

# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

**August 2017**

*Blue Cross & Blue Shield of Rhode Island (BCBSRI) has committed to making healthcare affordable and simple for Rhode Islanders. One way we are doing this is through product and plan design. This fall, as an example of our commitment, we will expand our role within the New England Health Plan (NEHP) by offering BlueCHiP regional plans, effective October 1, 2017.*

Our NEHP offerings—Network Blue New England and Blue Choice New England—are a suite of regionally coordinated managed care plans that are part of our BlueCHiP family, providing network options across five New England states. Our members will be able to choose and use a Blue Cross and Blue Shield network provider or hospital in Connecticut, Maine, Massachusetts, New Hampshire, or Rhode Island. And, like our other BlueCHiP products, members will choose a primary care provider (PCP) to help coordinate their care with specialists.

Many of you may already be familiar with NEHP, having cared for patients whose health plan originated in another New England state. Starting October 1, 2017, members will be required to complete a PCP selection process, which will help advance our efforts in refocusing initial care to those working in the area of primary care. This means that the relationship between member and PCP will already be established as a function of healthcare, which will enable providers to deliver the highest quality services when treating and referring patients in cost-effective ways.

You can learn more about our new NEHP plans and how they may impact your practice at one of our upcoming educational webinars. The webinars will be held on Wednesdays, from noon to 1:00 p.m., throughout September. Below is the complete schedule:

- Wednesday, September 6
- Wednesday, September 13
- Wednesday, September 20
- Wednesday, September 27

To register for one of the webinars, please [register online](#), email [bcbsriwebinar@bcbsri.org](mailto:bcbsriwebinar@bcbsri.org), or call Provider Relations at (844) 707-5627. You can also call Provider Relations if you have any questions about our new product offering.

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



## Contents

|                    |     |                         |   |                                   |     |
|--------------------|-----|-------------------------|---|-----------------------------------|-----|
| BCBSRI Update..... | 2-3 | Behavioral Health ..... | 5 | Contracting & Credentialing ..... | 6   |
| Quality .....      | 4   | Claims .....            | 6 | Policies .....                    | 7-9 |

# BCBSRI Update

## **PBF** Healthcare affordability and high-value care

Blue Cross & Blue Shield of Rhode Island (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 a healthcare data analytics vendor, RowdMap. They will assist us in analyzing publicly available data from the Centers for Medicare and Medicaid Services, along with our own claims data, to identify high-performing providers delivering high-value care.

We are holding monthly webinars 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, September 7 – noon to 1:00 p.m.
- 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 our informative webinars, as they offer providers the opportunity to learn more about what constitutes high-value care. They are also opportunities to familiarize yourself with our strategy around specialist utilization as well as readiness for alternative payment models.

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

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

## **PBF** BlueLine unavailable from September 15 to October 27

BlueLine, our automated response system for member eligibility, benefit information, and claims status inquiries, will be temporarily unavailable from September 15, 2017 to October 27, 2017. During this time, please use the self-service options available on [bcbsri.com](http://bcbsri.com).

If you have any questions, please contact the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050, Monday through Friday, 8:00 a.m. to 4:30 p.m.

## **PBF** Suspect something “phish”y

Phishing is an attack, usually through email, that is designed to trick recipients into providing personal and sensitive information to unsafe sources. It can also include spreading malicious software, known as malware. Phishing often originates from known sources where there is an established online relationship, such as friends, banks, or retail stores.

Here's what to look out for:

- Emails claiming to be from a legitimate company, yet look like they come from a personal email address.
  - TIP: Check to see if the email is being sent to people you don't know or work with.
- Emails with a strong sense of urgency that that require “immediate action.”
  - TIP: Legitimate companies will never ask for your personal information through email. Exercise caution

when receiving any email requiring immediate action, especially if you have no previous experience with the sender.

- Only click on emails, attachments, or links that you are expecting.
  - TIP: Hover your mouse over the link to see the true webpage destination.

### **Be safe online**

When being safe online, keep in mind these four great tips:

1. Update and protect all of your passwords.
2. Keep your laptop secure when unattended.
3. Use secure network drives to organize and store files, rather than your desktop.
4. Don't allow access to your computer without proper protocols.

# BCBSRI Update

## **PBF** Important: Update your practice information!

We are committed to ensuring that the information included in our Find a Doctor tool is accurate and up-to-date. That's why we are conducting quarterly validation by contacting provider offices directly.

BCBSRI conducts quarterly fax-based validation and attestation of provider practice information for the information we currently have displayed in our Find a Doctor tool. The next quarterly validation takes place in September 2017. When you receive this fax, please review and make any needed updates. It's important to note if the location included is where a patient can make an appointment to see the provider (this is a CMS requirement) and whether the provider is accepting new patients (also a CMS requirement).

