

CapsuleNewsSM

**A NEWSLETTER FOR MONTANA
HEALTH CARE PROVIDERS
Second Quarter 2015**

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Blue Care Connection[®] Program Provider Collaboration

Blue Care Connection[®] (BCC) is a portfolio of integrated care management programs designed to meet the diverse health care needs of our members. The goal of BCC is to help members achieve an optimal level of health and wellness. An important component of BCC is our Provider Collaboration program. The Provider Collaboration program encourages providers to manage BCBSMT members according to nationally recognized clinical practice guidelines. This includes monitoring clinical metrics and determining treatment opportunities as stated in these guidelines. BCC leverages Blue Care AdvisorsSM, registered nurses and other health care professionals, who work with providers to provide education, coaching and monitoring for members who are at risk for or already have a chronic condition. BCAs may reach out to providers to obtain clinical metrics that are integral to helping close gaps in care. This process focuses primarily on gap closure related to five chronic conditions — diabetes, asthma, chronic obstructive pulmonary disease, coronary artery disease, and congestive heart failure.

In addition to managing these conditions, BCC helps members who want to quit smoking and lose weight. BCAs will partner with providers to encourage members to participate in our Weight Management and Tobacco Cessation programs that provide resources, guidance and support to achieve their health goals.

Condition specific gaps in care include the following:

Diabetes

- No HbA1C in the past 12 months
- No physician office visit in the past 6 months
- No LDL level in the past 12 months
- No test for microalbuminuria in the past 12 months

Asthma

- Not on controller medication

Chronic Obstructive Pulmonary Disease

- Bronchodilator adherence

Coronary Artery Disease

- No LDL level in the past 12 months

Congestive Heart Failure

- No physician office visit in the past 6 months

A BCA makes outbound calls to the provider's office and may speak to an office representative to:

- Alert them of a member's gap in care
- Obtain information necessary to close a gap in care
- Check that the gap was actually closed

BCBSMT's provider network contracts allow the provider's office to provide information on behalf of our members for the purpose of BCBSMT health care clinical operations and quality initiatives. BCC resources can help members better manage their health, but they do not replace the care of a provider. Provider Collaboration is designed to strengthen the relationship between providers and our members. Provider engagement is integral to the success of the BCC program.

Please contact your Provider Network Representative at 406-437-6100 if you have any questions.

Total Health Management – Helping Members Reach Their Goals

At BCBSMT, we firmly believe in the adage, "there is no 'I' in team." Whether your patients are in for their yearly preventive visit or because they are sick, you are, of course, their trusted advisor. The Total Health Management (THM) program is designed to support you in that role. As we know, a three-legged stool provides much better balance than a two-legged one —and the purpose of the THM program is to provide the third leg. You, your patients, and your local BCBSMT Wellness Team are all on the same team, and our goal is to keep Montanans healthy.

The THM program emphasizes that we are stronger together – together, we can accomplish more. When your patients bring you a THM form, it's because their employer knows that any work they do with you in establishing a relationship and setting mutual goals equates to healthier outcomes. While the THM form has areas for you to write your patient's preventive measures, the most important outcome is that you and your patient discuss these measures and set goals for improvement. They trust your opinion, and during this preventive visit, you have the opportunity to effect change. Once we receive their THM form from you, we perform analytics to produce aggregate data reports for your patient's employer. Armed with this information, employers can design wellness programs based on areas of risk within their employee population.

Thank you for being part of our team. Know that the work you do to set goals with your patients through the THM program does make a difference.

If you have questions or would like to know more about the THM program, please visit wellwithbluemt.com, or email us at wellness@bcbsmt.com.

Fee schedules posted in revamped, user-friendly format

New 2015 fee schedules are now posted in a revamped user-friendly format on the Provider tab, including the RBRVS Fee Schedule, Clinical Lab Fee Schedule, DME P&O Fee Schedule and the NDC Fee Schedule.

The Provider Fee Schedule page has a new look and feel that makes it easier for you to find what you're looking for, and includes compensation and resource information, along with a link to the new National Drug Code Billing Resources page.

