BLUESPEAK

WHAT'S NEW FROM BLUE

Kansas City

Welcome to the BlueSpeak eNewsletter

BlueSpeak is published three times a year as a service to our valued Blue Cross and Blue Shield of Kansas City (Blue KC) network providers.

You can view a PDF copy via a link on the Blue KC web portal, or you can receive the newsletter via email. To receive an emailed copy, please send your current email address to BlueSpeak@BlueKC.com.

Blue Cross and Blue Shield of Kansas City Collaborates with the Alliance for a Healthier Generation to Address Childhood Obesity

Blue Cross and Blue Shield of Kansas City (Blue KC) and the Alliance for a Healthier Generation have teamed up to offer the Blue KC Healthier Generation Benefit to 15 large employer groups. The Healthier Generation Benefit provides eligible children the opportunity to work with a Blue KC provider and registered dietician to establish healthy eating behaviors to achieve a healthy weight.

We are encouraging parents with children who may be overweight to make an appointment with the child's doctor. The doctor will determine the child's weight (body mass index). If the child is at or above the 85 percent BMI for his or her age please encourage the family to take advantage of the Healthier Generation Benefit.

If eligible, benefits will pay at 100 percent of the allowable benefit which includes four visits per year with an in-network doctor and four consultations per year with an in-network registered dietician.

The Healthier Generation Benefit will evaluate a child's current health status, set goals and support the family in learning and developing healthy eating and lifestyle habits.

If you would like to schedule a time to learn more about the Healthier Generation Benefit, please contact Anita Powell in the Blue KC Health Promotions department at 816-395-2885 or Anita.Powell@BlueKC.com.

WHO IS ELIGIBLE? To be eligible for the Healthier Generation Benefit children must be covered by Blue KC and meet the following criteria:

- Between the ages of three and 18
- At or above the 85 percent BMI for age
- No co-morbidity condition required

- In one of the employer groups listed below

ELIGIBLE EMPLOYER GROUPS

- Blue Cross and Blue Shield of Kansas City Employees
- Blue Valley Unified School District
- Board of Police Commission
- City of Kansas City Missouri Health Care
- Garmin International/Garmin
- Jackson County Missouri
- Johnson County Community College
- Kansas City Missouri School District
- Lee's Summit R V11 School District
- Metropolitan Community College
- Olathe Health System, Inc.
- Olathe School District
- Shawnee Mission USD 512
- Unified School District #500
- University of Kansas Hospital Authority

Acute Respiratory Illnesses in Children

Two key HEDIS quality measures monitored by Blue KC pertain to the appropriate prescription of antibiotics in children with acute respiratory illnesses. When children (three months—18 years of age) are diagnosed with an upper respiratory infection (URI), appropriate treatment is measured by the percentage of children who were NOT prescribed an antibiotic, as URIs are typically viral entities, and thus, do not benefit from antibiotics. In 2013, 77.8 percent of our members three months to 18 years of age received appropriate treatment for URIs, which is less than the national 25th percentile and far below the national benchmark of 93 percent. Contrarily, when children (two - 18 years of age) are diagnosed with pharyngitis and are dispensed an antibiotic, appropriate treatment is measured by the percentage of these children who had a group A streptococcus (strep) test performed to confirm the bacterial infection. From July 1, 2012 to June 30, 2013, 78.8 percent of our members two to 18 years of age who were diagnosed with pharyngitis and dispensed an antibiotic had a group A strep test performed, putting us below the national 50th percentile and far below the national benchmark of 91 percent.

Blue KC encourages your practice to be cognizant of the differences in treatment guidelines while coding acute respiratory illnesses, as the codes for these illnesses are located close together in the ICD-9 code book. The table below shows the correct coding for common respiratory illness as well as the guidelines for antibiotic prescription for each:

RESPIRATORY ILLNESS	CODE (ICD9CM)	PRESCRIBE ANTIBIOTIC?
Acute URI NOS	465.9	Not recommended, unless there is a secondary bacterial diagnosis coded
Acute URI mult sites NEC	465.8	
Acute laryngopharyngitis	465.0	
Acute nasopharyngitis	460.0	
Acute tonsillitis	463.0	Recommended after strep test
Acute pharyngitis	462.0	
Strep sore throat	34.0	

As you know, promoting appropriate use of antibiotics will lead to reduced levels of antibiotic resistance within your patient population. We support and encourage you to follow guidance endorsed by the American Academy of Pediatrics and confirm bacterial diagnoses through testing. Often parents request antibiotic prescriptions for viral infections – use their request as an educational opportunity. Explain that bacterial infections can be cured by antibiotics, but viral infections cannot and that the latest evidence suggests that unnecessary antibiotics can be harmful by promoting resistant organisms in their child and the community. CDC's "Get Smart: Know When Antibiotics Work" campaign has resources to help providers with patient education around this topic. One idea from the campaign is give patients and their parents pre-printed prescriptions with instructions for caring for viral infections (link to example: Rx Pad); this "prescription" can be provided to patients in lieu of an antibiotic prescription. Ultimately, by utilizing proper prescribing practices, antibiotic resistance can be reduced, making our children and community healthier.

