Lead Screening for Children

Blue Cross of Northeastern Pennsylvania (BCNEPA) continues to work with the Children’s Health Insurance Program (CHIP) to promote awareness about childhood lead poisoning and the importance of screening and detection. This allows for the monitoring of the negative effects associated with elevated blood lead levels, such as low IQs and behavioral problems, as well as the effects on cardiovascular, immunological and endocrine systems.

continued on page 2

Prepare for ICD-10 with “What's Up Wednesday”

An ICD-10 preparedness teleconference series from Pennsylvania’s Blues Plans (Blue Cross of Northeastern Pennsylvania, Capital BlueCross, Highmark Blue Shield and Independence Blue Cross) resumes in January 2015.

“What’s Up Wednesday” is a monthly teleconference for Pennsylvania’s health care professionals about the transition to ICD-10. “What’s Up Wednesday” will feature special guests and ICD-10 experts who will lead discussions to help you get ready for the October 1, 2015 compliance date.

When is the next call?

Wednesday, January 21, 2015, from 2:00 to 3:00 p.m.

Going forward, calls will take place on the third Wednesday of each month.

Who should participate?

All providers, clearinghouses, trade associations and information networks.

How do I participate?

Before the call, visit the BCNEPA’s ICD-10 page at bcnepa.com. On the Provider Homepage, select the Resources and Tools tab, and then choose the Privacy/HIPAA/ICD-10 link. Click on ICD-10 to access the presentation. Dial 1.800.882.3610 and enter passcode 5411307 when prompted. Be sure to dial in a few minutes early.

Questions can be emailed before or during the teleconference to ICD10Inquiries@bcnepa.com.

Table of Contents

2 Utilization Management Updates
3 New HEDIS Measures Available Online
4 Obstetrical Billing Guidelines for FPH and FPLIC
6 BCNEPA Product and Alpha Prefix Reference Guide
New Prior Approval Requirements

We are transitioning certain services that historically required retrospective review to requiring prior approval (prior authorization/precertification). Once transitioned, you will know if these services will be considered medically necessary before they are rendered. This helps to ensure that our members receive high quality and appropriate care.

Beginning February 1, 2015, the following services will require prior approval:

<table>
<thead>
<tr>
<th>Services</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic Testing for Long QT Syndrome</td>
<td>81280, 81281, 81282</td>
</tr>
</tbody>
</table>

Prior approval requirements apply to all First Priority Health® (FPH) and First Priority Life Insurance Company® (FPLIC) products.

Please note: Additional procedures are being reviewed to determine if they should be included in the prior approval requirements. Please continue to check future issues of Provider Bulletin for more information. (Policy Update 1701003)

Lead Screening for Children continued from page 1

Although lead paint was banned in 1978, there are numerous homes in Pennsylvania that were built prior to 1950 and still contain layers of lead-based paint.

According to the Pennsylvania Childhood Lead Surveillance Program 2013 Annual Report, the number of children under age 7 who were screened for lead in 2013 numbered 144,512. This is a 4% decrease in screenings from 2012 to 2013 and is prevalent across the state. Of the 67 counties in Pennsylvania, 51 counties experienced a decrease in screenings. Of the children tested, 1.08% (1,564) were reported to have confirmed elevated blood lead levels.

BCNEPA is committed to encouraging lead screenings, so children who are at risk can be identified early and intervention can begin.

Please join us in our goal to have all CHIP members tested.
New HEDIS Measures Available Online

The following HEDIS measures will be added to the HEDIS Homepage in January:

**Diabetes A1C Testing and Control**

*Measure Description:*
The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing, coded as follows:

- HbA1c control (<7.0%): CPT G3044F
- HbA1c control (<8.0%): CPT G3045F
- HbA1c poor control (>9.0%): CPT G3046F

**Diabetes—Medical Attention for Nephropathy**

*Measure Description:*
The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy.

There must be documentation of a nephropathy screening test during the measurement year or evidence of nephropathy during the measurement year, as documented through administrative data or medical record review.

**Diabetes—Eye Screening for Diabetic Retinal Disease**

*Measure Description:*
An eye screening for diabetic retinal disease as identified by administrative data, including a retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

**Diabetes—BP control <140/90 mm Hg**

*Measure Description:*
The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had BP control (<140/90). Visit the HEDIS Homepage for these and other measures with documentation, tips, best practices and information about the importance of these measures to your practice.