Once you've reviewed, please make the appropriate changes, check the "attestation" box, and fax it back to us as soon as possible. Even if the information is accurate, you are expected to check the attestation box and return the form. If you have questions about our verification efforts, please email [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org). Thank you for your assistance.



## PF Tips and tricks for HEDIS

The following tips will aid you in optimizing your HEDIS performance and ultimately increase the quality of care your patients receive:

- **PCP Quality Incentive Program** – For primary care providers, familiarize yourself with BCBSRI's [2017 PCP Quality Incentive Program](#). Learn how you can report compliance in a variety of ways:
  - Maximize coding through claims. Refer to the CPT Category II Code guide or the PCP Quality Incentive Program booklet.
- **Medical records requests** – BCBSRI strives to minimize provider disruption by coordinating HEDIS and risk adjustment medical record requests, whenever possible. No special request or patient authorization is needed.
- **Colorectal cancer screening** – Document in medical records any discussion in regards to this topic, follow up on referrals, and educate the patient on alternatives to a colonoscopy.
- **Controlling high blood pressure** – Take two blood pressure readings during visits to ensure that patients with a high reading are rechecked at the time of service. Ensure all documentation is legible.
- **Comprehensive diabetes** – All patients with diabetes should have a minimum of one hemoglobin A1C test per calendar year and one nephropathy screening. Reach out to non-compliant patients or leverage acute visits to address the importance of these diabetic screening tests. Also, follow up on referrals for diabetic eye exams. Educate patients that a dilated exam is not always necessary. Lastly, be sure to document any discussion in the medical record. For example, "the patient declines due to inconvenience or cost."
- **Medication reconciliation post-discharge** – Schedule a follow-up office visit within 30 days of discharge of all inpatient admissions, and document medication reconciliation or review in the medical record. A telephonic review of medications is acceptable but it must be:
  - Listed in the medication record.
  - Signed with the clinician title.
  - Performed by a provider with prescribing authority, a registered nurse, or a clinical pharmacist.Submit CPT Category II code 1111F when medication reconciliation is performed.
- **Adult BMI assessment** – Ensure that BMI is captured at a minimum annually—even if taken at an acute visit. Clearly document in patient medical record. Outreach with patients who have not been seen in the last two years.
- **Cervical cancer screening** – Clearly document hysterectomies within the medical record, such as "Total hysterectomy," "Absence of cervix," or "PAP no longer needed."
- **Prenatal and postpartum care** – Schedule a postpartum visit within 21 to 56 days after delivery. This is important, including for women who have undergone C-sections. An incision check seven to 10 days after delivery does not meet the intent of this measure.

We thank you for all your cooperation during the HEDIS season and all year long!

# Behavioral Health

## **B Behavioral health provider updates**

BCBSRI recently updated its administrative policies for participating providers, including behavioral health providers. These policies address access standards for BCBSRI members, including a minimum average practice requirement of 20 hours per week. Minimum practice requirements are in place to ensure effective coordination of care for our members. All providers shall make necessary arrangements to assure the availability of care to members on a 24/7 basis, including coverage by another physician or provider.

Additionally, the following standards must be adhered to:

- Return of phone calls on the same day, if triaged by office staff. Off-hours calls must be returned within one hour. Calls from an emergency room must be returned in 30 minutes.
- Emergent care must be provided immediately or referred as medically appropriate.
- Urgent care must be triaged or provided within 24 hours.
- Routine care appointments for behavioral health must be provided within 10 business days.

These standards are in place to ensure that the network is able to support our members when they need care.

## **B Beacon Health Options**

Please be advised that our behavioral health partner, Beacon Health Options, is in the process of updating their behavioral health medical necessity criteria effective November 1, 2017. The link to Beacon's updated criteria, inclusive of ASAM, NCD/LCD for Medicare, and the proprietary criteria, will be available for your review in the September edition of Provider Update.



## Claims

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

Effective September 1, 2017, BCBSRI 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 electronic submission. The ordering/referring provider's name 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. Please see the [full text of this policy](#).

### **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.

## 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 members' care with contracted, in-network providers. This includes all services such as clinical laboratory and pathology services, durable medical equipment, radiology, and behavioral health providers.

The following laboratories are not a participating provider with BCBSRI:

- 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. One way to do that is by checking the participation status of providers on our [Find a Doctor tool](#).

