

provider update

P=Professional

B=Behavioral Health

F=Facilities

March 2018

On January 1, 2018, Blue Cross & Blue Shield of Rhode Island (BCBSRI) expanded the number of products requiring web-based referrals. Since then, I've received considerable feedback from providers on this requirement, as well as on the process of initiating and confirming referrals. I'd like to address this feedback and update you on a couple of changes.

As I wrote about in the March 2017 issue of Provider Update, referral-based products are not a new concept and are certainly not new to Rhode Island. For some time BCBSRI, as well as other health plans, has required referrals for some products. In 2017 – for those products requiring referrals – our web-based referral tool became mandatory. On January 1, 2018, we extended this requirement to our BlueCHiP Commercial plans, as well as all individual BlueCHiP for Medicare products.

Why have we expanded this requirement? The answer is simple—patients have a better overall experience of care when their primary care provider (PCP) is more involved in the referral process. PCPs engaging in referrals can lead to more coordinated care, while better positioning PCPs to assist in managing their patients' needs. This helps ensure BCBSRI members are receiving the right care, at the right time, and in the right setting.

Starting this month, we have made some updates to the referral process. They include:

- PCPs can now retroactively generate a web-based referral within 90 days of the specialist visit. (Previously, it was 30 days.)
- If a provider enters an inactive member ID, they will receive an error message.

I also think it would be helpful to share a complete list of BCBSRI products that require a web-based referral. They include:

- BlueCHiP Commercial products: BlueCHiP, BlueCHiP Advance, BlueCHiP Direct Advance, Blue Choice New England, Network Blue New England

- Individual BlueCHiP for Medicare products: BlueCHiP for Medicare Advance, BlueCHiP for Medicare HMO plans, BlueCHiP for Medicare HMO-POS plans (*please note Group BlueChip for Medicare does **not** require referrals.*)

Some other important things to note:

- Behavioral health services **do not** require a referral.
- PCPs decide whether it's necessary to see a patient prior to initiating a referral.
- Referrals are good for up to 180 days from the date the web-based referral is entered.
- Specialists need to confirm – in the web-based tool – that a referral has been made.

If you are unsure about the referral requirements for a specific BCBSRI member, you can click [here](#) to review a complete list of BCBSRI's products with notations for those that require a web-based referral. You can also verify medical benefits by logging on to our secure Provider Portal and confirming patient eligibility.

I also encourage you to download FAQs that we have developed for [providers](#) and [members](#). If your office would like additional training or information on web-based referrals, please contact Provider Relations at ProviderRelations@bcbsri.org.

We appreciate your efforts to help us make healthcare more affordable for our members and your patients, and thank you for your continued collaboration with us.

Dr. Gus Manocchia
Executive Vice President
and Chief Medical Officer



Contents

BCBSRI Update.....	2	Behavioral Health	7	Contracting & Credentialing	10
Quality	4	Pharmacy.....	8	Policies.....	11



Choosing Wisely: Reducing unnecessary imaging for patients with low back pain



Matt Collins, MD, MBA
Vice President,
Clinical Integration

I'm pleased to share a resource that will hopefully promote conversations between you and your patients about how to avoid unnecessary medical tests, treatments, and procedures. *Choosing Wisely*^{®*} offers providers and their patients evidence-based recommendations to encourage discussions about appropriate care.

Ninety percent of people will have an episode of back pain in their lifetime. We know that most low back pain goes away within a month or so, regardless of whether imaging studies are performed. Guidelines for treatment of this common condition emphasize the limited value of imaging within the first six weeks, assuming no "red flags" are present. Additionally, diagnostic imaging is costly, which makes it important to evaluate its true need.

