



# PROVIDER PRESS

Blue Cross and Blue Shield of Minnesota  
and Blue Plus

June 2008  
Vol. 12, No. 2

## Medical policy

As you know, updates to current medical and behavioral health policies are included in each issue of Provider Press. Additionally, all medical and behavioral health policies are available online at [bluecrossmn.com](http://bluecrossmn.com). Select for health care providers then click on Medical policy under the Tools & Resources section.

Provider Press is a quarterly newsletter available online at [bluecrossmn.com](http://bluecrossmn.com). Issues are published in March, June, September and December.

## Provider Manual Updates

The following is a list of Blue Cross and Blue Shield of Minnesota provider manuals that have been updated from February 2008 to May 2008. As a reminder, provider manuals are available online

at [bluecrossmn.com](http://bluecrossmn.com). To view the manuals, select “for health care providers”, “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
2008 Blue Plus Manual	Chapter 1 Introduction to Blue Plus	Updated verbiage on page 1-13 and provided a link to the Provider Inquiry/Appeal Form
2008 Provider Policy and Procedure Manual	Chapter 8 Claims filing	Multiple changes throughout entire chapter
2008 Provider Policy and Procedure Manual	Chapter 11 Coding Policies and Guidelines	Multiple changes throughout entire chapter
2008 Blue Plus Manual	Chapter 3 Government Programs	Multiple changes throughout entire chapter

## Provider Web Self-Service

With our provider web self-service tool at [www.providerhub.com](http://www.providerhub.com) you can quickly access the following information:

- Eligibility
- Benefits
- Claim status
- Remittance and recoupment data
- Submit and view claim adjustment requests
- Create, update and view referrals
- Create, update and view admission notifications

- Submit and view your NPI(s)
- View claim code auditing logic

This information is available 24/7, except for scheduled maintenance times. If your office does not have access to this website, submit an account application, which can be found at [www.providerhub.com](http://www.providerhub.com). You can also take a tour of the website, receive technical help or view the user guide. For questions about this website, contact support at (651) 662-5743 or 1-866-251-6743, or e-mail [support@providerhub.com](mailto:support@providerhub.com).

### Inside preview

FYI .....	2-4
BlueCard Review .....	5
Coding Corner .....	6
Medical and Behavioral Health Policy Update .....	7-12





### Requesting fee schedule allowances

Participating providers may request a fee schedule from Blue Cross by:

- E-mailing a request to:  
Fee\_Schedule\_Allowance\_Request@bluecrossmn.com  
Note: prior to 6/1/08 the e-mail address was feeschedulereview@bluecrossmn.com
- If you do not have access to e-mail, fax your request to: (651) 662-2313, attention Fee Schedule Allowance Request

Please include your clinic name and provider ID number on all requests. Fee Schedule Allowance Request is a contact for fee schedule allowances only, please contact provider service for all other questions at (651) 662-5200 or 1-800-262-0820. Blue Cross is obligated to respond to 2 requests per year, this includes individual code allowances, rate sheets and complete fee schedules.

### Electronic fund transfers

The Electronic Funds Transfer, also known as an Automated Clearinghouse (ACH) Direct Deposit, provides an easy method of depositing funds automatically to your bank account.

Your weekly claims will be processed and paid by ACH. An ACH payment versus a check payment will provide a cost savings to you and also provide the ability to manage your daily cash flow more efficiently.

- You don't need to make a trip to your financial institution
- You save time in depositing your checks
- You don't need to worry about lost or stolen checks

- You have faster access to your monies. Deposits are made on the second business day of each week.
- You will continue to receive an explanation of benefits statement

To take advantage of this service, complete and return the Provider Automatic Payment form that is online at **bluecrossmn.com**.

### Publications available online

The following is a list of Quick Points and Bulletins published from March 2008 to May 2008 that are available online at **bluecrossmn.com**. As a reminder, Bulletins are mailed to all participating providers affected by the information. Quick Points are only available on our website unless noted otherwise in the bottom left corner of the publication.

#### Quick Points

Number	Title
QP2-08	CMS-1450 submission errors identified

#### Bulletins

P4-08	Legislative Change in Circumcision Service Delivery for Members of Minnesota Health Care Programs
P5-08	April 2008 HCPCS code update
P6-08	National Provider Identifier Update: Get it, share it, use it
P7-08	Intensive Residential Treatment Service (IRTS)
P8-08	Standard Billing Formats
P9-08	DIAMOND Initiative
P10-08	National Provider Identifier Update: The NPI is here. The NPI is now. Are you using it?