To access the Fee Schedules page, log in through the [Secure Provider Portal](#) at bcbsmt.com/provider and click on **Fee Schedules** on the left bar. If you have any difficulty logging in or have other access issues, please contact the help desk at webdesk@bcbsmt.com.

Quality Improvement Efforts at BCBSMT

BCBSMT is in the final stages of achieving our URAC accreditation. As part of that effort, we have developed some clinically-focused quality improvement projects in addition to our standard quality measures. We have always strived for quality and promoted healthy living. But we need your help! We know that working with our provider community is the key to success!

Our focus includes:

1. Increasing **eye exam rates** for individuals with Diabetes,
2. Improving **childhood immunization** rates,
3. Improving **Colorectal Cancer screening** rates, and
4. Increasing **wellness program** participation.

Eye Exams

The BCBSMT rate for **eye screening for diabetic retinal disease** is good. Our MT plan members rank above the national average of 46.90%. However, is having half of our population in compliance good enough? Why not strive for 100%!!!! So, next time your patient with Diabetes comes in for an appointment, check with them to ensure:

- They have had a recent retinal eye exam by an eye care professional,
- They are monitoring/managing their blood sugars,
- They are keeping their blood pressure under control, and
- if they smoke, talk to them about ways to kick the habit.

Childhood Immunizations

In regards to **childhood immunization rates**, MT ranks below the national average of 38.70%. In 2013, our state had the highest incidence of whooping cough in the nation. MT needs to get on track and help our children get the necessary care they need. Take every opportunity/encounter to provide and promote vaccinations. To assist in these efforts, BCBSMT has partnered with the community to help grow and maintain vaccine rates through its Care Van. The Care Van is a mobile unit that assists in providing vaccines at no cost or low cost to all Montanans. If your area could benefit from an immunization clinic, contact our Care Van administrator by e-mail at Bryan_Haines@bcbsmt.com or give him a call at 406-437-6198.

Colorectal Cancer Screening

For the last several years, MT has ranked among the lowest in the nation for **colorectal cancer** screening. Colon cancer is the second leading cancer killer of men and women. In an effort to stop this deadly disease, BCBSMT has teamed up with the American Cancer Society and the Department of Public Health and Human Services Cancer Control Division. Together, we are working towards the nationwide goal of 80% screened by 2018! You can help by promoting screening in the appropriate population. For patients age 50-75 or at high risk, evaluate, recommend, schedule and/or order the necessary testing:

- stool testing (guaiac fecal occult blood test- FOBT or fecal immunochemical test – FIT) yearly
- flexible sigmoidoscopy every 5 years, or
- colonoscopy every 10 years

As indicated above, we all have a long road ahead! Recommendations and coverage for routine eye exams, immunizations, and colorectal cancer screenings are just a few of the ways we can help Montanans live healthier lives. We all need to do our part to promote healthy living and lifestyles through a variety of ways. As health care providers, you are the primary resource and link to our members. Make preventive care a priority! We owe it to ourselves and our communities.

National Drug Code (NDC) Pricing Paves the Way for Other Initiatives

NDC pricing was implemented by BCBSMT as of May 1, 2015, for drugs billed under the medical benefit on professional/ancillary electronic (837P) and paper (CMS-1500) claims. As of the May 1, 2015 NDC pricing effective date, these claims must include NDCs and related information, along with the appropriate Healthcare Common Procedure Coding System (HCPCS) and/or Current Procedural Terminology (CPT®) information, to be eligible for pricing.

Making the transition to using NDCs on your professional/ancillary claims may seem challenging, but it can also have its rewards. When you use NDCs and related information on medical claims, BCBSMT can reimburse you, in most instances, for the individual medication that was used during the visit, instead of for a range of NDCs within HCPCS/CPT codes.

Select Medication List

With this capability in mind, we're introducing our new Select Medication List, which will be developed in stages to add specific drugs within particular classes or categories, based on safety and cost effectiveness.

Currently, there are two medications on the Select Medication List – Synvisc-One® and Euflexxa®. You can view the Select Medication List [here](#). These are injections from the viscosupplementation class and are used primarily for osteoarthritis knee pain relief. Choosing a drug from the Select Medication List and billing for it with the appropriate NDC will result in a higher reimbursement rate than the rate applied for other, non-listed drugs in the same class.