I was interested to see how BCBSRI's provider network is performing when it comes to imaging for low back pain, so I consulted our rankings from the Health Effectiveness and Information Data Set (HEDIS), which measures how health plans perform on important aspects of healthcare services. The HEDIS measure Use of Imaging for Low Back Pain assesses the number of patients with low back pain who **did not** receive an imaging study after a primary diagnosis of low back pain. According to 2017 HEDIS data on this measure, BCBSRI placed between the 33rd and 50th percentiles, indicating that between one-half and two-thirds of Commercial plans across the country did a better job of avoiding imaging on patients with a primary diagnosis for low back pain. This makes the integration of *Choosing Wisely* recommendations even more important.

How Rhode Island is 'choosing wisely'

Right here in our state, hospitals and healthcare systems are taking steps to reduce unnecessary imaging. As the organization supporting the Transforming Clinical Practice Initiative, RIQI is working with specialist physicians in emergency departments (ED) on an initiative to reduce unnecessary imaging for low back pain. With RIQI's assistance, emergency physicians are using *Choosing Wisely* imaging guidelines as part of their efforts to reduce avoidable imaging for low back pain with impressive results.

Take South County Hospital, which is among the EDs participating in this collaborative effort to reduce avoidable imaging. In March 2017, South County Hospital's ED physicians had an imaging baseline of 44% for patients reporting low back pain when no red flags were present. That same month, the collaborative effort was introduced to their ED. By September of 2017, imaging rates in South County's ED dropped to **22%**. They cut their imaging rate in half over six months, and it's worth noting how.

Driving this collaborative effort are interventions designed to help EDs meet the goal of reducing avoidable imaging. There are monthly data review check-in calls, changes to South County's order entry systems, standardized scripts for clinicians to deal with potential treatment of low back pain, and the distribution of *Choosing Wisely* materials to patients with low back pain.

What's next?

We want all patients in Rhode Island to have access to high-quality, affordable healthcare. Someone legitimately in need of an imaging study should of course receive one. *Choosing Wisely's* website, in conjunction with the American Academy of Family Physicians, recommends that patients experiencing low back pain in conjunction with other symptoms may be appropriate candidates for diagnostic imaging.

I encourage you to explore *Choosing Wisely* recommendations and share the materials with patients. You can also commit to appropriate imaging online through R-SCAN, a web-based collaborative plan that facilitates appropriate imaging based on *Choosing Wisely* topics. You can access R-SCAN's "How-to Guide" on imaging by clicking [here](#).

**Choosing Wisely* is an initiative of the ABIM Foundation, in partnership with more than 80 specialty societies, to help clinicians and patients engage in conversations about the overuse of tests and procedures and to support physician efforts to help patients make smart, effective healthcare choices.

BCBSRI Update



Kevin Splaine brings provider system experience to his BCBSRI role



Kevin Splaine,
*Executive Vice President,
Care Integration &
Management*

When Kevin Splaine joined BCBSRI in early January as the executive vice president of care integration and management, he did so with deep leadership experience working in provider systems and designing payment models to facilitate integration and innovation. The Massachusetts native also came with a commitment to partner with Rhode Island's provider community to transform delivery systems.

"Rhode Island's size makes it a unique environment where meaningful change can happen more quickly than in other parts of the country," said Splaine. "Already, the state and the provider community are doing so many things well, such as the investments made in patient-centered medical homes (PCMHs) and systems of care (SOCs). This is the basis from which I'll look to build on top of the great work and partnerships with providers to further improve statewide health outcomes."

Prior to joining BCBSRI, Splaine held senior leadership roles at national and regional health systems, including Michigan-based Trinity Health, which has 109 continuing care locations and 93 hospitals across 22 states. He's also worked with the 12-hospital network Spectrum Health and has served as the chief operating officer and chief strategy officer for Penn State Hershey Health System.

"I've been fortunate that in my career I've been able to work closely with providers to shape patient care while bettering not just the cost of care, but also improving the experience and the outcomes of care – all essential to achieving the triple aim," Splaine said. "I've also seen the challenges that shifting from a fee-for-service model to a value-based payment system has caused as providers try to balance their individual patient's needs with managing a shift to population health."

