



# Network News

SUMMER 2010

For contracting physicians, hospitals, pharmacies and other health care network providers

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## GO GREEN WITH BLUE<sup>SM</sup>

Sign up now to receive *Network News* delivered via e-mail. Go to [bcbsok.com/provider](http://bcbsok.com/provider) and click **Pick Paperless** in the lower right hand corner of the website.

Switch to a paperless *Network News* now and you will gain the convenience of instant access to each new edition of the newsletter, along with the ease of sharing this publication with your staff electronically.

## New Network Credentialing Process



Blue Cross Blue Shield of Oklahoma (BCBSOK) has chosen the CAQH\* Universal Provider Datasource (UPD)\* to electronically collect the data we require to credential physicians and other health care providers contracted for our **BCBSOK networks and for BlueLincs<sup>SM</sup> HMO**. The UPD utilizes an online credentialing application process that supports the health care industry administrative simplification and paper reduction efforts.

The credentialing and recredentialing process entails significant paperwork and administrative time for our providers. The UPD will reduce the time required of providers to update their credentialing

information, while producing quality credentialing and demographic information that improves the accuracy and integrity of our provider database.

Providers will complete one standardized application that meets the needs of all participating health care organizations. UPD's database will collect vital information, such as:

- Education and training
- Experience
- Practice history
- Location
- Disclosure of any issues impacting the ability to provide care
- Other background information

All data submitted by providers through the UPD service is maintained by CAQH in a state-of-the-art data center, located within the U.S. Only the health care organization(s) authorized by the provider may have access to the provider's data.

Visit the CAQH Web site today at [www.upd.caqh.org/oas/](http://www.upd.caqh.org/oas/) for more information about the application process. You also may contact your provider relations representative with any questions regarding this new procedure.

For additional details, watch our website and future issues of *Network News*.

\*CAQH is the Council for Affordable Quality Healthcare, Inc., a not-for-profit collaborative alliance of the nation's leading health plans and networks. The mission of the CAQH is to improve health care access and quality for patients and reduce administrative requirements for physicians and other health care providers and their office staffs.

## Online Inpatient Precertification Requests Now Available

In our ongoing effort to offer online options to assist BCBSOK providers, we have now implemented iEXCHANGE. This is a **free**, online pre-certification and concurrent review tool that allows facilities to request, view, extend and ultimately manage cases real-time. iEXCHANGE is available immediately to hospital providers and admitting physicians via a web-based application, which does not require any additional software.

Hospital admitting, patient accounts and utilization management departments (including clinical staff) will find this solution to be faster, easier and more cost-effective than completing these transactions via paper or telephone.

Utilizing iEXCHANGE will reduce the amount of time it takes your facility to enter pre-certifications, check the status of pended cases and extend existing authorizations. This will allow your staff to utilize their time more efficiently.

For more details or to sign-up for iEXCHANGE, visit the Tools page in the Education and Reference Center section of our website at [bcbsok.com/provider](http://bcbsok.com/provider).



## New Provider Website Focuses on Functionality

See what's new at [bcbsok.com/provider](http://bcbsok.com/provider)! The site has a new look with enhanced functionality, new features and streamlined navigations.

Below are some of our new features:

- The **Network Participation** section provides information about our credentialing process and networks, as well as a listing of our provider relations representatives.
- The **Claims and Eligibility** section includes our **Electronic Commerce resources** and useful information on submitting claims.
- The **Education and Reference Center** section provides the latest **news** you need to know and **provider tools** that help you streamline billing, save time, improve service and more.
- **Searching for a form** is now easier. The **Forms** section is more prominently located on the provider homepage.
- The **Provider Training page** makes it easy to learn about us and our tools. Sign up today for a complimentary training session.
- The **Self-Service through Availity® login** enables you to access Availity's tools through [bcbsok.com/provider](http://bcbsok.com/provider).

Visit [bcbsok.com/provider](http://bcbsok.com/provider) now and see it for yourself!

Availity is a registered trademark of Availity, L.L.C., an independent third party vendor that is solely responsible for its products and services.

## Getting started with our Electronic Commerce tools

If you are one of the growing number of BCBSOK providers who have signed up for Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS), thank you for utilizing these electronic transactions. If your office has not yet enrolled for EFT, ERA and EPS, we encourage you to explore these time and money saving options.

Whether you're a current user or considering enrollment, we have a variety of online resources available to help you feel confident and informed. Visit the EFT/ERA page in the Electronic Commerce section at [bcbsok.com/provider](http://bcbsok.com/provider) where you will find our EFT and ERA enrollment forms, an Electronic Options Tutorial, answers to Frequently Asked Questions, and more.

## You Hold the Key to an Enhanced Online Experience

BCBSOK has made a commitment to investing in health information technology solutions to help increase administrative efficiencies and reduce health care costs while ultimately striving to improve patient outcomes. With this goal in mind, we are pleased to announce the launch of **Blue Access® for Providers** – a new, **secure** section of our provider website.