Reimbursement for select medications is updated monthly, according to normal NDC reimbursement update processes. Increased reimbursement is limited to the medications on the Select Medication List. BCBSMT will be

adding medications to the Select Medication List in the future; however, details regarding specific medications and timelines have not been finalized.

Bulk Powder Reminder

Compound medications formulated from bulk powders are not covered because they do not meet the limited exception criteria for coverage under the BCBSMT Medical Policy, as well as they are not drug products approved under Section 505, 505(j) or 507 of the U.S. Federal Food, Drug and Cosmetic Act. Compounds that utilize non-bulk powder formulations and/or are FDA-approved products may be considered for coverage (i.e., injectable solution or powder for injection). Physicians may want to verify with their compound drug suppliers upon ordering if bulk powders are being used.

Claims submitted to BCBSMT for compounded drug products using bulk powders will be denied, in accordance with our Medical Policy. Independently contracted BCBSMT providers receive a message on their Electronic Payment Summary (EPS) or Provider Claim Summary (PCS), as follows:

“Services for Bulk Powder or Compound Drugs are considered experimental, investigational, or unproven and not covered under the member’s benefit plan. This is a contracted provider, the member is not responsible for payment of these charges.”

For additional information, refer to the BCBSMT Compounded Drug Products Medical Policy (RX501.063), which is available on our [Provider Policies page](#).

Stay tuned to the [News and Updates section](#) of our Provider website or [Capsule News](#) for additional information on the Select Medication List and other NDC pricing-related initiatives. For quick reference purposes on NDC Pricing, view the [NDC Billing Guidelines](#) at and answers to [Frequently Asked Questions](#). An NDC Billing Tutorial is also available to BCBSMT contracted providers in the secure provider portal.

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The listing of any particular drug or classification of drugs is not a guarantee of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, terms, conditions, limitations and exclusions set forth in the member’s policy or benefits document. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions.

Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Synvisc-One is a registered trademark of Genzyme Corporation. Euflexxa is a registered trademark of Ferring Pharmaceuticals Inc. Genzyme Corporation and Ferring Pharmaceuticals are independent third party vendors and are solely responsible for the products and services they provide. The mention of a specific product or vendor is not an endorsement by BCBSMT, and BCBSMT makes no representations or endorsements regarding any of the vendors listed here. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.

Sleep Study Medical Policy Update

Previously, we notified you of revisions to the Blue Cross and Blue Shield of Montana (BCBSMT) Medical Policy, Diagnosis and Medical Management of Sleep Related Breathing Disorders (MED205.001). The updated policy is effective for services rendered on or after May 1, 2015.

Effective immediately, and to allow sufficient time to adjust to recent changes, we are implementing a period of voluntary compliance with BCBSMT Medical Policy MED205.001, Diagnosis and Medical Management of Sleep Related Breathing Disorders. While BCBSMT will not perform clinical review for approval or denial of benefit predetermination requests at this time (except for codes 95807 and 95808), it is expected that you will follow the guidelines in the policy.

BCBSMT will provide ample notice regarding when this voluntary compliance period will end. As we transition toward enforcement of the updated policy, we will keep you informed about when we will begin processing benefit predeterminations. We want to thank providers who submitted voluntary predetermination requests in the days since the policy took effect and we apologize for any inconvenience this change may have caused.

The BCBSMT Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSMT, such as some self-funded employer plans or governmental plans, may not utilize BCBSMT Medical Policies. Members should contact their local customer service representative for specific coverage information.

New Member Education Campaign Focuses on Level of Care Options

A Blue Cross and Blue Shield of Montana (BCBSMT) analysis of claims activity has shown increased utilization of emergency room services for non-emergent diagnoses. This may indicate that some of our members are selecting the ER as their first choice for care even when other settings may be more clinically appropriate.

Some patients simply may not know where else to go for care. In particular, many new members may not be aware that they have choices and can take an active role in selecting appropriate level of care settings. To help members make better-informed decisions, BCBSMT is launching a member educational initiative titled "Where You Go Matters."