In his new role, Splaine looks forward to working with providers to tackle the barriers that can keep patients from accessing high-value care. He also looks forward to working closely with the community and its leaders on impacting the social determinants of Rhode Island that, if improved, will also improve the health of Rhode Islanders.

Splaine is also committed to serving as a resource for the provider community. He's interested in exploring ways to continue BCBSRI's move into team-based care models, like what's being done with PCMHs and SOC. This includes finding ways to support PCPs on a 24/7 basis and looking for new partnerships to drive improved health outcomes. He's also looking forward to working closely with providers on payment innovation.

"We need to continue to build on incentive-based payments and move away from the fee-for-service model, which is not sustainable," said Splaine. "When we are all rewarded for producing high-value care to our patients, purchasers of care and to the community as a whole, it's beneficial to everyone."



Fax and email submission process for grievances and appeals

As a reminder, **all submissions to the Grievance and Appeals Unit can be sent by fax or email.**

- Commercial member appeals and complaints can be faxed to (401) 459-5005.
- Medicare member appeals and complaints can be faxed to (401) 459-5668.
- All provider appeals and complaints can be sent by encrypted email to gau_complaints_appeals@bcbsri.org.

BCBSRI will continue to accept paper submissions, but we strongly encourage your office to utilize fax or email, as those methods are more efficient. If you have any questions, please call the Physician & Provider Service Center at (401) 274-4848 or 1-800-230-9050 for out-of-state callers. We appreciate your support and participation as we work to streamline our process and improve our service.

BCBSRI Update

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.

2018 Trans* Health Conference at Brown University’s Warren Alpert Medical School

The Warren Alpert Medical School of Brown University, Rhode Island College Social Work & School of Nursing, and the TGI Network of Rhode Island are sponsoring the 2018 Trans* Health Conference. The conference takes place on **Saturday, April 28, 2018** and will be held at Rhode Island College. BCBSRI is proud to serve as a presenting sponsor for the fourth consecutive year.

The Trans* Health Conference aims to enhance the overall health of the transgender community, by equipping mental and medical healthcare providers with the confidence to provide healthcare services to transgender patients. Transgender community members are welcome to attend, as the programming also includes promotion of self-advocacy and knowledge through transgender-centered educational sessions.

Providers have the opportunity to earn Continuing Medical Education credits for their attendance. Please note that **there are two separate provider registrations for this conference**—one for mental health providers and another for medical providers.

Online registration can be completed by clicking [here](#).

For additional information, please contact the Brown University Office of Continuing Medical Education at (401) 863-2871, or email cme@brown.edu.

Quality

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, CPHQ, Quality Manager, at (401) 459-2763, or email courtney.reger@bcbsri.org.

HEDIS measure for colorectal cancer screening

The HEDIS measure for Colorectal Cancer Screening (COL) evaluates the percentage of eligible members who have had fecal occult blood test (FOBT), flexible sigmoidoscopy, CT colonography, DNA-FIT test, or colonoscopy during certain timeframes. The HEDIS COL measure is summarized in the following table:

Screening	Measure Population	Exclusions	Tips for Success
Colorectal cancer screening	<p>Adults aged 50-75 who have received one of the following screenings:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement year • Flexible sigmoidoscopy in the measurement year <p style="text-align: center;">-or-</p> <p>the four years prior to the measurement year</p> <ul style="list-style-type: none"> • Colonoscopy during the measurement year <p style="text-align: center;">-or-</p> <p>the nine years prior to the measurement year</p> <ul style="list-style-type: none"> • CT colonography during the measurement year <p style="text-align: center;">-or-</p> <p>four years prior to the measurement year</p> <ul style="list-style-type: none"> • FIT-DNA during the measurement year <p style="text-align: center;">-or-</p> <p>the two years prior to the measurement year</p>	<ul style="list-style-type: none"> • Colorectal cancer • Total colectomy • Enrolled in an Institutional SNP (I-SNP) at any time during the measurement year • Living long-term in an institution at any time during the measurement year 	<ul style="list-style-type: none"> • A digital rectal exam is not counted as evidence of a colorectal screening. • Talk with patients about what to expect and how to prepare for a screening (i.e., procedure, preparation, anesthesia, etc.). This may calm fears about the test and help patients schedule tests more readily. • Preventive tests are covered with no copay/cost-share.*

As a preventive healthcare service, colorectal cancer screenings are generally covered at 100% and at no cost to the member, per the Affordable Care Act. If members have questions about which procedures are covered, please encourage them to call BCBSRI's customer service team at (401) 459-5000.

