Notice

If a website link within this document does not direct you to the appropriate information or website location, please contact Provider Services by telephone. The Provider Services directory is located on the last page of this document.
We Need to Know…

We need to know if there are any changes in your practice. Please remember to give us at least a 30-days notice prior to any changes so that we can notify our members. This includes a change in office hours, address, telephone number, or tax identification number.

Additionally, potential system upgrades and/or conversions that could result in possible claim delays for your office should be identified in writing prior to implementation along with a timeline including the completion date. This will provide proof and help to avoid post-conversion timely filing issues.

Free Online Continuing Education Program

The National Committee for Quality Assurance (NCQA), in conjunction with the Health Resources & Services Administration (HRSA), is offering a free online learning experience: Unified Health Communication 101: Addressing Health Literacy, Cultural Competency and Limited English Proficiency.

The course can be completed at your own pace, and can be taken for credit (CEU/CE, CHES, CME, CNE). The program has five modules and is estimated to take a total of five hours to complete.

For complete information regarding increased cultural sensitivity training, please go to: http://www.hrsa.gov/healthliteracy/training.htm.
Medical Services Protocol Updates

The following clinical protocols are revised and/or are new. The effective date is April 15, 2008, unless otherwise noted.

Dynamic Spinal Visualization

*New Policy* - The use of dynamic spinal visualization is considered *investigational* because it is unproven outside the investigational setting.

Electrostimulation and Electromagnetic Therapy for the Treatment of Chronic Wounds

*New Policy* - Electrical stimulation using low-intensity direct current, high-voltage pulsed current (HVPC), alternative current (AC), and transcutaneous electrical nerve stimulation (TENS) for the treatment of wounds is considered *investigational* because it is unproven outside the investigational setting. Electrical stimulation performed by the patient in the home setting is considered *investigational* because it is unproven outside the investigational setting. Electromagnetic therapy for the treatment of wounds is considered *investigational* because it is unproven outside the investigational setting. This protocol contains limited medically appropriate indications for Senior Blue/Medicare PPO.

Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures, Noninvasive Electrical Bone Growth Stimulation of the Appendicular Skeleton, and Ultrasound Accelerated Fracture Healing Device

*Revised* - Prior approval is also required when the stimulation is performed by a professional in the outpatient or office setting.

External Counterpulsation

*Revised* - Added that all other cardiac conditions, including but not limited to congestive heart failure, acute myocardial infarction and cardiogenic shock are *investigational* because evidence is insufficient to determine whether there is improvement in the net health outcome.

Implantable Bone-Conduction and Bone-Anchored Hearing Aids

*Revised* - Added that BlueCross BlueShield of Western New York no longer considers this a hearing aid.

Maze Procedure

*New Policy* - The maze procedure, performed on a non-beating heart during cardiopulmonary bypass with or without concomitant cardiac surgery is considered *medically appropriate* for treatment of drug-resistant atrial fibrillation or flutter. Minimally invasive, off-pump maze procedures, including pulmonary vein isolation via mini-thoracotomy, are considered *investigational* for treatment of drug-resistant atrial fibrillation or flutter because it is unproven outside the investigational setting.

Signal-Averaged Electrocardiography

*New Policy* - Signal-averaged electrocardiography is considered *investigational*, including, but not limited to, its use as a technique of risk stratification for arrhythmias after prior myocardial infarction; in patients with cardiomyopathy; in patients with syncope; as an assessment of success after surgery for arrhythmia; in the detection of acute rejection of heart transplants; as an assessment of efficacy of antiarrhythmic drug therapy; or in the assessment of success of pharmacological, mechanical, or surgical interventions to restore coronary artery blood flow; signal-averaged electrocardiography may be medically appropriate for Senior Blue/Medicare PPO.

Stereotactic Radiosurgery

*Revised* - Added clarification that Stereotactic Radiosurgery is *investigational* in the treatment of extracranial sites because it is unproven outside the investigation setting.

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Temporomandibular Joint Dysfunction
Revised - The following non-surgical treatments are also considered investigational in the treatment of TMJ dysfunction because it is not demonstrated that they are as beneficial as established alternatives: transcutaneous electrical nerve stimulation and physical therapy including diathermy, infrared, and heat and cold treatment, and manipulation.

Technology Assessment
Revised - Under Guideline section, #1, second bullet, “A drug or biological product must have final approval from the U.S. Food and Drug Administration,” was removed because it was redundant to the first bullet; prior authorization phone and fax numbers updated; as a reminder, when considering providing a new technology for which we have no coverage position or our published position indicates the service is investigational, but you feel there is justification to provide the service, we encourage you to call for prior approval.

Vertebral Axial Decompression
New Policy - Vertebral axial decompression is considered investigational because it is unproven outside the investigational setting.

