BLUE KC

Reminder: Annual Physical Examinations

Annual Physical Examinations are based on calendar year benefit.

2017 Provider Office Guide (POG)

The 2017 Provider Office Guide can be found on the Provider page of our website at Providers.BlueKC.com effective First Quarter 2017!

The Blue Cross and Blue Shield of Kansas City (Blue KC) Provider Office Guide has been developed to provide you and your staff with basic, important information about Blue KC. The office guide is intended to assist you in understanding the key point of contact, policies and procedures applicable to your practice.

For more information, please contact your Blue KC provider representative.

2017 Medical Home Program Update

For many years, Blue KC has administered a primary care centric Medical Home program. Traditionally, we have required practices to participate in the NCQA PCMH recognition program at Levels II and III to participate.

As of January 1, 2017, the Blue KC Medical Home Program no longer requires NCQA recognition for participation. While PCMH recognition will still be valuable, practices are now admitted and placed in a respective performance tier based on their scoring in our new Developmental Review process. This will not only accommodate previously recognized practices, but will also allow practices that have never been NCQA recognized an opportunity to participate in the 2017 Medical Home Program.

Practices wishing to participate in this entry level Developing Practice tier should contact Ana Jensen, Medical Home Facilitator, at Ana.Jensen@BlueKC.com for application materials and more information about the Developmental Review process.

HEALTHCARE
2017 Policy Updates

New policies effective October 1, 2016

Trigger Point and Tender Point Injections:
Policy Number 2.01.103
Trigger point injections with anesthetic and/or corticosteroid may be considered **medically necessary** for the treatment of myofascial pain syndrome when all of the following criteria have been met:

- There is a regional pain complaint in the expected distribution of referral pain from a trigger point, AND
- There is spot tenderness in a palpable taut band in a muscle, AND
- There is restricted range of motion, AND
- Conservative therapy (e.g., physical therapy, active exercises, ultrasound, heating or cooling, massage, activity modification or pharmacotherapy) for six weeks fails or is not feasible, AND
- Trigger point injections are provided as a component of a comprehensive therapy program, AND
- No more than four injections are given in a 12-month period.

Trigger point and tender point injections are considered **investigational** for all other indications, including the treatment of myofascial pain syndrome not meeting the criteria above, complex regional pain syndrome, abdominal wall pain and fibromyalgia.

Ultrasound guidance of trigger point injections is considered **investigational**.

Changes to existing policies effective October 1, 2016

Dry Needling:
Policy Number: 2.01.100

- New policy statement:
  - Dry needling of trigger points for the treatment of myofascial pain are considered **investigational**.

Intensity Modulated Radiotherapy: Central Nervous System Tumors - Interim Update: Policy Number 8.01.59

- For other indications, policy statement changed from not medically necessary to investigational.

Occlusion of Uterine Arteries using Transcatheter Embolization: Policy Number 4.01.11

- Adenomyosis was added to investigational policy statement.

Transcatheter Aortic Valve Implantation for Aortic Stenosis - Interim Update: Policy Number 7.01.132

- New policy statement and criteria:
  - Transcatheter aortic valve replacement with a transcatheter heart valve system approved for use for repair of a degenerated bioprosthetic valve may be considered **medically necessary** when all of the following conditions are present:
    - Failed (stenosed, insufficient, or combined) of a surgical bioprosthetic aortic valve; AND
    - NYHA heart failure class II, III or IV symptoms; AND
    - Left ventricular ejection fraction greater than 20 percent; AND
    - Patient is not an operable candidate for open surgery, as judged by at least two cardiovascular specialists (cardiologist and/or cardiac surgeon); or patient is an operable candidate but is at high risk for open surgery (see Considerations section).
  - Transcatheter aortic valve replacement is considered **investigational** for all other indications.

New policies effective November 1, 2016

Radioactive Seed Localization of Nonpalpable Breast Lesions: Policy Number 6.01.57

- Radioactive seed localization of nonpalpable breast lesions may be considered **medically necessary** for the purposes of locating lesions to guide excisional biopsy or breast-conserving surgery, because the clinical outcomes are likely to be equivalent to wire localization (see Considerations section).

Changes to existing policies effective November 1, 2016

Artificial Intervertebral Disc: Cervical Spine - Interim Update: Policy Number 7.01.108

- New policy statements:
  - Simultaneous cervical artificial intervertebral disc implantation at a second contiguous level may be considered **medically necessary** if the above criteria are met for each disc level and the device is FDA-approved for two levels (i.e., Mobi-C, Prestige LP).
  - Subsequent cervical artificial intervertebral disc implantation at an adjacent level may be considered **medically necessary** when all of the following are met:
    - Criteria one to six above are met; AND
    - The device is FDA-approved for two levels; AND
    - The planned subsequent procedure is at a different cervical level than the initial cervical artificial disc replacement; AND
    - Clinical documentation that the initial cervical artificial intervertebral disc implantation is fully healed.

Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions: Policy Number 8.01.10

- New policy statement:
  - Other applications of charged-particle irradiation with proton or helium ion beams are considered **investigational**. This includes, but is not limited to:
    - Clinically localized prostate cancer,
    - Non-small-cell lung cancer (NSCLC) at any stage or for recurrence,
    - Pediatric non-central nervous system tumors,
    - Tumors of the head and neck (other than skull-based chordoma or chondrosarcoma).

Scintimammography and Gamma Imaging of the Breast and Axilla – Interim Update: Policy Number 6.01.18

- New policy statement:
  - Use of gamma detection following radiopharmaceutical administration for localization of sentinel lymph nodes in patients with breast cancer may be considered **medically necessary**.

New policies effective December 1, 2016

Urinary Tumor Markers for Bladder Cancer: Policy Number 2.04.07

- Policy statement:
  - The use of urinary tumor markers is considered **investigational** in the diagnosis of, monitoring, and/or screening for bladder cancer.

Changes to existing policies effective December 1, 2016

Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer – Interim Update:
Policy Number 2.04.33

- The Prostate Health Index (phi) biomarker test was added to the investigational policy statement.

Molecular Analysis for Targeted Therapy of Non-Small-Cell Lung Cancer – Interim Update: Policy Number 2.04.45

- The first policy statement was revised to add:
  - "Analysis for the T790M mutation in the gene for the EGFR receptor is considered medically necessary as a technique to predict treatment response to osimertinib [Tagrisso™] in patients who have progressed on or after EGFR TKI therapy."

New policies effective January 1, 2017

Artificial Pancreas Device Systems: Policy Number 1.01.30

- Policy statements:
  - Use of a U.S. Food and Drug Administration–approved artificial pancreas device system with a low- glucose suspend feature may be considered **medically necessary** in patients with type 1 diabetes who meet all of the following criteria:
    - Age consistent with the FDA Approval for the device requested (FDA approved for age 16 and older for the threshold and 14 and over for the hybrid) – supported by clinical research
    - Type 1 diabetes
    - Glycated hemoglobin value between 5.8 percent and 10.0 percent

- Used insulin pump therapy for more than six months
- At least two documented nocturnal hypoglycemic events (see Considerations section) in a two-week period.

Use of an artificial pancreas device system is considered **investigational** in all other situations.

Changes to existing policies effective January 1, 2017

Molecular Markers in Fine Needle Aspirates of the Thyroid - Interim Update: Policy Number 2.04.78

- New medically necessary policy statement:
  - The use of the Afirma Gene Expression Classifier in fine needle aspirates of the thyroid that are cytologically considered to be indeterminate (follicular lesion of undetermined significance or follicular neoplasm) may be considered **medically necessary** in patients who have the following characteristics:
    - Thyroid nodules without strong clinical or radiologic findings suggestive of malignancy.
    - In whom surgical decision-making would be affected by test results.

Non-Invasive Tests for the Detection of Fetal Membrane Rupture (previously: AmniSure® for Detection of Fetal Membrane Rupture): Policy Number 2.04.505

- New policy statement:
  - The use of non-invasive tests for the detection of fetal membrane rupture is considered **investigational.**

HEDIS Spotlight

Blue KC is currently preparing for the 2017 Healthcare Effectiveness Data Information Set (HEDIS®) medical record abstraction process. HEDIS® is administered by the National Committee for Quality Assurance (NCQA). The accuracy of our reporting contributes directly to our success in the marketplace and ultimately to the success of your practice. The HEDIS® medical record data abstraction process will begin in late January and finish in late April. We ask practices to provide requested records or allow Blue KC access for this purpose within 30 days of receiving our initial request. This will allow time for records to be interpreted while reducing the need for repetitive follow-ups by your staff and ours.

Last year, Blue KC worked successfully with a small group of practices to obtain remote access to their EMRs. This allowed Blue KC to obtain necessary medical records while causing minimum disruption for these offices. Most EMR systems can be configured to allow access to only those members associated with a specific health plan. If you're not sure if your EMR has this functionality, please discuss with your EMR vendor at your earliest opportunity.

As defined by the Health Insurance Portability and Accountability Act (HIPAA), Blue KC is a covered entity and therefore we are legally bound to protect, preserve, and maintain the confidentiality of any protected health information (PHI) obtained from your office.

Blue KC currently uses a product called Accellion, a secure file sharing system. Accellion provides a secure and efficient method of electronically transmitting and receiving files such as medical record requests and corresponding records. If you are not already familiar with how to use this system for secure data transfer, please contact Curtisi Cross at 816-395-3058 or at Curtisi.Cross@BlueKC.com.

If you have questions or concerns regarding the medical record abstraction process, please contact Michelle Williams at 816-395-3975. We appreciate your participation and are committed to working with you to obtain the necessary information with minimal disruption to your workflow.

Questions?

For questions, comments or to refer a member directly to the Healthy Companion program, please call (816) 395-2076 or (866) 859-3813.

Contact Us

BlueSpeak is published three times a year as a service to Blue KC network providers.

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Reader's comments are welcome. Please send an email to **Tasha James** at Tasha.James@BlueKC.com.

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at BlueSpeak@BlueKC.com to ensure you continue to receive the newsletter.