

# provider update

**P=Professional**

**B=Behavioral Health**

**F=Facilities**

**February 2018**

Like many other states, Rhode Island is facing a crisis in behavioral healthcare that includes mental health and substance use disorders. Blue Cross & Blue Shield of Rhode Island (BCBSRI) is tackling the unique challenges related to behavioral healthcare head-on. We're partnering with providers and community leaders to improve access to quality, affordable healthcare, including care that addresses substance use disorders, which may contribute to behavioral health challenges.

But first, it's important to tackle this issue with an understanding of the need and a good place to start is the 2014 Truven Analytics Report, which was commissioned by the state. The report shed light on the cost, demand, and availability of behavioral healthcare statewide. And, what the report found was alarming.

Rhode Island's adults had the highest rate of psychiatric general hospital admissions in the nation. Additionally, 24 percent of adults received mental healthcare, which is 9 percent higher than the national average. Yet, 7 percent of Rhode Island adults had a perceived unmet mental healthcare need, compared with 4.6 percent nationally. The report also observed that Rhode Island's rate of illicit drug use and dependence—3 percent—was nearly double the national average. All of this is reflected in the more than \$813 million our state spent on behavioral healthcare in 2013 alone.

So what is BCBSRI doing to address this? We've developed programs and have partnered on initiatives designed to facilitate access to evidence-based care in a variety of settings and at the level needed. A consistent focus is to make sure we remove financial and other barriers to seeking treatment. Some of our specific collaborative efforts include:

- HealthPath: A team-based, coordinated home and community-based treatment approach.
- Mindful Teen: Collaborating with Bradley Hospital to provide treatment to high-risk adolescents through Dialectical Behavior Therapy.

- Eating Disorders: Working with Be Collaborative to offer a comprehensive intensive outpatient program.
- Medication-Assisted Treatment (MAT): Partnership with Roger Williams Medical Center's Addiction Services Center to ensure timely, reliable access to MAT.
- Peer Recovery Coaching: Partnership with Anchor Recovery Center to offer coaches with no member cost sharing.
- Butler Hospital Ambulatory Detoxification Program: Partnership with Butler Hospital to fill a gap in the treatment continuum (features peer recovery coaching).
- Pharmacy/PCMH: BCBSRI-funded pharmacists embedded within patient-centered medical homes.
- Our team is also an active participant in state-wide initiatives to address the opioid epidemic and to improve access to behavioral health treatment.

Despite these efforts, we know there is a great deal more that can and must be done. Solutions will only come through partnership and collaboration. We encourage the provider community to share their ideas and build on our combined collaborative efforts to make innovative behavioral health screening and treatment programs available and accessible to Rhode Islanders who need it.

To learn more about BCBSRI's behavioral health and substance use disorders programs and initiatives, please contact our Provider Relations team at [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

Thank you.

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



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# BCBSRI Update



## Everyday ways your patients can prevent the flu



**Katherine Dallow, MD, MPH**  
Vice President, Clinical Affairs

With flu season here, your patients are likely asking about the best ways to keep themselves and their families from getting sick. While a yearly vaccination remains the best way to help prevent the flu, there are everyday actions your patients can take to protect themselves against illness.

Avoiding close contact with those who are sick, covering noses and mouths when sneezing, and keeping commonly used surfaces clean and disinfected are all good ways to prevent the spread of flu-causing germs. But there's one everyday activity that patients can do that is among the most effective: hand-washing.

Thoroughly washing one's hands with soap and water is one of the best ways to help stop the spread of germs that cause the flu. Simply reminding your patients about the benefits of washing their hands at the end of an office visit could make a big difference.

Patients may also be asking about the role hand sanitizer plays in protecting them from flu-causing germs. While hand sanitizer is not a substitute for washing with soap and water, it is better than doing nothing at all. If your patients do use hand sanitizer, recommend that they use a sanitizer containing at least 60% alcohol.