Well Child Care (effective January 1, 2008)
Revised - Updated the timeframes for well child visits based on American Academy of Pediatrics guidelines for 2008.

Recently Posted Protocols
Clinical Protocols Reviewed Without Change
The following clinical protocols have recently been reviewed and did not require revision to their guidelines. Previous effective dates indicated remain accurate:

- Ambulatory Blood Pressure Monitoring
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Artificial Intervertebral Disc: Cervical Spine
- Artificial Intervertebral Disc: Lumbar Spine
- Biofeedback as a Treatment of Chronic Pain
- Carotid Percutaneous Transluminal Angioplasty (PTA) with Stenting
- Chelation Therapy
- Cochlear Implant
- Collagen Crosslinks
- Continuous Passive Motion (CPM) in the Home Setting
- Decompression of the Intervertebral Disc Using Laser (Laser Discectomy) or Radiofrequency (DISC Nucleoplasty™) Energy
- Extracorporeal Shock Wave Treatment for plantar Fasciitis and other Musculoskeletal Conditions
- Genetic Testing for Inherited BRCA1 or BRCA2 Mutations
- Immunotherapy for Allergic Disorders
- Intravascular Brachytherapy for Preventing and Managing of Restenosis after Percutaneous Angioplasty (PTA)

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• Lung Volume Reduction Surgery for Severe Emphysema
• Lymphedema Pumps (clarification that multichamber pumps are investigational)
• Orthognathic Surgery
• Orthoptic/Vision Therapy (note that this service still requires prior approval)
• Percutaneous Discectomy
• Phototherapeutic Keratectomy
• Radiofrequency Ablation of Solid Tumors
• Sclerotherapy as a Primary Treatment of Varicose Veins
• Spinal Cord Stimulator (note that this service still requires prior approval)
• Surgery for Morbid Obesity
• Transmyocardial Revascularization (TMR) for Treatment of Severe Angina
• Urinary Incontinence Treatment
• Wireless Capsule Endoscopy as a Diagnostic Technique in the Disorders of the Small Bowel and Esophagus

Recently Posted Protocols
As mentioned in previous provider newsletters, we have been reviewing and adding to the provider web site in the Clinical Protocol section. This includes previously archived policies as well as policies that support our investigational coverage determination.

Investigational Protocols
As of February 15, 2008, the Clinical Protocol section contains these additional protocols:
• Adjustable Banding as a Treatment of Plagiocephaly
• Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
• Balloon Sinuplasty for the Treatment of Chronic Sinusitis
• Cognitive Rehabilitation
• Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
• Corneal Topography/Computer-Assisted Photokeratoscopy
• Cutaneous Electrogastrography
• Dermatologic Applications of Photodynamic Therapy
• Dynamic Posturography
• Electrical Stimulation for the Treatment of Arthritis
• End Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema
• Endovascular Grafts for Abdominal Aortic Aneurysms
• Fetal Surgery for Prenatally Diagnosed Malformations
• Gait Analysis
• Genetic Testing for Familial Alzheimer’s Disease
• Keratoprosthesis
• Low-level Laser Therapy as a Treatment of Carpal Tunnel Syndrome

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Magnetoencephalography/Magnetic Source Imaging
Mechanical Insufflation-Exsufflation as an Expiratory Muscle Aid
Osteochondral Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
Pharmacogenic and Metabolite Markers for Patients Treated with Azathioprine (6-MP)
Plasma Exchange (Plasmapheresis)
Pulmonary Rehabilitation
Salivary Estriol as Risk Predictor for Preterm Labor
Sensory Integration Therapy
Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease
Surgical Management of Obstructive Sleep Apnea Syndrome/Upper Airway Resistance Syndrome
Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
Videofluoroscopic Evaluation of Velopharyngeal Dysfunction

Archived Protocols
Effective immediately, the following protocol is archived:
Patient-Controlled Analgesia - Archived

When a protocol is listed as Archived, the policy has been replaced due to delegated vendor oversight or other national criteria set with possible reissue of corporate medical policy in the future.

Please note that some of this protocol update may not pertain to the members you provide care to, as they relate to contracts that are not available in your geographic area.

The Clinical Protocol section of the web site is your up-to-date resource for our Clinical Protocols. If you need assistance obtaining specific protocol updates, please contact provider service.

Helpful Billing and Coding Information
The following codes should be used for billing, if these services are performed:

**Pulmonary Rehabilitation:**
G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring).
G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring).
G0239 Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring).

