Medical Policy Guidelines and Procedures

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BlueCross BlueShield of North Carolina

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Medical Policy

- The medical policies* on the BCBSNC <u>Medical Policy</u> Web page reflect medical criteria used/developed by Blue Cross and Blue Shield of North Carolina. These medical policies do not guarantee benefits under BCBSNC member contracts.
- BCBSNC only displays the most current version of a medical policy. When updated policies become effective, prior versions are removed from this Web site.

*The medical policy details outlined in the following slides are for BCBSNC local lines of business and the State Health Plan; please see the next section for IPP BlueCard and Blue Medicare HMO / Blue Medicare PPO.



The medical policy consists of medical guidelines, including diagnostic imaging management policies, payment guidelines and evidence based guidelines.

Medical Guidelines	Payment Guidelines	Evidence Based Guidelines
Alphabetical Index	Alphabetical Index	Alphabetical Index
Categorical Index	Categorical Index	Categorical Index
Diagnostic Imaging Management Policies		



Medical Guidelines

- These guidelines detail when certain medical services are considered medically necessary by BCBSNC, and whether or not they are considered investigational by BCBSNC.
- Our medical guidelines are written to cover a given condition for the majority of people. Each individual's unique, clinical circumstances may be considered in light of current scientific literature.
- Medical guidelines are based on constantly changing medical science, so BCBSNC reviews and updates our policies periodically.

Diagnostic Imaging Management Policies

- + As part of the BCBSNC diagnostic imaging management program, CT/CTA, MRI/MRA and PET scans, as well as nuclear cardiology services, may require prior plan approval when received on a nonemergency outpatient basis, such as in a doctor's office, the outpatient department of a hospital or at a freestanding imaging.
- The diagnostic imaging management policies promote the most appropriate use of outpatient diagnostic imaging procedures, the proper sequence of studies, and the most efficient use of members' benefits.

Payment Guidelines for Providers

- These guidelines provide claims payment editing logic for CPT, HCPCS and ICD-9-CM coding. Payment guidelines are developed by clinical staff and include yearly coding updates, periodic reviews of specialty areas based on input from specialty societies and physician committees and updated logic based on current coding conventions.
- Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Therefore, medical policy is not an authorization, certification, explanation of benefits or a contract.
 - Benefits are determined by the group contract and the subscriber certificate that is in effect at the time services are rendered.

Evidence Based Guidelines



- + Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence to make decisions concerning the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
- Evidenced Based Guidelines are a tool for closing the gap between what physicians actually do and what scientific evidence supports. They bring together the best external evidence and other knowledge necessary for decisionmaking about specific health problems.

Benefit of Evidence Based Guidelines

- The major benefit of evidence-based guidelines is to improve the quality of care that patients receive by offering explicit recommendations about how to proceed and provide authoritative recommendations that reassure practitioners about the appropriateness of their treatment policies.
- Guidelines based on a critical appraisal of the scientific evidence clarify which interventions are based on proven benefit and document the quality of the supporting data. They also alert clinicians to those interventions that are unsupported by good science, reinforce the importance and methods of critical appraisal, and call attention to those practices that are ineffective, dangerous and wasteful.



- BCBSNC has based the guidelines on evidence based medicine as well as input from specialty-matched physicians. BCBSNC has considered effectiveness, tolerability, harm, quality of life, health-service delivery issues, and cost.
- + While medical policy coverage guidelines generally are enforced in BCBSNC claims payment systems, evidence based guidelines are not. BCBSNC provides this information or guidance to clinicians faced with decisions regarding best use of medical technologies and procedures. BCBSNC reserves the right to evaluate evidence based practice as one component of healthcare quality improvement efforts.

Updated Medical Policies



- BCBSNC updates the medical policies twice a month. A complete list of medical policies that have been updated are available for review on the <u>Medical Policy Updates</u> Web page.
- Each listing includes the name of the policy and a general explanation of the update. You can view the individual policy by locating it within the <u>medical policy search</u>.

Medical Policy Update for June 12, 2012 Medical Policy Update for May 29, 2012 Medical Policy Update for May 15, 2012 Medical Policy Update for May 1, 2012 Medical Policy Update for April 17, 2012 Medical Policy Update for March 30, 2012 Medical Policy Update for March 20, 2012 Medical Policy Update for March 6, 2012 Medical Policy Update for February 21, 2012

Medical Policy Update for February 7, 2012 Medical Policy Update for January 24, 2012 Medical Policy Update for January 10, 2012 Medical Policy Update for December 30, 2011 Medical Policy Update for December 20, 2011 Medical Policy Update for December 6, 2011



Medical Policy -IPP BlueCard Blue Medicare HMO/Blue Medicare PPO

IPP BlueCard®



 BCBSNC providers have the ability to view medical policies that apply specifically to your out-of-area Blue Plan patients. Additionally, health care providers will have the ability to access general precertification/preauthorization requirements, along with contact information to initiate precertification/preauthorization requests.

http://www.bcbsnc.com/content/providers/medpol_ppa_router.htm

Medical Policy Information for Out-of-Area Members



- To obtain the medical policy precertification/preauthorization information for out-of-state members:
 - Select the type of information requested
 - Enter the patient's three letter alpha prefix that precedes the ID number and click "GO"
 - You will then be routed to the Home Plan's medical policy and/or prior review requirements
 - Once medical policy and prior review requirements are viewed, you will then be reconnected back to the BCBSNC website

Type of information being requested :		
0	Medical Policy	
0	General pre-certification/pre-authorization information	
Alpha	go	



Blue Medicare HMOSM and Blue Medicare PPOSM

 As a Medicare Advantage (MA) plan, BCBSNC is required by Centers for Medicare & Medicaid Services (CMS) to provide, at a minimum, the same medical benefits to our members as original Medicare. As a MA plan, we also cannot be less restrictive that original Medicare, however, we are allowed to clarify or more fully explain coverage in our policies. If original Medicare does not have an NCD or LCD applicable to the service under review, the MA plan can develop a guideline to define the plan's coverage. Each individual's unique, clinical circumstances may be considered in light of current CMS guidelines and scientific literature.

http://www.bcbsnc.com/content/providers/blue-medicare-providers/medicalpolicies/index.htm



Blue Medicare HMO and Blue Medicare PPO Medical Policies

 These guidelines detail when certain medical services are considered medically necessary and are based on Original Medicare National Coverage Determinations (NCD's) & Local Coverage Determinations (LCD's) when available. The guidelines are reviewed and updated in response to changing CMS guidelines for medical coverage or change in scientific literature if applicable.

Medical Guidelines		
Alphabetical Index		
Categorical Index		
Updates & Notifications		



Provider Tools

Medical Policy Contact Information

Inquiries about our medical policies can be made by mail to the addresses listed below or you can call our Provider Blue LineSM at 1.800.214.4844. Members may also wish to discuss their questions and individual medical situation with their physician. Physicians may want to share documentation with the Plan about recent medical advances and guidelines that could enhance our medical policies.

Main Address:	Blue Cross and Blue Shield P.O. Box 2291 Durham, NC 27702
For State Major Medical Plan Members:	North Carolina Teachers & State Employees Major Medical Plan
	PO Box 30025 Durham, NC 27702

Online resources - *bcbsnc.com/providers/*





Questions

This presentation was last updated on December 4, 2012. BCBSNC tries to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.