## **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:

- Artificial Intervertebral Disc Insertion Lumbar Spine
- After Hours: Special Services, Procedures, and Reports
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
- Implantable Sinus Stents For Postoperative Use Following Endoscopic Sinus Surgery and for Recurrent Sinus Disease
- Mobile Cardiac Outpatient Telemetry (MCOT)
- Pediatric Dental Services – Essential Health Benefit
- Provider Reimbursement for Care Plan Management

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](#) of our Provider page. Once on there, click the drop-down box to sort policies by draft.

## **PBF** BlueCHiP for Medicare national and local coverage determinations policy

BCBSRI must follow the Centers for Medicare and Medicaid Services (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 applicable 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.

## **PF** Intracellular micronutrient analysis

A new policy has been written to document that intracellular micronutrient analysis is not medically necessary. This policy is applicable to BlueCHiP for Medicare and Commercial products. For more information, please see the [full text of this policy](#).

## **PF** Peripheral artery disease rehabilitation

Effective for services performed on or after May 25, 2017, the Center for Medicare and Medicaid Services has determined that the evidence is sufficient to cover supervised exercise therapy (SET) for members with intermittent claudication for the treatment of symptomatic peripheral artery disease. Therefore, these services will be covered when rendered as part of a SET program. The policy has been updated to reflect this change in coverage for BlueCHiP for Medicare members only. The service continues to be not medically necessary for Commercial members. For more information, please see the [full text of this policy](#).

## **PF Progesterone therapy as a technique to reduce preterm birth in high-risk pregnancies**

This policy has been updated to reflect the new HCPCS code for drugs that are effective July 1, 2017. The brand name drug Makena will continue to need preauthorization, and claims must be filed with Q9986. HCPCS code J1725 should not be used for any of the hydroxyprogesterone caproate medications. Claims filed with that HCPCS code will deny as "use alternate code." This change is effective for BlueCHiP for Medicare and Commercial products. For more information, please see the [full text of this policy](#).

## **PF Ophthalmology examinations and refractions: correct coding and benefits adjudication**

Effective November 1, 2017, the Ophthalmology Examinations and Refractions: Correct Coding and Benefits Adjudication Policy has been updated to reflect claims filing requirements. Please see the full text of this policy regarding coding appropriateness of medical examinations and evaluations with initiation/continuation of diagnostic and treatment programs. For more information, please see the [full text of this policy](#).

## **PF Infused multiple sclerosis drugs – alemtuzumab (Lemtrada) and ocrelizumab (Ocrevus)**

The policy-related medical criteria for coverage of alemtuzumab (Lemtrada) has a new title to reflect the medical criteria that has been added for the new drug ocrelizumab (Ocrevus). This title change will allow new infused drugs to be added as they become available. For more information, please see the [full text of this policy](#).

## **PF Mammograms**

The codes G0202, G0204, and G0206 were changed for Commercial products from "use alternate" to "covered and separately reimbursed codes." This change was effective as of January 1, 2017, and claims that previously denied as "use alternate code" will be adjusted to be paid. There were no changes to the codes for BlueCHiP for Medicare, and those codes continue to be covered and separately reimbursed. For more information, please see the [full text of this policy](#).

## **PBF August 2017 CPT and HCPCS Level II code changes**

We have completed our review of the August 2017 Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) code changes. These updates will be added to our claims processing system and are effective August 1, 2017. This list includes codes that have special coverage or payment rules for standard products. Some employers may customize their benefits. We may include codes for services:

- "Not Covered" – This includes services not covered in the main member certificate (e.g., covered as a prescription drug).
- "Not Medically Necessary" – This indicates services where there is insufficient evidence to support.
- "Subject to Medical Review" – Preauthorization is recommended for Commercial products and required for BlueCHiP for Medicare.

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

Please note that as a participating provider, it is your responsibility to notify members about non-covered services prior to rendering them.

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

## **PF** CPT Updates

### **Code Comments**

0006U Not covered for BlueCHiP for Medicare and Commercial products

0007U Not covered for BlueCHiP for Medicare and Commercial products

0008U Not medically necessary for BlueCHiP for Medicare and not covered for Commercial products

0009U Subject to medical review for BlueCHiP and Commercial products

0010U Not medically necessary for BlueCHiP for Medicare and Commercial products

0011U Not medically necessary for BlueCHiP for Medicare and Commercial products

0012U Not medically necessary for BlueCHiP for Medicare and not covered for Commercial products

0013U Not medically necessary for BlueCHiP for Medicare and not covered for Commercial products

0014U Not medically necessary for BlueCHiP for Medicare and not covered for Commercial products

0015U Not covered for BlueCHiP for Medicare and Commercial products

0016U Subject to medical review for BlueCHiP for Medicare and Commercial products

0017U Subject to medical review for BlueCHiP for Medicare and Commercial products