The **HEDIS Homepage** can be found in the Quality Management section of the Providers page at bcnepa.com/providers.
Obstetrical Billing Guidelines for FPH and FPLIC

In 2008, obstetrical billing guidelines were established to provide consistency for our providers when billing claims for FPH and FPLIC members. To ensure proper payment of your claims, it's important to follow the guidelines below. If you should have any questions, please contact your Provider Relations consultant.

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>CPT Code(s)</th>
<th>Diagnosis Code(s)</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial prenatal visit</td>
<td>99201–99215, 99241–99245, 99271–99275</td>
<td>V22.0 – V22.2, V23.0 – V23.89, V28.0 – V28.9</td>
<td>Use appropriate office visit code for the first prenatal visit. Claim may be submitted immediately following service. Collect the specialist copay for this visit only. The remainder of the prenatal visits are paid under one of the global codes below. No additional copays apply.</td>
</tr>
<tr>
<td>Remaining prenatal visits*</td>
<td>59425 (If total additional prenatal visits are at least 4, but no more than 6), OR 59426 (If total additional prenatal visits are more than 7)</td>
<td>As above</td>
<td>Bill with one date (from/to) and one unit “From” = Date of 2nd prenatal visit “To” = Date of 2nd prenatal visit (Bill only once for the global prenatal period.)</td>
</tr>
<tr>
<td>Delivery</td>
<td>59409 (Vaginal Delivery), 59514 (C-section), 59612 (Successful VBAC), 59620 (Failed VBAC)</td>
<td>As above</td>
<td>For I/P visits following delivery, use the appropriate subsequent hospital visit codes (i.e. 99231, 99232, 99233). The hospital discharge visit may be reported using code 99238. Payment for all post-delivery hospital visits is included in the reimbursement for the actual delivery.</td>
</tr>
<tr>
<td>Postpartum (office visit only)</td>
<td>59430</td>
<td>V24.1, V24.2, V72.31, or V76.2</td>
<td>Not to be used for I/P visits immediately following delivery. This code is ONLY used for the office visit 6 to 8 weeks following delivery and is separately reimbursable.</td>
</tr>
</tbody>
</table>

*If there are 3 or fewer additional prenatal visits, submit each visit individually using the appropriate evaluation and management code (99201–99215, 99241–99245). No copays should be collected for these additional prenatal visits.

Claims for additional billable services (e.g., ultrasound, non-stress test, amniocentesis) may be submitted immediately following the service.
Preventive Health for Women

Research has shown that the health needs of women differ throughout the stages of their lives. To help women better understand their bodies and the changes they can expect during their lives, a series of preventive health wellness cards will be mailed to patients with BCNEPA health insurance beginning this month.

Each mailing targets a specific age group and the related preventive health actions that are recommended for girls/women during those years. These actions align with the related HEDIS measures for 2015.

Preventive health topics include the Tdap, meningococcal (MCV4) and HPV vaccinations; testing for chlamydia and cervical cancers; prenatal and postnatal care visits for pregnant women and screenings for breast cancer, colorectal cancer and osteoporosis.

Wellness cards for the Tdap and MCV4 immunizations and the HPV vaccine will be sent to parents of girls 11 and 12 years of age, along with a separate card that parents can give to their daughter/dependent, at their discretion. All other mailings will be sent directly to the identified member.

Each card contains the answers to 2–3 questions that patients may want to ask their health care provider, along with space to write their own health questions.

If you would like more information about these preventive health mailings, please call Jane Yeomans, senior coordinator, Quality Management/Improvement, at 570.200.4389.

Individual Plan Members Now Eligible for Wellness Rewards

Beginning January 1, 2015, new and renewing members who are covered by one of BCNEPA’s ACA Metal plans for individuals will be eligible to earn a $25 gift card from Blue Health SolutionsSM as an incentive for seeing their primary care doctor and completing a wellness exam.

Physical exams forms, along with information about earning the wellness reward, will be mailed to your patients covered by myBlue® Access, myBlue Choice, myBlue Care and my Blue Cross, a Multi-State Plan beginning in late January. The incentive will continue to be offered throughout 2015 for individuals who qualify for and enroll in a BCNEPA ACA Metal plan during a Special Enrollment period.

Providers are asked to record the patient’s height, weight and blood pressure on the physical exam form. Once dated and signed, the form can be:

**Faxed to**
BCNEPA 570.200.8030

**Mailed back to**
Blue Health Solutions
19 North Main Street
Wilkes-Barre, PA 18711

Patients will receive the gift card about 6 weeks after BCNEPA receives the completed form.

