Provider Press

December 2010 / Vol. 14, No. 4

Preparing for HIPAA 5010

Blue Cross and Blue Shield of Minnesota (Blue Cross) is preparing for implementation of HIPAA 5010. HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) and it contains a provision called Administrative Simplification. This provision of the law required the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions.

As you know from other communications, Blue Cross is partnering with Availity for our clearinghouse EDI capability (formerly through ClearConnect®). Availity is a leading health care information exchange and provider of e-health transaction services. We are also in the process of transitioning HIPAA transaction capability from provider web self-service (PWSS), also known as **providerhub.com**, to **availity.com**.

Enhanced portal capabilities

The transition to this multi-payer portal is being done in a phased approach in order to meet the HIPAA 5010 effective date of January 1, 2012.

Phase one includes deployment to approximately 20 providers who will be providing usability feedback. Starting in late 2010, the Availity portal will contain ability:

- To quickly and easily submit online claims and determine claim status
- To verify member eligibility and benefits
- For single sign-on from Availity to PWSS as well as directly to PWSS through your PWSS user id/password

Pilot providers will be using the HIPAA 4010 format and then move to HIPAA 5010 format in mid-2011.

Phase two will meet the requirements of HIPAA 5010 and includes these additional functions:

- Updated eligibility/claim status functions such as benefits and claim status response sort
- View provider remittances
- Submit claims electronically

Non-HIPAA functions like "Find Facility" will continue to be available on PWSS. We will make the new portal available to all Minnesota providers during the second half of 2011.

Expected benefits

There will be improvements for providers as well as the health plans that will be using the same Availity portal. These include:

- One-stop online access of multiple payers' HIPAA transaction information
- Automated secure processes and reduced cost due to standardized transactions across all payers
- Improved, simplified user interface and ease of use

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Provider Press

Provider Press is a quarterly newsletter available online at **providers.bluecrossmn.com**. Issues are published in March, June, September and December.

Inside preview

Pharmacy Corner

Aspirin therapy in ischemic heart disease and diabetes mellitus

How you are improving your patients' health with ASA prescriptions

The goal of this performance improvement project (PIP) is to promote awareness of the benefits of low-dose aspirin therapy in eligible members with a diagnosis of ischemic heart disease (IHD) and/or diabetes mellitus. The low-dose aspirin prescriptions that you write are tracked at the health plans through pharmacy claims to document the participation rate, allowing measurement and monitoring of improvement.

To date, the project interventions have shown a positive impact on health plan members, thanks to the efforts of the Care Coordinators and Providers involved in this PIP. The most recent collaborative measurement data demonstrates a 14.79 percentage point increase over the baseline rate of 25.93 percent, which is well over the five percentage-point improvement goal to increase for members utilizing aspirin therapy through over-the-counter prescriptions. This is the second successful measurement. In order to meet the measurement criteria for this project, targeted members must fill a prescription for 120 or more aspirin units through an over-the-counter prescription during the measurement periods:

April 1, 2008 – March 31, 2009, April 1, 2009 – March 31, 2010 and April 1, 2010 – March 31, 2011.

The target population is:

- Community-based members, ages 65 to 84, unless contraindicated
- Minnesota Senior Health Options (MSHO) members or Minnesota Senior Care Plus (MSC+) members

The intervention strategies for this project include:

- Promoting communication between members and their care team by having members talk to their Provider regarding if aspirin is appropriate for them
- Increasing awareness of Medicaid over-the-counter benefits
- Improving documentation of aspirin use in Clinic and Pharmacy records to improve patient safety
- Promoting guideline awareness for aspirin therapy to the health care team

Eight Minnesota health plans are collaborating on this project in order to impact the health of members across the state: Blue Plus, HealthPartners, Itasca Medical Care, Medica, Metropolitan Health Plan, PrimeWest Health, South Country Health Alliance and UCare.

For more information and project materials, please visit the Stratis Health website at **stratishealth.org/providers/healthplanpips.html**. For additional

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Pharmacy Corner

Your prescriptions for Calcium Vitamin D supplements are effective

For the past three years, Blue Cross and Blue Shield of Minnesota, Blue Plus, Health Partners, Medica, Metropolitan Health Plan, UCare and Stratis Health have been working on a performance improvement project (PIP) focusing on increasing the rate of Calcium and Vitamin D supplementation in the Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) community-based population.

Because you took the time to write a prescription for Calcium and Vitamin D for your MSHO and MSC+ patients, they could afford this important supplementation and the Collaborative was able to measure the pharmacy claims for the effectiveness of this PIP. During this third measurement period April 1, 2009 –March 31, 2010, there was a 17.53 percentage-points increase above baseline, in the rate of Calcium and Vitamin D supplementation use as measured by pharmacy claims. This increase is significantly more than the absolute 5 percent increase project goal.

We want to thank you for your time and contribution to this effort. We have successfully met the goals for this project. While this final measurement cycle completes the MSHO/MSC+ Calcium and Vitamin D Supplementation Performance Improvement Project, participating health plans will continue to pay for Calcium Vitamin D prescriptions at little or no cost to your MSHO/MSC+ patients. We ask that you continue to support your patients' bone health by encouraging their ongoing use of Calcium Vitamin D supplementation.

For more information and project materials, please visit the Stratis Health website at **stratishealth.org/providers/healthplanpips.html**. For questions, please contact Linda Jax, at **651-662-0763** or via e-mail at linda_a_jax@bluecrossmn.com.

We are proud to have been partners with you in this endeavor and look forward to continuing to work together to improve patients' health.

Aspirin therapy *continued from page 2*

questions, please contact the project lead, Linda Jax, at **651-662-0763** or via e-mail at linda_a_jax@bluecrossmn.com.

Thank you for your continued efforts to support the health of members and help us meet the goals of the aspirin therapy PIP.

Claims Tips

Present on Admission (POA) on institutional inpatient claims

Some providers are incorrectly populating the Present on Admission (POA) values on institutional inpatient claims. As stated in the Minnesota Uniform Companion Guide for Institutional Claims, Appendix D, the POA indicator for the principal diagnosis should be the first indicator after "POA." POA indicators for secondary diagnoses would follow next, if applicable. The "Z" is used to indicate the end of POA information for most claims and the "X" indicates the end of POA information for claims that have an exception to processing. The "X" value was added to provide a way to indicate an exception to processing if necessary in the future. For E diagnosis codes, put the POA after the "Z" or "X."

