CONNECTION

Newsletter for our Participating Provider Partners

October 2019

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CUSTOMER CARE CLOSSED ON OCTOBER 14

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CHECK ELIGIBILITY & BENEFITS ONLINE

Breast Cancer Awareness Month

A nonprofit independent licensee of the Blue Cross Blue Shield Association
Happy October, Connection readers! This month, read about our radiology preauthorization program expansion on page 4, find information about our new e-cigarette infographic on page 5, learn how to check a patient’s eligibility and benefits in Web Notes on page 6, and more. On pages 9 and 10, you’ll find two new medical policies along with some medical policy changes. And Coding Corner on page 8 provides guidance on how to improve documentation specificity for sick sinus syndrome.

October is Breast Cancer Awareness Month. Resources available to help you help your patients include those from the:

→ Centers for Disease Control and Prevention (CDC) - [https://www.cdc.gov/cancer/breast/resources/index.htm](https://www.cdc.gov/cancer/breast/resources/index.htm)

→ National Cancer Institute (NCI) - [https://www.cancer.gov/types/breast](https://www.cancer.gov/types/breast)

We welcome your feedback on Connection. To share your suggestions, questions and comments, email Jolene Nonemaker, Editor, at jolene.nonemaker@excellus.com.
Please Share Your Feedback!  
2019 Physician Satisfaction Survey

We continually look for ways to improve the quality of our health plan and service to our providers and their staff. That’s why we strongly encourage participating physicians to complete our annual physician satisfaction survey that was mailed out on September 11, 2019. The survey is on pink paper, so it is easy to spot!

We value the opinions shared in the survey and use the results to help make improvements for our physicians. Please take a few moments to respond to our annual physician satisfaction survey to let us know how we are doing and how we can better serve your practice. Responses are due by October 25, 2019. Once completed, you can return the survey in the enclosed postage paid envelope.

Preauthorization Reminder for Children’s Behavioral Health Services

We remind you that preauthorization is required for dates of service on or after October 1, 2019, for the following services provided to children/youth under the age of 21 with Medicaid managed care coverage:

- Assertive Community Treatment*
- Personalized Recovery-Oriented Services*
- Continuing Day Treatment*
- Partial Hospitalization Program

*Member must be at least 18 years of age to receive coverage for this service.

For more information, review our bulletin issued September 16, 2019.

Specialty Drugs Must be Filled at a Specialty Pharmacy for MMC, HARP and CHP

Starting October 1, 2019, members enrolled in Medicaid Managed Care (MMC) or Health and Recovery Plan (HARP) are required to fill their prescriptions for specialty medications at a participating specialty pharmacy OR a retail pharmacy in our network that has agreed to accept our rates. Members enrolled in Child Health Plus (CHP) are required to fill their prescriptions for specialty medications at a participating specialty pharmacy.

2019 Fall Seminars - Register Today!

Join our Provider Relations team for the 2019 fall seminars. You’ll gain valuable information on the latest administrative and operational updates, industry news, what’s new for 2020 and more. Don’t miss this educational event!

To view the available sessions and register to attend, select the seminar location under 2019 Fall Seminars on our website:

Provider.ExcellusBCBS.com/resources/management/staff-training
CUSTOMER CARE CLOSED FOR TRAINING ON OCTOBER 14

Our Customer Care provider phone lines will be closed to allow for staff training and development on October 14, 2019.

Our Medical Intake Customer Care line will remain open with minimal staff available for urgent preauthorization requests. You may reach Medical Intake at 1-800-363-4658.

Please visit our website, Provider.ExcellusBCBS.com to access many self-service tools available to you 24 hours a day, seven days a week, including member benefit and eligibility information, claims status, preauthorization requirement lookup and much more!

Thank you for your patience as our staff takes time out to learn and improve so that we can continue to provide quality service.

RADIOLOGY PREAUTHORIZATION PROGRAM EXPANSION

Excellus BlueCross BlueShield reminds you that we are expanding our radiology preauthorization program in partnership with eviCore healthcare, an independent company, effective November 1, 2019. The radiology program expansion applies to all lines of business that require preauthorization.