I encourage you to mention to your patients the importance of hand-washing and other everyday activities they can do to help prevent them from getting sick. It only takes a few moments and can help keep us all healthy this season.

For claims filing guidelines for flu vaccines, please refer to BCBSRI's [Influenza & Adult Pneumococcal Immunization Summary Sheet](#). You may also wish to direct your patients to the [CDC's website](#) for more information on how every day actions can help prevent spreading germs that cause the flu.



## Important: Verify your practice information!

BCBSRI regularly conducts quarterly fax-based validation and attestation of provider practice information displayed within our [Find a Doctor tool](#). We contact provider offices directly, via fax, to ensure this information is accurate and up-to-date.

The Centers for Medicare & 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](mailto:ProviderRelations@bcbsri.org).

## **PBF** Hints for HEDIS® (and more)

As part of our ongoing efforts to provide the highest quality healthcare 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 our members, who are your patients. 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, senior clinical quality management analyst, at (401) 459-2763, or email [courtney.reger@bcbsri.org](mailto:courtney.reger@bcbsri.org).

### Comprehensive Diabetes Care (CDC) measure

Effective with HEDIS 2017, the National Committee on Quality Assurance (NCQA) introduced **3072F** as a new CPT® Category II code. Using the code 3072F identifies diabetic eye exams that are negative for retinopathy in the year prior to the measurement year. While CPT Category II codes are not reimbursed by BCBSRI, submission of this code and others will reduce the HEDIS medical record review burden on your practice. Effective immediately, you may begin submitting the code 3072F, including for claims with older dates of service.

The HEDIS CDC measure set includes screening rates for retinal eye exams, HbA1c, blood pressure, medical care for kidney problems, and rates of A1c control in patients with type 1 and type 2 diabetes.

The below table contains practice tips for HEDIS' CDC measures:

<b>Comprehensive Diabetes Care measure</b>	<b>Measure population: Type 1 or 2 diabetes</b>	<b>Tips for success</b>
Hemoglobin A1c testing	An HbA1c test during the measurement year	<ul style="list-style-type: none"> <li>• Pre-visit planning may be useful. For members with upcoming appointments, medical assistants can mail a reminder letter and a lab slip to those due for HbA1c screening and other tests to help increase rates.</li> <li>• Reinforce with members the importance of routine A1c testing, as an indicator of diabetes control and helpful guide for treatment planning.</li> </ul>
HbA1c poor control (>9.0%)	The most recent HbA1c test during the measurement year with a result greater than 9.0%  -or-  a missing result	<ul style="list-style-type: none"> <li>• For this measure, lower rates of poorly controlled members with diabetes are desirable.</li> <li>• Consider Diabetes Disease Management for patients with diabetes.</li> <li>• Consider endocrinology referral for complex or refractory cases.</li> </ul>
HbA1c control (<8.0%)	The most recent HbA1c test during the measurement year with a result less than 8.0%	<ul style="list-style-type: none"> <li>• Reinforce members' achievement of target A1c and its association with lower rates of complications.</li> </ul>

# Quality

<b>Comprehensive Diabetes Care measure</b>	<b>Measure population: type 1 or 2 diabetes</b>	<b>Tips for success</b>
Eye exam (retinal) performed	A retinal eye exam by an optometrist or ophthalmologist in the measurement year  -or-  a “negative for retinopathy” retinal exam by one of the above specialists in the year prior to the measurement year	<ul style="list-style-type: none"> <li>• While not a requirement, the retinal eye exam may include dilation.</li> <li>• Remind patients that diabetic eye disease can be asymptomatic, so routine exams are important for finding and treating problems early.</li> <li>• Use CPT Category II code 3072F, when diabetic retinal screening is negative.</li> </ul>
Medical attention for nephropathy	A nephropathy screening test  -or-  evidence of nephropathy	<ul style="list-style-type: none"> <li>• Dispensation of at least one ACE-I or ARB medication counts as evidence of nephropathy.</li> <li>• Remind patients that like eye disease, diabetic kidney disease may be asymptomatic. Regular tests can detect issues early, when treatment may help delay disease progression.</li> <li>• Pre-visit planning may be useful, when screening tests are due. Have medical assistants note within patient schedules or records that a urine test for microalbumin is needed for members with upcoming appointments.</li> </ul>
BP Control (<140/90 mm Hg)	The most recent blood pressure reading taken during an outpatient visit or during a nonacute inpatient encounter	<ul style="list-style-type: none"> <li>• If the BP is out of range, take another reading during the same visit and document the lowest diastolic and systolic reading from that day.</li> <li>• Discuss the importance of BP control, especially with the additional cardiovascular risks for people with diabetes.</li> </ul>