Blue Cross and Blue Shield of Minnesota is seeing examples where the E code is being reported before the "Z" or "X." As stated in the Minnesota Uniform Companion Guide, E diagnosis code POAs must be put after the "Z" or "X."

We are also seeing examples where the number of POA values being reported does not equal the number of diagnosis codes reported on the claims. As stated in the Minnesota Uniform Companion Guide, a POA must be submitted "for every diagnosis reported on the claim except for admitting diagnosis and patient reason for visit diagnosis."

For more information regarding proper reporting of POA values, please refer to the Minnesota Uniform Companion Guide for Institutional Claims, Appendix D, at **health.state.mn.us/auc/mn837i.pdf**.

FYI

Publications available online

The following is a list of Quick Points and Bulletins published from September 2010 to November 2010 that are available online at **providers.bluecrossmn.com**. As a reminder, Bulletins are mailed to all participating providers affected by the information. Quick Points are available only on our website unless noted otherwise in the bottom left corner of the publication.

Quick Points	Title
QP15-10	Present on Admission (POA) on institutional inpatient claims
QP16-10	New turnaround time process for urgent pre-certification and prior authorization requests
QP16R1-10	Retraction – New turnaround time process for urgent pre-certification and prior authorization requests
QP17-10	5010 implementation frequently asked questions
QP18-10	Preventive care services required under the PPACA
QP19-10	Do you know what HEDIS can do for your clinic?
QP20-10	Online access to out-of-area Blue Plan members medical policy and pre-certification lists
QP21-10	Adult MH-TCM DHS change in implementation date for use of the Level of Care Utilization System (LOCUS)
QP22-10	Coordination of Benefits (COB) claim balancing edits
QP23-10	Definition of urgent used for pre-certification and prior authorization requests
QP24-10	Skilled Nursing Facility (SNF) billing
QP25-10	Electronic prescribing
Bulletins	**Title**
P30-10	October 2010 ICD-9-CM and HCPCS code updates
P31-10	Reimbursement for eyeglasses changes for Minnesota Health Care programs (MHCP) members
P32-10	Clarification of timely filing for claims denied for incorrect procedure code/procedure modifier combinations
P33-10	Important changes for the 2010 Recognizing Excellence℠ program
P34-10	Medical necessity review criteria for chemical dependency facilities not licensed by the State of Minnesota
P35-10	Discontinuation of paper remittances
P35R1-10	Revision to discontinuation of paper remittances
P36-10	BlueLink TPA remittance advice will no longer include reconciliation information
P37-10	Minnesota Health Care Programs (MHCP) vaccines update
P38-10	Important changes for the 2010 Recognizing Excellence℠ program
P39-10	High-Technology Diagnostic Imaging (HTDI) program
P40-10	Minnesota Health Care Program (MHCP) changes in chiropractic therapy and outpatient physical, occupational and speech therapy pre-authorization process
P41-10	2011 Federal Employee Program benefits exclude residential treatment centers

Provider Demographic Change Form

The Provider Demographic Change Form needs to be completed when your address, phone number, hospital affiliation or office hours change. Go to **providers.bluecrossmn.com** and enter "provider demographic change form" in the search window to obtain the form. Completed forms can be:

E-mailed to **provider_data@bluecrossmn.com**

Faxed to **(651) 662-6684**

Mailed to:
Blue Cross and Blue Shield of Minnesota
PDO, S116
P.O. Box 64560
St. Paul, MN 55164-0560

FYI

Provider manual updates

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from September 2010 to November 2010. As a reminder, provider manuals are available online at **providers.bluecrossmn.com**. To view the manuals, select "forms and publications" then "manuals." Updates to the manuals are documented in the "Summary of changes" section of the online manuals.

Manual name	Chapter number and title	Change
2010 Provider Policy and Procedure Manual	Chapter 1- At Your Service	· AUC appeal information removed · Electronic claim submission requirements · PC-ACE information removed · Other numbers and addresses (Prime Therapeutics)
2010 Provider Policy and Procedure Manual	Chapter 2 – Provider Agreements	· Providers numbers section moved above credentialing section · Requirements of Minnesota Law added · Credentialing section rewritten
2010 Provider Policy and Procedure Manual	2010 Provider Policy and Procedure Manual Behavioral Health section	· Pre-certification and concurrent review for inpatient/residential mental health and substance use disorder services -- effective June 1, 2010 section added · Chemical dependency utilization management (CD UM) phone number update
2010 Provider Policy and Procedure Manual	2010 Provider Policy and Procedure Manual, all sub sections	· Minor changes and validation of information.

Really Simple Syndication

Not all provider publications are mailed out to providers. The majority of our informational Quick Points and the quarterly Provider Press are posted to our website for providers to view. Providers frequently ask us how they can be advised when new publications are added to the website at **providers.bluecrossmn.com**.

Providers can sign up to get RSS (really simple syndication) feeds of our latest news releases and updates to provider-related forms and publications. A sample of the feeds that can be requested includes:

- News releases
- Bulletins
- Forms: credentialing
- Forms: other
- How-to-guides: claims
- Manuals
- Provider Press
- Quick Points

Go to **providers.bluecrossmn.com** and enter "RSS" in the search window to learn more about RSS. Questions about RSS feeds specific to your internal systems should be directed to your IT support area.

FYI

Updated High-Technology Diagnostic Imaging (HTDI) Program

The Institute for Clinical Systems Improvement (ICSI) is sponsoring an online decision support program designed to ensure appropriate use of certain High-Technology Diagnostic Imaging (HTDI). Along with other major Minnesota health plans, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) supports this important ICSI project and is implementing the HTDI program.

This project will support improved health outcomes and reduced costs for physicians, consumers, employers and health plans. Among the benefits to providers are:

- Physicians will have an objective, evidence-based set of criteria to make decisions on when to employ HTDI technologies, without needing to check first with the health plan.
- The process will help ensure that members receive the appropriate test with immediate feedback, without incurring additional costs and the risk of unnecessary exposure to potentially harmful levels of radiation.
- Physicians will follow uniform guidelines designed and incorporated into the decision support tool. The overall process has been sponsored by ICSI, a leading non-profit organization with expertise in working with providers and health plans.