### Provider Web Self-Service shortcuts

On providerhub.com, to save time, try using a combination of criteria for member, claim and case searches. A valid search may contain any of the following combinations plus case type or date ranges. The results of your searches may exceed display limits. If what you are searching for is not displayed, you may have to narrow your search by entering additional search criteria. Utilize the search hints on each screen and online help functionality for more details.

For a **member search**, enter at least one of the following:

- Subscriber ID and birthdate
- Subscriber ID and member last name/first name
- Birthdate and member last name/first name

Note: Use the Search ClearConnect option to find a member who participates in the Federal Employee Program (FEP), MedicareBlue PPO, or is outside the Blue Cross and Blue Shield of Minnesota service area.

For a **claims search**, enter at least one of the following:

- Subscriber ID only (finds all claims based on the subscriber ID and includes claims for the entire family)
- Subscriber ID and member number (narrows the search results to a specific member)
- Member last name/first name and birthdate (use this combination if you do not know the subscriber ID)
- Patient account number or medical record number (This is the number that the provider has submitted on the claim.

If this number was not submitted on all of the claims for this member, all the claims will not appear in this search.)

- Claim number (enter this in the Find Specific Claim Number field)

Note: Use the Search ClearConnect option to find claims for Federal Employee Program (FEP) and MedicareBlue PPO members that are not processed in Minnesota.

For a **case search**, enter/select at least one of the following:

- Case number only (enter this in the Find Specific Case Number field)
- Subscriber ID and member number
- Subscriber ID and birthdate
- Subscriber ID and member last name/first name
- Birthdate and member last name/first name
- Referring/admitting practitioner facility ID (choose from the dropdown or enter the NPI or payer assigned number)
- To Facility ID (choose from the dropdown or enter the NPI or payer assigned number)

For **creating referrals** and **admission notifications**, from the Main Menu select Case then select Create referral or Create admission. Only the member's primary care clinic (PCC) can create the referral. The PCC must be effective for the member on or after the begin date of the referral. Always enter the begin date, plus one of the following combinations:

- Subscriber ID and member number
- Subscriber ID and birthdate

*continued on page 4*



### Provider use of the Blue Cross name and logo

Blue Cross and Blue Plus remind providers that they are authorized to place small signs on their premises, to include a statement on their internet site, and to issue communications within Minnesota indicating that they are a Blue Cross and Blue Shield of Minnesota and Blue Plus provider. Suggested wording includes “We are a participating provider for the following health plans...(list).” Providers are not authorized to use our names in yellow pages or similar telephone directories.

### Clinical Practice Guidelines

Blue Cross promotes the implementation of clinical practice guidelines and routinely notifies practitioners in appropriate specialties of updates.

### Institute for Clinical Systems Improvement (ICSI) Clinical Practice Guidelines

Updated guidelines include:

- Diagnosis and Management of Type II Diabetes Mellitus in Adults
- Diagnosis and Management of Asthma

To obtain a copy of ICSI guidelines, visit [www.icsi.org](http://www.icsi.org) or contact Pam Dempsey via e-mail at [Pamela\\_M\\_Dempsey@bluecrossmn.com](mailto:Pamela_M_Dempsey@bluecrossmn.com), or via phone at (651) 662-7271 or 1-800-382-2000, ext. 27271 for more information.

### ICSI Patient and Family Guidelines

ICSI has available sets of guidelines for patients and families. To view or print, visit [www.icsi.org](http://www.icsi.org) and For Patients and Families.

### Member Rights and Responsibilities Statements

Blue Cross, Blue Plus and Prepaid Medical Assistance Program (PMAP)/MinnesotaCare (MNCare) member rights and responsibilities can be found online at [bluecrossmn.com](http://bluecrossmn.com). Click on “Our Company,” “Values,” then “Learn More” under Rights and Responsibilities.

If you would like a copy of the statements mailed to you, contact Pam Dempsey at [Pamela\\_M\\_Dempsey@bluecrossmn.com](mailto:Pamela_M_Dempsey@bluecrossmn.com) or call (651) 662-7271 or 1-800-382-2000, ext. 27271. Please specify which statement(s) you would like, along with your name and mailing address.