**Miscellaneous:**
S2325 Hip core decompression
S9090 Vertebral axial decompression, per session

**New Codes as of January 1, 2008 – Interstitial Continuous Glucose Monitoring System (for extended use in the home, beyond 72 hours):**
A9276 Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply.
A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system.
A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system.
Behavioral Health Continuity and Coordination of Care Project

In April 2008, our Health Care Quality Improvement Department will initiate its annual Behavior Health Continuity and Coordination of Care project. The project will focus on information exchange between behavioral health practitioners and primary care physicians. A random sample of practitioners will be identified for participation. These practitioners will be evaluated for compliance with our Information Exchange Policy, which is supported by New York State Mental Hygiene Law 42 CFR Part 2, Centers for Medicare and Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA) standards.

As a reminder, participating provider agreements with our Plan require cooperation with quality improvement initiatives and administrative policies designed to improve the health care of our members. We thank you in advance for your participation with this quality improvement initiative.

New on the Secure Provider Web Site: DME/Prosthetic/Orthotic Information

The 2008 DME and Prosthetics and Orthotics Preauthorization Required list is now available on our secure provider web site in the Claims and Billing section. Please reference this guide before providing services to our members.

To verify member eligibility and contract benefits, please go to www.wnyhealthenet.org or contact our Provider Service department.

Coding Update: Rapid Strep Test

As a reminder to our providers, there are only two codes that should be used for rapid strep testing in an office setting – they are:

- **87430** – Antigen Detection By Enzyme Immunoassay; Streptococcus, Group A
- **87880** – Immunoassay With Direct Optical Observation; Streptococcus, Group A

If you have been using either of the following two codes for the rapid strep test, please discontinue using them:

- **86317** – Immunoassay for Infectious Agent Antigen/Antibody
- **86403** – Particle Agglutination Antib/Antig (This test will only be reimbursed when done as a stat test. Modifier 22 must be billed with this procedure code to identify it as a stat procedure.)

If you have any questions regarding this bulletin, please contact the Provider Service department at 1-800-950-0051 or 1-716-884-3461.
Chlamydia Screening

Correction: Please note that the “test name” for chlamydia screening was incorrectly listed as “Chlamydia Trachomatis DNA, PCR” in the December 2007 newsletter. The test name listed below is the correct name. The CPT Code is the same as reported.

Test Ordering Information

<table>
<thead>
<tr>
<th>Test Name</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Trachomatis DNA, SDA</td>
<td>87491</td>
</tr>
<tr>
<td>(Chlamydia Trachomatis DNA, SDA)</td>
<td></td>
</tr>
</tbody>
</table>

Chlamydia continues to be an epidemic throughout the U.S., and if left untreated, it can have severe medical consequences. It is important to note that as a PCP, you can screen for this STD without referring to an Ob/Gyn physician. The best test for this is the NAAT (Nucleic Acid Amplification Test).

Amplified chlamydia testing from a urine sample is an option for all practitioners.
This non-invasive specimen collection method is more likely to be accepted by men, women and adolescent patients and offers an alternative to the cervical or urethral swabs. Please follow these steps to help ensure the most reliable results and reduce the need for retesting.

Specimen Collection

- Patients should not urinate two hours prior to sampling.
- Use plastic, preservative-free sterile urine cups with a secure lid. It may be helpful to mark the required volume on the specimen cup.
- Instruct the patient to collect the beginning of the urine stream.
- Collect the first 10-50 ml of urine.

Specimen Storage and Transport

- Transport the specimen to the laboratory as soon as possible.
- Store the urine specimen refrigerated (2-8 °C) until shipment to the laboratory to ensure that total exposure to room temperature does not exceed 24 hours.
- Urine specimens that cannot be tested within 24 hours from the time of collection can be stored refrigerated for up to seven days.
Disease Management Program to be Administered by Alere for Senior Blue and Traditional Blue Medicare PPO Products

As part of our continuing effort to provide the highest quality healthcare coverage, BlueCross BlueShield is pleased to announce a disease management program for our Medicare Advantage members.

We have partnered with Alere Medical, Inc. to assist our Senior Blue and Traditional Blue Medicare PPO members in managing their health through a disease management service involving four major conditions:

- Heart Failure
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Diabetes

This program helps members with chronic illnesses improve their health by assisting them in becoming actively involved in managing their care.

There is no cost to the member and participation in these programs is completely voluntary. The goal of each program is to assist the member in learning more about their condition, how to better understand and control their symptoms, and how to better manage their prescription medications. Alere’s clinical staff will provide education and coaching over the phone as well as provide educational materials in the mail.

The programs do not interfere with your role as the physician directly overseeing your patient’s care and making changes, as necessary. These programs are valuable to physicians because they provide you with information about changes in your patients’ conditions, thereby reducing the risk of crises such as emergency care or hospitalization.

