BlueCross BlueShield of Oklahoma

Blue Review

A Provider Publication

February 2015

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities. This version of Blue Review is based on the electronic version that was distributed on February 5, 2015 but because it is a summary copy, **it may not have all the information contained in the electronic version. To sign up to receive the Blue Review electronically, complete the** request form **that can be found at** bcbsok.com/provider**.**

You can find the *Blue Review* online at bcbsok.com/provider/news and updates

News & Updates

Urine Drug Testing Policy, Effective Dec. 15, 2014

Blue Cross and Blue Shield of Oklahoma (BCBSOK) medical policy MED207.154 (Urine Drug Testing Including Pain Management and Substance Abuse Monitoring) became effective Dec. 15, 2014. This new policy addresses the overutilization of quantitative/confirmatory urine drug testing as a routine screening tool. With few exceptions, this policy prohibits the routine use of quantitative/confirmatory testing as being not medically necessary. The most prominent exception being when a patient tests positive on a qualitative test and the physician determines it is medically necessary for treatment decisions to know the quantity of the drug in the patient's system.

BCBSOK encourages our providers to review this new policy as soon as possible to ensure they only submit claims that are consistent with this new policy. The BCBSOK Special Investigations Department will be monitoring provider compliance and may initiate investigations as appropriate. Independently contracted providers found billing inappropriately, contrary to this policy, may be subject to overpayment refunds and other actions as deemed appropriate based on the circumstances of each case.

Please visit the Standards and Requirements/Medical Policy section of our website at ***bcbsok.com/provider*** for access to the up-to-date medical policy information.

The BCBSOK Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are encouraged to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSOK, such as some self-funded employer plans or governmental plans, may not utilize BCBSOK Medical Policy. Members should contact their local customer services representative for specific coverage information.

2014 HEDIS® Antidepressant Medication Management Results

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans, and it measures performance on important dimensions of care and service, including behavioral health. Because so many plans collect HEDIS data and the measures are so specifically defined, HEDIS makes it possible to compare performance among health plans.

The Antidepressant Medication Management HEDIS metric includes members who:

- Are 18 years of age or older,
- have been diagnosed with major depression,
- were newly treated with antidepressant medication, and
- remained on an antidepressant medication treatment.

To evaluate if members are receiving the maximum benefit from an initiated antidepressant medication regimen, two rates are reported:

- **Effective Acute Phase:** Those who stayed on an antidepressant for at least 12 weeks (84 days)
- **Effective Continuation Phase:** Those who stayed on an antidepressant for at least 6 months (180 days)

What were the Blue Cross and Blue Shield of Oklahoma (BCBSOK) member results?
HEDIS measurements are calculated annually and compared to national averages. For patients who stayed on an antidepressant for at least 12 weeks the 2014 national average was 64.26 percent, and the average for BCBSOK members was 64.09 percent. For patients who stayed on an antidepressant for at least six months the 2014 national average was 48.70 percent, and the average for BCBSOK members was 45.41 percent.

What is BCBSOK doing to help?
We have provided an educational article to members about the importance of staying on antidepressant medication, and we continue to work with our pharmacy and reporting departments to develop programs to assist members with their medications. If you have a patient you believe is not fully compliant with an antidepressant regime and you believe therapy would also be beneficial, we can help.

You or the patient can contact us via the BCBSOK number on the back of the member's ID card. We can help them locate a behavioral health therapist, enroll them in one of our case management programs, or help coordinate care so that the patient is more successful with their antidepressant medication regime.

For additional information, visit the Clinical Resources/Behavioral Health Care Management Program section of our website at ***bcbsok.com/provider***.

**HEDIS-like rates. Figures have not been audited externally.*

ClaimsXten™ Updates – First Quarter 2015

Blue Cross and Blue Shield of Oklahoma (BCBSOK) 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 are not considered changes to the software version. BCBSOK will normally load this additional data to the BCBSOK claim processing system within 60 to 90 days after receipt from McKesson and will confirm the effective date on the BCBSOK 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 BCBSOK provider website.

Beginning on or after April 20, 2015, BCBSOK will enhance the ClaimsXten code auditing tool by adding the first quarter 2015 codes and bundling logic into our claim processing system.