Key process changes

For its implementation of the decision support program, Blue Cross has entered a relationship with Nuance to provide the software solution. This change could impact the processes you currently follow regarding data submission and decision support services for HTDI as described here:

- Effective March 1, 2011, ordering physicians will be required to use a decision support system as part of their process for elective, outpatient HTDI procedures. This can be performed either by Electronic Medical Record (EMR) integrated RadPort software or the web-based version. Physicians who choose to use other programs should contact Blue Cross.
- All providers must follow the current HTDI guidelines in the Medical and Behavioral Health Policy Manual for the following Health Services:
  - COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA) FOR EVALUATION OF CORONARY ARTERIES (covered if meet criteria in medical policy)
  - COMPUTED TOMOGRAPHY (CT) SCREENING FOR CORONARY ARTERY DISEASE (not covered)
  - CT COLONOGRAPHY (VIRTUAL COLONOSCOPY) AS A SCREENING TEST FOR COLORECTAL CANCER (covered if meet criteria in medical policy -- Prior Authorization Required)

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FYI

HTDI Program *continued from page 7*

– FULL BODY CT SCANNING (not covered)

– MRI OF THE BREAST (covered only if meet criteria-Prior Authorization Required)

– POSITRON EMISSION TOMOGRAPHY (PET) (covered only if meet criteria)

– SPIRAL CT SCREENING FOR LUNG CANCER (not covered)

Imaging services included

The program covers the following elective, outpatient HTDI procedures:

- CT and CTA scans
- MRI/MRA services
- PET scans
- Nuclear cardiology
- Combinations of PET, CT, etc.

Members covered by the program

Currently, this program includes selected Blue Cross members in the Minnesota service area and surrounding counties in Wisconsin, South Dakota, North Dakota and Iowa:

The EMR integrated RadPort software or the web-based version will display the member's name if they are included in the HTDI program. If the member name is not displayed in RadPort, that member is not included.

For more information, please see forthcoming Provider Bulletin to be issued fourth quarter 2010 and related HTDI information to be posted at **providers.bluecrossmn.com** for convenient reference. Or you may call provider services at **(651) 662-5200** or **1-800-262-0820**.

Preparing for HIPAA 5010 *continued from page 1*

- Confidence in meeting industry standards

More information

If you'd like more information about the coming portal improvements, please visit **availity.com** and see the "demo" tab on the right. Provider services at **651-662-5200** or **1-800-262-0820** will also be happy to answer any questions.

FYI

Care Comparison® helps members make informed decisions

Blue Cross is pleased to let you know that our online facility-based cost and quality transparency tool, Care Comparison, is being expanded to include national cost information* effective first quarter of 2011. The tool includes the highest volume elective surgeries and procedures, so all Blue members can find information on the most frequently needed elective care. It provides realistic bundled treatment cost estimates, that is, plan-paid, facility-specific estimates including the doctor, facility, tests, lab, imaging and anesthesia.

*initially excludes five states

"Best value" providers identified

Because the tool provides accurate cost and quality information in one tool, it gives members a way to shop for the "best value" for their health care. Care Comparison provides "packaged" treatment cost estimates for over 50 common, high-cost elective surgeries and procedures. The cost ranges are displayed as a typical minimum to typical maximum cost range based on total amount paid for an inpatient procedure from admission to discharge, or for an outpatient procedure on the date of service.

Members can also compare quality information for over 150 procedures in any state. Quality information includes number of patients, mortality rates, complication rates, length of stay, safety and patient satisfaction.

Care Comparison helps members understand and manage their health care costs so they can make decisions based on facts. It demonstrates our commitment to giving members actionable information.

FYI

Monthly reports help providers identify MHCP kids who need preventive services

Minnesota children enrolled in Minnesota Health Care Program (MHCP) are less likely to receive well child visits than Minnesota children overall. In addition, children of mothers who delay prenatal care are at high risk for not receiving adequate numbers of well-child visits. We want to collaborate with you to ensure that your patients and our members receive timely and complete Child & Teen Checkups (C&TCs).

Since April 2009, Blue Plus has been sending monthly reports to its participating clinics showing which MHCP pediatric patients have gaps in care for C&TC and lead screening tests. The reports are based on Minnesota Department of Human Services enrollment data and Blue Plus claims data. Blue Cross continues its work to improve the effectiveness of these lists.

Recently we received feedback from clinics that tell us it would be more helpful to give clinics time to reach families before re-listing the names. In response to your feedback, we made the following change in lead screening and C&TC reports:

A child's name is omitted from a report for 2 months after it first appears, and then will show up again 3 months after it first appeared if the child is still in the age range eligible for the service and has not yet received it. Clinics may have noticed that their reports are much shorter some months than others, due to this change.

If you are not familiar with the monthly reports and would like information about them, including who in your clinic is receiving the reports, please send an e-mail to **Healthy_Kids@bluecrossmn.com**.

Quality Improvement

Clinical practice guidelines

At Blue Cross and Blue Shield of Minnesota and Blue Plus, we believe that the use of clinical practice guidelines is a key component of health care improvement. Each year our Quality Council approves the adoption of select guidelines, which are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgment; however, they are intended to assist clinicians in understanding key processes for improvement efforts.

Please note that some treatment and management options recommended in clinical practice guidelines may not be covered benefits under a Blue Cross and Blue Shield of Minnesota and Blue Plus member's health plan.

The clinical practice guidelines section can be reviewed on our provider website at **providers.bluecrossmn.com**, forms & publications, manuals, Blue Cross and Blue Shield of Minnesota Provider Policy and Procedure Manual, Chapter 3 - Health Care Improvement.

Recently updated ICSI guidelines:

- **Preventive Services for Adults**
- **Preventive Services for Children and Adolescents**
- **Hypertension Diagnosis and Treatment**
- **Diagnosis and Management of Diabetes Mellitus in Adults, Type II**
- **Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome**

Patient and Family Guidelines

ICSI has available sets of guidelines for patients and families. To view or print, visit **icsi.org** and click on "For Patients and Families."

You may also contact Pam Dempsey via e-mail at pamela_m_dempsey@bluecrossmn.com, or via phone at **(651) 662-7271** or **1-800-382-2000, ext. 27271** for more information.

Quality Improvement (QI) Program

The Blue Cross and Blue Shield of Minnesota and Blue Plus QI program annually carries out many projects to improve members' health. The QI core documents describe our QI program description, new and current projects in 2010 and finally an evaluation of projects carried out in 2009. The QI program has projects that attempt to improve the rates of preventive health services, such as immunizations and mammograms, reduce the occurrence of acute diseases like flu, or improve the outcomes of chronic diseases such as diabetes or heart disease. It includes quality of clinical care, quality of service, patient safety and collaborative initiatives. If you'd like to learn more about the quality improvement program or to request copies of QI core documents, please call Amanda Allen-Bauer at **(651) 662-8986.**

Coding Corner

Coding edit decision

The following policy issue was reviewed. The code edit and decision is listed below.