Source
Clinical Report: Principles of Judicious Antibiotic Prescribing for Upper Respiratory Tract Infections in Pediatrics:http://pediatrics.aappublications.org/content/132/6/1146.full.pdf+html

Colorectal Cancer Screening

As a key HEDIS® quality measure, Blue KC monitors the percentage of adults between 50 - 75 years of age who receive appropriate colorectal cancer screenings. There are three different tests that qualify as a screening for colorectal cancer:

- Fecal occult blood test (FOBT) within the past year (annually)
- Flexible sigmoidoscopy within the past five years
- Colonoscopy within the past 10 years

SCREENING TYPE	CPT CODES	ICD-9 CODES	HCPCS	LOING
Colonoscopy	44388-44394, 44397, 45355, 45379-45387, 45391-45392	45.22, 45.23, 45.25, 45.42, 45.43	G0105, G0121	
Flexible Sigmoidoscopy	45330-55335, 45337-45342, 45345	45.24	G0104	
FOBT	82270, 82274		G0328	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2

In 2013, Blue KC's performance for this measure was 59.8 percent across products, which barely puts us at the 50th percentile nationally and is still far below the national benchmark of 72 percent. However, with your help, we know we can improve this rate and ultimately decrease death rates from colorectal cancer through early detection.

One reason for lower than expected performance on this measure is related to the long look-back period for colonoscopies. Blue KC does not have 10 years of claims history for many of our members, making documentation of colonoscopies within the medical history section of the medical record key for ensuring compliance during the medical record review process. Please remember to document the year of the result.

Patients are often reluctant to schedule colonoscopies and flexible sigmoidoscopies due to the perceived invasive nature of these exams, making education about the importance of screening and the discussion of the annual FOBT option key to increasing screening rates. It is also important to keep in mind the documentation requirements for a guaic FOBT (gFOBT) versus an immunochemical FOBT (iFOBT). If a patient's medical record indicates that a gFOBT was performed, documentation in the medical record needs to indicate that at least three samples were returned in order for the patient to be compliant. The number of samples returned does not need to be indicated if an iFOBT was performed, as this test may require fewer than three samples. Keep in mind that a digital rectal exam is not counted as evidence of a colorectal screening, as it is not specific or comprehensive enough to screen for colorectal cancer.

This measure is based on several organizations' clinical guidelines – U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS), Agency for Healthcare Research and Quality (AHRQ) and the American Gastroenterological Association.

Prescription Drug List Tier Changes

To ensure our members have access to quality, affordable healthcare, Blue KC is making the following changes to our Prescription Drug List:

- Medications moving from Tier 3 to Tier 2:

- **Testim** (low testosterone)
- **Myrbetriq** (urinary incontinence)
- **Zenpep** (pancreatic enzymes)

Therapy Areas Requiring Step Therapy

(Members must try one or more therapeutic alternatives before using the following drugs. Current utilizing members will be grandfathered on therapy.)

- **Androgel** or **Testim** before other topical testosterone medications (for low testosterone)
- **Accu-Chek** or **One Touch** test strips before other blood glucose test strips (for diabetes monitoring)
- **Epi-Pen** before A**uvi-Q** (for emergency allergic reactions)

These changes do not affect Direct Pay or group members on the Express Scripts High Performance Formulary.

For a full list of drugs requiring prior authorization, log onto BlueKC.com into the Provider site, click Medical Policies, then Prior Authorization, then Blue KC Pharmacy Authorization Link.

Patients with Cancer

Genetic testing for BRCA1 and BRCA2 mutations in cancer-affected individuals may be considered **medically necessary** under any of the following circumstances:

- Individual from a family with a known *BRCA1/BRCA2* mutation
- Personal history of breast cancer and ≥1 of the following:
    - Diagnosed age ≤45 years
    - 2 primary breast cancers when 1st breast cancer diagnosis occurred age ≤50 years
    - Diagnosed age ≤50 years AND:
- ≥1 1st-, 2nd-, or 3rd-degree relative with breast cancer at any age; OR
- Unknown or limited family history
    - Diagnosed age ≤60 years with a triple negative (ER–, PR–, HER2–) breast cancer
    - Diagnosed any age AND ≥1 1st-, 2nd-, or 3rd-degree relative with breast cancer diagnosed ≤50 years
    - Diagnosed any age AND ≥2 1st-, 2nd-, or 3rd-degree relatives with breast cancer at any age
    - Diagnosed any age AND ≥1 1st-, 2nd-, or 3rd-degree relative with epithelial ovarian/fallopian tube/primary peritoneal CA
    - Diagnosed any age AND ≥2 1st-, 2nd-, or 3rd-degree relatives with pancreatic cancer or prostate cancer at any age
    - 1st-, 2nd-, or 3rd-degree male relative with breast cancer
    - Ethnicity associated with deleterious founder mutations, e.g., Ashkenazi Jewish descent