**Reminder:**

These wellness exams are covered under your patient’s preventive health benefits. If no additional services are given during this visit, a copay should not be collected and your patient should be billed only for an annual wellness exam.

Bill the annual wellness exam, V70.0, as the primary diagnosis, with one of the following procedural codes: **99381 to 99387, 99391 to 99397 and 99401 to 99404**. All other appropriate diagnoses codes should then be billed and will process with no member liability.

For questions about the wellness incentive, call Blue Health Solutions at 1.866.262.4764.
## BCNEPA Product and Alpha Prefix Reference Guide

Below is an updated listing of the products and alpha prefixes used by BCNEPA, FPH, and FPLIC. Prefixes that do not appear in this listing should be considered out-of-area.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Alpha Prefix</th>
<th>Provider Service Line</th>
<th>Claims Filing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FPLIC Products:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare® PPO and BlueCare PPO Qualified High Deductible (QHD)</td>
<td>QFG</td>
<td></td>
<td></td>
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<tr>
<td>BlueCare Direct</td>
<td></td>
<td></td>
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<tr>
<td>BlueCare Direct Advantage</td>
<td>QFD</td>
<td></td>
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<tr>
<td>BlueCare Direct Select</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare Direct Essentials (Ending 12/31/14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare Direct Simplicity (Ending 12/31/14)</td>
<td>QEB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare PPO (purchased on the Shop Exchange)</td>
<td>QFR</td>
<td></td>
<td>1.866.262.5635</td>
</tr>
<tr>
<td>BlueCare PPO Customized Groups</td>
<td>EBU, GSO, LPO, LYB, NNU, NTJ, NTQ, SRL, WOH, WMH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myBlue Choice; myBlue Choice LP (QHDHP) (on Exchange)</td>
<td>QFL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myBlue Choice; myBlue Choice LP (QHDHP) (off Exchange)</td>
<td>QFF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>my Blue Cross, a Multi-State Plan (on Exchange)</td>
<td>QFJ</td>
<td></td>
<td>1.888.345.2353</td>
</tr>
<tr>
<td>Custom PPO (purchased on the Shop Exchange)</td>
<td>QFQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myBlue Care (on Exchange)</td>
<td>QFA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myBlue Care (off Exchange)</td>
<td>QFB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myBlue Access; myBlue Access LP (QHDHP); myBlue Access Catastrophic (on Exchange)</td>
<td>QFN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>myBlue Access; myBlue Access LP (QHDHP); myBlue Access Catastrophic (off Exchange)</td>
<td>QFH</td>
<td></td>
<td>1.888.345.2353</td>
</tr>
<tr>
<td>BlueCare Custom PPO (formerly BlueCare EPO, members who work or reside in-area)</td>
<td>QFI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare EPO (members who work or reside out-of-area)</td>
<td>QFO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare QHD Custom PPO (formerly BlueCare QHD EPO)</td>
<td>QFI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AffordaBlue™ (EPO 3-Tier, off Exchange)</td>
<td>QFZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AffordaBlue™ (on Exchange)</td>
<td>QFE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare Traditional</td>
<td>QFT</td>
<td></td>
<td>1.888.827.7117</td>
</tr>
<tr>
<td><strong>First Priority Health Products:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BlueCare HMO (base)</td>
<td>YZH</td>
<td></td>
<td>1.800.822.8752</td>
</tr>
<tr>
<td>BlueCare HMO Plus (POS)</td>
<td></td>
<td></td>
<td>First Priority Health PO Box 69699 Harrisburg, PA 17106-9699</td>
</tr>
<tr>
<td>CHIP</td>
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<tr>
<td><strong>Blue Cross® Products:</strong></td>
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<td></td>
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</tr>
<tr>
<td>BlueCare Senior (group)</td>
<td>YZM (institutional)</td>
<td></td>
<td>1.888.827.7117</td>
</tr>
<tr>
<td>BlueCare Security (non-group)</td>
<td>ZAS (professional)</td>
<td></td>
<td>1.866.763.6695</td>
</tr>
</tbody>
</table>

(Policy Update 1701008)
Medical Policy Updates

Invasive Prenatal (Fetal) Diagnostic Testing (MPO-083-0047)
The following new language has been added to policy:

Chromosomal Microarray
In patients who are undergoing invasive diagnostic prenatal (fetal) testing, chromosome microarray (CMA) testing may be considered medically necessary, as an alternative to karyotyping.