Beyond these coding resources and tips, BCBSRI offers a Disease Management program directly to its Commercial members with diabetes. Interventions are based on risk stratification. All members identified as low risk will receive a letter introducing them to the program, along with educational materials. A call-in line is also available for additional information or questions.

Diabetic members who are at moderate risk and have gaps in care receive notifications recommending they contact their provider to schedule any necessary screening or testing. Those members stratified as high-risk are offered the opportunity to participate in telephonic health coaching with a BCBSRI registered nurse or registered dietitian. The notification to high-risk members belonging to a patient-centered medical home includes a recommendation to contact the nurse case manager at their PCP’s office for assistance with their diabetes management.

If you have Commercial members who could benefit from the diabetes Disease Management program, please call the BCBSRI Triage Line at (401) 459-2273, or email [triage.group@bcbsri.org](mailto:triage.group@bcbsri.org).

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

## Controlling Blood Pressure (CBP) measure

CBP is both a HEDIS and CMS Stars measure. The following table summarizes HEDIS' 2018 specifications:

<b>Measure</b>	<b>Measure Population: Hypertension adequately controlled</b>	<b>Tips for success</b>
<p>Controlling High Blood Pressure: the percentage of members aged 18-85 who had a diagnosis of hypertension and whose BP was adequately controlled.</p>	<ul style="list-style-type: none"> <li>• Members aged 18-59</li> <li>• BP was &lt;140/90 mm Hg</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Members aged 60-85</li> <li>• Diagnosis of diabetes</li> <li>• BP was &lt;140/90 mm Hg</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Members aged 60-85</li> <li>• No diagnosis of diabetes whose BP was &lt;150/90 mm Hg</li> </ul>	<ul style="list-style-type: none"> <li>• If the BP is out of range take another reading during the same visit and document the lowest diastolic and systolic pressure readings from that day.</li> <li>• HEDIS uses the most recent BP reading recorded in the measurement year, after a diagnosis of hypertension. If there are multiple readings in one visit, the lowest systolic and lowest diastolic pressure can be used for HEDIS.</li> <li>• Be sure to document the number as recorded. The blood pressure reading should not be rounded up.</li> <li>• Be sure to use correct diagnosis codes. Notations of "rule out HTN," "consistent w/HTN," and "possible HTN" are not adequate confirmation of a hypertension diagnosis.</li> <li>• Have sphygmomanometers checked and calibrated annually.</li> <li>• Consider referral to a registered dietician for patients requiring nutritional guidance.</li> </ul>

## Body mass index (BMI) assessment

The Adult BMI Assessment (ABA) and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) are HEDIS measures for NCQA accreditation. The Adult BMI Assessment is also a CMS Stars measure. They require the assessment and documentation of the encounter date, height, weight, and BMI value or percentile, depending on age. A review of HEDIS data showed the most opportunity for improvement in these measures is among practices with no electronic health record (EHR).

