BLUE KC
Improving Health Outcomes: Blood Pressure Program

The Blue Cross and Blue Shield Federal Employee Program® (FEP) and the American Medical Association (AMA) have come together in a collaborative effort to provide physicians with resources designed to improve health outcomes for patients with hypertension and suspected hypertension. This effort supports the goals of the Million Hearts® initiative.

The attached information covering self-measured blood pressure monitoring, a component of the Improving Health Outcomes: Blood Pressure Program developed by the AMA, is designed to help you and your office staff engage your patients in the self-measurement of their own blood pressure. The Community Preventive Services Task Force found "there is strong evidence of effectiveness for these interventions when combined with additional support (i.e., patient counseling, education, or web-based support). The economic evidence indicates that self-measured blood pressure monitoring interventions are cost-effective when they are used with additional support or within team-based care." (The Community Guide)

In support of this effort, FEP initiated a program to provide free blood pressure monitors* to FEP enrollees over age 18 who have a diagnosis of hypertension or have high blood pressure without a diagnosis of hypertension. If your patient completes the Blue Health Assessment (BHA) and reports they have high blood pressure and you and your patient discuss home monitoring, your patient is eligible to receive a free blood pressure monitor. The BHA is a health-risk assessment and the first step in the FEP Wellness Incentive Program. In addition to the free blood pressure monitor, members can earn financial incentives for completing the BHA and for achieving goals related to a healthy lifestyle (www.fepblue.org/bha).

Click here to learn about ways to improve blood pressure control in your practice.

Please do not hesitate to contact Blue Cross and Blue Shield of Kansas City (Blue KC) for more details regarding this program and programs available to those enrolled in other products offered by Blue KC. Information is also available on BlueKC.com or by calling your Blue KC Provider Relations Representative.

Larry Watts, M.D.
Medical Director
Blue Cross and Blue Shield of Kansas City

** The blood pressure monitors were selected by BCBS. The AMA does not endorse any particular brand or model of blood pressure monitor.*

Updating Your Blue KC Provider Information

Maintaining accurate provider information is critically important to ensure that consumers have timely access to care. Updated information helps us maintain accurate provider directories, ensure that providers are more easily accessible to members and supports accurate provider claim payments. Additionally, Blue KC is required by the Centers for Medicare & Medicaid Services (CMS) to include accurate information in provider directories for key provider data elements and accuracy of directories are routinely reviewed/audited by CMS.

It is the responsibility of each provider to inform Blue KC when there are changes to their demographic information or other key pieces of information, such as a change in their ability to accept new patients, street address, phone number or any other change that affects patient access to care. For Blue KC to remain compliant with federal and state requirements, changes must be communicated as soon as possible, and must be received no later than 30 days following the change.

Key Data Elements

The data elements required by CMS and crucial for member access to care are as follows:

- Physician Name
- Location (i.e. Address, Suite, City/State, Zip Code)
- Phone Number
- Accepting New Patient Status
- Hospital Affiliations

- Medical Group Affiliations

Blue KC also maintains the following provider data elements:

- Physician Gender
- Languages Spoken
- Specialties
- Licensing Information (i.e. Medical License Number, License State, National Provider Identifier - NPI)
- Provider Credentials (i.e. Board Certification, Place of Residency, Internship, Medical School, Year of Graduation)
- Email

How to Update Your Information

You should routinely check your current practice information by going to BlueKC.com and select "**Find a Doctor"**. If your information is not correct and updates are needed, please provide the correct information as soon as possible by submitting a Provider Demographic Change Form to Provider_Data@BlueKC.com.

You may receive an e-mail from Blue KC to provide you with an additional opportunity to confirm your information as well.

For more information, please contact your Provider Relations Representative.

HEALTHCARE
2017 Policy Updates

Changes to existing policies effective June 1, 2017

Bariatric Surgery - Interim Update
Policy Number: 7.01.47

- New policy statement:
    - Bariatric surgery is considered **investigational** for the treatment of morbid obesity in preadolescent children.

Implantable Infusion Pump for Pain and Spasticity
Policy Number: 7.01.41

- Removed policy statements related to cancer.
- Revised **investigational** statement to address only pain and spasticity:
    - Implantable infusion pumps are considered **investigational** for all other uses related to pain and spasticity.

Spinal Cord Stimulation - Interim Update
Policy Number: 7.01.25

- Added investigational statement for wireless injectable dorsal root ganglion neurostimulation;
- High-frequency spinal cord stimulation added to medically necessary statement (previously investigational).

New policies effective July 1, 2017

Chromoendoscopy as an Adjunct to Colonoscopy
Policy Number: 2.01.84

- Policy statements:
    - Chromoendoscopy is considered **investigational** as an adjunct to diagnostic or surveillance colonoscopy.
    - Virtual chromoendoscopy is considered **investigational** as an adjunct to diagnostic or surveillance colonoscopy.