Single-gene Disorders
Invasive diagnostic prenatal (fetal) testing for molecular analysis for single-gene disorders may be considered medically necessary when a pregnancy has been identified as being at high risk:

• For autosomal dominant conditions, at least one of the parents has a known pathogenic mutation
• For autosomal recessive conditions:
  – Both parents are suspected to be carriers or are known to be carriers, or
  – One parent is clinically affected and the other parent is suspected to be or is a known carrier
• For X-linked conditions, a parent is suspected to be or is a known carrier

AND, when ALL of the following are met:

• The natural history of the disease is well understood, and there is a reasonable likelihood that the disease is one with high morbidity in the homozygous or compound heterozygous state
• The disease has high penetrance
• The genetic test has adequate sensitivity and specificity to guide clinical decision making and residual risk is understood
• An association of the marker with the disorder has been established

If the above criteria for molecular analysis for single-gene disorders are not met, invasive diagnostic prenatal (fetal) testing is considered investigational.

Next-generation Sequencing
The use of next-generation sequencing in the setting of invasive prenatal testing is considered investigational.

Genetic Testing (MPO-490-0083)
The following language has been added to policy:

BCNEPA will not provide coverage for the use of genetic testing panels that include multiple CYP450 mutations as this is considered investigational.

Stereotactic Radiosurgery and Charged-particle Radiation Therapy (MPO-490-0069)
Policy language has been updated as follows:

BCNEPA will not provide coverage for SRS for the following indications, as they are considered investigational and, therefore, not covered because the safety and effectiveness of these services cannot be established by review of the available published peer-reviewed literature:

• The treatment of seizures, functional disorders other than trigeminal neuralgia, including chronic pain, tremor and uveal melanoma
• All other indications not identified as medically necessary

Experimental/Investigative Services Pathology/Laboratory (MPO-490-0134)
The following new language has been added to policy:

BCNEPA will not provide coverage for multtarget polymerase chain reaction (PCR) testing for diagnosis of bacterial vaginosis as it is considered investigational.

(Policy Update 1701009)
Blue Cross of Northeastern Pennsylvania administers health insurance plans for Blue Cross of Northeastern Pennsylvania, Highmark Blue Shield, First Priority Health® and First Priority Life Insurance Company®.

Blue Cross of Northeastern Pennsylvania is a Qualified Health Plan issuer in the Federally Facilitated Marketplace.

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How You Can Reach Us

For questions about benefits, eligibility or claims, please call, weekdays, between 8 a.m. and 5 p.m.:
• BlueCare® HMO/HMO Plus—1.800.822.8752
• BlueCare PPO/myBlue® Plans—1.866.262.5635
• BlueCare Traditional—1.888.827.7117
• BlueCare EPO/Custm PPO—1.888.345.2353

Valuable health resources:
Refer your BCNEPA patients to the following Blue Health Solutions™ health and wellness resources:
• Personalized health management and wellness programs, care management resources and much more—1.866.262.4764
• 24/7 Nurse Now—Call 1.866.442.2583 anytime or chat online at bcnepa.com, logon to self-service; click on the Health & Wellness tab and then select 24/7 Nurse Now

Report fraud:
Call our Fraud Hotline at 1.800.352.9100, or email our Special Investigations Unit at siu@bcnepa.com.

Important fax numbers:
BC Claims 570.200.6790 (For claims adjustments, BlueCare Senior, FEP)
BC Precertification 570.200.6788
BlueCard® ITS Claims 570.200.6790
FPH Claims 570.200.6790 (For Maternity Precertification forms, adjustments, Claims Research Request forms, etc.)
Provider Relations 570.200.6880
Provider Customer Service 570.200.6886
FPH Complaint/Grievance 570.200.6770
FPH Non-par Referral Requests 570.200.6840
FPH Pharmacy 570.200.6870
FPH Precertification 570.200.6799
Other Party Liability (OPL) 570.200.6790

BCNEPA Provider Relations Consultants
Odette Ashby • 570.200.4658
Odette Ashby@bcnepa.com
Cheryl Hashagen • 570.200.4670
Cheryl.Hashagen@bcnepa.com
Jill Jenkins • 570.200.4669
Jill.Jenkins@bcnepa.com
Louise LoPresto • 570.200.4674
Louise.LoPresto@bcnepa.com
Tracie Wyandt • 570.200.4647
Tracie.Wyandt@bcnepa.com

Senior Manager,
Provider Relations
Dave Levenskie • 570.200.4673
Dave.Levenskie@bcnepa.com

Senior Manager,
Provider Services
Kevin Quaglia • 570.200.4676
Kevin.Quaglia@bcnepa.com

Questions?
Call Provider Relations at 1.800.451.4447

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