National Initiative Examines Antipsychotic Drug Use in the Elderly

In 2012, the Centers for Medicare and Medicaid Services (CMS) developed the CMS National Partnership to Improve Dementia Care in Nursing Homes. One of the goals set by this program was to achieve a 15 percent reduction in antipsychotic drug use within nursing homes. The creation of this goal was due in part to the U.S. Department of Health and Human Services Office of Inspector General (OIG) report released in 2011, which indicated that in nursing homes:

- Eighty-eight percent of atypical antipsychotic drug claims were for patients with dementia, an indication with a black box warning.
- Eighty-three percent of atypical antipsychotic drug claims were for non-U.S. Food and Drug Administration (FDA) labeled indications (off-label indications).
- More than 50 percent of atypical antipsychotic drug claims were improperly billed to Medicare due to the fact that Medicare does not cover off-label indications which are not supported by drug compendia.
- Twenty-two percent of atypical antipsychotic drugs claims were not administered in accordance with CMS standards regarding unnecessary drug use in nursing homes due to excessive dose, duration, inadequate monitoring or continuation despite adverse effects.1

A separate OIG report released in 2012 indicated that long term care facilities were not in compliance with federal requirements for the documentation of patient assessments, decision making, care plan development and care plan implementation in patients receiving antipsychotics.2

RISKS OF ANTIPSYCHOTIC DRUG USE IN THE ELDERLY

The FDA Black Box Warning for both conventional and atypical antipsychotics outlines the increased risk of mortality in elderly patients treated for dementia-related psychosis. The FDA warning is based on a review of 17 placebo-controlled trials studying 5,377 elderly patients with dementia-related behavioral disorders. The studies reported a 1.6 to 1.7 times greater increase in death with the use of atypical antipsychotics compared with the placebo group. Additionally, two large epidemiologic studies with a combined population of 37,241 elderly patients found that the increased risk of death was similar between conventional and atypical antipsychotics.3

In addition to risks for increased mortality, antipsychotic drug use in the elderly is associated with an elevated risk of cerebrovascular events, adverse metabolic effects, extrapyramidal symptoms, falls, cognitive worsening, cardiac arrhythmia and pneumonia. Conventional antipsychotics may pose an even greater safety risk.4,5

GRADUAL DOSE REDUCTIONS

Gradual dose reductions are an important tool in minimizing adverse effects of antipsychotic medications. Tapering of antipsychotics allows medical providers to determine the medication’s true efficacy, the need to continue the medication and optimal dosing. In nursing homes, gradual dose reductions should be conducted annually unless clinically contraindicated.4,5

(continued on p. 2)
National Initiative Examines Antipsychotic Drug Use in the Elderly
(continued from p. 1)

PREScribing OF ANtipSYCHOTIC Drugs TO THE ElderLy

According to CMS4, antipsychotics prescribed for the elderly in nursing homes should generally be used only in the treatment of the following conditions as identified by the Diagnostic and Statistical Manual of Mental Disorders:

- Delusional disorder
- Hiccups (not induced by other medications)
- Huntington disease
- Mood disorders (e.g., bipolar disorder)
- Medical illnesses with psychotic symptoms (e.g., neoplastic disease or delirium)
- Nausea and vomiting associated with cancer or chemotherapy
- Psychosis (in the absence of dementia)
- Schiz-o-affective disorder
- Schizophrenia
- Schizophreniform disorder
- Treatment related psychosis or mania (e.g., high-dose steroids)
- Tourette’s Disorder

Antipsychotics may occasionally be considered for behavioral or psychological symptoms of dementia (BPSD) if:

- The behavioral symptoms present a danger to the patient or others;
- AND one or both of the following criteria are present:
  - The symptoms are identified as being due to mania or psychosis (such as: auditory, visual, or other hallucinations; delusions, paranoia or grandiosity); OR
  - Behavioral interventions have been attempted and included in the plan of care, except in an emergency.6, 5

SUMMARY

Neuropsychiatric symptoms such as agitation and delusions occur commonly in elderly patients with dementia and often cause significant distress. Data on treatment efficacy are strongest for atypical antipsychotics, but these agents must be used with great caution. An antipsychotic drug trial is warranted when non-pharmacological intervention is unsuccessful and neuropsychiatric symptoms or associated behaviors cause severe distress or pose a significant safety risk. Risks, benefits and alternatives should be discussed with the patient and, if applicable, the surrogate decision maker, with an opportunity given to ask questions. Dosages should be the lowest necessary and metabolic parameters should be regularly monitored. Face-to-face visits are important to monitor response, tolerance and the need for continued treatment. For patients in whom neuropsychiatric symptoms have been much improved or have been in remission for 3-6 months, a discontinuation trial should be considered. Through careful selection of appropriate patients for treatment, education of patients and caregivers and close monitoring, safety risks can be minimized.