Blue Access for Providers will offer greater specificity, efficiency and security when utilizing online tools and resources. In the first release, scheduled to occur in the fourth quarter of 2010, you will be able to **review your provider record online for accuracy and completeness**. These enhancements will allow you to:

- View key demographic information for your practice that is currently on file with BCBSOK, including provider/group name, address, phone, NPI, e-mail address and more.
- Make changes, when needed, directly online for faster results.
- Keep your provider record up-to-date, which will help BCBSOK members locate you on our Provider Finder®.
- Keep current demographic information that may impact payment remittances and other claims related information.

In its first phase, Blue Access for Providers also will allow you to gain direct access to BCBSOK's Electronic Refund Management (eRM) system, look up National Drug Code (NDC) pricing information, and receive targeted communications with important updates relevant to contracted providers. Later this year, the secure site will be expanded to include single sign-on with Availity and more.

### THE NEXT STEP IS UP TO YOU

To gain entry to the secure site, you will need to register.

- **Individual providers or solo practitioners** will self-register online to create a user name and password. After the registration process, you will gain immediate access to Blue Access for Providers. Required elements to have on hand when registering are provider name, SSN, State License Number, Tax ID, NPI and e-mail address.
- **Large groups, medical groups, facilities and all others:** Watch [bcbsok.com/provider](http://bcbsok.com/provider) and *Network News* for details.

Please watch the What's New section of our website at [bcbsok.com/provider](http://bcbsok.com/provider) for up-to-the-minute launch status, details and instructions.

## PCS TO EPS: 30-DAY TRANSITION REMINDER

If you are a new Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS) enrollee, you will continue to receive your paper Provider Claim Summary (PCS) for 30 days after you start receiving your ERA and EPS files. This 30-day transition period is designed to help your office make a gradual switch from paper to electronic processing. When the transition period ends, the PCS will be discontinued and you will receive only the ERA/EPS going forward. If you enrolled for ERA/EPS directly or through your clearinghouse/billing agent more than a month ago, you may have continued to receive both the ERA/EPS and the PCS in your office for longer than 30 days. Please be advised that your PCS will now be discontinued. Going forward, you will receive only the ERA/EPS.

If you are unsure whether or not your office is enrolled for ERA/EPS, or if you believe that you are no longer enrolled through your current clearinghouse/billing agent, please contact our Electronic Commerce Center at (800) 746-4614 for assistance.

## Stay Informed with Electronic Commerce 'Alerts'

Does your office submit claims electronically or receive claim payments via Electronic Funds Transfer (EFT)? Are you enrolled for Electronic Remittance Advice (ERA)/ Electronic Payment Summary (EPS)? If you conduct business electronically with BCBSOK, it is to your advantage to become a regular visitor to the Electronic Commerce Alerts page on our website at [bcbsok.com/provider](http://bcbsok.com/provider).

These online Alerts provide notification of system enhancements, upgrades, new functionality, and any Electronic Data Interchange (EDI) transaction issues that may affect claims processing, payment or remittance delivery. This includes system downtime alerts, edit/automatic error code implementation notices, and Warning ("W")/ Rejection ("R") status changes.

The Alerts section also houses our 2010 Holiday Schedule to help you project EFT delivery and system/report availability throughout the year, as corporate and legal banking holidays may affect the normal processing, payment and report availability schedule.

If you have any questions regarding Alert notifications, contact our Electronic Commerce Center at (800) 746-4614 for assistance.



## Care Comparison<sup>®</sup> Tool Offers Data Transparency

The BCBSOK online Care Comparison tool, which is part of our transparency initiative, allows our members to review costs for specific procedures performed at hospitals, ambulatory surgery centers and free-standing radiology centers in the BCBSOK provider network. Members can also review the volume of services performed by each facility, and obtain other information based on factors most important to them.

As of June 15, 2010, the number of inpatient and outpatient procedures displayed in the Care Comparison tool increased from 35 to 54. We also included five additional office visit treatment categories. Results are based on claims data for procedures performed from July 1, 2008 through June 30, 2009, which were paid through Sept. 30, 2009. Providers' self-reported volume data is listed as well.

### **Next Release: 4th Quarter 2010**

For the next tool update – 4th Quarter 2010 – we have reevaluated the methodology for more meaningful results with greater differentiation in cost ranges. The number of procedures will remain at 54 inpatient and outpatient procedures and five office visits. The data reported will cover procedures performed from Jan. 1, 2009 through Dec. 31, 2009, which were paid through March 31, 2010.

The BCBSOK transparency initiative is critical to our goal of ensuring that our members have access to the information they need to make better informed health care decisions. Watch the “News and Updates” section of our provider website at [bcbsok.com/provider](http://bcbsok.com/provider) for additional announcements and information regarding this and other BCBSOK initiatives.

Care Comparison is a registered service mark used under license by Blue Cross and Blue Shield of Oklahoma.

## EFT, ERA and EPS Survey Results

### Questions and Comments from ‘Somewhat Likely to Enroll’ Providers

Earlier this year, we posted an interactive Electronic Options tutorial on our website. This tutorial included information about Electronic Funds Transfer (EFT), Electronic Remittance Advice (ERA) and Electronic Payment Summary (EPS). The tutorial included a survey to help us gauge provider understanding while offering viewers the opportunity to submit questions or comments.