The Where You Go Matters initiative focuses on helping members understand how to determine what level of care may be most appropriate for their particular situation. Member materials describe available levels of care with examples of health care issues that can be treated in each setting. The materials also point out what the member may expect in terms of possible out-of-pocket costs, wait times and degree of personalized care.

Guidelines presented in the member materials include:

- **Your Doctor Knows Best** – Whenever possible, the first point of contact should be the family doctor or Primary Care Physician
- **Retail Clinics** – A retail or convenient care clinic, as they are sometimes called, can be a good choice for a minor health problem like a sore throat or ear infection if the doctor's office is closed
- **Urgent Care Clinics** – Urgent care clinics or comprehensive care centers can give easy access to health care when the sickness or injury is serious, but isn't life threatening
- **Sometimes ER is the Only Choice** – Calling 911 or going to the nearest ER is the right option when the health problem is life threatening.

Where You Go Matters was piloted earlier this year with select members who received educational information by mail and a series of emails. The campaign is being expanded in the second quarter of 2015 to target the broader member population. Materials in English and Spanish include flyers, member newsletter articles, videos and social media.

We encourage you to direct your patients to bcbsmt.com for general information. BCBSMT members also may log on to our secure Blue Access for MembersSM website for resources based on their specific health care benefit plans.

These programs are for informational purposes only, and are not a substitute for the sound medical judgment of a physician or other health care professional. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.

ClaimsXtenTM System Edit Updates, Effective June 2015

Beginning on or after June 15, 2015, Blue Cross and Blue Shield of Montana (BCBSMT) will enhance the ClaimsXten code auditing tool with the following changes to the bundling logic in our claim processing system:

Hot or cold packs submitted with re-evaluation therapy codes will now be subject to Current Procedural Code Terminology (CPT[®]), Centers for Medicare & Medicaid Services National Correct Coding Initiative (CMS NCCI) and industry auditing guidelines.

All pathology and laboratory/Immunology codes submitted will be subject CPT, CMS NCCI and industry auditing guidelines.

Venipuncture codes 36410, 36415, 36416 and S9529 will now bundle to all medical, surgical and laboratory procedure codes.

Urinalysis and electrocardiogram (ECG) codes submitted with laboratory codes or evaluation and management codes will now be subject to CPT, CMS NCCI and industry auditing guidelines.

Supply codes submitted with any anesthesia, surgical, medical or therapeutic procedure code will now be subject to CPT, CMS NCCI and industry auditing guidelines

Prolonged service without patient contact codes will no longer bundle with evaluation and management codes. They will be subject to CPT, CMS NCCI and industry auditing guideline.

In accordance with CPT/HCPCS guidelines, use of modifiers may impact the outcome of the final adjudication of claims for the changes listed above. Consult your CPT codebook appendix A or HCPCS codebook for guidance in the appropriate use of modifiers.

For details and additional announcements regarding ClaimsXten, refer to the [ClaimsXten page](#). Information also may be published in the Providers' Announcements section of our website, as well as upcoming issues of the *Capsule News*.

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Checks of eligibility and/or benefit information are not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

CMS Replaces Modifier 59 with New “X” Modifiers

Effective Jan. 1, 2015, the Centers for Medicare & Medicaid Services (CMS) added four new modifiers to replace modifier 59 when submitted with Current Procedural Terminology (CPT®)/HCPCS codes. Modifier 59 was previously used to report that a service was a *distinct procedural service*. Following are the new modifiers replacing modifier 59 and their descriptions:

X Modifier	Description
XE Separate Encounter	A service that is distinct because it occurred during a separate encounter
XS Separate Structure	A service that is distinct because it was performed on a separate organ/structure
XP Separate Practitioner	A service that is distinct because it was performed by a different practitioner
XU Unusual Non-Overlapping Service	The use of a service that is distinct because it does not overlap usual components of the main service

Beginning on or after April 20, 2015, Blue Cross and Blue Shield of Montana (BCBSMT) will enhance the ClaimsXten code auditing tool by adding the first quarter 2015 codes and bundling logic into our claim processing system. Currently, BCBSMT will accept the new modifiers when submitted.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may use Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSMT’s code-auditing software. Refer to our website at bcbsmt.com/provider for additional information on gaining access to C3.