### Poison prevention

To determine if an exposure to a certain product is a potential problem call the Minnesota Poison Control System (MPCS) at 1-800-222-1222. Phone lines are open 24 hours a day, seven days a week. For helpful poison prevention information, visit the MPCS website at [mnpoison.org](http://mnpoison.org). Poison prevention materials are free and can be ordered or downloaded.

---

### Shortcuts, *continued from page 3*

- Birthdate and member last name/first name

For a PCC to view an admission, the PCC must have been involved in the decision regarding the admission (either referred or not referred). If a hospital creates an admission and the PCC is not the admitting physician, then the PCC must contact

the service area to refer or deny the referral for the admission. At that time, the PCC will be able to view the admission.

If your office does not have access to this website, submit an account application, which can be found at [www.providerhub.com](http://www.providerhub.com).



### **Plan to Plan Servicing**

Blue Cross and Blue Shield of Minnesota is constantly searching for new ways to effectively service our Customers; most importantly, resolving any claim issues encountered with BlueCard claims.

We have amplified our already established relationship with other Blue Cross and Blue Shield Plans through a “First Call Resolution” (FCR) process. The presence of FCR expedites the resolution of any BlueCard claims. By working with other Blue Plans, each Plan is able to determine, respond to, and/or resolve an issue at hand. The primary focus is to ensure that BlueCard claims are followed-up and resolved in a timely manner.

We are committed to providing our Customers an effective and efficient means to resolve issue(s) with BlueCard claims.

The Blue Cross and Blue Shield Association is an association of independent Blue Cross and Blue Shield plans.

### **Remittances**

A Blue Cross and Blue Shield Association initiative determined that many of the reject messages used for ITS Host processing were not specific to the reject information provided by the patient’s Home Plan. New reject codes with more accurate messages were set up toward the end of 2007. However, the Claim Adjustment Reason Codes (CARC) and Remittance Advise Remark Codes (RARC) were not

added in a timely manner and when the new messages were used they defaulted to CARC 96. It was also determined that some of the older reject messages did not map to the correct CARC and RARC codes. Most codes have now been updated, and the correct information is going out on the remittances. There have also been changes to internal procedures to prevent this from happening in the future.

### **BlueExchange 270 eligibility transactions**

We have made improvements to this process! In the past, 270 requests only supported a returned general service type of 30. Changes made March of last year now support 55 specific service types. Those service types not specifically supported will be returned with a general benefit response of 30. Also, for times when only eligibility is needed without the benefits a service type of 60 has been made available. This response will only convey whether the member is active or inactive.

Additionally, we are in the process of implementing the inclusion of accumulated deductibles, out of pocket and benefit limits on a returned 271 transaction. This will enable providers to more accurately determine at the time of service the potential out of pocket expense to the patient once the claims are properly adjudicated. We anticipate an implementation date of December 2008.



**July HCPCS update**

There will be a second quarter HCPCS code update. A bulletin will be issued with details and the new codes before the July 1 effective date.

**Which code should I use?**

The HCPCS coding system is a two level coding system-Level I, a.k.a., CPT® (Current Procedural Terminology), and Level II, alpha-numeric codes. Level I or CPT codes are developed and maintained by the American Medical Association. Level II HCPCS are developed and maintained by CMS. Level II consists of codes for supplies, materials, injections, and services.

Because CPT and Level II HCPCS are developed by two different entities, there may be times when there may be similar codes in each level. For example, an administration of an influenza virus vaccine may be coded as either 90471 (Immunization administration [includes percutaneous, intradermal, subcutaneous, or intramuscular injections]; one vaccine [single or combination vaccine/toxoid]) or

G0008 (administration of influenza virus vaccine). As is the case with G0008, a code may be developed specifically for adjudication of a Medicare policy. While either code, 90471 or G0008, will be accepted, CPT is generally preferred when choosing which code to submit for products other than Medicare.

**Clear Claim Connection Reminder**

Clear Claim Connection, accessed through provider web self-service, includes professional claim code auditing edit logic for Blue Cross' regular commercial group business (Blue Cross, BlueLink TPA and Blue Plus).

Clear Claim Connection does **not** include CCI edits for Blue Cross' Medicare products. These edits are located on the CMS website at [www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list](http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list).

**Coding edit decisions**

Several edits have been reviewed. The code edits and decisions are listed below.