References

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are instructed to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member’s certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.
Benefits Value Advisor Available to Members

BCBSIL Benefits Value Advisor (BVA) service, launched on Jan. 1, 2014, is available to BCBSIL members to help them maximize their health insurance benefits.

BVAs can provide cost comparisons on:
- Imaging services
- Maternity services
- Joint replacement services
- Back surgery
- And many more procedures

BVAs can also help members:
- Understand their benefits
- Find in-network providers
- Schedule appointments
- Request benefit preauthorization
- Access online educational tools

Providing members with more information may help them make better decisions about their health care. Look for more information about BVAs and the services they provide in future issues of the Blue Review.

First Quarter 2014 Formulary Changes

The Pharmacy Program/Medicare Part D Updates section of our website at bcbsil.com/provider includes articles that are intended to help keep you up-to-date on Medicare Part D issues such as formulary changes, U.S. FDA safety updates, Part D Gap strategies, overlapping coverage between Part B and Part D drugs and more.

This month, we added the First Quarter 2014, Medicare Part D Formulary Updates to our online library. This article includes a summary table of some of the more important BCBSIL Medicare Part D Formulary changes that may be of interest to you.

In addition to viewing a summary of recent formulary changes on the BCBSIL website, you may follow the instructions below to visit Prime Therapeutics’ “MyPrime” website for a complete listing, along with other Medicare Part D formulary information for your BCBSIL patients.

1. Go to https://www.myprime.com
2. Click on Continue without sign in
3. Follow directions to
   - “Select your Health Plan” – Click on BCBS Illinois
   - “Medicare Part D Member?” – Select YES
   - “Select Your health plan type” – Select Blue Cross MedicareRx Value
   - Select Continue to MyPrime
   - Select Find Medicines
4. From this page you will be able to determine the formulary status and applicable utilization management programs for individual drugs or access any of the important databases outlined above.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.
Meet Your Ancillary Provider Network Consultant

BCBSIL contracts with more than 2,000 independent ancillary providers in Illinois and Northwest Indiana. Our Ancillary Provider Network Consultant (PNC) focuses specifically on the services provided by skilled nursing facilities, home health agencies, hospice, home infusion therapy, durable medical equipment (DME) suppliers, orthotics and prosthetics, dialysis centers and private duty nursing agencies.

The following Ancillary PNC is available to meet with you and your staff regarding BCBSIL policies and procedures, billing and contractual issues:

- Elaine Williams, 312-653-4305

You may also direct your requests and inquiries to our general email box at ancillarynetworks@bcbsil.com, or leave a message at 312-653-4820.

Professional Provider Network Consultant Assignments
(Revised July 2014)

Our PNCs serve as the liaison between BCBSIL and our independently contracted professional provider community, developing and maintaining cooperative working relationships with the contracted professional providers participating in the network throughout Illinois and Northwest Indiana.

Your Professional PNC has extensive knowledge and is available to meet with you to help educate your staff on BCBSIL procedures, help ensure provider contract compliance and work with you to resolve any operational issues.

For the name of your Professional PNC, refer to the Illinois county map on the following page. PNCs for professional providers in Cook and DuPage Counties (Codes 16 and 22) are assigned by either Chicago ZIP code or city, listed below. The Professional Provider Network Consultant List and map are also available in the Education and Reference Center on our website at bcbsil.com/provider.

As a reminder, if you are an ancillary provider (DME, home infusion therapy, skilled nursing facility, home health, hospice, orthotics/prosthetics, dialysis, private duty nursing), your PNC is Elaine Williams. Elaine can be contacted at 312-653-4305 or ancillarynetworks@bcbsil.com.

ILLINOIS TERRITORY BREAKDOWN BY COUNTY CODE
Northern (8, 43, 49, 81, 89 and 98) – Gina Plescia
Southern (2, 3, 12, 13, 14, 15, 17, 18, 24, 25, 26, 28, 30, 33, 35, 39, 40, 41, 44, 45, 50, 61, 64, 67, 73, 76, 77, 79, 80, 82, 83, 84, 87, 91, 93, 95, 96, 97 and 100) – Teresa Trumbley
West-Central (1, 5, 7, 9, 11, 29, 31, 34, 36, 42, 55, 59, 63, 65, 66, 68, 69, 75, 85, 86 and 94) – Roy Pyers
East-Central (10, 20, 21, 23, 27, 38, 53, 54, 57, 58, 70, 72, 74, 90, 92 and 102) – Amanda Williams
North Metro (4, 6, 19, 37, 45, 47, 50, 52, 56, 58, 62, 71, 78, 88 and 101) – Cathy Dismuke
South Metro (32, 46 and 99) – Adam Kwiecien

