBF BlueCHIP for Medicare national and local coverage determinations policy

BCBSRI must follow CMS guidelines for national coverage determinations (NCD) or local coverage determinations (LCD). Therefore, policies for BlueCHIP for Medicare may differ from policies for Commercial products. In some instances, benefits for BlueCHIP for Medicare may be greater than what is allowed by CMS.

In the absence of an applicable NCD, LCD, or other CMS-published guidance, BCBSRI will apply policy determinations developed using peer-reviewed scientific evidence. BCBSRI will continually review NCD and LCD updates and implement appropriate policy changes.

Due to the ongoing effort to follow CMS NCDs and LCDs, many BCBSRI policies are now applicable to Commercial products only. In these instances, please refer to the BlueCHIP for Medicare National and Local Coverage Determinations policy for further information on coverage for BlueCHIP for Medicare.

PBF Stereotactic Body Radiation Therapy

The medical coverage criteria for Stereotactic Body Radiation Therapy (former title: Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy) has been updated for BlueCHIP for Medicare and Commercial products. Prior authorization continues to be required for stereotactic body radiation therapy for BlueCHIP for Medicare and recommended for Commercial products and is obtained via the online tool for participating providers. Please click [here to read the full text of this policy](#).

PF Update to CPT 69209

Effective November 1, 2017, CPT code 69209 — Removal impacted cerumen using irrigation/lavage, unilateral will be covered but not a separately reimburse service. CPT 69210 — Removal impacted cerumen requiring instrumentation, unilateral continues to also be covered but not a separately reimbursed service. This change is BlueCHIP for Medicare and Commercial products.

PF Removal of non-covered implantable devices

Effective October 1, 2017, the removal of vagus nerve blocking therapy stimulation devices (CPT codes 0314T and 0315T) will require prior authorization for BlueCHiP for Medicare and Commercial products. Please see the [full text of this policy](#). The service and the corresponding CPT code(s) can also be found in the [Preauthorization via Web-Based Tool for Procedures policy](#).

PF Speech therapy

Effective for services on or after January 1, 2018, preauthorization will no longer be required or recommended for speech therapy services. This change is for BlueCHiP for Medicare and Commercial products. Please see the [full text of this policy](#).

PF Important reminder regarding modifiers GO and GP

A recent claims review noted that many providers, including those in Chiropractic care, were not filing claims for physical and occupational services with the applicable HCPCS level II modifier. As a reminder, an article was published in the July 2013 issue of Provider Update stating this policy became effective on September 1, 2013:

To ensure correct claims processing for all BCBSRI products, claims filed for occupational therapy, physical therapy, and speech therapy must have the applicable HCPCS level II modifier appended to the claim, effective September 1, 2013.

For the full text of Physical and Occupational and Chiropractic Services policies, please click [here](#).





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