Coding and Edits	Decision/Actions
S0395 should deny provider liability as included in the basic service rendered.	Edit added – S0395 denies GMEX to 99201-99215 (modifier -25 will not override the edit) or L3000-L3090

S0395 (Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic) is considered mutually exclusive or an integral part of an evaluation and management (E/M) code or certain orthotics. Thus S0395 will not be considered for separate reimbursement when billed with an E/M, foot insert, or arch support.

Decision for surgery

As a reminder, the presence of the -57 modifier does not guarantee separate payment of an Evaluation and Management (E/M) service. To assure the visit is supported, separate payment of the E/M may be considered only on appeal.

The -57 modifier indicates an E/M resulted in the initial decision to perform surgery either the day before or the day of a major surgical procedure (90-day global period). Do not append this modifier when a minor surgical procedure (0, 10-day global period) is performed.

The –57 should not be used to report an E/M service that was pre-planned or prescheduled the day before or the day of surgery, as this would be included as part of the global surgical package. Patients are normally reevaluated on the date of the actual surgery to assure the service can be performed. That clearance would be included in the global period and should not be reported separately.

The forgotten codes

E codes are possibly the most underused codes in the ICD-9-CM manual. However, they offer a wealth of information. The E (External Cause) diagnosis codes complete the how, who, what, where or why relating to the patient's condition.

An E diagnosis may also help determine correct claim payment liability. For example, injuries sustained by a passenger in a motor vehicle accident may be reported as E813.1 (Motor vehicle traffic accident involving collision with other vehicle; Passenger in motor vehicle other than motorcycle). By correctly appending E codes to your claim, administrative dollars may be saved. So please remember to report E codes when applicable.

It's that time of year again

They're coming! The January 2011 HCPCS changes that is. Normally we try to publish new HCPCS codes during the year as a courtesy, but because the January update is the largest of the quarterly HCPCS code updates, we will not publish the codes via a bulletin. But HCPCS codes (CPT and Level II HCPCS) are a HIPAA medical code set and must be valid for the date of service submitted. So it is very important to get your new CPT and HCPCS manuals. We will accept all new and revised HCPCS codes with a date of service of January 1, 2011, or after. Likewise, we will reject all discontinued codes with a date of service of January 1, 2011, or after.

Medical and Behavioral Health Policy Update

Medical and behavioral health policies are available for your use and review on the Blue Cross and Blue Shield of Minnesota website at **providers.bluecrossmn.com**. From this site, there are two ways to access medical policy information depending on the patient's Blue Plan membership.

For out-of-area Blue Plan patients:

Select Medical Policy PreCert/PreAuth Router and click Go. You will be taken to the page where you select either medical policy or pre-certification/prior authorization and enter the patient's three-letter alpha prefix as found on their member identification card, and click Go. Once you accept the requirements, you will be routed to the patient's home plan where you can access medical policy or pre-certification/pre-authorization information.

For local Blue Cross and Blue Shield of Minnesota Plan Patients:

Select "Medical Policy" (under the Tools and Resources), read and accept the Blue Cross Medical Policy Statement, and then select "View All Active Policies." You have now navigated to the BCBSMN Medical and Behavioral Health Policy Manual, where there are several selections to assist with your inquiry.

The "What's New" section identifies our latest new or revised policies approved by BCBSMN's Medical and Behavioral Health Policy Committee at least 90 days ago. These policies are now effective, and providers should begin following these policies immediately. These policies also appear in the "Active Policy" section of the Medical and Behavioral Health Policy Manual.

The "Upcoming Policies" section lists new or revised policies approved by the BCBSMN Medical and Behavioral Health Policy Committee and are effective 90 days from the date they were posted to the "Upcoming Policies" section of the Medical and Behavioral Health Policy Manual.

The "Active Policy" section contains the entire list of policies effective at the time of your inquiry. Please note, DHS programs have a separate section titled "Coverage Guidelines for DHS Programs (MHCP Manual)."

The "Pre-Certification/Pre-Authorization" section identifies various services, procedures, prescription drugs, and medical devices that require pre-certification/pre-authorization. Please note, Commercial (including BlueLink tpa) and MN Government Programs have different pre-certification/ pre-authorization lists and requirements. These lists are not exclusive to medical policy services only; they encompass other services that are subject to pre-certification/pre-authorization requirements. For your convenience, links to the "Commercial Forms" and "BlueLink tpa Forms" have also been provided.

If you have additional questions regarding medical or behavioral health policy issues, call provider services at **(651) 662-5200** or **1-800-262-0820** for assistance.

Medical and Behavioral Health Policy Activity

Medical and Behavioral Health Policy Activity
Policies Effective: 12/20/10 Notification Posted: 09/16/10

Policies developed

None

Medical and Behavioral Health Policy Update

Policies revised

Reproduction Treatments

- The policy has been updated with the following criteria for pre-implantation genetic testing; this criteria will replace the current pre-implantation genetic diagnosis section of the policy.
- Pre-implantation genetic testing as an adjunct to In Vitro Fertilization (IVF) may be considered medically necessary in the following situations:
  - A history of three prior failed IVF cycles; or
  - Maternal age is greater than 35 years; or
  - Detection of a chromosomal abnormality in an embryo when one of the partners is known to harbor a balanced or unbalanced translocation; or
  - Detection of a specific inherited single genetic disorder in an embryo when:
    1. Both partners are known carriers of a single gene autosomal recessive gene disorder (e.g., cystic fibrosis, ß-thalassemia); or
    2. One partner is a known carrier of a single gene autosomal recessive disorder (e.g., cystic fibrosis, ß-thalassemia) and the partners have one biological offspring that has been diagnosed with that recessive disorder; or
    3. One partner is a known carrier of a single gene autosomal dominant disorder (e.g., Marfan syndrome, myotonic dystrophy); or
    4. One partner is a known carrier of a single X-linked disorder (e.g., Fragile X syndrome, hemophilia A).
- Preimplantation genetic testing is considered not medically necessary for the sole purpose of nonmedical gender selection (i.e., gender selection for observable, nonmedical characteristics or traits in the absence of a documented history of an X-linked disorder, such as Fragile X syndrome or hemophilia A).
- The remainder of the policy is unchanged.
- Prior authorization: Yes, ONLY for benefit plans without dollar maximums. The member's benefit language should be verified because some self-insured plans with dollar maximums do recommend prior authorization for reproduction and/or infertility treatment.