Effective with dates of service on or after November 1, 2019, preauthorization through eviCore will be required for additional complex radiology codes related to nuclear medicine, CT scan, MRI, MRA, PET and CPET scan services. A list of the additional codes is included with our August 1, 2019 bulletin and will be available at www.evicore.com no later than October 17, 2019. EviCore’s phone lines and web portal will be open on October 18, 2019, to accommodate preauthorization requests for dates of service on or after November 1.

InstaMed® - Sign up today!

We’ve contracted with InstaMed to offer electronic funds transfer (EFT) and electronic remittance advice (ERA).

To learn about the benefits of receiving your payments and remittances electronically, visit Provider.ExcellusBCBS.com/claims/payments-remittances.

If you’re already using InstaMed, thank you!
MEDICARE CROSSOVER CLAIMS

We remind you that if your patient has Medicare primary insurance and a Blue Cross and/or Blue Shield Plan as secondary insurance, you should first submit the claim to Medicare. Medicare will process the claim, then route (cross over) the claim to the patient’s secondary Blue Plan for processing.

◊ If the claim successfully crosses over, you will receive payment or processing information from the patient’s secondary plan.

◊ If the claim does not crossover from Medicare, it is important to wait 30 days before billing the secondary insurance with the Medicare EOMB.

Please share this important information with your billing office/billing service and anyone within your practice who should be aware.

E-CIGARETTE INFOGRAPHIC AVAILABLE

You’ve probably seen the news. You may have even treated patients with vaping related illnesses. E-cigarette usage is an epidemic in the United States. We now have an infographic available to help educate your patients on the dangers of using e-cigarettes.

E-Cigarettes: What You Need to Know About Vaping has been shared with the New York State Center for School Health and is being distributed to school nurses and pediatrician offices throughout upstate New York. If you would like to order copies for your waiting area or exam rooms, contact your Provider Relations representative.

Access and Availability Standards

We follow appointment availability standards established by the New York State Department of Health. These standards, which apply to all lines of business, are used to improve patient access to routine, urgent, preventive and specialty care. We also follow 24-hour access standards to measure after-hours access. Learn more by accessing our tips sheets:

➢ Access and Availability Standards - all lines of business
➢ Behavioral Health Access and Availability Standards - Adults
➢ Behavioral Health Access and Availability Standards - Children

These and other tip sheets are available on our website:

Provider.ExcellusBCBS.com/resources/management/tip-sheets
New Online Location of DME Rental/Purchase Grid

If you’ve previously used the Durable Medical Equipment (DME) Rental/Purchase Grid on our website, you know how useful it is. We moved it when we redesigned our provider web portal, but don’t worry, it is now even easier to get to!

From Provider.ExcellusBCBS.com, click Claims & Payments from the top navigation bar, then click Durable Medical Equipment – Rental/Purchase Grid.

Website Highlight: Checking Patient Eligibility and Benefits

Our website is the quickest way to verify a patient’s eligibility and benefits. Here’s a brief summary of how to easily find the information you are looking for.

After signing into Provider.ExcellusBCBS.com, select the Eligibility & Benefits icon.

Enter Search Criteria

- Select a date to search in the Date of Service field.
- Click View All Services or Only Specific Services and type or select up to three services.
- Enter two of the following data elements for each patient (up to 10 patients at once):
  - Member ID, Date of Birth (MM-DD-YYYY), Member First & Last Name
  - TIP! At the end of each patient row, a red triangle will display once you start entering data in that row until both data elements are entered in the correct format. A green checkmark will display once both data elements are entered correctly after you tab to or click in a different field.
- Click Submit.

Results Display

If the member has/had active coverage on the requested date of service, the member’s eligibility and benefits information will display, including:

- Member details
- Subscriber information
- Plan details (effective dates of coverage, member ID, plan name, relationship to subscriber, etc.)
- Other coverage information

Below the summary of member and plan information, click the corresponding arrow to display:

- Deductibles & Out-of-Pocket Maximums
- Benefits Details
  - ① Be sure to click the Additional Details link at the top of this section to view plan-specific limitations and preauthorization requirements.
- Additional Limits

You can also view the member’s claims or request authorization from this screen by clicking the icons at the top of the page.