After viewing the tutorial, 74 percent of respondents reported that they were Highly Likely to enroll for EFT, ERA/EPS, while 24 percent fell into the Somewhat Likely to enroll category. Many “Somewhat Likely” providers also included comments in response to the following survey question: *Do you have any questions that haven't been addressed and that may have prevented you from enrolling? Tell us how we can assist you!*

Here is a sampling of the basic EFT, ERA, EPS questions we received, along with our answers:

#### **1. Is there a fee for enrolling and/or using the EFT, ERA or EPS?**

BCBSOK does not charge any fees related to EFT, ERA/EPS. However, if you utilize a billing service, vendor or clearinghouse, you should ask if they charge any fees for their services.

#### **2. Do I have to enroll in all three, or can I pick and choose?**

We highly encourage you to enroll for all of these transactions to help synchronize payment and reporting processes in your office. You can choose to enroll for EFT alone; or you may enroll for ERA/EPS, without EFT. You must enroll for ERA to receive the EPS.

#### **3. I don't file claims electronically. Can I still enroll for EFT, ERA and EPS?**

Yes! While electronic claim submission is strongly encouraged, it is *not* a prerequisite to EFT, ERA/EPS enrollment.

#### **4. What's the difference between the ERA and EPS?**

The purpose of the ERA file is to eliminate the need for manual posting—it enables you to complete automatic posting of your patient accounts. The EPS replaces your paper Provider Claim Summary (PCS) with an electronic file that is easy to archive and retrieve.

**Beyond the basics...**most provider questions received from the online survey were related to ERA/EPS. Therefore, we will post additional ERA/EPS-focused articles on our website over the next three months. The Electronic Options tutorial is available in the Electronic Commerce section of our website at [bcbsok.com/provider](http://bcbsok.com/provider), along with answers to frequently asked questions about EFT, ERA and EPS. Once in the Electronic Commerce section, click EFT/ERA. The resources are located in the Related Information box on the right side of the page.

If you need further assistance with the enrollment process, contact our Electronic Commerce Center at (800) 746-4614. We look forward to helping you discover the benefits of participating in these electronic transactions.

# STOP. LOOK. LISTEN.

*Interactive Voice Response enhancements are here*

Calls to our Provider Inquiry Unit (PIU) at (800) 496-5774 are automatically received by our Interactive Voice Response (IVR) phone system. IVR is a speech recognition system that delivers a more user-friendly, timely and efficient caller experience. The IVR system gives you automated self-service access to:

- Patient eligibility;
- Expanded benefit information; and
- Detailed claim status.

For assistance with navigating the automated system, refer to the IVR Caller Guides, located in the Claims and Eligibility section of our website at [bcbsok.com/provider](https://bcbsok.com/provider). Look for more details in upcoming editions of *Network News* and online in the “News and Updates” section at [bcbsok.com/provider](https://bcbsok.com/provider).

At BCBSOK, we recommend conducting transactions electronically to help improve operational efficiencies. For more information on electronic options available to BCBSOK providers, visit the Claims and Eligibility section of our website at [bcbsok.com/provider](https://bcbsok.com/provider).

## Why the Web is a Better Option

*You need answers fast when requesting claim status. Telephone transactions can take time and may not get you where you need to go. Redirecting your inquiries to online self-service tools puts you in the driver’s seat...*

When you call our PIU for basic claim status, our automated IVR phone system may return a message that your claim has been pended. This simply means that your claim is still in process, and further information is not yet available through the IVR.

In July, the option to speak with a Customer Advocate (CA) regarding pended claims that have been with BCBSOK for 21 days or less was removed from the IVR menu, since those claims are still in process, and additional details are not yet available. A message has been added to the IVR to remind you to utilize online claim status options instead, such as the Availity® Claim Research Tool (CRT)\*, or other enhanced claim status tools offered by your preferred vendor portal.

Registered Availity users can use the CRT at no charge for **up-to-the minute** electronic transactions that are **secure, unlimited** and **printable**. By utilizing the Availity CRT, or other online claim status tools provided by your preferred vendor portal, you help keep our CAs available to assist you when you have claim issues beyond basic claim status requests.

We encourage you to take advantage of all available electronic options before, during and after your claim is processed. Visit the Claims and Eligibility section of our website for more information.

\* **NOTE:** A CRT Tip Sheet and other self-service resources are available in the Electronic Commerce section at [bcbsok.com/provider](https://bcbsok.com/provider). To register with Availity, visit [bcbsok.com/provider](https://bcbsok.com/provider) and click “Get Registered” in the box labeled Self-Service through Availity.

## Predetermination: Important Tips

**Predetermination of benefits** – A voluntary, written request for review of treatment or services; includes services that may be considered experimental, investigational or cosmetic. Predetermination approvals and denials are usually based on provisions in our Medical Policies located on [bcbsok.com/provider](https://bcbsok.com/provider). A predetermination of benefits is not a substitute for the precertification process.

