Provider Press

March 2010 / Vol. 14, No. 1

Paper remittance discontinuation

Blue Cross Blue Shield of Minnesota (Blue Cross) will continue sending a limited volume of paper remittances for specific providers into the 1st quarter of 2010. In 2010 the two options that Providers have to receive remittance information is by registering to receive an electronic 835 or by accessing an online document through our Provider Portal. Providers can register for both options. The online view through the portal became available in March 2010.

Providers that are in the registration process for an 835, through our clearinghouse, will continue to receive paper for 60 business days after the registration process date. For example, if a provider registered effective January 29, 2010, they will receive the 835 and paper remittances concurrently through the weekend run of April 17, 2010. After April 19, 2010, the provider will receive only the 835 remittance and/or be able to access an online view.

Providers who are not registered for either the 835 EDI or online View will be contacted and given a deadline to register to receive or access remittance data electronically. After that contact and deadline is set, providers will stop receiving paper remittance at the established deadline, whether or not they are registered to receive them electronically.

Providers should sign up now for electronic and/or portal options. There will be a 60-business-day time period in which they will continue to receive a paper remittance. This process is designed to help providers facilitate the change from paper to electronic processing. Many providers will register for both methods and use the portal to research specific claim payment and recoupment issues.

A provider can contact Blue Cross to register to receive an 835 remittance directly. Blue Cross utilizes a clearinghouse to register providers and to provide the necessary support and testing through the setup phase. We are in the process of migrating to Availity for clearinghouse services as described in the article on page 4. Trading Partners and providers should inquire with their clearinghouse about receiving 835 remittances. Providers who utilize ClearConnect and have not migrated to Availity should go to **clearconnect.com** and click on the "Register" in the top tool

continued on page 5

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 service	(651) 662-5200 or 1-800-262-0820
Please verify these numbers are correctly programmed into your office phones.	

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

Quality Improvement

Annual medical record review

Blue Cross and Blue Cross Blue Shield of Minnesota and Blue Plus (Blue Cross) assess the documentation of its members' medical records annually to demonstrate the quality of care and the continuity and coordination of care received. Blue Cross expects strict adherence to maintaining members' medical information and records in a confidential manner and in accordance with state and federal laws.

Each year a systematic formal evaluation of medical record documentation is reviewed and evaluated at a select number of Blue Cross primary care clinics as an essential component of the quality program. Regulators and purchasers require ongoing evaluation against Plan guidelines. Blue Cross recognizes that the medical record communicates important information about the patient's condition, past medical treatment, past and current health status, and treatment plans for future health care.

A chart review vendor performed the medical record review audit by randomly reviewing records in conjunction with the Hypertension HEDIS review measure completed in Spring 2009 for six medical record elements.

The six (6) elements used to assess the medical records at the selected provider sites include:

1. Immunization status information for all ages is recorded on a single-page location.
2. A summary of preventive services screening is documented in a consistent place.
3. Medication allergies and adverse reactions or no known allergies or history of adverse reactions are prominently noted in the record.
4. Significant illnesses and medical conditions are indicated on a problem list.
5. Past medical history is easily identified.
6. For patients ages 10 years or older, there is an appropriate notation concerning the use of tobacco, alcohol and other substances.

(See chart on page 3)

A total of 1,073 records throughout the Blue Cross Blue Shield of Minnesota PPO and Blue Plus network were reviewed and assessed. At the clinic-specific level, this meant that there were between one and 85 medical record reviews performed at each of 187 clinic sites visited.

Of note, question number six addressed the issue that all patients ages 10 years and older must be checked for an appropriate notation documented in their records concerning the use of tobacco, alcohol and other substances. In many instances, there was mention of tobacco and alcohol usage noted; however, there was no notation concerning the use or nonuse of other substances. One possible explanation for this could be that health care providers

continued on page 3

Quality Improvement

Medical record review, continued from page 2

are uncomfortable asking all patients (both young and old) of issues concerning substance abuse.

There was a decrease in performance in four of the six scores for the questions listed in the Results chart. Two scores remained the same. With the decrease of results in several measured categories noted above, a further drill down into the data of each individual measure will be conducted at the specific site. The purpose is to reach out to providers and find trends for improvement at their sites.