Ranibizumab (Lucentis™)

- The policy title has been changed to reflect treatment of more than one condition.
- Added: Ranibizumab (Lucentis™) may be considered medically necessary for the treatment of macular edema following retinal vein occlusion.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Percutaneous Facet Joint Denervation

- The policy title has been updated to include the term "Percutaneous," the term "Radiofrequency" has been removed to reflect a broader policy which encompasses additional types of denervation techniques (i.e. cryodenervation and laser).
- The policy has updated criteria for non-pulsed radiofrequency dernervation to include C2-3 and below.
- Revised the criteria for use of diagnostic blocks prior to non-pulsed radiofrequency denervation as follows:
  - Resulted in elimination or marked decrease in intensity of pain at least 80% reduction in pain for the duration of the specific local anesthetic used (i.e., bupivacaine or lidocaine); and

Medical and Behavioral Health Policy Update

  - Not been conducted under intravenous sedation unless specifically indicated (e.g., the patient is unable to cooperate with the procedure)
- Added: No therapeutic intraarticular injections (i.e., steroids, saline, or other substances) for a period of at least 4 weeks prior to the diagnostic medial branch block.
- All other techniques for percutaneous facet joint denervation for treatment of chronic spinal/back pain are considered investigative due to a lack of evidence supporting an impact on improved health outcomes. These other techniques include, but are not limited to:
  - Laser; and
  - Cryodenervation.
- The remainder of the policy is unchanged.
- Prior authorization: Yes.

Vagus Nerve Stimulation

- Revised the criteria for vagus nerve stimulation, may be considered medically necessary as a treatment of medically refractory or intractable epileptic seizures defined as at least two failures of antiepileptic drugs.
- Updated: Vagus nerve stimulation is considered investigative for all other indications including but not limited to major depressive disorder, essential tremor, headache and obesity.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Sclerotherapy for Varicose Veins of the Lower Extremities

- Revised the policy criteria for the use of sclerotherapy as a stand-alone treatment *for varicose veins of the lower extremities* may be considered medically necessary for one or more of the following indications:
  - Bleeding varicosities (varicorrhage)
  - Varices surrounding a leg ulcer, and
  - Painful varicosities indicated by persistent leg pain that significantly interferes with activities of daily living after conservative therapy, including compression therapy, for at least 3 months has not improved symptoms.
- Revised: Sclerotharapy can be used as follow-up to either:
  - endoluminal radiofrequency ablation
  - surgical ligation with or without stripping may be considered medically necessary for a period of 12 months from the date of surgery. This does not include spider veins or asymptomatic varicosities.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Positron Emission Tomography (PET): Oncologic Applications

- ALL policy statements have been revised, the policy has also been modified to indicate the phases of evaluation for oncology indications and policy criteria within those indications. See as follows.
- **Initial Treatment Strategy**
  Positron emission tomography (PET) or positron emission tomography/computed tomography (PET/CT) may be considered medically necessary as an Initial Treatment Strategy (Diagnosis and Staging) for known or suspected

Medical and Behavioral Health Policy Update

malignancy when the following criteria are met:
  - One (1) PET or PET/CT for myeloma, solitary pulmonary nodule, and all solid tumors (except those listed below as investigative) when the test is needed to determine the location and/or extent of the suspected or proven malignancy in order to make at least one of the following determinations:
    1. Whether or not the patient is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
    2. The optimal anatomic location for an invasive procedure; or
    3. The anatomic extent of malignancy, when recommended therapy reasonably depends on the extent of malignancy.

  AND
    1. Other standard imaging modalities (e.g., CT, MRI, or ultrasound) are either not indicated or unable to conclusively provide the required information.
- Positron emission tomography (PET) or positron emission tomography/computed tomography (PET/CT) is considered investigative as an Initial Treatment Strategy (Diagnosis and Staging) for all other non-solid tumors and the following solid tumors:
  - Prostate;
  - Bladder
  - Basal and squamous cell skin cancers.
- **Subsequent Treatment Strategy**

  Positron emission tomography (PET) or positron emission tomography/computed tomography (PET/CT) may be considered MEDICALLY NECESSARY as a Subsequent Treatment Strategy (Restaging and Monitoring) for known or suspected malignancy when the following criteria are met:
  - PET or PET/CT for myeloma and all solid tumors when the test is performed after completion of initial therapy for malignancy and the imaging results are required to assess therapeutic success, in order to establish the need for any subsequent therapy, by determining at least one of the following:
  - Presence or extent of residual disease; or
  - Presence or extent of recurrent disease; or
  - Presence or extent of metastasis; or
  - Other assessment of tumor response

  AND
  - Other standard imaging modalities (e.g., CT, MRI, or ultrasound) are either not indicated or unable to conclusively provide the required information.
- PET or PET/CT is considered investigative when used as a Subsequent Treatment Strategy (Restaging and Monitoring) for all other tumor types (solid and non-solid), including, but not limited to:
  - Small cell lung
  - Pancreas
  - Kidney
  - Solitary pulmonary nodule
  - Prostate
  - Basal and squamous cell skin cancer;
  - Bladder

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- **Early Treatment Response Assessment**
  PET or PET/CT for early treatment response assessment, also referred to as Interim PET, (i.e.,involving comparison of PET images before treatment and at some interval during the initial course of treatment) is considered investigative due to a lack of evidence demonstrating an impact on improved health outcomes.
- **Surveillance**
  Positron emission tomography (PET) or PET/CT as a *surveillance* tool for patients with cancer or with a history of cancer when there are no new or worsening symptoms, physical findings, lab tests, or other imaging tests suggesting recurrence or progression of malignancy is considered investigative due to a lack of evidence demonstrating an impact on improved health outcomes.
- Prior Authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Positron Emission Tomography (PET): Miscellaneous Applications

- Added: Positron emission tomography (FDG-PET) may considered medically necessary for the diagnosis of chronic osteomyelitis.
- Added: Positron emission tomography (PET) is considered investigative in the diagnosis or evaluation of all other diseases or conditions not identified above, including but not limited to other central nervous system (CNS), metabolic, and infectious conditions.
- Added: Positron emission tomography (PET) is considered not medically necessary for evaluation of patients without specific signs and symptoms of disease.
- The remainder of the policy is unchanged.
- Prior Authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Policies inactivated*

Factor Products for Treatment of Bleeding Disorders
Wound Healing: Non-Contact Radiant Heat Bandage
Vitiligo Treatment
Phototherapy with Ultraviolet Light
PUVA (Psoralen Photochemotherapy)
Gambling, Pathological

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Policies Effective: 01/24/11 Notification Posted: 10/22/10