Below are helpful tips for predetermination:

1. Always check benefits before submitting a predetermination. A predetermination is not available for all procedures.
2. Fax each patient separately. Always place the Predetermination Request Form on top of any information you submit to BCBSOK. The Predetermination Request Form is located in the Forms section at [bcbsok.com/provider](https://bcbsok.com/provider).
3. Fill out the entire Predetermination Request Form.
4. Include provider address and fax number.
5. Provide the contacts name, address and phone number.
6. Always provide the procedure code and the diagnosis code.
7. If applicable, provide left, right or bilateral.
8. Regarding major diagnostic tests, please include the patient’s history, physical and any prior testing information.
9. A predetermination is not available for complete or partial bony impacted teeth. Please check the patient’s benefits.
10. If the procedure is cosmetic in nature, please include original photos or digital color copies that clearly show the affected area of the body. This information must be mailed.

## HMO network removes authorization requirement for emergency services

The Oklahoma BlueLincs HMO network no longer requires an authorization for urgent and/or emergent care. While we do still require the member to arrange follow-up care with their primary care physician within 24 hours of seeking urgent and/or emergent care, we no longer require emergency services to be authorized in advance. For more information, please contact your provider network representative or the BlueLincs HMO provider customer service area at (800) 496-5774.

## Modifier 59 Exempt Code and ClaimCheck® Version 45 Updates

Effective June 14, 2010, BCBSOK made updates to the Modifier 59 exempt code pair logic through our code auditing tool, ClaimCheck. These changes were based on the updates to the Centers for Medicare and Medicaid Services National Correct Coding Initiative code auditing system. Additionally, BCBSOK will upgrade to McKesson ClaimCheck Version 45 effective July 26, 2010, for all lines of business.

For further information about current bundling methodologies, or to request specific code-to-code bundling, you may utilize Clear Claim Connection™ (CCC or “C3”), a web-based code auditing reference tool available to all contracted BCBSOK providers. To obtain access to C3, you must register with Availity at [www.availity.com](http://www.availity.com) or contact Availity Client Services at (800) AVAILITY (282-4548).

## Maximizing Your Returns on Claim Status Requests

After your office submits a claim, you or your billing agent can view real-time results by checking claim status electronically. This involves submitting an electronic claim status request (ANSI 276 transaction) to BCBSOK via your preferred vendor portal or practice management system.

To help expedite your patient account reconciliation process, you may utilize the Availity Claim Research Tool (CRT). This free, easy-to-use online tool allows Availity-registered users to obtain and print detailed, line-level claim status information, including reason codes and descriptions. You also can confirm current copay, deductible and coinsurance amounts for BCBSOK members, if applicable.



Here is a brief overview to assist you in accessing and navigating the CRT:

### 1. Log on to the Availity portal.

- Go to [bcbsok.com/provider](http://bcbsok.com/provider) and click Log In in the box labeled Self-Service through Availity. Once on the Availity page, enter your user ID and password, then click on **Login**. (You also can go to [www.availity.com](http://www.availity.com) to log in.)
- Select Claims Management, and then select Claim Research Tool.
- Select the appropriate payer, then click on **Next**.

### 2. Set your search parameters.

- For a Member ID Search:
  - Enter the Provider Billing NPI, Member ID, Group Number and service period.
  - Click **Search** to go to the Search Results page.
  - Select the Claim Number for the claim you wish to view to go to the Claim Details page.
- For a Claim Number Search:
  - Key in the alpha-numeric claim number in the Claim # (DCN) field.
  - Click on **Search** to go directly to the Claim Details page.

### 3. View Claim Details.

- Your search will allow you to view overall claim status and line item details.
- You can choose to export or print the information, or conduct a new search.

For additional information, refer to the CRT Tip Sheet located on the Using Online Transactions page in the Electronic Commerce section of our website at [bcbsok.com/provider](http://bcbsok.com/provider).

You must be registered with Availity to utilize the CRT. For registration information, and to learn more about other online Availity resources and services available to BCBSOK providers, visit [www.availity.com](http://www.availity.com). You may also contact Availity Client Services at (800) AVAILITY (282-4548) for assistance.

# Take a Tour of the Electronic Refund Management System

*New online tool helps simplify overpayment reconciliation and related processes*

Overpayments can occur as a result of duplicate payments, non-covered services, COB credit and other issues. When we identify that an overpayment has been made, the provider (payee) receives notification to explain the reason for the refund request.

You have the option to simplify the process by using our new Electronic Refund Management (eRM) tool.

Here are some of the service capabilities of eRM:

- Electronic notification of overpayments
- Single sign-on convenience
- View overpayment requests
- Inquire/Dispute/Appeal a request
- Deduct from future payments
- Pay by check
- ...and much more!

## View a Live Demo of the eRM System

Our provider relations team is dedicated to providing **complimentary** educational webinars for BCBSOK network providers. One of the trainings available features our new eRM Webinar, where you will learn how to gain access and complete the online “onboarding” process through Availity. The webinar also features an online demo so you can see the easy-to-use eRM tool in action.