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

BCBSRI encourages providers to close gaps in care through the following use of appropriate coding:

- ICD-10CM Codes to Identify BMI (Numerator), Adult BMI Value: Z68.1–Z68.45

## **PB** New intensive outpatient program for eating disorders

BCBSRI is pleased to announce a new agreement with Be Collaborative Care, an outpatient provider specializing in eating disorders. As the only such provider in our Rhode Island network, Be Collaborative Care will offer an intensive outpatient program (IOP) specifically designed to treat eating disorders. Interdisciplinary services provided through the IOP include individual and group therapy, nutrition counseling, and meal support. Be Collaborative Care also offers traditional outpatient therapy and nutritional therapy visits.

To learn more about how Be Collaborative Care's services can assist one of your patients struggling with an eating disorder, please contact them directly at (401) 533-6624.

## **B** Opioid support line: (401) 942-STOP

As the opioid epidemic continues to impact all Rhode Islanders, BCBSRI is spreading the word on what statewide resources and supports are available. The Hope and Recovery Support Line, part of the Prevent Overdose RI/Governor's Taskforce efforts, is available 24 hours a day, seven days a week. Licensed counselors are available to take phone calls to provide support and resources. Please make this number available to your patients who may be impacted by the opioid epidemic.

The support line can be reached by calling (401) 942-STOP (7867).

## **B** Achieve Solutions: Behavioral health resource website for BCBSRI members

Achieve Solutions is a website now available to BCBSRI members through Beacon Health Options, BCBSRI's behavioral health partner and the nation's pre-eminent behavioral health company. This website provides articles, videos, assessments, and webinars that help members learn more about and managing behavioral health conditions.

Providers looking for assistance managing their patients' conditions may also find the website helpful. Providers can share this website with their patients, who are BCBSRI members.

To learn more about Achieve Solutions, please visit their website by clicking [here](#).

## Behavioral Health

### **B** Pediatric Psychiatry Resource Network available to pediatricians

BCBSRI would like to remind our pediatricians that the Pediatric Psychiatry Resource Network (PediPRN) is now available for their use. PediPRN is an innovative model of telephonic consultation and collaboration between pediatric primary care and child psychiatry providers. PediPRN uses a telephonic integrated care model to improve access to quality behavioral health expertise. The service is free and assists all Rhode Island pediatricians with the mental health care needs of their patients.

Pediatricians can call PediPRN with diagnostic or therapeutic questions. PediPRN psychiatrists will return the call within 30 minutes. The team will assist in developing a care plan for children with various psychiatric diagnoses and complex clinical presentations. The care plan could include recommendations for psychopharmacology, therapeutic treatment, and supportive services in the community. The team will also sponsor educational opportunities, via e-blasts and CME programs on pediatric psychiatry topics pertinent to the pediatric community.

PediPRN services are available weekdays from 8:30 a.m. to 5:00 p.m., with the exception of holidays. PediPRN is offered at three Lifespan facilities: Bradley Hospital, Rhode Island Hospital, and Newport Hospital.

Any child or adolescent in Rhode Island is eligible for this free service; however, pediatricians must be registered for PediPRN in advance of use. PediPRN is designed to improve access to high quality pediatric behavioral health services.

For more information, please visit PediPRN's website by clicking [here](#), or by contacting them directly at (401) 432-1KID (1543). You may also email [PediPRN@lifespan.org](mailto:PediPRN@lifespan.org).

## Products & Benefits

### **PBF** Referral requirements for all individual 2018 Medicare Advantage plans

As of January 1, 2018, all seven of BCBSRI's individual Medicare Advantage plans require a member's PCP to generate a web-based referral for specialist office visits. Previously, only BlueCHiP for Medicare Advance members required a referral, but this requirement now applies to all individual BlueCHiP for Medicare members in 2018.

**Please note that Group BlueCHiP for Medicare members are not impacted by this change and do not require a referral.**

Prior to rendering services, PCPs are responsible for generating referrals to specialists and specialists are responsible for ensuring a referral from a PCP is made. Specialist office visits rendered to BlueCHiP for Medicare members without a PCP first making a web-based referral will result in a denied claim and the specialist will be held liable. Additionally, when there is no referral on file, Medicare Advantage members cannot be balance-billed.