For any questions, please contact Margaret Crawford, RHIA at margaret_m_crawford@bluecrossmn.com or **(651) 662-7098**, or toll free **1-800-382-2000, ext. 27098**.

Percentage of Individual Medical Records Meeting the Requirement at Established Primary Care Clinics	2008	2007	2006	2005	Change
1. Immunization status information for all ages is recorded on a single-page location.	72%	79%	65%	72%	Decreased
2. A summary of preventive services screening is documented in a consistent place	66%	79%	62%	50%	Decreased
3. Medication allergies and adverse reactions are prominently noted in the record. If the patient has no known allergies or history of adverse reactions, this is appropriately noted in the record.	92%	92%	84%	87%	Even
4. Significant illness and medical conditions are indicated on problem list.	81%	83%	77%	77%	Decreased
5. Past medical history (for patients seen three or more times) is easily identified and includes, as appropriate, significant family history, serious accidents, operations and illnesses. For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations, and childhood illnesses.	84%	84%	78%	68%	Even
6. Patients ages 10 years and older, there is an appropriate notation concerning the use of tobacco, alcohol and other substances.	26%	32%	64%	15%	Decreased
7. Is an EMR, paper record or a combination of both used at the facility?	EMR – 62%	Paper – 34%	Both – 4%		

FYI

Publications available online

The following is a list of Quick Points and Bulletins published from December 2009 to February 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
QP24R1-09	Information on electronic 835 remittances and provider portal remittance access
QP25-09	Medicare Cost plan VantageBlue renamed Platinum Blue℠
QP26-09	Units of service validation begins on December 15, 2009
QP27-09	2010 Part D prescription drug formulary and over-the-counter drug list
QP1-10	Changes affect Walmart associates in 2010
QP2-10	Submission of replacement claims
QP3-10	Hospice billing for Medicare products
Bulletins	**Title**
P5R1-09	Update to residential substance abuse admission and concurrent review process change
P30-09	January 2010 HCPCS code updates
P31-09	Hot and cold pack exclusion
P32-09	Update to procedural changes related to autism spectrum disorder
P1-10	2010 Federal Employee Program change for mental health and substance abuse
P2-10	Update to Attachment B: Definition of outpatient health service categories
P3-10	Blue Cross coverage of Gardasil for males
P4-10	Blue Cross recognizes licensed acupuncturists as eligible practitioners
P5-10	Radiology coverage change for chiropractors
P6-10	Vaccine administration submissions
P7-10	Requirements for special transportation providers
P8-10	Adult mental health crisis service code changes for Minnesota Health Care Programs members
P9-10	Timely filing limits for replacement claims and provider-submitted appeals
P10-10	Emergency department visit place of service restriction

ClearConnect migration plan to Availity

ClearConnect and Availity are working in tandem to migrate current ClearConnect trading partners to Availity. Availity will contact trading partners to register connections, establish connectivity and do any necessary testing. Until migrated to Availity, trading partners will continue to contact ClearConnect via the ClearConnect Trading Partner Community at **https://sites.edifecs.com/index.jsp?clearconnect** or the ClearConnect Service Desk at **651-662-5742 Option 1** or toll free **1-866-251-6742 Option 1**. Once connected to Availity, trading partners will contact Availity toll-free at **1-800-282-4548**. By June of 2010, all migration will be completed. For more information on Availity, please visit their website at **availity.com**.

FYI

Provider manual updates

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from December 2009 to February 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
2009 Provider Policy and Procedure Manual	Chapter 7 – BlueCard	Multiple changes throughout
2010 Provider Policy and Procedure Manual	Chapter 2 – Provider Agreements	Provider Questions and Answers - Added: Licensed Acupuncturists(LAc)
2010 Provider Policy and Procedure Manual	Chapter 4 – Care Management	Updated Medical Policy and Behavioral Health Policy Manual topic
2010 Blue Plus Manual	Chapter 3 – Government Programs	• Changed 2009 to 2010 SecureBlue (MSHO) Group Numbers • Changed 2009 to 2010 CareBlue (SNBC) Group Numbers • Added topics: – Notification of Hospital Discharge Appeal Rights – Claims Submission – Claim Processing – Drugs

Paper remittance continued from page 1

bar. Providers not using a clearinghouse who wish to begin receiving remittances electronically or those providers who have migrated to Availity should go to **availity.com**.