*When suspicious tissue is encountered during routine screening and removed or sampled for biopsy, a test that is typically considered preventive may be coded as diagnostic. In this case, the member may be subject to copays or cost-sharing based on their respective benefit plan.

80% by 2018

BCBSRI supports the American Cancer Society and the National Colorectal Cancer Roundtable (NCCRT) in reaching an 80% screening rate for colorectal cancer by 2018. To learn more about the 80% by 2018 initiative, please click [here](#) to visit NCCRT's website.

Antidepressant Medication Management

The HEDIS measure Antidepressant Medication Management (AMM) applies to the percentage of members who are 18 years of age and older, were treated with antidepressant medication, had a diagnosis of major depression, and remained on antidepressant medication treatment. The measure focuses on two rates—the effective acute phase and the effective continuation phase. Detailed information on this measure is in the following table:

<i>Measure</i>	<i>Measure population</i>	<i>Tips for success</i>
Antidepressant Medication Management	The Effective Acute Phase Treatment refers to the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).	<ul style="list-style-type: none"> • Schedule a follow-up office visit to assess symptoms within a maximum of six weeks. • Visits should be sufficiently frequent to optimize adherence. (Roughly half of all patients treated for depression stop taking their medication within the first month.) • Remind patients that symptom alleviation may take between two and four weeks. It can sometimes take up to eight weeks for medication to become fully effective. • Remind patients to continue to taking medications for at least six months, even if their symptoms improve.
	The Effective Continuation Phase Treatment refers to the percentage of members who remained on an antidepressant medication for at least 180 days (six months).	

PB Improving Behavioral Health Outcomes

Whether facilitating quality mental health services or treatment for substance misuse, BCBSRI is committed to improving behavioral health treatment outcomes in Rhode Island. Please see below for information on some of BCBSRI's behavioral health initiatives and partnerships.

OnTrack

Quality measurement continues to be at the forefront of BCBSRI's strategic objectives for behavioral health. This is why we're excited to share opportunities for reporting client-informed feedback through our OnTrack partnership. OnTrack allows you to incorporate feedback-informed treatment and quality measurement into your practice. OnTrack is a quality initiative allowing clinicians to access outcomes data collected from their patients. It also gives clinicians the chance to integrate feedback into their clinical practice without having to compile or analyze it themselves.

Feedback-Informed Treatment is the evidence-based and SAMHSA-recognized practice of providing psychotherapy treatment that is informed by repeated administration of patient self-report questionnaires. This feedback enables the clinician to better tailor treatment to the needs of the individual to achieve better treatment outcomes. Providers using OnTrack report seeing a significant upward trend in client health outcomes.

Clinicians logging in weekly to review their analyzed data will receive \$5 per questionnaire submitted. Clinicians should regularly log in to OnTrack's system **at least weekly** to review their data, in order for to qualify for these payments, help improve outcomes, and optimize client-informed feedback. Providers who do not log in to the OnTrack system at least weekly are not eligible for that month's incentive.

For more information regarding OnTrack, please contact Sarah Fleury, LICSW, CPHQ, lead behavioral health clinical program specialist, at sarah.fleury@bcbsri.org.

In-network substance use disorder services at AdCare Rhode Island

BCBSRI has expanded its in-network substance use disorder services at AdCare Rhode Island. AdCare Rhode Island offers a full continuum of substance use disorder services, including inpatient withdrawal management services, residential treatment to outpatient therapy, medication-assisted treatment (MAT), and support groups.