Please note that behavioral health services do not require a referral. Here are a few things to keep in mind, when making web-based referrals:

- Web-based referrals are valid for up to 180 days.
- PCPs can retroactively generate a web-based referral within 30 days of the specialist visit\*.
- BCBSRI does not accept paper referrals.
- To determine which patients are enrolled in a referral-based plan, click [here](#) to review which of BCBSRI's products require a web-based referral for specialist visits.
- You can verify medical benefits by logging on to BCBSRI's Provider Portal and going to the Patient Eligibility section. From there, click the Medical Benefits tab, and then select the appropriate Service Category and Service Type.

\*In March, referrals can be retroactively requested up to 90 days from the date the referral is entered.

## Products & Benefits

We encourage you to share our [referral tip sheet](#) with your patients enrolled in the individual BlueCHIP for Medicare plans. There is also a [referral FAQ](#) for BCBSRI providers to reference.

If you have any questions regarding our web-based referral management tool or information on BCBSRI plans and products that require web-based referrals, please call our Physician & Provider Service Center at (401) 274-4848. If out-of-state, please call 1-800-230-9050.

### **PF** Federal Employee Program (FEP) – Skilled Nursing Facility benefits

As of January 1, 2018 the FEP benefit rules for skilled nursing services have been updated. If you have an FEP member in need of skilled nursing services please contact our FEP Call Center at (401) 831-0153 or 1-800-377-4418 to verify benefits and coverage for your patient.

## Claims

### **PBF** Online submission of cross border referrals for New England Health Plan

BCBSRI's [Provider Portal](#) now allows providers to submit cross border referrals for New England Health Plan (NEHP) members to providers in other New England states. To submit a cross border referral, log on to BCBSRI's secure provider portal, and click the 'Preauthorization' icon, located in the left hand navigation bar. From there, follow the steps to submit a cross border referral.

Referrals to BCBSRI participating providers should continue to be submitted through the web-based referral management tool, also found on the Provider Portal.





# Contracting & Credentialing

## **PF** Skilled nursing facility (SNF) pharmacy reimbursement

To ensure successful claims processing of your SNF's pharmacy reimbursement requests, BCBSRI requires specific information be submitted. Relevant information that is not supplied to BCBSRI will result in a claim being sent back to your facility for correction(s).

Upon submission of pharmacy claims, the following documentation is required:

- UB-04 claim form
- BCBSRI's SNF Pharmacy Reimbursement Request Form
  - 11-digit NDC number for each drug
  - Billed NDC units (total quantity administered and provided to member) for each NDC number
  - If you are billing on an interim basis, please include all pharmacy charges for the entire admission on the final interim bill.
  - Only submit claims when medication costs exceed \$75 per day. The per day allowance is established by using an aggregate medication cost for the entire skilled stay. Payment in excess of \$75 will be reimbursed at the lesser of 100% of Medispan's average wholesale price, or the provider's charge.
- Invoice
  - Must include all drugs that are billed for on the UB-04 claim form
  - NDC number(s) and the dollar amount on the invoice must match what is submitted on the UB-04 claim form.

Please click [here](#) to electronically access the SNF Pharmacy Reimbursement Request Form.

Please note that with the exception of insulin, over-the-counter medications are not considered for reimbursement.

If you have any questions regarding this process, please contact the Facility Call Center at (401) 274-3103.

## **PBF** SNF network changes, effective January 1, 2018

BCBSRI is committed to ensuring our members have access to the best care possible. To do this, we regularly evaluate the participation of SNFs within our provider network.

As of January 1, 2018, the following SNFs are no longer participants in BCBSRI's network.

- **Bannister House**, 135 Dodge Street, Providence, RI 02907
- **Oak Hill Health and Rehabilitation Center**, 544 Pleasant Street, Pawtucket, RI 02860
- **Summit Commons Rehabilitation & Healthcare Center**, 99 Hillside Avenue, Providence, RI 02906
- **Wingate at Blackstone**, 353 Blackstone Boulevard, Providence, RI 02906

BCBSRI uses nationally recognized, publicly available data for quality and efficiency to carefully assess which SNFs participate in our provider network.