Providers can also access remittance data via our Provider Portal. To register to access an online remittance, log in to **www.providerhub.com**. In the Provider Hub website click on the link titled, "Want access to this service for our office?"

For more information on standard electronic formats, access the 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.

BlueCard

BlueCard eligibility enhancement

In an effort to reduce unnecessary transfers and long wait times, effective April 1, 2010, enhancements will be available when calling the BlueCard eligibility line at **1-800-676-BLUE (2583)**. Prompts will be added to transfer Blue Cross and Blue Shield of Minnesota service area providers directly to the Home Plan's pre-certification/prior authorization area when the number is different from their general provider service number.

When you call **1-800-676-BLUE (2583)**, you will be given two prompt options:

1. A prompt to obtain information regarding pre-certification/prior authorization only. (Blue Cross and Blue Shield of Minnesota does not approve or deny pre-certification or prior authorizations over the phone. We tell providers as part of a benefit quote whether a prior authorization/pre-certification is recommended or required and how to submit a prior authorization fax. If a provider calls only for a prior authorization/pre-certification, we do the same.)
2. A prompt to obtain eligibility and information regarding pre-certification/prior authorization

Note: If option 1 is chosen, provider may have up to four options depending on medical service/procedure they need pre-certification/prior authorization information for:

- A medical/surgical procedure
- Behavioral Health
- Diagnostic Imaging/Radiology
- Durable Medical Equipment (DME)

2010 BlueCard® Program – seeking your feedback

Your feedback is important to help us make improvements in our processes and make your interactions with Blue Cross and Blue Shield of Minnesota a smooth and simple experience.

Again this year, you will have an opportunity to tell us how we are doing via phone and/or online satisfaction survey. At any point throughout the year, you may receive a call on behalf of Blue Cross seeking input on your experience with servicing out-of-area members. Our research vendor may invite you to participate in online surveys and collect your e-mail address. If your office is contacted, we encourage you to participate in these surveys. We take your feedback seriously and incorporate into enhancements of our services to you.

If you need information about the BlueCard Program, use the resources listed below:

- Access Chapter 7 (BlueCard) of the online Provider Policy and Procedure Manual located at **providers.bluecrossmn.com**
- Contact provider services at **(651) 662-5200** or toll free **1-800-262-0820**.

Thank you in advance for your participation. We appreciate your feedback.

Coding Corner

Unit of service restriction

Each service must be submitted with a unit of measurement, but multiple units of service per code, per date of service are only applicable if the code definition supports submission of more than one unit. This is usually indicated by words such as each or per.

For example, if 30 skin tags were removed, code 11200 (removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions) would be reported with one unit for the first 15 lesions. Code 11201 (removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)), would be reported with two units for the additional 15 lesions.

QJ modifier use

Medicare requires the submission of the QJ modifier for services or items rendered or supplied to beneficiaries who are in custody of a state or local government agency. The appropriate use of this modifier is required for our Government Program and Public Program members. Services or items appended with this modifier will deny. The QJ may be submitted for other members/products as well but will not affect adjudication of the service. The narrative for QJ is "Services/items provided to a prisoner or patient in state or local custody, however the state or local government, as applicable, meets the requirements in 42 CFR 411.4 (B)."

Consult codes

Centers for Medicare & Medicaid Services (CMS) eliminated inpatient and outpatient consultation codes for Medicare claim submission effective January 1, 2010. This change will be followed only for our Medicare business. There is **no** change for all other lines of business. Blue Cross accepts all valid HIPAA medical codes. The consultation codes 99241-99245 and 99251-99255 are still valid CPT codes and as such will be accepted. We expect that the documentation will support any code submitted.

Unsigned documentation

Each service billed must be supported by documentation in the patient's medical record. This is a reminder that this documentation must be signed and dated by the practitioner rendering the service. The complete documentation policy can be found in the online Blue Cross Provider Policy and Procedure Manual, located on providers.bluecrossmn.com.

April HCPCS codes

Codes added, revised or discontinued effective April 1, 2010, will be published in a separate bulletin before the effective date. We will include the codes in the bulletin.

Cardioversion restriction

Cardioversion, CPT code 92960 (cardioversion, elective, electrical conversion of arrhythmia; external) will not be allowed if submitted by a certified registered nurse anesthetist.