Request Authorization  View Claims

This is just a highlight of one of the many time-saving tools available on our website. Next month, we’ll highlight checking a patient’s claims online. If you would like to request website training, visit our Staff Training page, or contact your Provider Relations representative.
Our Clinical Practice and Behavioral Health guidelines have been updated recently. The guidelines are evidence-based statements and recommendations designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients. Guidelines are based on the most current scientific evidence and are adopted or adapted from standards published by recognized sources.

Please take a moment to review our latest guidelines, which can be found at Provider.ExcellusBCBS.com under the Policies & Guidelines tab.

Additionally, be aware of our Shared Decision-Making tools, which may be helpful to you as you deliver care to our members. Under the Resources tab, click on Clinical and Quality Resources.

Practitioners, including nurse practitioners and physician assistants, must supply their taxonomy code when applying to join the Excellus BlueCross BlueShield provider network. Please take a moment to be sure that your enrollment application is complete before you return it to us, including required fields, Social Security number and taxonomy code. Your application must be signed and must include all required supporting documentation.

Access our enrollment form at Provider.ExcellusBCBS.com. Go to: join our Network > Contracting > Enrollment Form > Become a Participating Provider: Application for Practitioner Enrollment.

You can check the current listing for your practice in our Find a Doctor/Provider tool. It’s important to review this information every 90 days. Be sure to verify that the following information is accurate:

- **Practice and/or provider name**
- **Office hours**
- **Medical group and/or hospital affiliations**
- **National Provider Identifier (NPI)**
- **Accepting new patients status**
  - If your office anticipates challenges meeting New York state visit time frames, you should consider changing your accepting new patients status to “Closed to New Patients” until timely visits are available.

If revisions to your practice information are needed, click here to access our Practitioner Demographic Changes form.

**Tip!** When you submit the form online, we don’t require a provider signature on the form because of your secure sign-on to our provider portal.

Also verify and update your demographic information on the NPI Registry. Log into your NPI record at: https://nppes.cms.hhs.gov/#/
CODING CORNER

Improving Documentation Specificity for Sick Sinus Syndrome

This month, we will review how to improve documentation specificity for sick sinus syndrome (SSS). Sick sinus syndrome is a group of abnormal heart rhythms caused by a malfunction of the sinus node, which is the heart’s primary pacemaker. Tachycardia-bradycardia syndrome is a variant of SSS in which the arrhythmia alternates between slow and fast heart rates.

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
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<tbody>
<tr>
<td>I49.5</td>
<td>Sick sinus syndrome</td>
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To assign codes for ICD-10 for sick sinus syndrome it is important to understand the following:

∇ Per American Hospital Association (AHA) coding clinic: When a patient has a pacemaker, the sick sinus syndrome is still present and is a reportable chronic condition. Although the pacemaker is controlling the heart rate, it does not cure SSS and the condition is still being managed/monitored.

∇ It is appropriate to also report the presence of a cardiac device separately if one is present.

To properly code sick sinus syndrome, the documentation in the medical record should specify:

❖ Supporting documentation such as the presence of a pacemaker or medication (if applicable) to help control the SSS.
❖ Any tests such as an ECG ordered or reviewed.
❖ Documentation of treatment plan.

Reference: ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2019 Pages: 33-34 Effective with discharges: March 20, 2019. Coding clinic updates occur quarterly; information can be subject to change.

Important Reminders:

• All diagnoses submitted on a claim should be supported by the Monitoring, Evaluation, Assessment and/or Treatment of the condition in the medical record documentation.
• For more information, please contact Sara Fraser, Manager of Risk Adjustment Program Operations, at 585-238-4590.

To report potential fraud, waste or abuse, please call our Fraud Hotline at 1-800-378-8024 or click here to visit our website to complete and submit our Fraud Reporting form.