Northwest Indiana – Kathleen Barry
Cook County (16) – See below for Cook and DuPage County Breakdown
DuPage County (22) – See below for Cook and DuPage County Breakdown

COOK AND DUPAGE COUNTY BREAKDOWN BY CITY AND ZIP CODE
Adam Kwiecien – City: Lemont
Ana Hernandez – ZIP Codes: 60601, 60602, 60603, 60604, 60605, 60606, 60607, 60610, 60611, 60612, 60614, 60616, 60622, 60634
Cathy Dismuke – Cities: Addison, Bartlett, Bloomingdale, Hanover Park, Hillisburg, Medinah, Roselle, Streamwood, Wayne
Gina Plescia – Cities: Arlington Heights, Elk Grove Village, Hoffman Estates, Schaumburg
Kathleen Barry – Cities: Aurora, Burr Ridge, Calumet City, Chicago Heights, Darien, Dolton, Flossmoor, Ford Heights, Glen Ellyn, Glendale Heights, Glenwood, Homewood, Lansing, Lisle, Lynwood, Matteson, Naperville, Olympia Fields, Park Forest, Richton Park, Riverdale, Sauk Village, South Holland, Steger, Summit, Thornton, Warrenville, Willowbrook, Woodridge
Ron Smothers – City: Evanston; ZIP Codes: 60610, 60612, 60630, 60604, 60608, 60609, 60613, 60615, 60617, 60618, 60619, 60620, 60621, 60623, 60624, 60625, 60626, 60627, 60628, 60629, 60630, 60631, 60632, 60633, 60635, 60636, 60637, 60638, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60647, 60648, 60649, 60650, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60658, 60659, 60660, 60661, 60666, 60668, 60669, 60670, 60673, 60675, 60676, 60677, 60678, 60680, 60681, 60689, 60690, 60693, 60694, 60695, 60696

VISIT OUR WEBSITE AT BCBSIL.COM/PROVIDER
**IN THE KNOW ✓**

**Fighting Fraud and Abuse**

BCBSIL considers abusive or fraudulent billing to include, but not be limited to, the following claim practices:

- Misrepresentation of the services provided to receive payment for a non-covered service;
- Billing in a manner that results in reimbursement greater than what would have been received if the claim were properly filed; and/or
- Billing for services that were not rendered.

If BCBSIL determines, in its sole discretion, that a provider has engaged in abusive or fraudulent billing practices, BCBSIL may take further actions up to and including termination of the provider from the network.

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**Provider Learning Opportunities**

**BCBSIL WEBINARS AND WORKSHOPS**

Below is a list of complimentary training sessions sponsored by BCBSIL. For details and online registration, visit the Workshops/Webinars page in the Education and Reference Center of our website at [bcbsil.com/provider](http://bcbsil.com/provider).

<table>
<thead>
<tr>
<th>WEBINARS</th>
<th>WORKSHOPS</th>
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<tbody>
<tr>
<td><strong>Electronic Provider Access (EPA)</strong></td>
<td><strong>BCBSIL Professional Provider Workshop</strong></td>
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<tr>
<td><em>EPA is a new tool that will enable providers to initiate online pre-service reviews for out-of-area Blue Plan members.</em></td>
<td>Holiday Inn</td>
</tr>
<tr>
<td>Aug. 21, 2014</td>
<td>7550 E. State Street</td>
</tr>
<tr>
<td></td>
<td>Rockford, IL 61108</td>
</tr>
<tr>
<td></td>
<td>Register online or contact Cathy Dismuke</td>
</tr>
<tr>
<td></td>
<td>at <a href="mailto:dismukec@bcbsil.com">dismukec@bcbsil.com</a></td>
</tr>
<tr>
<td></td>
<td>or 312-653-2388.</td>
</tr>
<tr>
<td><strong>Introducing Remittance Viewer</strong></td>
<td><strong>BCBSIL Professional Provider Workshop</strong></td>
</tr>
<tr>
<td><em>The remittance viewer is an online tool that offers providers and billing services a convenient way to retrieve, view, save or print claim detail information.</em></td>
<td>Stoney Creek Hotel &amp; Conference Center</td>
</tr>
<tr>
<td>Aug. 20, 2014</td>
<td>101 18th Street</td>
</tr>
<tr>
<td></td>
<td>Moline, IL 61265</td>
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<tr>
<td></td>
<td>Registration deadline: Sept. 18, 2014.</td>
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<tr>
<td></td>
<td>Register online or contact Gina Plescia</td>
</tr>
<tr>
<td></td>
<td>at <a href="mailto:gina_plescia@bcbsil.com">gina_plescia@bcbsil.com</a></td>
</tr>
<tr>
<td></td>
<td>or 312-653-4733.</td>
</tr>
<tr>
<td></td>
<td>Aug. 27, 2014</td>
</tr>
<tr>
<td></td>
<td>11 a.m. to noon</td>
</tr>
<tr>
<td>Aug. 27, 2014</td>
<td>1 to 2 p.m.</td>
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</table>