The ClaimsXten tool offers flexible, rules-based claims management with the capability of creating customized rules, as well as the ability to read historical claims data. ClaimsXten can automate claim review, code auditing and payment administration, which we believe results in improved performance of overall claims management.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSOK's code-auditing software. Refer to our website at ***bcbsok.com/provider*** for additional information on gaining access to C3. Information also may be published in upcoming issues of the *Blue Review.*

Checks of eligibility and/or benefit information are not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

New Effective Date for Sleep Study Medical Policy Updates

In our January 2015 issue of *Blue Review*, we included an article titled, "Diagnosis and Medical Management of Sleep Related Breathing Disorders," announcing medical policy revisions that will be effective for dates of service beginning April 15, 2015. **The new effective date for this medical policy change is now extended to May 1, 2015.***

The article addressed recent revisions to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medical Policy (MED205.001), Diagnosis and Medical Management of Sleep Related Breathing Disorders. These revisions align our medical policy with nationally recognized clinical criteria and current industry standards.

The revised policy establishes the medically appropriate utilization of home sleep apnea testing and polysomnography (PSG) in the diagnosis of Obstructive Sleep Apnea (OSA). For services rendered on or after this date, PSG and facility-based sleep study tests related to OSA and this medical policy will be subject to medical necessity review under the new medical policy criteria.

Providers are encouraged to obtain a medical necessity determination prior to services being rendered by submitting a Predetermination Request form. Access to this form can be obtained by visiting Education and Reference Center/Forms. Please follow the directions on the form for completion and submission.

To review the full medical policy, important details and general medical necessity criteria for OSA testing and treatment, visit the Standards and Requirements/Medical Policies section of our website at ***bcbsok.com/provider***.

The BCBSOK medical policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSOK, such as some self-funded employer plans or governmental plans, may not utilize BCBSOK Medical Policy. Members should contact their local customer services representative for specific coverage information.

Legislative Update: Expedited Formulary Exception Process for Urgent Circumstances

On May 27, 2014, the Department of Health and Human Services issued a final regulation entitled, Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond.

Beginning with coverage years on or after Jan. 1, 2015, issuers providing essential health benefits must provide consumers with an expedited formulary exception process for urgent circumstances that exist when:

- An enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function
- Or when an enrollee is undergoing a current course of treatment using a non-formulary drug

After receiving a request from an enrollee or the prescribing physician, a health plan issuer must make its coverage determination on these expedited reviews, and notify the enrollee or the prescribing physician of its coverage determination no later than 24 hours after it receives the request. A health plan that grants an exception based on urgent circumstances must provide coverage of the non-formulary drug for the duration of the exigency.

For additional information, we encourage you to refer to the final rule.

Blue Cross and Blue Shield of Oklahoma is committed to achieving full compliance by reviewing and responding to formulary exception requests for Qualified Health Plan members within the timeframes according to the law.

The information provided above is only intended to be a brief summary of legislation that has been proposed or laws that have been enacted and is not an exhaustive description of the law or a legal opinion of such law. This material is for informational purposes only and is not legal advice. If you have any questions regarding this legislation, you should consult with your legal advisor.

Anthem® Blue Cross and Blue Shield Introduces Cancer Care Quality Program

Effective Jan. 1, 2015, Anthem Blue Cross and Blue Shield implemented a Cancer Care Quality Program administered through AIM Specialty Health℠ (AIM). While this program is not applicable to other Blue Plan members, we are sharing information about this program since it is offered to both national and local Anthem members.

This innovative quality initiative is an evidence-based cancer treatment program designed to support provider decision making as it relates to selecting cancer treatment regimens that are consistent with current evidence and consensus guidelines. These Cancer Treatment Pathways (Pathway) have been developed based on medical evidence and best practices from leading cancer experts to support oncologists in identifying therapies that are highly effective and affordable.

Claim information collected may help identify members for Anthem's Case Management programs which may result in maximizing the impact to patients' overall health. Additional information about this program can be found on AIM's website.

Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions.

Medical Director's Minute – Dr. Greg Marino

As a Blue Cross and Blue Shield of Oklahoma Medical Director, I have a unique opportunity to share health trends and important information that is sometimes overlooked. One area I want to highlight is the importance of annual eye exams for those with diabetes.

Diabetes affects nearly 278,000 Oklahomans, according to the Harold Hamm Diabetes Center, an organization dedicated to fighting the diabetes epidemic in Oklahoma. Diabetes is a chronic illness that occurs when your body cannot make or properly use insulin. Insulin is the hormone your body uses to break down sugar and fat. Uncontrolled diabetes can lead to heart attacks, kidney failure, leg amputations and blindness.

Diabetic retinopathy is a complication of diabetes that affects the eyes. This complication is one of the most important causes of visual loss world-wide and is the principle cause of impaired vision in patients between 25 and 74 years of age. Because of the increasing number of diabetics in our state, the potential for significant eye disease leading to severe vision problems makes annual eye exams very important.