To sign up for an eRM Webinar, go to the Provider Training section of our online Education and Reference Center at [bcbsok.com/provider](http://bcbsok.com/provider). Once you are registered, you will receive an e-mail with a URL and call-in information. You will need a computer and telephone to participate.

Please continue to check our online Education and Reference Center for upcoming training opportunities for BCBSOK providers. If you have questions about our workshops or webinars, or if you need assistance with the registration process, send an e-mail to [PASS\\_Workshops@bcbstx.com](mailto:PASS_Workshops@bcbstx.com).

NOTE: Prior to accessing eRM, you must be registered with Availity. For Availity registration information, visit [www.availity.com](http://www.availity.com), or call Availity Client Services at (800) AVAILITY (282-4548). Availity is a registered trademark of Availity, L.L.C., an independent contractor. Availity, L.L.C. is solely responsible for its products and services.



## 2010 BlueCard® Program

We're seeking your feedback

Again this year you may have an opportunity to tell us how we are doing by participating in our BlueCard satisfaction survey. We may contact your staff, seeking input on your experience with servicing out-of-area Blue Cross and Blue Shield members. You may be invited to participate in online surveys, and will be asked to share your e-mail address. If your office is contacted, we encourage you to take part in these surveys. We take your feedback seriously and may incorporate your feedback into our service enhancements.

For additional information on BlueCard, please refer to the Network Participation section at [bcbsok.com/provider](http://bcbsok.com/provider). Thank you in advance for your participation.

## Outpatient Claim Submission Reminders for Facility Providers

If you are an institutional provider billing for **outpatient** services, you must include an outpatient HCPCS code **at the service line level**, if applicable, in the following locations:

- **Paper claims**—Form Locator 44 on the UB-04 paper claim form
- **Electronic claims**—Service Line Loop 2400 SV2021 Segment on the ANSI 837I (V4010A1) transaction

You should **not** use HCPCS codes to report hospital outpatient services at the claim level—UB-04 Form Locator 74 (74a-74e) and ANSI V4010A1 Claim Level Loop 2300 HI Segment. *Populating these fields is required **only** when you submit inpatient claims.*

**Reminder:** The ICD-9-CM procedure codes are specified as the HIPAA-standard code set for inpatient hospital procedures, but should not be reported on outpatient hospital claims.

For additional details, refer to the News & Updates section at [bcbsok.com/provider](http://bcbsok.com/provider).

## Medical Examinations vs. Therapy Evaluations

*A reminder for Physical, Occupational and/or Speech Therapy Providers*

BCBSOK recognizes that CPT codes can be used to designate services rendered by any qualified physician or qualified health care professional. When certain codes are designed for a specific use; however, the codes should only be reported by those providers whose license authorizes them to perform the specific services.

**It is not within the scope of practice for Physical, Occupational and/or Speech Therapy providers to bill for medical examinations as represented by the Office Visit CPT codes.** If an evaluation is being performed for Physical, Occupational or Speech Therapy, please use the appropriate Therapy Evaluation CPT codes, which are designed for evaluation of therapy-related injuries and/or illnesses.

For a list of appropriate Therapy Evaluation Procedure Codes, please refer to the CPT Codebook or contact the American Medical Association at (800) 621-8335.

## Spread the Word!

*Network News* includes information to help you and your staff stay up-to-date on the latest BCBSOK initiatives, including product news, electronic connectivity enhancements, claim submission reminders, system and coding updates, billing and reimbursement, and more!

Many *Network News* articles may also relate to billing entity processes. If you utilize a billing service, clearinghouse or software vendor to send/receive information to/from BCBSOK on your behalf, please share this newsletter with them.

## NEW! Electronic Health Record available via Availity CareProfile®

Created with collaborative input by BCBSOK, MEDecision\* and Availity, the CareProfile is a user-friendly, electronic health record (EHR) that draws information from claims data. BCBSOK independently contracted providers who are registered with Availity can use this free, online tool to obtain a consolidated view of a patient's health care history.

### CareProfile offers the following features:

- Demographic patient information, including date of birth, address and phone number
- Information about the patient's current primary care physician, if applicable, and other providers visited in the past 24 months
- Diagnoses and procedures submitted and reflected in the BCBSOK claim records
- Professional, hospital and emergency room services reflected in the BCBSOK claim records
- Prescriptions filled, including the class of the drug, total fills, and last date filled
- Health status measurement score to help identify a patient's likelihood for serious health complications
- Clinical messages for treatment opportunities over the next 12 months

### How it works:

- The CareProfile is created using claim-based data that BCBSOK collects from physicians, pharmacies, labs and other health care providers.
- MEDecision applies robust clinical intelligence and analytics to the data, then summarizes it into a report that highlights treatment opportunities and includes a health status measurement score.
- Availity displays the information in a user-friendly EHR through its portal, which can be easily accessed by any authorized physician at the point of care by clicking on the CareProfile button at the top of the Availity eligibility and benefits response screen for ACP-eligible members.\*\*
- BCBSOK members have access to this valuable information via My Care Profile in their Personal Health Manager, on our secure Blue Access® for Members website at [bcbsok.com/member](http://bcbsok.com/member).