These programs help patients manage their chronic illness through a unique combination of at-home monitoring, patient education and nurse-patient relationships. Alere uses the following components to administer the program:

- In-home patient monitoring devices
- Medication adherence and compliance
- Provider reports

Our members who qualify for this program were contacted in early February 2008 and provided with the details of this free service. Once the member enrolls in one of the four disease management programs, your office will be contacted directly by Alere informing you of your patient’s enrollment.

If an issue that requires your attention is identified for one of your patients participating in the program, you will be notified by Alere within 24 hours so that you may contact the patient directly.

If an issue that does not require your immediate attention is identified, you will be notified via fax. Alere will also alert you via fax if there are questions or issues regarding your patient’s medications.

It is our hope that you will encourage your patients to participate in this free disease management program. It is our goal to have a positive impact on the health of our members by helping them to better manage their health conditions, thus empowering them to lead healthier and more satisfying lives.

If you have any questions regarding the Alere program, please contact our Provider Service department at 1-877-327-1395.
Imaging Moratorium

In January 2004, BlueCross BlueShield identified a rapid growth in the number of MRI, PET and CT installations in our service area. Radiology costs have increased exponentially with the increase in installations. As a result, we continue to review all options with respect to managing imaging services in the Western New York region.

The moratorium remains on the addition of any imaging services to our provider networks unless a substantial need for access to care need is demonstrated.

2008 Immunization Schedules

For your convenience, the 2008 schedules for child, adolescent and adult immunizations are posted on our provider web site at www.bcbswny.com. The Catch-up Immunization Schedule for 2008 is also available.

Dental Pre-Treatment Plan No Longer Required

We are pleased to announce that as of March 1, 2008, dental providers are no longer required to submit a treatment plan for predetermination of benefits for dental services. These services include, but are not limited to:

- Crowns
- Inlays/Onlays and Veneers
- Bridgework
- Full or Partial Dentures
- Periodontal Surgery

If you or your patient would like a Predetermination of Benefits Estimate prior to services being performed, you still have the option of submitting the treatment plan.

As a reminder, please do not send us x-rays, reports or other supporting materials. We will request this information from you as needed.
Preauthorizations and Mental Health Benefits in the New Year

As of January 1, 2008, member behavioral health benefits renewed. The basic benefit of 20 outpatient visits and 30 inpatient days became available to members on that date. For members currently receiving treatment, existing prior authorizations that were put in place but not used last year remain available until they are used or the termination date on the authorization is reached.

As an example, if a member has three remaining authorized visits from last year, and treatment continues into 2008, the three visits can be applied to treatment in 2008. These three visits do count toward the 20-visit benefit for 2008. Once they are used or the expiration date is reached, additional visits can be requested by submitting an updated Outpatient Treatment Request (OTR) Form.

Extended Timothy’s Law benefits are once again available to eligible employer group members. The process for requesting extended benefits using the OTR is the same as last year. Also registering a new patient remains the same. As always, payment is made based upon the member's contractual benefits at the time of treatment, and please note that obtaining a preauthorization does not guarantee payment.

Lead Poisoning Risk Assessment Questionnaire Now Available Online

We are making it even easier for you to assess your young patients for high-risk levels of lead. You can print a copy of the New York State Department of Health's Lead Risk questionnaire from our web site when your patients and their parents/guardians come in for an office visit. Visit our provider web site at www.bcbswny.com and go to the “Tools and Resources” section.

If you do not have internet access, please call 1-877-878-8785 (toll-free), leave your request, as well as your name and office address, and a copy of the questionnaire will be sent to you.
Elective Sterilization Consent Form
As a reminder to those providers performing elective sterilization, an *Elective Sterilization Consent Form* is required for Medicaid Managed Care and Family Health Plus members.

The patient must:
- Be at least 21 years old;
- Be informed of the risks and benefits of sterilization; and
- Sign the mandated sterilization consent form (LDSS-3134) not less than 30 days or more than 180 days prior to performance of the procedure. BlueCross BlueShield requires the consent form to be completed for provider reimbursement.

As published in the January 2006 Department of Health Medicaid Update, the consent forms can be requested from:
New York State Department of Health  
Empire State Plaza  
Albany, NY 12237  
Attention: Michael Margiasso

Or online at:  
## Provider Telephone and Web Site Reference Guide

| Provider Service                                      | 1-800-950-0051 or 1-716-884-3461 (Traditional)  
|                                                     | 1-800-950-0052 or 1-716-882-2616 (Managed Care)  
|                                                     | 1-877-327-1395 (Government Programs) 
| Network Services                                     | 1-800-666-4627 
| Use Management (formerly Medical Management)        | 1-800-677-3086 or 1-716-884-2942 
| Health Care Quality Improvement                      | 1-877-878-8785 
| Web Site                                            | [www.bcbswny.com](http://www.bcbswny.com)  

[BlueCross BlueShield of Western New York](http://www.bcbswny.com)