Those BCBSRI members who received skilled nursing services within the last 90 days from one of these listed facilities will receive written notification of this change in network participation. Members will be notified of this change approximately 30 days in advance.

If a BCBSRI member is residing at one of these facilities and receiving long-term, custodial levels of care, they will receive a phone call from a BCBSRI utilization management nurse informing them of this change.

# Contracting & Credentialing

Members receiving long-term care from one of the above-listed facilities, who leave their residence for treatment in an emergency room or acute setting, may go back to their place of residence for skilled nursing care, regardless of whether a SNF participates in BCBSRI's network. Pending prior authorization, these members will have the same level of coverage and cost sharing, if skilled nursing services are appropriate.

For members who **do not** reside at one of the above-listed facilities, please ensure they are only admitted to facilities participating in BCBSRI's network, after being discharged from a hospital.

To obtain a list of SNFs participating in BCBSRI's network, please click here to use our [Find a Doctor](#) tool, located on [bcbsri.com](#).

## **PF** Network changes for genetic testing laboratories effective January 1, 2018

Please be advised that as of January 1, 2018, Sequenom Laboratories is no longer a participating provider included within BCBSRI's network. Sequenom provides genetic testing, specifically non-invasive prenatal testing (NIPT).

Please click on the following links, if you need to refer a member to genetic testing facility for NIPT.

Other laboratory choices for genetic testing are:

- [Ariosa](#)
- [Counsyl](#)
- [Natera](#)

For more information, please contact [ProviderRelations@bcbsri.org](mailto:ProviderRelations@bcbsri.org).

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

As a BCBSRI-contracted provider, it is your 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.

We want to keep you up-to-date on all BCBSRI in-network developments. As such, the following laboratories **do not** participate within the BCBSRI's network:

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

Before establishing a referral relationship, please confirm that the provider you will be referring members to is contracted within the BCBSRI's network. You can confirm participation by checking the status of providers on BCBSRI's [Find a Doctor](#) tool.

## **PF** Policies recently reviewed for annual update

The following policies were recently reviewed for annual updates:

- Adult and Pediatric Feeding Disorders (formally Pediatric Feeding Disorders)
- Automated Testing Devices
- Care Plan Oversight
- Chelation Therapy for Off Label Uses
- Clinical Trials BlueCHIP for Medicare
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Cosmetic Services/Procedures
- Early Intervention Services
- Endometrial Ablation
- Genetic Testing Services
- Home Births
- Hospital Duplicate Services
- Injectable Fillers
- Locum Tenens
- Microvolt T-Wave Alternans Testing
- Minimally Invasive Surgery for Snoring
- Ophthalmologic Techniques that Evaluate the Posterior Segment for Glaucoma
- Optical Coherence Tomography of the Anterior Eye Segment
- Preauthorization via Web-Based Tool for Durable Medical Equipment (DME)
- Preauthorization via Web-Based Tool for Procedures
- Routine Foot Care and Nail Debridement
- Saturation Biopsy for Diagnosis and Staging of Prostate Cancer
- Semi-Implantable and Fully Implantable Middle Ear Hearing Aid
- Vertebral Fracture Assessment

To view the full text of these policies, please click [here](#).

For your review, we also post monthly drafts of medical policies that are in the process of being created or reassessed. As a reminder, you can provide comments on draft policies for up to 30 days. Draft policies are located on the [Policies page](#) in the Provider section of bcbsri.com. Once there, click on the Medical and Payment icon to view the relevant policy. From there, use drop-down box to sort policies by draft.

## **PF** Medical criteria updates to preauthorization policy

The following updates have been made to the preauthorization policy:

- [Denosumab](#) (Prolia and Xgeva)

## **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** Therapy updates to telemedicine services policy

The Telemedicine Services policy has been updated. With this update, licensed marriage and family therapists and licensed mental health counselors are able to provide telemedicine services. This only applies to Commercial products.