POS 17

Centers for Medicare & Medicaid Services (CMS) has created a new place of service code for Walk-in Retail Health Clinic. This code, 17, would most appropriately be used by Retail Clinic providers. Following is the code and definition from the CMS Place of Service Codes for Professional Claims Database, updated November 1, 2009.

17 Walk-in Retail Health Clinic

A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010.)

Medical and Behavioral Health Policy Update

Blue Cross Blue Shield of Minnesota's medical and behavioral health policies are available for your use and review on the Blue Cross website at **providers.bluecrossmn.com**. Once there, 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. Here, there are several selections to assist with your inquiry.

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 "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 "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."

The "Prior Authorization Recommended" sections identify procedures, services, devices and drugs recommended for prior authorization. For your convenience, a link to "Prior Authorization Forms" has also been provided. Please note, DHS and non-DHS programs have different prior authorization recommendations.

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

Medical and behavioral health policy activity

There was no policy activity for December, 2009.

Medical and behavioral health policy activity

Policies Effective: 04/21/10 Notification Posted: 01/21/10

Policies developed:

Hematopoietic Stem-Cell Transplantation for Myelodysplastic Syndrome and Myeloproliferative Neoplasms

- Allogeneic hematopoietic stem-cell transplantation (HSCT) may be considered medically necessary as a treatment of:
  - Myelodysplastic syndromes; or
  - Myeloproliferative neoplasms.
- Reduced-intensity conditioning allogeneic HSCT may be considered medically necessary as a treatment of myelodysplastic syndromes or myeloproliferative neoplasms in patients who for medical reasons would be unable to tolerate a myeloablative conditioning regimen.
- Prior authorization: Yes.

Hematopoietic Stem-Cell Transplantation for Chronic Myelogenous Leukemia

- Allogeneic hematopoietic stem-cell transplantation using a myeloablative conditioning regimen may be considered medically necessary as a treatment of chronic myelogenous leukemia.

Medical and Behavioral Health Policy Update

- Allogeneic hematopoietic stem-cell transplantation using a reduced-intensity conditioning (RIC) regimen may be considered medically necessary as a treatment of chronic myelogenous leukemia in patients who meet clinical criteria for an allogeneic HSCT but who are not considered candidates for a myeloablative conditioning allogeneic HSCT.
- Autologous hematopoietic stem-cell transplantation is considered investigative as a treatment of chronic myelogenous leukemia.
- Prior authorization: Yes.

Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma

- Autologous or myeloablative allogeneic hematopoietic stem-cell transplantation may be considered medically necessary in patients with primary refractory or relapsed Hodgkin lymphoma.
- Tandem autologous hematopoietic stem cell transplantation may be considered medically necessary:
  - in patients with primary refractory Hodgkin lymphoma or
  - in patients with relapsed disease with poor risk features who do not attain a complete remission to cytoreductive chemotherapy before transplantation.
- Reduced-intensity allogeneic hematopoietic stem-cell transplantation may be considered medically necessary to treat Hodgkin lymphoma in patients:
  - who have failed a prior autologous hematopoietic stem-cell transplant used to treat primary refractory or relapsed disease; or
  - in patients who would otherwise qualify for a myeloablative allogeneic transplant, but would be unable to tolerate a standard myeloablative conditioning regimen; or
  - when insufficient stem cells are collected for an autologous hematopoietic stem-cell transplant.
- A second autologous stem-cell transplantation for relapsed lymphoma after a prior autologous hematopoietic stem-cell transplant is considered investigative.
- Other uses of hematopoietic stem-cell transplantation in patients with Hodgkin lymphoma are considered investigative, including, but not limited to, initial therapy for newly diagnosed disease to consolidate a first complete remission.
- Prior authorization: Yes.

Electromagnetic Navigation Bronchoscopy

- Electromagnetic navigation bronchoscopy is considered investigative and not medically necessary for use with flexible bronchoscopy for the diagnosis of pulmonary lesions and mediastinal lymph nodes.
- Electromagnetic navigation bronchoscopy is considered investigative and not medically necessary for the placement of fiducial markers.
- Prior authorization: Not applicable.