There are a multitude of different eye diseases that are caused by diabetes. These diseases can be treated in most cases especially when detected early. Your optometrist or ophthalmologist can recommend a course of treatment for your eyes following your annual eye exam. The incidence of eye problems increases the longer you are treated for diabetes.

All individuals with diabetes should have their eyes examined every year with a dilated eye exam by an optometrist or ophthalmologist.

You can reduce your chances of diabetic retinopathy by keeping your blood pressure and blood sugar levels as close to normal as possible. Yearly eye exams will ensure the early detection of possible eye disease. Talk with your doctor and schedule your annual eye exam. Together we can lower the number of people affected by severe eye disease caused by diabetes.

In Every Issue

Featured Tip: Reminder – Insulin Formulary Changes and New Prior Authorization Program for 2015

Starting Jan. 1, 2015, for non-Medicare Part D or Medicaid members with Blue Cross and Blue Shield of Oklahoma prescription drug coverage, Novolin, Novolog, Lantus and Levemir are preferred insulin brands and process at the member's preferred brand copay. Humulin, Humalog and Apidra are non-preferred brands, and depending on the member's benefit plan, may require a prior authorization request to be submitted and approved for coverage consideration. See the article published on Jan. 6, 2014, for more information.

In the Community: Oklahoma Caring Foundation Partners with Oklahoma City Area Inter-Tribal Health Board to Reveal New Caring Van

The Oklahoma Caring Foundation revealed a brand new Caring Van on Tuesday, Jan. 13 that will serve American Indians statewide.

The new Caring Van will be coordinated and staffed by the Oklahoma City Area Inter-Tribal Health Board (OCAITHB) and administered by the Oklahoma Caring Foundation.

The new vehicle will support the Oklahoma Caring Van program in providing consistent, year-round preventive health services at tribal sites and community events. The OCAITHB Caring Van will focus on

oral health, diabetic screenings and other preventive health services and education for Native American children and adults.

“With this new caring van we are expanding our geographic reach, as well as the lifesaving preventive services we offer,” said Brooke Townsend, Blue Cross and Blue Shield of Oklahoma (BCBSOK) Caring Foundation manager. “We are proud to partner with the Oklahoma City Area Inter-Tribal Health Board to serve American Indians statewide.”

The Caring Van program has provided nearly 260,000 lifesaving immunizations and is a proud contributor to Oklahoma’s immunization efforts. The vans help make health care more accessible by eliminating the barriers of inconvenient clinic hours, long wait times, transportation and cost.

The Oklahoma Caring Foundation Inc. is a non-profit organization administered as an in kind gift by BCBSOK. These companies are independent licensees of the Blue Cross and Blue Shield Association. For more information, please visit our website at oklahomacaringfoundation.org.

Pictured, L to R: Jenifer ShieldChief Gover, executive director of OCAITHB; Tim Tall Chief, chair of the OCAITHB executive committee; and Paula Huck, executive director of the Oklahoma Caring Foundation.

Web Changes

- Added January 2015 *Blue Review* newsletter to Education and Reference Center/News and Updates/Blue Review page.
- Updated Fee Schedule Request form to Education and Reference Center/Forms page.
- Added Repetitive Transcranial Magnetic Stimulation form to Education and Reference Center/Forms page.
- Updated Holiday Schedule Reminders to Claims and Eligibility/Electronic Commerce Services/EDI Transactions/Alerts page.
- Updated iEXCHANGE Webinars article to Education and Reference Center/News and Updates page.
- Added Notification of Annual Benefit Update article to Education and Reference Center/News and Updates page.
- Added Insulin Formulary Changes and New Prior Authorization Program in 2015 article to Education and Reference Center/News and Updates page.

Added ClaimsXten Updates – 1st Quarter 2015 article to article to Education and Reference Center/News and Updates page.

BCBSOK Online Provider Orientation

The Online Provider Orientation is a convenient and helpful way for providers to learn about the online resources available to them.

Medical Policy Reminder

Approved new or revised BCBSOK medical policies and their effective dates are posted on the BCBSOK website the first day of each month. These policies may impact your reimbursement and your patients' benefits. You may view all active and pending policies, or view draft Medical Policies and provide comments. These can be accessed on the Standards and Requirements page of our provider website.

While some information on new or revised medical policies may occasionally be published for your convenience, please visit ***bcbsok.com/provider*** for access to the most complete and up-to-date information.

On-demand Training

An eRM tutorial is available to show you how to navigate the features of the eRM tool. Log in at your convenience to complete the tutorial and use it as a reference when needed.