For additional information, refer to the Availity CareProfile Tip Sheet in the Electronic Commerce section of our Provider website at [bcbsok.com/provider](http://bcbsok.com/provider). Registered Availity users also may attend free Availity Webinars about CareProfile and other Availity applications. For webinar dates and times, click on Free Training on any page after logging on to the Availity portal.

**Not yet registered with Availity?** Visit [bcbsok.com/provider](http://bcbsok.com/provider) and click Get Registered in the box labeled Self-service through Availity, or call Availity Client Services at (800) AVAILITY (282-4548) for assistance.

\* MEDecision is a wholly owned subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company.

\*\* See the ACP Tip Sheet for a brief list of exceptions.

# Billing with National Drug Codes

Currently, BCBSOK requires inclusion of the National Drug Code (NDC) in conjunction with the applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT®) code(s) when unlisted or “Not Otherwise Classified” (NOC) physician-administered and home infusion therapy drugs are billed.

Please be advised that in the future, BCBSOK will accept use of the NDC for billing of all drugs. This will provide a more accurate pricing methodology for payment and will also facilitate better management of drug-associated costs. BCBSOK will use a phased-in approach to implement NDC pricing and will inform providers accordingly, based on their contractual notification provisions.

Here are some reminders to assist you with proper submission of valid NDCs and related information:

- Submit the NDC along with the applicable HCPCS procedure code(s).
- The NDC must be in the proper format (11 numeric characters, no spaces or special characters).
- The NDC must be active for the date of service.
- The appropriate qualifier, unit of measure, number of units, and price per unit also must be included, as indicated below.

## ELECTRONIC CLAIM GUIDELINES

Field Name	Field Description	ANSI (Loop 2410) – Ref Desc
Product ID Qualifier	Enter <b>N4</b> in this field.	LIN02
National Drug CD	Enter the 11-digit NDC (without hyphens) assigned to the drug administered.	LIN03
Drug Unit Price	Enter the price per unit of the product, service, commodity, etc.	CTP03
NDC Units	Enter the quantity (number of units) for the prescription drug.	CTP04
NDC Unit / MEAS	Enter the unit of measure of the prescription drug given. (Values: <b>FR</b> – international unit; <b>GR</b> – gram; <b>ML</b> – milliliter; <b>UN</b> – unit)	CTP05-1

If you have any questions regarding utilization of the NDC code on your **electronic** claims, contact our Electronic Commerce Center at (800) 746-4614.

## PAPER CLAIM GUIDELINES

In the *shaded portion* of the line-item field 24A-24G on the CMS-1500, enter the qualifier **N4** (left-justified), immediately followed by **the NDC**.<sup>\*</sup> Next, enter the appropriate qualifier for the correct dispensing unit (**FR** – international unit; **GR** – gram; **ML** – milliliter; **UN** – unit), followed by the quantity and the price per unit, as indicated in the example below. (\*Note: The HCPCS/CPT code corresponding to the NDC is entered in field 24D.)

Example:

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSUT Part	I. ID. QUAL	J. RENDERING PROVIDER ID. #
From	To			(Explain Unusual Circumstances)		POINTER					
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For additional CMS-1500 details, refer to the National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual, available on the NUCC Web site at [www.nucc.org](http://www.nucc.org).

For more information, continue to visit the News and Updates and Electronic Commerce Alerts sections of our Web site at [bcbsok.com/provider](http://bcbsok.com/provider).

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# EPS Formatting Tips

The Electronic Payment Summary (EPS) is delivered by BCBSOK as a text file so that it can be received in conjunction with your Electronic Remittance Advice (ERA).<sup>\*</sup> The EPS contains the same information as the paper Provider Claim Summary (PCS). You can save the EPS as an electronic file for future retrieval; or, you may choose to select and print some or all of the document.

Here are some **formatting tips** for proper viewing upon downloading your EPS to help ensure that it looks like the PCS, as you may expect:

- Open the document in Microsoft Word, WordPad, etc.
- Set the page layout as landscape, rather than portrait
- For the font style, select Courier New
- For the font size, select 8 point

**\*Note:** If you are utilizing a billing agent, the EPS goes to the receiver/vendor/clearinghouse. Delivery or posting specifications are determined by the vendor, not BCBSOK. Therefore, you should check with your receiver/vendor/clearinghouse to determine whether or not special software may be needed to view the EPS file.

# Drug Formulary Updates

For a summary of recent BCBSOK prescription drug formulary changes, please refer to the Formulary Updates Summary in the Pharmacy Program section of [bcbsok.com/provider](http://bcbsok.com/provider). This list is updated regularly by our pharmacy benefit manager, Prime Therapeutics.

You also can access the comprehensive BCBSOK Drug Formulary from this location, as well as other useful prescription drug reference materials.

## Standards help ensure members access to health care

BCBSOK and BlueLincs HMO work to ensure our members have access to the health care providers they need, when they need them.