Pneumograms

- A pneumogram performed in the home setting (unsupervised) may be considered medically necessary when used to wean an infant with central apnea from a home apnea monitor.
- A pneumogram performed in the home setting (unsupervised) is considered investigative and not medically necessary when used to evaluate sleep disorders, including but not limited to, obstructive sleep apnea, in children (one year of age and older) due to a lack of evidence demonstrating an impact on improved health outcomes.
- Prior authorization: No.

Medical and Behavioral Health Policy Update

Policies revised:

Transanal Endoscopic Microsurgery (TEMS)

- The policy criteria have been revised to read:
- The use of transanal endoscopic microsurgery may be considered medically necessary for treatment of rectal adenomas, including recurrent adenomas that cannot be removed using other means of local excision.
- The use of transanal endoscopic microsurgery may be considered medically necessary for treatment of T1 rectal adenocarcinomas that cannot be removed using other means of local excision, when all of the following criteria are met:
  - Tumor(s) is located in the middle or upper part of the rectum; and
  - Tumor(s) is well or moderately differentiated (G1 or G2); and
  - Tumor(s) is < 1/3 the circumference of the rectum; and
  - Absence of lymphadenopathy or microscopic angiolymphatic invasion.
- The use of transanal endoscopic microsurgery is considered investigative and not medically necessary for all other indications, including but not limited to, treatment of large rectal polyps, rectal strictures, rectal fistulae, and pelvic abscesses.
- Prior authorization: No.

Cooling / Heating Devices used in the Outpatient Setting

- The policy statement that active and passive cooling devices are considered not medically necessary has been updated to include "for any indication."
- The policy has been updated with the following 2 criteria to address our position on active mechanical heating devices and active or passive combined cooling / heating devices:
  - The use of active water-circulating (mechanical) heating pads for any indication is considered not medically necessary due to the lack of evidence demonstrating a benefit beyond convenience.
  - The use of active or passive devices that combine cooling and heating for any indication is considered not medically necessary due to the lack of evidence demonstrating a benefit beyond convenience.
- Prior authorization: Not applicable.

Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry

- The policy title and criteria have been updated to reflect our position on ambulatory event monitors.
- The use of external ambulatory event monitors, patient-activated or auto-activated, may be considered medically necessary as a diagnostic alternative to Holter monitoring in patients who experience infrequent symptoms (less frequently than every 48 hours) suggestive of cardiac arrhythmias (that is, palpitations, dizziness, presyncope, or syncope).
- The use of implantable ambulatory event monitors, either patient activated or auto-activated, may be considered medically necessary only in those patients who experience recurrent symptoms so infrequently that a prior trial of Holter monitor and other external ambulatory event monitors has been unsuccessful.
- The following are considered investigative and not medically necessary:
  - Mobile cardiac outpatient telemetry (MCOT), or *automatic real-time event monitoring*,
  - Other uses of ambulatory event monitors, including cardiac outpatient telemetry
- Prior authorization: No.

Medical and Behavioral Health Policy Update

Treatment of Psoriasis (Phototherapy and Biologics)

- The policy title has been updated to no longer include "PUVA"
- All policy statements regarding treatment with biologics, and phototherapy with ultraviolet B, targeted laser NB-UVB , and PUVA, have been revised to state:
  - The use of phototherapy with ultraviolet B in the outpatient clinic setting or in the home setting (when conducted under a physician's supervision) may be considered medically necessary for the treatment of the psoriasis.
  - The use of targeted laser NB-UVB phototherapy (for example, excimer laser) may be considered medically necessary for the treatment of localized psoriasis when the following criteria are met:
    - Psoriasis affects ffi 10% of the patient's body surface area (BSA) OR
    - If psoriasis affects >10% of the patient's BSA, targeted laser therapy is being used to treat resistant localized lesions; AND
    - A preceding two-month trial of conservative treatment with topical agents, with or without standard phototherapy (UVB or PUVA), has not provided adequate results.
- The use of targeted laser UVB phototherapy (for example, excimer laser) for all other indications is considered investigative and not medically necessary.
- The use of psoralens with ultraviolet a (PUVA) therapy may be considered medically necessary for the treatment of psoriasis when used in the clinic or outpatient setting under physician supervision.
- The use of biologic immunomodulators that are FDA-approved for the treatment of psoriasis (that is, Amevive®, Remicade®, Enbrel®, Humira®, and Stelera®) may be considered medically necessary when all of the following criteria are met:
  - Patient has moderate to severe plaque psoriasis with either of the following
    - Greater than 5% of body surface area with plaque psoriasis; or
    - Less than or equal to 5% body surface area with plaque psoriasis involving sensitive areas or areas that would significantly impact daily function (for example, palms, soles of the feet, head/neck, or genitalia).
  - Dermatologist or physician with expertise in treating moderate to severe psoriasis prescribes the therapy.
  - Patient must have documented failure of treatment with phototherapy (UVB, targeted UVB, or PUVA) OR topical and systemic therapy (methotrexate, cyclosporine, or acitretin) OR have a medical contraindication to these treatments.
- The use of biologic immunomodulators that are not FDA-approved for the treatment of psoriasis is considered investigative and not medically necessary.
- Prior authorization: No.