Molecular Testing in the Management of Pulmonary Nodules
Policy Number: 2.04.142

- Policy Statements:

- Plasma-based proteomic screening using Xpresys® Lung or similar assays in patients with pulmonary nodules detected by computed tomography is considered **investigational**.
- Gene expression profiling on bronchial brushings using Percepta® Bronchial Genomic Classifier or similar assays in patients with indeterminate bronchoscopy results is considered **investigational**.
- The EarlyCDT Lung for the early detection of lung cancer is considered **investigational**.

Sphenopalatine Ganglion Block or Other Intranasal Blockage for Headache
Policy Number: 7.01.159

- Policy Statements:
  - Sphenopalatine ganglion blocks are considered **investigational** for all indications, including but not limited to the treatment of migraines and non-migraine headaches.
  - The use of other intranasal anesthetic or blocks (e.g., trigeminal block) for the treatment of headaches and migraines is considered **investigational**.

Changes to existing policies effective July 1, 2017

Hematopoietic Cell Transplantation for Solid Tumors of Childhood
Policy Number: 8.01.34

- Added specifics to medically necessary statement:
  - "metastatic retinoblastoma" previously would have been considered investigational
- Revised first investigational statement:
  - "retinoblastoma" changed to "retinoblastoma without metastases".

Intraoperative Neurophysiologic Monitoring - Interim Update
Policy Number: 7.01.58

- New medically necessary statements:
  - Intraoperative neurophysiologic monitoring of the recurrent laryngeal nerve may be considered **medically necessary** in patients undergoing:
    - high risk thyroid or parathyroid surgery, including:
      - total thyroidectomy
      - repeat thyroid or parathyroid surgery
      - surgery for cancer

- thyrotoxicosis
- retrosternal or giant goiter
- thyroiditis

- Anterior cervical spine surgery associated with any of the following increased risk situations:
  - Prior anterior cervical surgery, particularly revision anterior cervical discectomy and fusion, revision surgery through a scarred surgical field, reoperation for pseudarthrosis or revision for failed fusion
  - Multilevel anterior cervical discectomy and fusion
  - time consuming anterior cervical discectomy and fusion (e.g., tumor)
  - Preexisting recurrent laryngeal nerve pathology, when there is residual function of the recurrent laryngeal nerve.

- New investigational statement:
  - Intraoperative neurophysiologic monitoring of the recurrent laryngeal nerve during anterior cervical spine surgery not meeting the criteria above or during esophageal surgeries is considered **investigational**.

Lipid Apheresis - Interim Update
Policy Number: 8.02.04

- Revised Investigational statement:
  - LDL apheresis is considered **investigational** for other uses, including nonfamilial hypercholesterolemia, sudden sensorineural hearing loss, severe diabetic foot ulcerations, peripheral artery disease, preeclampsia, and non–arteritic acute anterior ischemic optic neuropathy.

Percutaneous Vertebroplasty and Sacroplasty - Interim Update
Policy Number: 6.01.25

- Medically necessary policy statement added for osteoporotic vertebral fractures less than 6 weeks (previously considered investigational):
  - Percutaneous vertebroplasty may be considered **medically necessary** for the treatment of symptomatic osteoporotic vertebral fractures that are less than 6 weeks in duration that have led to hospitalization or persist at a level that prevents ambulation.

New policies effective August 1, 2017

Continuous Passive Motion in the Home Setting
Policy Number: 1.01.10

- Policy Statements:
    - Use of continuous passive motion (CPM) in the home setting may be considered **medically necessary** as an adjunct to physical therapy in the following situations:
        - Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty (TKA) or TKA revision. This may include patients with complex regional pain syndrome (reflex sympathetic dystrophy); extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy.
        - During the non-weight-bearing rehabilitation period following articular cartilage repair procedures of the knee (e.g., microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures).
        - Use of CPM in the home setting for all other conditions is considered **not medically necessary**.
    - Following total knee arthroplasty, CPM in the home setting will be allowable for up to 17 days after surgery while patients are immobile or unable to bear weight.
    - Following articular cartilage repair procedures of the knee, CPM in the home setting will be allowable for up to 6 weeks during non-weight-bearing rehabilitation.

Changes to existing policies effective August 1, 2017

Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions - Interim Update
Policy Number: 7.01.78

- New medically necessary statements for allografting:
    - Large (area >1.5 cm2) or cystic (volume >3.0 cm3) osteochondral lesions of the talus when autografting would be inadequate due to the size, depth, or location of the lesion.
    - Revision surgery after failed osteochondral autografting for large (area >1.5 cm2) or cystic (volume >3.0 cm3) osteochondral lesions of the talus when autografting would be inadequate due to size, depth or location of the lesion.

- Policy statements added for autografting:
    - Large (area >1.5 cm2) or cystic (volume >3.0 cm3) osteochondral lesions of the talus.
    - Revision surgery after failed marrow stimulation for osteochondral lesion of the talus.
- Removed "including talar" from investigational statement.