Policies developed

None

Policies revised

Hematopoietic Stem Cell Transplantation for Autoimmune Diseases

- Juvenile idiopathic arthritis and type 1 diabetes mellitus have been added as investigative indications for autologous or allogeneic hematopoietic stem-cell transplantation.
- The remainder of the policy is unchanged.
- Prior Authorization: Not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Computed Tomography Angiography (CTA) for Evaluation of Coronary Arteries

- The policy was updated with examples of indications for mapping coronary or pulmonary vasculature for pre-surgical assessment that may be considered medically necessary.
- Assessment of coronary or pulmonary venous or arterial anatomy for pre-surgical planning. Examples of pre-surgical assessment include:
  - Coronary vein mapping prior to placement of biventricular pacemaker
  - Evaluation of pulmonary vein anatomy prior to invasive radiofrequency ablation for atrial fibrillation
  - Coronary arterial mapping, including internal mammary artery prior to repeat cardiac surgical revascularization
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Gene Expression Profiling for the Management of Breast Cancer Treatment

- The policy has been updated with the following statements:
- For patients with multiple ipsilateral or bilateral primary tumors who otherwise meet the criteria for testing, use of the 21-gene RT-pcr assay (i.e.,Oncotype DX™) for each tumor is considered not medically necessary because treatment is based on the most aggressive lesion.
- The use of other gene expression assays [e.g.,MammaPrint®, MammoStrat™, THEROS Breast Cancer IndexSM (which includes THEROS H/ISM and THEROS MGISM)] for any indication is considered investigative due to the lack of evidence establishing that these tests are better than conventional risk assessment tools in predicting disease recurrence.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Selective Internal Radiation Therapy

- The policy has been updated with the following statement:
- Selective internal radiation therapy (SIRT) using yttrium-90 (Y-90) microspheres may be considered medically necessary to treat unresectable hepatic metastases from neuroendocrine tumors (carcinoid and non-carcinoid) in patients with symptomatic disease when systemic therapy has failed to control symptoms (e.g.,debilitating wheezing and diarrhea).

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- The remainder of the policy is unchanged.
- Prior authorization: Yes.

Policies inactivated*

Treatment of Twin-Twin Transfusion Syndrome with Amnioreduction and/or Fetoscopic Laser Surgery

Policy Effective: 11/22/10 Notification Posted: 11/22/10*

Policy developed

* Note: This policy is effective immediately.

Pegloticase (Kystexxa)

- The use of pegloticase for treatment of gout is considered investigative due to concerns regarding adverse events and a lack of evidence on long-term safety and effectiveness.
- The use of pegloticase for all other indications is considered investigative.
- Prior Authorization: Not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Policies Effective: 02/21/11 Notification Posted: 11/22/10

Policies developed

None

Policies revised

Fetal Fibronectin Enzyme Immunoassay

- The policy has been updated with the following language: The Fetal Fibronectin (FFN) Enzyme Immunoassay may be considered medically necessary for use in pregnant women with singleton or twin pregnancies who meet all the following criteria:
  - Symptoms suggestive of preterm labor between 24 and 34 weeks gestation;
- Determination of the medical necessity of FFN testing in management of triplet or higher-order pregnancies is left to the discretion of the physician due to the multiplicity of factors predisposing higher-order pregnancies to preterm labor. A negative FFN test may provide additional information in management of these pregnancies.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Autologous Chondrocyte Implantation and Other Cell-Based Treatments for Focal Articular Cartilage Lesions

- The policy has been updated with the following language: All other cell-based treatments of articular cartilage lesions

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are considered investigative including, but not limited to the following:
  - Matrix-induced autologous chondrocyte implantation;
  - Autologous minced cartilage;
  - Allogeneic minced cartilage.
- The remainder of the policy is unchanged.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Botulinum Toxin

- The policy has been updated with the latest FDA approved botulinum product incobotulinumtoxinA (Xeomin). Medically necessary, investigative and cosmetic indications have not changed. Criteria have been grouped to include both FDA-approved and accepted off-label uses of all products in one list rather than by FDA-approval status of each agent:
- The use of botulinum toxin (A or B serotypes) may be considered medically necessary for the following:
  - Cervical dystonia (spasmodic torticollis; applicable whether congenital, due to child birth injury, or traumatic injury). *
  - Strabismus*
  - Blepharospasm or facial nerve (VII) disorders (including hemifacial spasm)*
  - Upper limb spasticity*
  - Dystonia/spasticity resulting in functional impairment (interference with joint function, mobility, communication, nutritional intake) and/or pain in patients with any of the following hereditary, degenerative, or demyelinating diseases of the central nervous system:
    1. Focal dystonias:
       - Focal upper limb dystonia (e.g.,organic writer's cramp)
       - Oromandibular dystonia (e.g.,orofacial dyskinesia, Meige syndrome)
       - Laryngeal dystonia (adductor spasmodic dysphonia)
       - Idiopathic (primary or genetic) torsion dystonia
       - Symptomatic (acquired) torsion dystonia
    2. Spastic conditions:
       - Cerebral palsy
       - Spasticity related to stroke
       - Acquired spinal cord or traumatic brain injury
       - Hereditary spastic paraplegia
       - Spastic hemiplegia
       - Neuromyelitis optica
       - Multiple sclerosis or Schilder's disease
  - Esophageal achalasia in patients who have not responded to dilation therapy or who are considered poor surgical candidates
  - Sialorrhea (drooling associated with Parkinson's disease
  - Chronic anal fissure
  - Incontinence related detrusor overreactivity (urge incontinence) either idiopathic or due to neurogenic causes (e.g.,spinal cord injury, multiple sclerosis) that is inadequately controlled with anticholinergic therapy
  - Hyperhidrosis in the subset of patients who have medical complications, such as skin maceration with secondary infections, or who have significant functional impairments

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- * FDA-approved indication for at least one of the agents.
- The use of all botulinum toxin agents is considered cosmetic for the treatment of glabellar lines or wrinkles and other indications solely to improve appearance.
- All other uses of botulinum toxin are considered investigative, including, but not limited to:
  - Headaches, including migraine headache, chronic daily headache and tension-type headache
  - Depressive disorders;
  - Chronic low back pain;
  - Joint pain;
  - Mechanical neck disorders;
  - Neuropathic pain after neck dissection;
  - Myofascial pain syndrome;
  - Pain after hemorrhoidectomy or lumpectomy;
  - Tremors such as benign essential tremor (upper extremity);
  - Sialorrhea (drooling), unless secondary to Parkinson's disease;
  - Chronic motor tic disorder, and tics associated with Tourette syndrome (motor tics);
  - Lateral epicondylitis;
  - Benign prostatic hyperplasia;
  - Interstitial cystitis;
  - Detrusor sphincteric dyssynergia (after spinal cord injury);
  - Tinnitus.
- The use of assays to detect antibodies to botulinum toxin is considered investigative due to a lack of evidence demonstrating a beneficial impact on health outcomes.
- Prior authorization: Yes, ONLY for Off-Label indications

Uterine Activity Monitoring (Home, Ambulatory)

- The policy has been updated with the following statement: Home uterine activity monitoring (HUAM) through use of a monitoring device is considered not medically necessary because the evidence does not support its use in the prediction and/or prevention of preterm births.
- Prior authorization: Not applicable. Claims for this service are subject to retrospective review and denial of coverage, as services that are not medically necessary are not eligible for reimbursement.