Infliximab

- The policy criteria for plaque psoriasis has been revised to state:
- Patient has moderate to severe psoriasis with either of the following:
  - Greater than 5% of body surface area with plaque psoriasis; OR
  - Less than or equal to 5% body surface area with plaque psoriasis involving sensitive areas or areas that would significantly impact daily functioning (for example, palms, soles of the feet, head/neck, or genitalia. AND
- Dermatologist or physician with expertise in treating moderate to severe psoriasis prescribes the therapy; AND
- Patient must have documented failure of treatment with phototherapy (UVB or PUVA) OR topical and systemic therapy (methotrexate, cyclosporine, or acitretin) OR have a medical contraindication to these treatments.
- Prior authorization: No.

Medical and Behavioral Health Policy Update

Treatment of Pulmonary Arterial Hypertension with Prostacyclin Analogues, Endothelin Receptor Antagonists, or Phosphodiesterase Inhibitors

- The policy has been updated with the addition of Treprostinil sodium (Tyvaso®) inhalation to the list medically necessary treatments for pulmonary arterial hypertension (PAH, WHO Group 1).
- Prior authorization: Yes, ONLY for sildendafil citrate (Revatio®) and Tadalafil (Adcirca™).

Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus

- The policy has been revised with the following coverage criteria for high-grade dysplasia:
  - Radiofrequency ablation for treatment of Barrett's esophagus with high-grade dysplasia.
  - Cryoablation and treatment of Barrett's esophagus without dysplasia or with low-grade dysplasia has been added to the list of investigative and not medically necessary indications.
- Prior authorization: Yes.

Functional Neuromuscular Electrical Stimulation Devices

- The following criteria has been updated to include "in all situations"
- Use of a lower extremity functional neuromuscular stimulation device (for example, ParaStep, NESS L300, WalkAide, Odstock Dropped Foot Stimulator) in the home setting is considered investigative and not medically necessary as a technique to restore nerve function and provide ambulation following nerve damage or nerve injury in all situations, including but not limited to, the following:
  - spinal cord injury and
  - foot drop caused by nerve damage (for example, post-stroke or in patients with multiple sclerosis)
- Prior authorization: Yes, ONLY for upper extremity functional neuromuscular devices.

Human Papillomavirus Vaccine

- Title changed by removing reference to "Gardasil" to reflect a broader policy that encompasses other HPV vaccinations.
- The policy has been updated with the following position statement on the use of quadrivalent HPV vaccine in males:
  - The administration of the quadrivalent human papillomavirus (HPV4) recombinant vaccine may be considered medically necessary in males 9 years of age through 26 years of age to reduce their likelihood of acquiring genital warts.
- The policy has been updated with the following position statement on the use of the bivalent HPV vaccine in females.
  - The administration of the bivalent human papillomavirus (HPV2) recombinant vaccine may be considered medically necessary for the prevention of cervical precancers and cancers in females 9 years of age through 26 years of age.
- Prior authorization: No.