All fraud, waste and abuse referrals are confidential and can be made anonymously.
MEDICAL POLICY UPDATES

Excellus BCBS works to ensure that the development of corporate medical policies occurs through an open, collaborative process. We encourage participating providers to become actively involved in medical policy development. Each month, draft policies are available on our website for review and comment. To access the draft policies, click here. Providers now have the capability of attaching supporting documentation related to their comments.

The following new and updated medical policies have been reviewed and were approved on August 15, 2019 by the Corporate Medical Policy Committee, including practitioner representatives from all Health Plan regions. A complete library of our medical policies can be found on our website.

New Policies

**#7.01.101: Balloon Dilation of the Eustachian Tube.** Balloon dilation of the eustachian tube is a relatively new procedure for the treatment of symptoms associated with chronic eustachian tube dysfunction (ETD). Rhinosinusitis and allergic rhinitis is a common cause of inflammation of the eustachian tube which may result in the inability of the tympanic membrane to equalize pressure and clear contents and leads to ETD. Symptoms of ETD include a feeling of fullness in the ear, tinnitus, muffled hearing loss, and vertigo. Chronic ETD can lead to hearing loss, otitis media, tympanic membrane perforation and cholesteatomas. When medical management with decongestants, antihistamines, and nasal steroid sprays is unsuccessful to relieve chronic ETD, balloon dilation of the eustachian tube may be proposed. The procedure is performed under general anesthesia during which a saline-filled balloon catheter is inserted through the nose and into the ET with endoscopic guidance. Once the balloon is in place it is inflated, and pressure is maintained for approximately two (2) minutes, followed by deflation and removal. Expansion of the ET aims to allow for the drainage of secretions and pressure equalizing across the tympanic membrane providing relief for those suffering from ETD. Two devices have FDA approval for dilation of the eustachian tube in patients with persistent eustachian tube dysfunction (ETD). Since the procedure is relatively new, there are no studies showing long-term outcomes of the procedure or studies showing how often the procedure needs to be performed. Balloon dilation of the eustachian tube is considered investigational in the treatment of chronic Eustachian tube dysfunction.

**#7.01.102: Circulating Tumor DNA for Management of Cancer (Liquid Biopsy).** The standard for treatment selection in some cancers is biomarker analysis of tissue samples during biopsy or surgery. Both biopsy and surgery are invasive with slow turnaround time for obtaining results. An alternative to tissue-based molecular testing is cell-free DNA from plasma in blood of patients with cancer. Cell-free DNA in blood is derived from nonmalignant and malignant cells of DNA. The small DNA fragments released into the blood by tumor cells are referred to as circulating tumor DNA (ctDNA). The ctDNA can be used for genomic characterization of the tumor and identification of the biomarkers of interest. Genetic testing of ctDNA can be targeted at specific genes or at commonly found, acquired, somatic variants ("hotspots") that occur in specific cancers, which can impact therapy decisions. Panel testing for specific genetic variants that may impact therapy decision in many different cancers can also be performed. Advantages of using ctDNA or liquid biopsy include information on the complete heterogeneity of the tumor, it is minimally invasive, and can be performed serially as treatment progresses to monitor efficacy, development of resistance, and cancer progression. For individuals with newly diagnosed advanced stage III or IV or metastatic non-small-cell lung cancer (NSCLC) including adenocarcinoma, large cell, squamous cell, and NSCLC no otherwise specified or for individuals with advanced stage III or IV or metastatic non-small-cell lung cancer (NSCLC) progressing on or after chemotherapy or immunotherapy who have never been tested for molecular and biomarker analysis, cell-free/circulating tumor DNA (ctDNA or liquid biopsy) (e.g., Guardant 360® test, Foundation One Liquid™, Cobas, Genestrat, OncoBEAM) analysis for EGFR TKI-sensitizing variants (small deletions in exon 19 or a point mutation in exon 21 (L858R)) may be considered medically necessary when invasive biopsy is medically contraindicated; and there is not enough tissue for tissue-based molecular and biomarker analysis.