- Personal history of epithelial ovarian/fallopian tube/primary peritoneal cancer
- Personal history of male breast cancer
- Personal history of pancreatic cancer or prostate cancer at any age AND ≥2 1st-, 2nd-, or 3rd degree relatives with any of the following at any age. For pancreatic cancer, if Ashkenazi Jewish ancestry, only one additional affected relative is needed.
    - Breast cancer
    - Ovarian/fallopian tube/primary peritoneal cancer
    - Pancreatic or prostate cancer

Patients without cancer

Genetic testing for *BRCA1* and *BRCA2* mutations of cancer-unaffected individuals may be considered **medically necessary** under any of the following circumstances:

- Individual from a family with a known BRCA1/BRCA2 mutation
- 1st- or 2nd-degree blood relative meeting any criterion listed above for patients with cancer
- 3rd-degree blood relative with breast cancer and/or ovarian/fallopian tube/primary peritoneal cancer ≥2 1st-, 2nd-, or 3rd-degree relatives with breast cancer (≥1 at age ≤50 years) and/or ovarian/fallopian tube/primary peritoneal cancer

For the purpose of familial assessment, 1st-, 2nd-, and 3rd-degree relatives are blood relatives on the same side of the family (maternal or paternal).

- 1st-degree relatives are parents, siblings and children.
- 2nd-degree relatives are grandparents, aunts, uncles, nieces, nephews, grandchildren and half-siblings.
- 3rd-degree relatives are great-grandparents, great-aunts, great-uncles, great-grandchildren and first cousins.

For the purpose of familial assessment, prostate cancer is defined as Gleason score ≥7.

Testing for Ashkenazi Jewish or other founder mutation(s) should be performed first.

Testing for genomic rearrangements of the BRCA1 and BRCA2 genes may be considered**medically necessary** in patients who meet criteria for BRCA testing, whose testing for point mutations is negative.

Under the Patient Protection and Affordable Care Act, preventive services with a USPSTF recommendation grade of A or B will be covered with no cost-sharing requirements. Plans that have been grandfathered are exceptions to this rule and are not subject to this coverage mandate.

Unless they meet the criteria above, genetic testing for either those affected with breast, ovarian, fallopian tube or primary peritoneal cancer or for unaffected individuals, including those with a family history of pancreatic cancer, is considered **investigational**.

Testing for *CHEK2* abnormality (mutations, deletions, etc.) is considered **investigational** in affected and unaffected patients with breast cancer, irrespective of the family history.

Genetic testing in minors for BRCA1 and BRCA2 mutations is **investigational**.

Modifiers
SA-C added to the AS modifier as ineligible for reimbursement as a non-physician surgical assistant.

Provider Seminars 2014

Blue KC thanks all who were able to attend one of our four Provider Seminars that we held at various venues in Missouri and Kansas. In case you missed it, the agenda included an overview of EDI Transactions and Services; American Academy of Professional Coders educational overview and resources for ICD-10 CM and ICD-10 PCS; Blue KC Overview of ICD-10 Provider Office Preparation and Testing; General Blue KC Updates; Risk Adjustment; and Q&A. In the event that you did not receive our invitation and would like to attend our future provider seminars, please confirm your current contact information to include your email address with your Provider Representative.

Auto Account Update
National PPO Products Administered through the BlueCard Program Preferred-Care Blue Provider Network Effective August 1, 2014

General Motors Active Hourly (UAW) employees have access to the Preferred-Care Blue network effective August 1. BlueCross BlueShield of Michigan will continue to maintain the benefits and eligibility for the National PPO product that is administrated through the BlueCard Program. Keep in mind, the member must be referred to a Preferred-Care Blue network provider to receive the highest benefit level under the plan.

Below is the new alpha prefix

ACCOUNT AND GROUP NUMBER	NEW PREFIX	NETWORK	BCBS BLUE PLAN
General Motors - Active	GMQ	Preferred-Care Blue	BCBS of Michigan
Hourly (UAW) 83200			

As a reminder for the above mentioned changes
Always request a copy of the member's identification card. To obtain benefit and eligibility information log onto our website www.BlueKC.com or call 1-800-676-BLUE (2583).

If you have any questions regarding these changes, please contact your provider relations representative.

CONTACT US

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

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