AdCare Rhode Island recently expanded its intensive outpatient program (IOP) offerings to include both a daytime and evening IOP. This option may be ideal for individuals in recovery, who are in need of intensive treatment but must return to work. Additionally, AdCare Rhode Island now offers three recovery groups, including a women's recovery group, which meets on Fridays.

AdCare Rhode Island offers a team of clinicians for ongoing outpatient therapy, as well as capacity to offer MAT services in conjunction with other forms of outpatient care. For more information on the full continuum of services offered at AdCare Rhode Island, please call (401) 294-6160 ext.144.

P Transition to Novo brand Insulin for Commercial members

Effective April 1, 2018, Novolin and Novolog insulin will become the exclusive preferred formulary product for all BCBSRI Commercial membership. The Novo product line, which includes both multi-dose vials and Flexpens, will replace Lilly's brands of insulin—Humulin and Humalog. Both Humulin and Humalog will therefore be excluded from BCBSRI's formulary, effective April 1, 2018. Additionally, please note that Humalog U-500 vials and pens will continue to be available as a preferred product, given its unique formulation.

As of March 1, all members impacted by this transition began receiving a written notification of this. In addition, patient-centered medical homes that are part of systems of care will be provided member detail for coordination with pharmacist support to assist in this transition. Prescribers with significant patient impact will be notified directly and offered patient detail lists for this transition, if requested.

We are coordinating with Novo to provide patient level support materials and assistance as necessary to ensure a smooth transition. Those in BCBSRI's pharmacy network will receive similar notifications to help them adjust inventory stock, so they may plan for this formulary change.

PF Medical drug review changes for Commercial members effective June 1, 2018

As part of our ongoing efforts to make high-quality and affordable healthcare available to our members, Blue Cross & Blue Shield of Rhode Island (BCBSRI) regularly reviews the list of prescription drugs we cover. Our goal is to make sure that our members continue to have access to effective medications at the lowest possible cost.

As a result, effective June 1, 2018, BCBSRI will begin requiring prior authorization for an expanded list of specialty drugs that are covered under our Medical Benefit for Commercial products. Please note that this does not apply to Medicare Advantage products at this time. Prior authorization will be handled by our pharmacy benefits manager Prime Therapeutics, LLC, who will begin processing requests for prior authorization on June 1, 2018.

BCBSRI takes the health of its members seriously. Prior authorization helps ensure that prescription drugs are covered for our members, when they are medically necessary. Changes to the list of drugs requiring prior authorization are made with clinical input from our committee of local, independent doctors and pharmacists. Safety, effectiveness, and cost are all considered before any decisions on changes are made.

BCBSRI members currently receiving these medications will be notified of this upcoming change. We are recommending that our members affected by these changes discuss their medication treatment options with their provider to determine whether their medications are still right for them.

You may obtain prior authorization through one of the following three methods:

- **Electronic prior authorization (ePA)**

CoverMyMeds is the ePA tool offered through BCBSRI and Prime Therapeutics. Using CoverMyMeds allows for electronic submission of prior authorizations for any prescription drug. When you submit prior authorizations electronically, they are seamlessly integrated with your electronic health record system, offering you ePA functionality right in your office. Some of the benefits include:

- Reduction of administrative waste
- Faster determinations
- Validated and accurate prior authorization requests

Pharmacy

To create a CoverMyMeds account:

- Go to www.covermymeds.com
- Click on “Create a Free Account”
- Log in using the email and password you registered with

- **Prior authorization by fax**

You can fax the prior authorization form to 1-855-212-8110

- **Prior authorization by mail**

Send your PA form to:

- Prime Therapeutics, LLC
Attn.: Clinical Review Dept.
1305 Corporate Center Dr.,
Eagan, MN 55121

Prior Authorization forms for drugs under both the medical benefit and pharmacy benefit are located in the Pharmacy Information section of the provider portal at bcbsri.com. Additionally, the Prior Authorization of Drugs policy will be available on bcbsri.com no later than April 1, 2018.