The following standards are in place to help members access their network health care providers.

- Routine health evaluation appointments available within 30 working days.
- Sick non-urgent appointments available within five working days.
- Urgent appointments (sudden onset of symptoms) available within 24 hours, or the patient is referred to urgent care services.
- In an emergency situation, members should seek care from the nearest facility and, for BlueLincs members, call their primary care physician within 48 hours of the incident or arrange for follow-up care.
- For chronic condition follow-up, appointment available within 30 days.
- For an initial specialist care referral, appointment available within 14 working days.
- For urgent specialist care referral, appointment available within 24 hours.
- Clinic waiting time should be no longer than one hour. Wait time is measured at the start of the scheduled appointment.



## A Review of Non-covered Allergy Testing and Treatment Methods

For BCBSOK providers who perform allergy testing and/or treatment, it is important to note that **Serial Dilution Endpoint Titration/Serial Endpoint Titration (SDET/SET)** and **Sublingual Immunotherapy (SLIT)** are services that **are not covered by BCBSOK**.

**SDET/SET** is a form of intradermal skin testing that uses increasing doses of antigen to determine the concentration at which the reaction changes from negative to positive (the “endpoint”). SDET/SET has been used to guide the initiation of immunotherapy, by using the endpoint dilution as the starting antigen dose. BCBSOK medical policy MED206.001 (Allergy Management) clearly specifies this type of allergy testing to be experimental, investigational and unproven, and, as such, is a non-covered service. The CPT code most often used to bill for this non-covered service is 95028 [Intracutaneous (intradermal) tests with allergenic extracts]. **While 95028 is a valid code, when billed to induce payment for a non-covered service, it is considered an intentional misrepresentation of the services provided.**

**SLIT** is a form of allergy treatment where antigen serum is administered (often self-administered by the patient) by placing a few drops of the serum under the patient’s tongue. BCBSOK medical policy MED206.001 (Allergy Management) clearly specifies this type of allergy treatment to be experimental, investigational and unproven, and, as such, is a non-covered service. The CPT code most often used to bill for this non-covered service is 95165 (Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy). CPT defines allergen immunotherapy as “the parenteral (administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection) administration of allergenic extracts.” **While 95165 is a valid code, when billed to induce payment for SLIT or other non-covered service, it is considered an intentional misrepresentation of the services provided.**

Below is allergy testing and treatment methods that are considered by BCBSOK medical policy to be experimental, investigational and unproven and, as such, are non-covered services.

### Non-covered Allergy Testing Methods

- Provocative tests for food or food additive allergies
- Neutralization testing
- Serial dilution endpoint titration (SDET), serial endpoint titration (SET), Rinkel/Rinkle method
- Nasal challenge tests
- Conjunctival challenge test (ophthalmic mucous membrane test)
- Cytotoxic food tests (Bryan’s test)
- Leukocyte histamine release test (LHRT)
- Rebeck skin window test
- Passive transfer or P-X (Prausnitz-Kustner test)
- Antigen leukocyte cellular antibody test (ALCAT)
- Sublingual provocation food testing
- IgE concentration food allergy testing
- IgG food and environmental testing
- Any aspect of the Lifestyle Eating and Performance (LEAP) program, including the Mediator Release Test (MRT) used to identify “delayed food allergies” and treatments, which include dietary manipulation and/or supplements or herbs

### Non-covered Allergy Treatment Methods

- Provocative and neutralization therapy, using intradermal and subcutaneous routes
- Sublingual: oral application of natural or enzymatically altered antigens
- Topical: localized application of an allergen directly to the organ creating the allergy response, such as the nose for allergic rhinitis
- Urine auto-injections (autogenous urine immunization): freshly collected urine, having been sterilized and filtrated, injected to the donating patient
- Repository emulsion therapy - solutions of vegetable and mineral oils containing additional allergens, to produce slow releases of the allergens at the injection site
- Intracutaneous (intradermal) tests, sequential and incremental [Serial dilution endpoint titration (SDET) therapy (Rinkel/Rinkle Method)].

For more details, refer to the Medical Policies, available at [bcbsok.com/provider](http://bcbsok.com/provider). If you have knowledge of abusive or fraudulent activity, please contact the BCBSOK Fraud Hotline at (800) 543-0867, or go to [bcbsok.com/sid/reporting](http://bcbsok.com/sid/reporting). Reports may be made anonymously, if desired.

The information mentioned above is for educational purposes only and is not the substitute for the independent medical judgment of a doctor or other health care provider. The final determination about services or treatment is between the patient and the doctor.

# Facilities Achieve Blue Distinction® Status

The Blue Cross and Blue Shield Association recently designated **Oklahoma Heart Institute on the Campus of Hillcrest Medical Center** in Tulsa and **INTEGRIS Baptist Medical Center** in Oklahoma City as Blue Distinction Centers for Cardiac Care.