**AVAILITY™ WEBINARS**

Availity also offers free webinars for their registered users. For a current listing of webinar topics, dates and times, registered Availity users may log on to the secure Availity provider portal—the Live Webinar Schedule is located under the **Free Training** tab. Not yet registered with Availity? Visit their website at availity.com for details; or call Availity Client Services at 800-AVAILITY (282-4548) for assistance.

Availity is a trademark of Availity, LLC., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.
ClaimsXten™ Third Quarter 2014 Updates

BCBSIL reviews new and revised Current Procedural Terminology (CPT®) and HCPCS codes on a quarterly basis. Codes are periodically added to or deleted from the ClaimsXten software by McKesson and these changes are not considered changes to the software version. BCBSIL will normally load this additional data to the BCBSIL claim processing system within 60 to 90 days after receipt from McKesson and will confirm the effective date on the BCBSIL Provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) will continue to be posted on the BCBSIL Provider website.

Beginning on or after Sept. 29, 2014, BCBSIL will enhance the ClaimsXten code auditing tool by adding two new rules into our claim processing system, as follows:

**OBSTETRICS PACKAGE RULE**
This rule audits claim lines to determine if any global obstetric care codes (defined as containing antepartum, delivery and postpartum services) were submitted with another global OB care code or a component code during the average length of time of the typical pregnancy of 280 days and/or pregnancy plus postpartum period of 322 days.

**CONTINUOUS POSITIVE AIRWAY PRESSURE OR BI-LEVEL POSITIVE AIRWAY PRESSURE (CPAP/BiPAP) SUPPLY FREQUENCY RULE**
This rule audits maximum frequency of PAP supplies based on the recommended replacement schedule from CMS. Specifically, this rule identifies supply codes associated with CPAP/BiPAP therapy that are being submitted by all providers for the same member at a frequency that exceeds the CMS Local Coverage Determination (LCD) policy for PAP supplies. Accessories used with a CPAP device are covered when the coverage criteria for the device are met. If the coverage criteria are met, the accessories billed that exceed the maximum number of supplies for the CPAP/BiPAP item will be disallowed. See below for maximum allowable quantity/frequency guidelines, as determined by CMS:

<table>
<thead>
<tr>
<th>PROCEDURE CODE</th>
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<th>FREQUENCY (number of days)</th>
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<tr>
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<td>1</td>
<td>90</td>
</tr>
<tr>
<td>A7031</td>
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</tbody>
</table>

For details on ClaimsXten including answers to frequently asked questions, refer to the Clear Claim Connection™ page in the Provider Tools section of our website at bcbsil.com/provider. Additional information also may be included in upcoming issues of the Blue Review.

ClaimsXten is a trademark of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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Watch for the Annual Physician Surveys

This month, the 2014 Physician Surveys will be sent to HMO Primary Care Physicians (PCPs) and randomly selected PPO physicians.

These HMO and PPO surveys are conducted annually to help analyze the physician experience with BCBSIL and with the physician’s primary hospital. The HMO survey includes questions about operational, service and reporting activities that are conducted by HMO Medical Group/Independent Practice Associations (MG/IPAs) and BCBSIL. PCPs contracted with more than one HMO MG/IPA site will receive a separate survey for each entity with which they are contracted. The PPO survey includes questions regarding operational, service and reporting activities conducted by BCBSIL.

The questions in these surveys are primarily directed to physicians. However, office staff may be more familiar with some activities and may provide assistance in completing the survey. As some questions may not apply to all physicians or their office staff, a “no experience” response is always acceptable, when it applies.

To help maintain the accuracy of survey responses and the confidentiality of all participants, BCBSIL has systems in place to ensure that only one set of answers is recorded per respondent and that only aggregate results are reported to BCBSIL operating areas and HMO MG/IPA sites.

WE WANT TO HEAR FROM YOU

We would appreciate your participation. Please return all completed surveys in the postage-paid envelope within 10 business days of receipt.