Policies inactivated*

Targeted Phototherapy for Psoriasis (policy combined into the revised policy Treatment of Psoriasis [Phototherapy and Biologics])

Medical and Behavioral Health Policy Update

Medical and behavioral health policy activity

Policies Effective: 05/20/10 Notification Posted: 02/18/10

Policies developed:

Hematopoietic Stem-Cell Transplantation for Multiple Myeloma

- A single or second (salvage) autologous hematopoietic stem-cell transplantation may be considered medically necessary to treat multiple myeloma.
- Tandem autologous-autologous hematopoietic stem-cell transplantation may be considered medically necessary to treat multiple myeloma in patients who fail to achieve at least a near-complete* or very good partial response** after the first transplant.
  *A near complete response, as defined by the European Group for Blood and Marrow Transplant (EBMT), is the disappearance of M protein at routine electrophoresis, but positive immunofixation.
  **A very good partial response has been defined as a 90% decrease in the serum paraprotein level.
- Tandem transplantation with an initial round of autologous hematopoietic stem-cell transplantation followed by a nonmyeloablative conditioning regimen and allogeneic hematopoietic stem-cell transplantation (that is, reduced-intensity conditioning transplant) may be considered medically necessary to treat newly diagnosed multiple myeloma patients.
- Allogeneic hematopoietic stem-cell transplantation, myeloablative or nonmyeloablative, as upfront therapy of newly diagnosed multiple myeloma or as salvage therapy, is considered investigative.
- Prior authorization: Yes.

Detection of Circulating Tumor Cells in the Management of Patients with Cancer

- Detection and quantification of circulating tumor cells in the blood is considered investigative and not medically necessary due to a lack of evidence demonstrating its impact on improved health outcomes in patients with cancer.
- Prior authorization: Not applicable.

Policies revised:

Low-Level Laser Therapy and Deep Tissue Laser Therapy

- The policy title has been updated to include Deep Tissue Laser Therapy
- Deep Tissue Laser Therapy has been added to the policy's investigative indications.
- Prior authorization: Not applicable.

Pneumatic Compression Devices in the Home Setting

- Title changed by removing reference to "the treatment of Lymphedema and Chronic Venous Insufficiency" to reflect a broader policy that encompasses additional uses for pneumatic compression devices in the home setting.
- Addition of the following two policy statements:
- The use of pneumatic compression devices in the home setting is considered not medically necessary for the prevention of postoperative emboli.
- The use of pneumatic compression devices in the home setting is considered investigative and not medically necessary for all other indications, including but not limited to, treatment of restless legs syndrome.
- The remainder of the policy is unchanged.
- Prior authorization: No.

Medical and Behavioral Health Policy Update

Radiofrequency Catheter Ablation of the Pulmonary Vein for Treatment of Atrial Fibrillation

- The policy title has been updated to include the term "Radiofrequency."
- Addition of the following approved indication: Repeat ablations may be considered medically necessary in patients with recurrence of atrial fibrillation and/or development of atrial flutter following the initial procedure.
- The remainder of the policy is unchanged.
- Prior authorization: No.

Endoluminal Ablation for Treatment of Varicose Veins/Venous Insufficiency

- Title changed by removing reference to "radiofrequency and laser" to reflect a broader policy that encompasses additional types of ablative techniques (that is, cryoablation).
- **All** policy statements have been revised to state:
- Endoluminal radiofrequency or laser ablation of the *greater or lesser saphenous veins and their associated accessory saphenous veins* may be considered medically necessary as a treatment of symptomatic varicose veins/venous insufficiency when the following criteria have been met:
  - Demonstrated saphenous reflux; AND
  - Documentation of one or more of the following indications:
    - Ulceration secondary to venous stasis that fails to respond to compressive therapy; OR
    - Recurrent superficial thrombophlebitis that fails to respond to compressive therapy; OR
    - Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity; OR
    - Persistent pain, swelling, itching, burning or other symptoms are associated with saphenous reflux, AND the symptoms significantly interfere with activities of daily living, AND conservative management including compression therapy for at least 3 months has not improved the symptoms.
- Endoluminal radiofrequency or laser ablation of *accessory* saphenous veins may be considered medically necessary as a treatment of symptomatic varicose veins/venous insufficiency when the greater or lesser saphenous veins have been previously eliminated and the above criteria have been met.
- Endoluminal radiofrequency or laser ablation of saphenous veins that does not meet the criteria described above is considered not medically necessary.
- Endoluminal cryoablation is considered investigative and not medically necessary for all indications.
- Endoluminal radiofrequency ablation, laser ablation, or cryosurgical ablation of telangiectasias (for example, spider veins, angiomata, and hemangiomata) is considered cosmetic.
- Prior authorization: No.