To be designated as a Blue Distinction Center for Cardiac Care, Oklahoma Heart Institute and INTEGRIS met evidence-based clinical criteria developed in collaboration with expert physicians and medical organizations, such as the American College of Cardiology and the Society of Thoracic Surgeons. Measures included:

- An established cardiac care program, performing required annual volumes for certain procedures (e.g. a minimum of 125 cardiac surgical procedures annually, including both coronary artery bypass graft and/or valve surgery);
- Appropriate experience of its cardiac team, including sub-specialty board certification for interventional cardiologists and cardiac surgeons;
- An established acute care inpatient facility, including intensive care, emergency care/services and a full range of cardiac services;
- Full facility accreditation by a Centers for Medicare and Medicaid Services-deemed national accreditation organization;
- Low overall complication and mortality rates; and
- A comprehensive quality management program.

Blue Distinction Centers are identified in six categories: bariatric surgery, cardiac care, complex and rare cancers, knee and hip replacement, spine surgery and transplants; identified centers across the nation that meet the criteria are posted for the public on [www.bcbs.com](http://www.bcbs.com). Other Blue Distinction Centers in Oklahoma include:

- INTEGRIS Baptist Medical Center (Oklahoma City) – Designated for bariatric surgery and adult heart and adult liver transplants
- Norman Regional Hospital (Norman) – Designated for bariatric surgery

For more information about Blue Distinction, go to [www.bcbs.com/bluedistinction](http://www.bcbs.com/bluedistinction). Members can find out which services are covered under their policies at any facility by calling the number on the back of their ID cards.

There is no affiliation between Blue Cross and Blue Shield of Oklahoma (BCBSOK) and Hillcrest Medical Center or Integris Baptist Medical Center. The relationship between BCBSOK and Hillcrest Medical Center and INTEGRIS Baptist Medical Center is that of independent contractors.

## Documentation Requirements for Ultrasonic Guidance

When CPT 76942 service for ultrasonic guidance of needle placement (biopsy, aspiration, injection, localization device, imaging supervision and interpretation) is provided, the patient's records should include permanently recorded images of the site to be localized and a documented description of the localization process. This documentation may be included with the operative report of the procedure for which the guidance is utilized or in a separate report. Without this documentation, the service is not separately reportable.

The Current Procedural Terminology (CPT) book includes the following instructions for the use of ultrasound guidance procedures:

*Ultrasound guidance procedures require permanently recorded images of the site to be localized, as well as a documented description of the localization process, either separately or within the report of the procedure for which the guidance is utilized.*

*Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation, and final, written report, is not separately reportable.*

## Important Reminders:

### Wellness initiatives for federal employees

Blue Cross and Blue Shield Service Benefit Plan for the Federal Employee Program (FEP) rewards members when they complete either the adult Health Risk Assessment or a child's Body Mass Index (BMI) assessment. As of Jan. 1, 2010 adult members receive a certificate that entitles them to a preventive visit at no charge. Children, ages five through 17 whose BMI falls in the 85th percentile or higher, receive a certificate that entitles them to up to four nutritional counseling visits at no charge.

If an FEP member presents a certificate of completion, please do not collect the copayment amount from the member at the time of the visit. **Your reimbursement from BCBSOK for these visits will be 100 percent of the plan allowance, including payment of the copayment amount.**

### Guidelines for Servicing Walmart Associates

Beginning Jan. 1, 2010, Blue Cross and Blue Shield of Arkansas became the single Blue Plan administering health plan benefits for Walmart associates. The new alpha prefix for Walmart associates is **WMW**.

A significant number of 2010 claims are being filed using the old alpha prefixes. As of July 1, 2010, we no longer accept claims with the following alpha prefixes for 2010 dates of service: WLA, WMR or MRT.

Remember to request the new ID card from Walmart associates at the time of service and submit all 2010 claims to BCBSOK using the exact ID number as it appears on the member's card and the new alpha prefix WMW.

# Champions of Health awards Oct. 18

Event to feature Emmitt Smith as keynote speaker

Make reservations to attend the 2010 Champions of Health awards benefiting the Oklahoma Caring Foundation at 6 p.m. , Oct. 18 at the National Cowboy and Western Heritage Museum in Oklahoma City. The event will feature former Dallas Cowboys running back and the NFL's all-time leading rusher Emmitt Smith as keynote speaker.

Reservations are available for \$50 each and will be accepted through Oct. 6 by calling (866) 876-4976.

This year's Champions of Health include:

- Grand Champion and Champion of Children's Health – Farm to You
- Champion of the Uninsured - Rilyn Meacham Center
- Champion of Senior Health – RSVP of Central Oklahoma
- Community Health Champion – Oklahoma Area Health Education Centers, OSU Center for Health Sciences
- Corporate Health Champion – OU Physicians.

View descriptions of the winners online at [championsofhealth.org](http://championsofhealth.org).

The Champions of Health awards program recognizes individuals and organizations working to improve Oklahoma's health. The Champions of Health awards program is presented by: Blue Cross and Blue Shield of Oklahoma, the Oklahoma State Department of Health, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Hospital Association, the Oklahoma State Medical Association, and the Oklahoma Osteopathic Association.

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