Rituximab for Off-Label Non-Cancer Indications

- The policy title has been updated to specify off-label *non-cancer* indications.
- The remainder of the policy is unchanged.
- Prior authorization: Yes, for off-label non-cancer indications.

Treatment of Urinary Dysfunction

- The following product names have been removed from the policy since they are no longer commercially available:
  - Ethylene vinyl alcohol copolymers (e.g.,Tegress®)
  - SURx RF System
- The remainder of the policy is unchanged.
- Prior authorization: Yes, *ONLY* for Percutaneous Tibial Nerve Stimulation (PTNS).

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Orthognathic Surgery

- ALL policy statements have been revised as follows:
- Orthognathic surgery may be considered medically necessary when the following criteria are met:
- I. Abnormalities in the mandibular and/or maxillary facial skeletal structure in at least one of the three standard spatial reference planes (horizontal, vertical, and/or transverse). The abnormalities must meet one or more of the following:
  - Anteroposterior discrepancies
    1. Maxillary/mandibular incisor relationship: overjet of 5 millimeter (mm) or more, or a 0 to a negative value (norm 2 mm),
    2. Maxillary/mandibular anteroposterior molar relationship discrepancy of 4 mm or more (norm 0 to 1 mm).
    3. These values represent two or more standard deviations from published norms.
  - Vertical discrepancies
    1. Presence of a vertical facial skeletal deformity which is two or more standard deviations from published norms for accepted skeletal landmarks
    2. Open bite
    3. No vertical overlap of anterior teeth
    4. Unilateral or bilateral posterior open bite greater than 2 mm
    5. Deep overbite with impingement or irritation of buccal or lingual soft tissues of the opposing arch
    6. Supraeruption of a dentoalveolar segment due to lack of occlusion.
  - Transverse discrepancies
    1. Presence of a transverse skeletal discrepancy which is two or more standard deviations from published norms.
    2. Total bilateral maxillary palatal cusp to mandibular fossa discrepancy of 4 mm or greater, or a unilateral discrepancy of 3 mm or greater, given normal axial inclination of the posterior teeth.
  - Anteroposterior, transverse or lateral asymmetries greater than 3 mm with concomitant occlusal asymmetry.

  AND
- II. The abnormality is due to one or more of the following:
  - Congenital defects (e.g.,cleft palate, micrognathia); OR
  - Defects that develop during growth and maturation; OR
  - Infection; OR
  - Tumors or neoplasms; OR
  - Trauma

  AND
- III. The patient exhibits one or more of the following:
  - Difficulty with swallowing or chewing
    1. Symptoms must be documented in the medical record and must persist for at least four (4) months; and
    2. Other causes of swallowing, choking or chewing problems have been ruled out through physical exam and/or appropriate diagnostic study including but not limited to allergies, neurologic or metabolic disease, or hypothyroidism.
  - Speech abnormalities determined by a speech pathologist or therapist multidisciplinary team (e.g.,speech pathologist or therapist along with a cleft palate or craniofacial specialist) to be due to the malocclusions and not alleviated by speech therapy or orthodontia.

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  - Significant obstructive sleep apnea that is not responsive or treatable by conservative means has been evaluated and documented; and is not treatable or is unresponsive after appropriate medical management has been attempted. (Refer to the medical policy on Treatment of Obstructive Sleep Apnea / Upper Airway Resistance Syndrome and Snoring, IV-07, for specific patient selection criteria for treatments that may be considered medically necessary in the management of OSA.)
  - Significant Temporomandibular disorder (TMD) not responsive to less invasive non-surgical treatments including those that mimic the effects of occlusal alteration such as removable intra-oral devices, orthotics, or splints. (Refer to the medical policy on Treatment for Temporomandibular Disorder (TMD), II-07, for treatments that may be considered medically necessary in the management of TMD).
- All other orthognathic surgery is considered not medically necessary.
- Certain procedures performed in conjunction with orthognathic surgery are considered cosmetic. Those procedures include, but are not limited to:
  - Rhinoplasty
  - Genioplasty/mentoplasty
  - Rhytidectomy
- Prior authorization: Yes. Documentation of the abnormality in mandibular and/or maxillary facial skeletal structure as defined in Section III must be included with the authorization request. Cephalometric images and good quality photographic images may be required along with history and physical examination findings.

Buprenorphine for Withdrawal and Treatment of Opioid Dependence

- The policy has been updated with the following language: Use of buprenorphine for withdrawal and maintenance treatment for opioid addiction may be considered medically necessary when prescribed by a qualified physician who has obtained the required training and a waiver and as described in the Drug Addiction Treatment Act of 2000.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Prophylactic Mastectomy

- ALL policy statements have been revised as follows:
- Prophylactic mastectomy, unilateral or bilateral, may be considered medically necessary in patients at high risk or moderately increased risk of breast cancer as defined below.
  - High risk patients:
    1. Two or more first-degree blood relatives (biologic parent, child, or sibling) with breast cancer
    2. One first-degree blood relative and two or more second-degree or third-degree relatives with breast cancer. (Second-and third-degree blood relatives include half-siblings, biologic aunts, uncles, grandparents, nieces, nephews, grandchildren, great-grandparents, and first-cousins.)
    3. One first-degree blood relative with breast cancer before the age of 45 years and one other blood relative with breast cancer
    4. One first-degree blood relative with breast cancer and one or more blood relatives with ovarian cancer
    5. Two second-degree or third-degree blood relatives with breast cancer and one or more blood relatives with ovarian cancer
    6. One second-degree or third-degree relative with breast cancer and two or more blood relatives with ovarian cancer

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7. Three or more second-degree or third-degree blood relatives with breast cancer
8. One first-degree blood relative with bilateral breast cancer
9. Patient has a confirmed BRCA1 or BRCA2 mutation
10. Patient has a confirmed p53 or PTEN mutation
11. Patient received radiation therapy to the chest between the ages of 10 and 30 years
12. Patients with breast neoplasms, including lobular carcinoma in situ

– Moderate risk patients:

1. Patients with a family history of breast cancer among first-second-or third-degree blood relatives. These patients include women with or without breast lesions associated with an increased risk, including atypical hyperplasia or breast cancer diagnosis in the opposite breast.
2. Patients with such extensive mammographic abnormalities (i.e.,calcifications) that adequate biopsy is impossible.