Continued on page 10
Current Policies Recently Updated with Changes

#7.01.82: Endovascular Treatment of Acute Ischemic Stroke (e.g., mechanical embolectomy) may be considered a medically appropriate treatment option only for selected patients with angiographically documented occlusion and profound neurological deficits only when performed in an institution with a multidisciplinary stroke team. Endovascular treatment of acute ischemic stroke for all other patients is considered investigational. With this year’s update, the medically appropriate criteria for endovascular treatment of acute ischemic stroke that included individuals who have failed or who are not candidates for thrombolysis was removed.

#6.01.46: Magnetic Resonance Imaging Prostate/Multiparametric MRI is an imaging exam that can be used for staging, treatment selection, surgical or radiation therapy planning of prostate cancer. MRI of the prostate is usually performed after a biopsy-proven diagnosis of prostate cancer to provide patients with more detailed information about their disease so they can make the most informed treatment decision and/or understand whether the treatment they have received thus far has been effective. MRI of the prostate is considered medically appropriate for diagnosis with at least one negative/non-diagnostic TRUS biopsy with documented plans for MRI guided biopsy or MRI/TRUS fusion biopsy when there is a rising PSA or abnormal digital rectal exam (DRE), as part of an active surveillance program when there is suspected progression, patients with prior radical prostatectomy or radiation therapy with clinical suspicion of disease progression, or clinical disease progression with plans for radiation therapy or prostatectomy. This year’s update includes criteria for mpMRI as part of an active surveillance program (allowed every 12 months) or for restaging or recurrence when there are new findings on most recent CT or an MRI that was inconclusive; or the PSA is rising on 2 consecutive measurements while on endocrine/hormonal therapy; or if there is clinical suspicion of recurrence or progression.

#7.01.34: Transcatheter Closure Devices for Cardiac Defects and Patent Ductus Arteriosus are permanent implants designed to close certain defects by way of a minimally invasive technique. Transcatheter/ percutaneous closure of a secundum atrial septal defect, a complex ventricular septal defect or a patent ductus arteriosus is considered medically appropriate when using a device approved by the FDA for that purpose and when used according to the labeled indications. This year’s update includes a change in coverage from investigational to medically appropriate for closure of patent foramen ovale (PFO) using a transcatheter approach to decrease or eliminate the occurrence of cryptogenic stroke when using an FDA-approved device in accordance with device specific, FDA-approved indications and contraindications. Closure of patent foramen ovale (PFO) using a transcatheter approach to decrease or eliminate the occurrence of migraines continues to be considered investigational. The use of a perventricular approach, also referred to as a transmyocardial approach, has been explored as an alternative to the transcatheter approach for ventricular septal defect closure. This hybrid approach has been investigated in the treatment of patients for whom the transcatheter approach is challenging, including small infants and patients with poor vascular access. No devices have received FDA approval for this application. Based upon our criteria and assessment of peer-reviewed literature, Perventricular (transmyocardial) closure of ventricular septal defects is considered investigational.

Current Policies Recently Updated with Minimal Changes

The following policies required only minimal changes (e.g., updating of references, changing language to meet legal needs). The coverage intent of the policies was not altered. These policies were recently approved for updating by the Health Plan Medical Directors and are available on our website.

- #7.01.58: Cardiac Resynchronization Therapy (Biventricular Pacemaker)
- #1.01.30: Continuous Glucose Monitoring Systems/External Insulin Pump Therapy for Diabetes
- #2.02.06: Genetic Testing for Hereditary BRCA Mutations
- #8.01.21: The Light and Laser Therapies for Dermatologic Conditions
- #7.01.78: Peptide Receptor Radionuclide Therapy (PRRT)
- #7.01.07: Ventricular Assist Devices

Archived Medical Policies

Policies are archived either because the technology has become standard of care or because there has been little utilization or few requests. Archived policies are available on our website.

Previously Archived:

- #6.01.22: Mammography: Computer-Aided Detection (CAD)
- #9.01.05: Transpupillary Thermotherapy