Please click [here](#) to read the full text of this policy.

## **PF** Advance Notice of Noncoverage

The Advance Notice of Noncoverage (ANN) policy has been updated with instructions on the proper use of modifiers GA, GU, and GX, along with the documentation requirements for when these modifiers are used for Commercial products. As detailed in this policy, these modifiers are **not** used for BlueCHIP for Medicare products.

The policy states that an ANN should be given to Commercial members, prior to having services that are non-covered or not medically necessary. If the member decides to proceed with the service, the provider may submit the claim with the appropriate modifier. If it is determined that the modifier was appended to a service that is covered, the claim will pay consistent with the member's benefit. In these situations, the provider is responsible for refunding any monies collected from the member for a covered service.

An ANN is not to be given, if a service is covered but not separately reimbursed, or if it is considered bundled in another service, as members may not be held liable for these services.

It is the provider's responsibility to review the member's applicable benefits and medical and payment policies prior to issuing an ANN. It is incorrect coding to file these modifiers routinely or when the provider does not expect a service will be denied. The member is not responsible for charges related to denials that are the provider's responsibility. Inappropriate use of the GA modifier may result in an audit of the provider's records and subsequent corrective action.

Please click [here](#) to read the full text of this policy.

## **PBF** CPT Code changes policy

We have completed our review of the January 2018 CPT Proprietary Laboratory Analyses (PLA) and Multianalyte Assays with Algorithmic Analyses (MAAA) code changes for emerging technology. These updates will be added to our claims processing system and have been effective, since January 1, 2018. The list includes codes that have special coverage or payment rules for standard products, though some employers may customize their benefits. We have included codes for services that are:

- “Not Covered” — Includes services not covered in the main member certificate (e.g., covered as a prescription drug).
- “Not Medically Necessary” — Indicates services where there is insufficient evidence to support.
- “Subject to Medical Review” — Preauthorization is recommended for Commercial products and is 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.

## **PBF** January 2018 CPT PLA and MAAA code updates

<i>Code</i>	<i>Comment</i>
0025U	Subject to medical review for institutional and professional providers for BlueCHiP for Medicare. Not covered for institutional and professional providers for Commercial products.
0026U	Subject to medical review for institutional and professional providers for BlueCHiP for Medicare and Commercial products.
0027U	Subject to medical review for institutional and professional providers for BlueCHiP for Medicare and Commercial products.
0028U	Not medically necessary for institutional and professional providers for Commercial products.
0029U	Not medically necessary for institutional and professional providers for Commercial products.
0030U	Not medically necessary for institutional and professional providers for Commercial products.
0031U	Not medically necessary for institutional and professional providers for Commercial products.
0032U	Not medically necessary for institutional and professional providers for Commercial products.
0033U	Not medically necessary for institutional and professional providers for Commercial products.
0034U	Not medically necessary for institutional and professional providers for Commercial products.
0011U	Subject to medical review for institutional and professional providers for BlueCHiP for Medicare, not covered for institutional and professional providers for Commercial products.

## **PBF** Additional CPT code comments

The following codes are “not separately reimbursed” for institutional providers for BlueCHIP for Medicare and Commercial products:

- 19294, 20999, 34713, 34714, 34715, 34716, 36483, 64913, 0480T, 0482T and 0492T.

## **PBF** Additional HCPCS Level II Code changes

We have completed our review of the January 2018 HCPCS code changes. These additional updates will be added to our claims processing system and went into effect on January 1, 2018. The following codes have special coverage or payment rules for standard products, though some employers may customize their benefits.

Specifically, these codes are “not separately reimbursed” for institutional providers for BlueCHIP for Medicare and Commercial products:

- C9738, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182.

Services that are not separately reimbursed are generally included in payment for another service, or they are reported using another code. These may not be billed to your patient.



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