CODE and EDITS:	DECISION/ACTIONS:
58350 denied as incidental to 58662	• Edit upheld
99291 and 99292 denied a pre-operative to 27592	• Edit removed 12/10/07 • Recovery report ordered for dates 8/1/06-12/10/07



Blue Cross and Blue Shield of Minnesota's medical and behavioral health policies are available for your use and review on the Blue Cross website: [bluecrossmn.com](http://bluecrossmn.com). Information on policies is updated monthly following the Medical Policy Committee meeting and the Behavioral Health Policy Committee meeting. Policies with changes will be identified as "new" on the website. The following listing is a brief summary of medical and behavioral health policies that have been developed or revised since March 2008. If you have any additional questions regarding medical or behavioral health policy issues, you may call provider service at (651) 662-5200 or 1-800-262-0820 for assistance.

## MEDICAL POLICY ACTIVITY

### Policies Developed

#### Non-Contact Ultrasound Treatment for Wound Healing

- 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.

#### Anterior Eye Segment Optical Imaging

- Investigative
- Prior authorization – not applicable. Claims for this procedure are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

#### Suprachoroidal Delivery of Pharmacological Agents

- Investigative
- Prior authorization – not applicable. Claims for this procedure are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

#### Intra-Articular Hyaluronan Injections for Osteoarthritis

- Accepted medical practice for the treatment of painful osteoarthritis of the knee in patients who have insufficient pain relief from conservative nonpharmacologic therapy and simple analgesics.
- Repeated courses of injections are medically necessary when criteria are met
- Injections in joints other than the knee are investigative.
- Prior authorization – no. Retrospective denial of coverage may result if criteria are not met.

#### Lysis of Epidural Adhesions

- Investigative
- Prior authorization – not applicable. Claims for this procedure are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

### Policies Revised

#### Scar Excision/Revision

- Revised patient selection criteria
- Prior authorization is recommended



#### Immune Globulin Replacement Therapy

- Subcutaneous immune globulin (SCIg) therapy is considered accepted medical practice for treatment of primary immunodeficiency
- Prior authorization is recommended

#### Organ Transplant Procedures

- Revised patient selection criteria for small bowel and multivisceral transplants
- Prior authorization is recommended

#### Dermatoscopy

- Dermatoscopy is considered to be included in the services provided during a dermatology evaluation and management service.
- Prior authorization – not applicable.

#### Cooling Devices Used in the Outpatient Setting

- Not medically necessary
- Prior authorization – not applicable. The use of cooling devices in the outpatient setting is not a covered benefit.

### **Policies Reviewed with No Changes**

#### Treatment of Urinary Dysfunction

- Transvaginal radiofrequency bladder neck suspension and transurethral radiofrequency micro-remodeling are considered investigative.
- Prior authorization – not applicable. Claims for these two procedures are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

#### Treatment of Tinnitus

- Investigative
- Prior authorization – not applicable. Claims for these services are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

#### Sonic Accelerated Fracture Healing System (SAFHS®)

- Accepted medical practice when criteria are met
- Investigative for other conditions
- Prior authorization – no. Retrospective denial of coverage may result if criteria are not met.

#### Thermography

- 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.

#### Autologous Islet Transplantation

- Accepted medical practice when criteria are met.
- Investigative for allogenic islet transplantation
- Prior authorization – no. Retrospective denial of coverage may result if criteria are not met.





#### Spinal Cord Stimulation

- Accepted medical practice when criteria are met
- Prior authorization – recommended. Prior authorization is recommended prior to the trial stimulation. If the prior authorization is approved and the trial stimulation is considered successful, no additional prior authorization is necessary for the permanent implantation.

#### Skin Contact Monochromatic Infrared Energy Therapy

- 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.

#### Electrotherapy/Electrotherapeutic Devices

- Accepted medical practice when criteria are met
- Investigative for other situations
- Prior authorization – no. Retrospective denial of coverage may result if criteria are not met.

#### Hyperhidrosis Surgery

- Accepted medical practice when criteria are met
- Investigative for other situations
- Prior authorization – recommended.

#### Temporary Prostatic Stents

- Investigative
- Prior authorization – not applicable. Claims for this device are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

#### Serum Holo-Transcobalamin as a Marker of Vitamin B12 Status

- 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.