- **Notes:** Mastodynia is not an approved condition for prophylactic mastectomy.
- Prior authorization: No. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Policies inactivated

None

**Policies may be inactivated for any of the following reasons: 1) requests for coverage are no longer received for a particular therapy or procedure, 2) a particular therapy or procedure has become accepted medical practice, or 3) a particular therapy or procedure is already addressed in the subscriber contracts.*

Policies reviewed with no changes in September, October and November 2010

- Acne Treatment/Skin Rejuvenation
- Actigraphy
- Acupuncture
- Allogeneic Hematopoietic Stem-Cell Transplantation for Genetic Diseases and Acquired Anemias
- Ambulatory Blood Pressure Monitoring (ABPM) (Sphygmomanometry)
- Amino Acid-Based Elemental Formulas
- Anesthesia Services for Gastrointestinal Endoscopic Procedures
- Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas
- Automated External Defibrillator for Home Use
- Balloon Catheter Therapy for Chronic Sinusitis
- Biofeedback for Disorders Listed in the DSM-IV TR
- Blepharoplasty and Brow Ptosis Repair
- Bone Morphogenetic Protein (BMP)
- Breast Implants
- Carotid Angioplasty/Stenting
- Communication Assist Devices

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- Computed Tomography (CT) Screening for Coronary Artery Calcification
- CT Colonography (Virtual Colonoscopy)
- Deep Brain Stimulation
- Durable Medical Equipment (DME)
- Electrotherapy/Electrotherapeutic Devices
- Genetic Testing and Counseling
- Genetic Testing for Congenital Long QT Syndrome
- Growth Factors for Treatment of Wounds and Other Conditions
- Growth Hormone Treatment
- Hematopoietic Stem Cell Transplantation for Non-Hodgkin Lymphomas
- Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid Tumors in Adults
- Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis or Waldenstrom Macroglobulinemia
- Hematopoietic Stem-Cell Transplantation for Acute Lymphoblastic Leukemia
- Hyperbaric Oxygen Therapy
- Hypnotherapy
- Implantable Cardioverter-Defibrillator
- Influenza Virus Vaccine Live, Intranasal (FluMist)
- Left Atrial Appendage Occluder Devices
- Lung Volume Reduction Surgery
- Magnetoencephalography/Magnetic Source Imaging
- Medical and Surgical Treatment of Gender Identity Disorder
- Meniscal Allografts and Collagen Meniscus Implants
- Monoclonal Antibody Therapy for Allergic Asthma
- Non-BRCA Breast Cancer Risk Assessment
- Non-Invasive Measurement of Left Ventricular End Diastolic Pressure (LVEDP)
- Nutritional Support
- Oral Fentanyl for Cancer-Related Pain
- Orthoptics or Vision Therapy
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Osteochondral Allografts and Autografts in the Treatment of Focal Articular Cartilage Lesions
- Otoplasty
- Percutaneous Transluminal Angioplasty of Intracranial Atherosclerotic Stenoses With or Without Stenting
- Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty
- Peripheral Arterial Tonometry (PAT)
- Progesterone Therapy to Reduce Preterm Delivery in High Risk Pregnancies
- Refractive Eye Surgery
- Rosacea Treatment
- Scanning Laser Technologies for Glaucoma Testing and Monitoring
- Secretin Infusion Therapy for Autism
- Serum Holo-Transcobalamin as a Marker of Vitamin B12 Status

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- Subtalar Arthroereisis
- Treatment for Severe Primary Insulin-Like Growth Factor-1 (IGF-1) Deficiency
- Treatment for Temporomandibular Disorder (TMD)
- Treatment of Meniere's Disease
- Tumor Markers, Urinary
- T-Wave Alternans
- Ventricular Assist Devices and Total Artificial Hearts
- Ventricular Reduction Surgery
- Wearable Cardioverter-Defibrillators as a Bridge to Implantable Cardioverter-Defibrillator Placement
- Wheelchairs
- Wound Healing: Electrostimulation and Electromagnetic Therapy
- Wound Healing: Non-Contact Ultrasound Therapy
- Wound Healing: Vacuum-Assisted Wound Therapy in the Outpatient Setting

FYI

Paper remittance discontinuation

This is a reminder that per Provider Bulletin P35R1-10 entitled "Revision to discontinuation of paper remittances" effective 2nd quarter 2010, Blue Cross and Blue Shield of Minnesota will no longer print and mail any paper remittances. Providers will also not be able to obtain a printed copy of the remittance through provider services except for remittances produced before February 2010. Providers must register through Availity to receive the electronic 835 **or** to view their remittance information. Refer to Provider Bulletin P35R1-10 for additional details.

For more information on standard electronic formats, access the Minnesota Administrative Uniformity Committee (AUC) website. AUC is a broad-based group representing Minnesota health care public and private payers, hospitals, health care providers and state agencies. The AUC work is aimed at streamlining health care transactions in Minnesota. The AUC website (**health.state.mn.us/auc**) includes: Frequently Asked Questions; Resources; Best Practices related to each transaction; and Companion Guides for each transaction.

Helpful phone numbers	
BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
BlueCard® member benefits or eligibility	1-800-676-BLUE (2583)
FEP (voice response unit)	(651) 662-5044 or 1-800-859-2128
Provider services	(651) 662-5200 or 1-800-262-0820
Please verify these numbers are correctly programmed into your office phones.	

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Network Management S117
Editor: Holly Batchelder
P.O. Box 64560
St. Paul, MN 55164-0560
(651) 662-2014
toll free: 1-800-382-2000, ext. 22014

Advisors/Faith Bauer, CPC, CPC-H, CPC-P; Kathy Sijan, CPC, CPC-H, CPC-P; Janine Utecht, CPC, CPC-H, CPC-P, CPMA; and Brenda Wieber, RN, BSN

12/10

Network Management S117
P.O. Box 64560
St. Paul, MN 55164-0560