Deep Brain Stimulation
Policy Number: 7.01.63

- Added additional criteria in medically necessary statement:
    - motor complications not controlled by pharmacologic therapy;

Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome
Policy Number: 2.01.18

- Added new investigational statement:
    - Palate and mandible expansion devices are considered **investigational** for the treatment of OSA.

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

- Added new investigational statement:
    - Combined genetic variant analysis and microRNA gene expression classifier in fine needle aspirates of the thyroid is considered **investigational**.

Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve
Policy Number: 6.01.59

- Policy statement changed from investigational to medically necessary
- Removed investigational statement
- Added new medically necessary statement:
    - The use of noninvasive fractional flow reserve following coronary computed tomography angiography to guide decisions about the use of invasive coronary angiography in patients with stable chest pain at intermediate risk of coronary artery disease (i.e., suspected or presumed stable ischemic heart disease) may be considered **medically necessary**.

Open and Thoracoscopic Approaches to Treat Atrial Fibrillation (Maze and Related Procedures)
Policy Number: 7.01.14

- Revised current medically necessary statement.
- New medically necessary statement:
    - The maze or modified maze procedure, performed on a non–beating heart during cardiopulmonary bypass with concomitant cardiac surgery, is considered **medically necessary** for treatment of symptomatic atrial fibrillation or flutter.

Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Conditions - Interim Update

Policy Number: 1.01.15

- Removed not medically necessary statement. All indications not meeting medical necessity criteria are now considered investigational.
- New investigational statement:
    - Other applications of high-frequency chest wall compression devices and intrapulmonary percussive ventilation devices, including, but not limited to, their use in patients with cystic fibrosis or chronic diffuse bronchiectasis other than as specified above, their use as an adjunct to chest physical therapy, and their use in other lung diseases such as chronic obstructive pulmonary disease or respiratory conditions associated with neuromuscular disorders, are considered **investigational**.

Diabetes Self-Management Training (DSMT)

Blue KC's mission is to use our role as the area's leading health insurer to provide affordable access to healthcare and to improve the health and wellness of our members. In keeping with our mission we are very pleased to announce changes to our Diabetes Self-Management Training (DMST) benefit will be rolling into our book of business effective at renewal on or after January 1, 2018.

DSMT, also known as Diabetes Self-Management Education (DSME), provides an opportunity for individuals living with diabetes to gain the knowledge, skills and motivation to effectively manage their condition. It enhances patient self-efficacy and empowerment in dealing with a disease that requires multiple daily decisions. Effective management of diabetes has been shown to result in improved clinical, psychosocial and behavioral outcomes. DSMT has been reported to reduce the onset and/or advancement of costly diabetic complications, hospital admissions and readmissions. DSMT also has a positive effect on quality of life by improving healthy coping skills, reducing the presence of diabetes related distress and depression, and by improvement in lifestyle behaviors such as a more healthy eating pattern and engagement in physical activity.

Despite proven effectiveness, patient participation in DSMT remains surprisingly low. In a recent study, it showed only 6.8 percent of privately insured diabetes patients took part in a DSMT program during the first year after their diagnosis. While some of the reported barriers are related to issues at the patient level (e.g., patient beliefs that they do not need DSMT), and logistical issues (e.g., scheduling conflicts), others are specifically related to coverage and cost. Historically, Blue KC has covered DSMT at 100 percent with no cost sharing for our members in HMO plans, however this has not been the case for members with PPO or EPO plans.

In order to take the opportunity to work alongside our providers in improving health outcomes of our diabetes population, DSMT will be covered at 100 percent with no cost sharing for individuals in PPO and EPO plans, except those with HSA plans. No benefits are available prior to the deductible being satisfied in the HSA plan. As a result, members with an HSA plan must meet their deductible before cost sharing is removed. HMO plans currently cover at 100 percent.

Member Eligibility and Provider Billing

DSMT benefits are available to our members with a diagnosis of diabetes Type 1, Type 2 or Gestational. Services must be physician prescribed and medically necessary. It will still be necessary to verify member's benefits and to check in-network status of the DSMT provider.

The most common billing codes used for DSMT are:

- G0108 - Individual diabetes outpatient self-management training services, per 30 minutes.
- G0109 - Group session, diabetes outpatient self-management training services per 30 minutes (2 or more participants in the group session).

Increased DSMT utilization translates into improved health outcomes in clinical, psychosocial and behavioral patient outcomes. It also translates into decreased cost, increased cost savings, cost effectiveness and a positive return on investment for all involved.

For questions, comments or additional information, please contact Nancy True by calling (816) 395-3845 or by email at Nancy.Treu@BlueKC.com.

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.

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

Please Update Your Email Address at BlueSpeak@BlueKC.com to ensure you continue to receive the newsletter.