#### MRI of the Breast

- Accepted medical practice when criteria are met
- Investigative for other situations
- Not medically necessary for other situations
- For selected lines of business, this technology is subject to the Blue Cross High Technology Diagnostic Imaging Program.
- For other lines of business, prior authorization is no longer recommended. Retrospective denial of coverage may result if criteria are not met.

#### Measurement of Long Chain Omega-3 Fatty Acids as a Cardiac Risk Factor

- Not medically necessary
- Prior authorization – not applicable.

#### **Policies Inactivated\***

Bevacizumab (Avastin) for the Treatment of Age-Related Macular Degeneration



## BEHAVIORAL HEALTH POLICY ACTIVITY

### Policies Developed

#### Breathe Today Laser Therapy

- Investigative (addressed in the Low Level Laser Therapy policy and in the Tobacco Cessation policy)
- 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.

#### Squeeze Machine for Autistic Spectrum Disorders

- 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 Revised

#### Eye Movement Desensitization and Reprocessing for Posttraumatic Stress Disorder (PTSD)

- Investigative as a stand-alone treatment for PTSD.
- Investigative for complex cases of PTSD.
- Accepted Medical Practice following thorough assessment and differential diagnosis. EMDR is considered a tool within the framework of comprehensive treatment in which application of an evidenced-based psychotherapeutic method is used.
- Prior authorization – no, unless referring to another provider for EMDR.

#### Tobacco Cessation Treatments

- Accepted Medical Practice with criteria. Revised to include warning statements to prescribers regarding Chantix and Bupropion SR.
- Investigative – added Breathe Today Laser Therapy for smoking cessation.
- Prior authorization – recommended for inpatient or residential treatment.

### Policies Reviewed with No Changes

#### Transcranial Magnetic Stimulation

- 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.

#### Orthoptics or Vision Therapy

- Investigative for all behavioral health disorders, including learning disabilities and attention-deficit/hyperactivity disorder
- 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.

#### Phototherapy

- Accepted Medical Practice with criteria
- Prior authorization – no



Buprenorphine for Withdrawal and Treatment of Opioid Dependence

- Accepted Medical Practice
- Prior authorization – no

Hypnotherapy

- 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.

Pervasive Developmental Disorders: Identification, Evaluation, and Treatment

- Accepted Medical Practice with criteria
- Prior authorization – no

Psychoanalysis

- 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.

Auricular Therapy

- 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.

Hippotherapy

- 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.

Hyperbaric Oxygen Therapy

- Investigative for the treatment of Pervasive Developmental Disorders
- Prior authorization – not applicable for this indication. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Ketamine for Treatment of Depressive Disorders

- 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 Inactivated\***

Attention Deficit/Hyperactivity Disorder (Children and Adolescents)

Attention Deficit/Hyperactivity Disorder (Adults)

Anorexia Nervosa

Bulimia Nervosa



## MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATE

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. Refer to the Blue Cross and Blue Shield of Minnesota website at [bluecrossmn.com](http://bluecrossmn.com) to view the medical and behavioral health policies.

### Helpful phone numbers

BLUELINE (voice response unit)	(651) 662-5200 or 1-800-262-0820
Behavioral Health	1-800-469-1110
BlueCard member benefits or eligibility	1-800-676-BLUE (2583)
FEP (voice response unit)	(651) 662-5044 or 1-800-859-2128
FEP (behavioral health issues)	1-866-812-1580
ClearConnect	(651) 662-5742 or 1-866-251-6742
Provider Service	(651) 662-5000 or 1-800-262-0820

Please verify these numbers are correctly programmed into your office phones.

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

**Learning and Knowledge Management (U100)**  
Editor Holly Batchelder  
P.O. Box 64560  
St. Paul, MN 55164-0560  
(651) 662-2014  
toll free: 1-800-382-2000, ext. 22014



**BlueCross BlueShield  
BluePlus  
of Minnesota**

Learning and Knowledge Management, U100  
P.O. Box 64560  
St. Paul, MN 55164-0560

#### Advisors/

Faith Bauer, CPC, CPC-H; Kathy Sijan, CPC; Rebecca Timmins; and  
Janine Utecht, CPC, CPC-P

*Information in Provider Press is a general outline.  
Provider and member contracts determine benefits.*

Blue Cross and Blue Shield of Minnesota and Blue Plus are independent licensees of the Blue Cross and Blue Shield Association.  
CPT-4 codes noted are AMA copyrighted.