Real-Time Glucose Monitoring

- Additional criteria have been added indicating the requested device has received FDA approval for the age of the patient.
- The remainder of the policy is unchanged.
- Prior authorization: Yes.

Scintimammography (Breast-Specific Gamma Imaging)

- The policy no longer has coverage criteria and the policy statement has been revised to state:
- Scintimammography or breast-specific gamma imaging is considered investigative and not medically necessary for all applications, including but not limited to, its use as a screening procedure for breast cancer, as an adjunct to mammography, or in staging the axillary lymph nodes.
- Prior authorization: No.

Medical and Behavioral Health Policy Update

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 January and February 2010

- Adoptive Immunotherapy
- Allergy Testing and Treatment
- Altered Auditory Feedback for Treatment of Stuttering
- Anesthesia-Assisted Opioid Withdrawal
- Anterior Eye Segment Optical Imaging
- Automated Point-of-Care Nerve Conduction Tests
- Biomarker Genes for the Detection of Lymph Node Metastases in Breast Cancer
- Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
- Correlated Audioelectric Cardiography
- Dermatoscopy
- Extracorporeal Shock Wave Treatment for Plantar Fasciitis and Other Conditions
- Genetic Testing for Familial Alzheimer's Disease
- Grenz Ray Therapy for Skin Conditions
- Humanitarian Use Devices
- In Vitro Chemoresistance and Chemosensitivity Assays
- Intradiscal Electrothermal Annuloplasty (IDET), Percutaneous Radiofrequency Annuloplasty (PIRFT), and Intradiscal Biacuplasty
- Intravitreal Implant: Fluocinolone Acetonide
- Intravitreal Implant: Ganciclovir
- KRAS Mutation Analysis
- Laboratory Tests for Heart Transplant Rejection
- Laparoscopic and Percutaneous Techniques for the Myolysis of Uterine Fibroids
- Lysis of Epidural Adhesions
- Microwave Thermotherapy for Primary Breast Cancer
- MRI-Guided Focused Ultrasound Ablation of Uterine Fibroids and Other Tumors
- Neurofeedback/Electroencephalogram (EEG) Biofeedback
- Occlusion of Uterine Arteries as Treatment for Uterine Fibroids
- PathFinderTG® Molecular Testing
- Percutaneous Electrical Nerve Stimulation (PENS) or Percutaneous Neuromodulation Therapy (PNT)
- Pfeiffer Treatment Center Metallothionein Protein (MT) Assessment and Treatment Protocol
- Photodynamic Therapy for Skin Conditions
- Pulmonary Rehabilitation
- Scar Excision/Revision

Medical and Behavioral Health Policy Update

- Spinal Cord Stimulation
- Suprachoroidal Delivery of Pharmacological Agents
- Thrombopoietin Mimetic Agents for Immune Thrombocytopenic Purpura
- Transcranial Magnetic Stimulation

FYI

Care Comparison® helps members make informed decisions

Blue Cross is pleased to share that our facility-based cost and quality transparency tool Care Comparison is continuing to expand. With cost containment and health care value of growing interest to members, this tool helps members understand and manage health care costs and demonstrates our commitment to giving members actionable information.

"Best value" providers identified

Care Comparison provides "packaged" treatment cost estimates (doctor, facility and related services) for over 50 common, high-cost elective surgeries and procedures in 22 states. Twenty new procedures have been added, many aligning with Blue Distinction Centers for Specialty Care®, and three additional states will be participating by year end. In addition, members can compare quality information for over 150 procedures in any state. 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 as they do for other purchases. The costs are based on Blue Cross claims paid and are updated every six months.

Access to information

The tool is available to registered Blue Cross and Blue Shield of Minnesota members by signing in to the myBlueCross member center at **members.bluecrossmn.com** and selecting "provider cost & quality" in the choosing care area. Care Comparison is also available to BlueLink TPA members at their member service center.

For more information, contact provider services at **(651) 662-5200** or toll free **1-800-262-0820**.

Provider Press is posted on our website quarterly for business office staff of multi-specialty clinics, physicians, public health agencies, DME providers, chiropractors, podiatrists, physical therapists, occupational therapists, optometrists and behavioral health professionals/providers. Direct inquiries to:

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