For details and additional announcements regarding ClaimsXten, including answers to frequently asked questions, refer to the Claims & Eligibility section of our website at bcbsmt.com/provider.

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Videos on Patient Support & Palliative Care: What Every Physician Should Know

Blue Cross and Blue Shield of Montana (BCBSMT) is expanding its efforts to encourage early member referrals to palliative care by releasing two new videos on the topic. The videos feature Martha L. Twaddle, MD, FAAHPM who has helped to facilitate the growth and development of palliative and hospice care on the national level.

Dr. Twaddle is currently an Associate Professor of Medicine at Northwestern University Feinberg School of Medicine. A former President of the American Academy of Hospice and Palliative Medicine (AAHPM), she also served on the Steering Committee for the National Consensus Project for Palliative Care.

Please take a few minutes and click on the links below to view these brief videos.

- » [Palliative Care: Supporting Your Patients through Serious Illness](#)
- » [Sam’s Story: Patient Support through Palliative Care](#)

BCBSMT encourages the early referral of patients to palliative care, which unlike hospice care, can be provided along with curative therapy. The goal of palliative care is to improve the quality of life for members and their families – whatever their diagnosis. Palliative care helps members with serious illnesses to better control pain and other symptoms which may result in improved quality of life and reduced emergency room visits, hospitalizations and re-hospitalizations.

To provide more information on palliative care to your patients (our members) , visit this [link](#) to download a *Palliative Care Frequently Asked Questions* document written for members. Members can also visit Blue Access for MembersSM Provider Finder to find palliative care providers in their network.

Women’s Contraceptive Drug List Reminder

Under the Affordable Care Act (ACA), certain U.S. Food and Drug Administration (FDA) approved women’s contraceptives are covered with no member cost share when in-network providers and pharmacies are used. The list of women's contraceptives covered by Blue Cross and Blue Shield of Montana (BCBSMT) for eligible benefit plans was updated this year to include dosage strengths for some drugs. Eligible members with prescription drug coverage through Prime Therapeutics may find the Women’s Contraceptive Drug List in the Member Services/Prescription Drug Plan section of our website at bcbsmt.com. If members have questions, they may contact the number on the back of their ID card for assistance.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSMT, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

ICD-10: Online Benefit Preauthorization Requests

Blue Cross and Blue Shield of Montana (BCBSMT) will be offering educational webinars in the upcoming months to demonstrate the differences you may encounter when using ICD-10 codes in iExchange®, our online benefit preauthorization tool. Select a date from the list below to register now for an iExchange ICD-10 Enhancements webinar.

[June 10, 2015 – 10 to 11 a.m., MT](#)

[July 22, 2015 – 1 to 2 p.m., MT](#)

[Aug. 12, 2015 –10 to 11 a.m., MT](#)

Please note that the fact that a guideline is available for any given treatment, or that a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member’s eligibility and the terms of the member’s certificate of coverage applicable on the date services were rendered.

ICD-10: Put Your Claims to the Test

It’s time to face the facts: The transition to ICD-10 is happening, there’s a lot you need to do to prepare and no one can do it for you. Blue Cross and Blue Shield of Montana (BCBSMT) is nearing completion of updates to all applicable systems in preparation for the wide variety of scenarios that may occur related to processing of ICD-10 codes. Testing is critical to help identify possible issues so they can be fixed well before the Oct. 1, 2015, ICD-10 compliance date.

If you are interested in testing your electronic claims with us, please contact your assigned Provider Network Representative. Or, send an email to icd@bcbsmt.com – please include “ICD-10 TESTING REQUEST” in the subject line of your email. Provider ICD-10 testing at BCBSMT started in May 2015 and we want to start testing with **you**.

HOW WILL ICD-10 IMPACT YOUR PRACTICE?

The transition to ICD-10 is huge! It will affect all aspects of your practice. For a visual representation of the potential impact to various departments in a provider office, refer to the [Provider Office Changes Map](#). Also visit the ICD-10 page in the [Standards and Requirements section](#) of our website for additional information and related resources.