For assistance with prior authorizations, please call Prime Therapeutics at 1-844-765-2892. For questions on the status of an existing prior authorization, please call BCBSRI's Physician & Provider Service Center at (401) 274-4848, or 1-800-230-9050 for out-of-state callers.

For other questions, please contact your Provider Relations Representative, or contact Provider Relations at 1-844-707-5627 or providerrelations@bcbsri.org.

Effective **June 1, 2018**, the following prescription drugs will require prior authorization:

Abraxane	Erbitux	Lemtrada
Actemra	Exondys	Leukine
Adcetris	Eylea	Lucentis
Aldurazyme	Fabrazyme	Lumizyme
Alimta	Fasenra	Macugen
Arzerra	Flebogamma	Makena
Avastin	Flolan	Myobloc
Bavencio	Gamastan S/D	Naglazyme
Benlysta	Gammagard	Neulasta, Neulasta ONPRO Kit
Bivigam	Gammagard S/D	Neupogen
Botox	Gammaked, Gamunex-C	Nucala
Brineura	Gammaplex	Ocrevus
Carimune, Gammagard S/D	Gamunex-C	Octagam
Cerezyme	Gazyva	Opdivo
Cimzia	Granix	Orencia
Cinqair	Herceptin	Perjeta
Cinvanti	Imfinzi	Privigen
Cyramza	Kadcyla	Probuphine
Dysport	Kanuma	Provenge
Elaprase	Keytruda	Radicava
Elelyso	Krystexxa	Remicade
Emend IV	Kymriah	Remodulin
Entyvio	Kyprolis	Rituxan

Pharmacy

Rituxan Hycela	Sustol	Vpriv
Rituxan Non-Oncology	Synagis	Xeomin
Sandostatin LAR	Tecentriq	XGEVA
Simponi	Tysabri	Xiaflex
Soliris	Varubi	Xolair
Somatuline Depot	Vectibix	Yervoy
Somavert	Veletri	Yescarta
Spinraza	Vimizim	Zaltrap
Stelara	Visudyne	Zarxio

Contracting & Credentialing

PF Network changes for genetic testing laboratories

Please be advised that since January 1, 2018, Sequenom Laboratories no longer participates in BCBSRI's network. Sequenom Laboratories provides genetic testing, specifically non-invasive prenatal testing (NIPT). Below are the in-network options for genetic testing:

- Ariosa
- Counsyl
- Natera

For more information, please contact 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 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 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:

- Contraceptive Drugs and Devices Mandate
- Coordination of Benefits
- Coverage of Complications Following A Non-covered Service
- Dental Services Rendered in the Outpatient Setting
- Fluoroscopy Without Films
- High-tech Radiology Imaging
- Interim Billing
- Mammograms and Pap Smears Mandate
- Mastectomy Hospital Stays
- Minimally Invasive Coronary Artery Bypass Graft Surgery
- Non Reimbursable Health Service Codes
- Payment Adjustments for Error and Hospital Acquired Conditions
- Post-Partum Hospital Stays Mandate
- Prolonged Physician Services
- Pulsed Radiofrequency for the Treatment of Chronic Pain
- Routine Foot Care and Nail Debridement
- Therapeutic Eyeglasses and Contact lenses
- Thermography
- Timely Filing

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 New policies

The following new policies have been created:

- Calcium Sensing Receptor Agonists (etelcalcetide) (Parsabiv)
- Yescarta (axicabtagene)

Since effective dates vary, please review the full text of these policies located on the [Policies page](#) in the Provider section of bcbsri.com.

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.

PF Genetic Testing Services

Effective May 1, 2018, the following CPT codes used for genetic testing will be not medically necessary for BlueCHIP for Medicare:

- 81493
- 81504
- 81525
- 81538
- 81540

These codes continue to be not medically necessary for Commercial products. Please click [here](#) to read the full text of this policy.



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03/18 PRR-17988