

## March 2014

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 March 7, 2014 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](http://bcbsok.com/provider).**

You can find *Blue Review* online at [bcbsok.com/provider/news](http://bcbsok.com/provider/news).

## Reminder: CMS-1500 Paper Claim Form (Version 02/12)

Previous articles have referenced the transition from the previous version of the paper CMS-1500 claim form (08/05) to the revised version (02/12). As a reminder, the transition timeline, which aligns with Medicare's timeline, is as follows:

- **Jan. 6, 2014, through March 31, 2014** – Dual-use period during which payers continue to receive and process paper claims submitted on the old CMS-1500 claim form (version 08/05), as well as claims submitted on the revised CMS-1500 claim form (version 02/12).
- **April 1, 2014** – Payers receive and process only those claims that are submitted on the revised CMS-1500 claim form (version 02/12). As mandated by the Centers for Medicare & Medicaid Services (CMS), claims submitted on the old form (version 08/05) will no longer be accepted.

### What's Different?

If you've submitted claims on the revised form (version 02/12) during the dual-use period, you may have noticed that Field 21 now requires users to specify whether they are using ICD-9 or ICD-10 diagnoses codes. Additionally, eight diagnosis codes have been added to the revised form. There are other minor changes as well. If you use a practice management system, billing service or clearinghouse, it's important to check with your vendor(s) to ensure they are aware and can accommodate any changes.

### Don't Forget to Recycle...

As noted above, the previous version of the CMS-1500 claim form (08/05) will be discontinued as of April 1, 2014. This means you should discard or recycle any unused forms as of this date. For more information on the revised CMS-1500 claim form (version 02/12) such as specific changes, technical specifications and how to order a new supply of printed forms, visit the [National Uniform Claim Committee](#) website.

### Take This Opportunity to Switch to Paperless Transactions!

Electronic claim submission can help streamline your administrative processes, help protect your patients' information and may result in faster claims processing and payment. To learn more, visit the [Claims and Eligibility/Submitting Claims](#) section of our website.

## ICD-10 Testing with BCBSOK to Begin April 1, 2014

The Oct. 1, 2014, federally mandated\* transition to ICD-10 is only months away. Providers, payers and all other HIPAA-covered entities should be preparing for the transition.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is beginning ICD-10 provider testing – an important readiness activity recommended by the U.S Department of Health and Human Services (HHS) and other industry organizations. We will be testing electronic professional and institutional claim submissions (837P and 837I transactions) and Electronic Remittance Advice (835 ERA) transactions with a cross-section of providers.

BCBSOK has scheduled ICD-10 provider testing to begin in April 2014, and continue through Sept. 15, 2014. We will share our findings, suggestions and recommendations – along with the results revealed during this 6-month testing program – with all BCBSOK contracted providers through the *Blue Review*.

### Our provider testing will allow both providers and us to:

- Confirm BCBSOK's ability to accept and process ICD-10 codes submitted on electronic claims (837 transactions.)
- Understand the possible operational impact of electronically submitted claims with provider-generated ICD-10 codes prior to the Oct. 1 implementation.
- Confirm BCBSOK's ability to return an 835 ERA transaction on claims submitted with ICD-10 codes.
- Increase mutual confidence in the ICD-10 readiness capabilities.

BCBSOK is currently contacting providers for testing. Providers who are not part of the initial testing phase may have the opportunity to test with BCBSOK in subsequent phases.

Visit our provider website at [bcbsok.com](http://bcbsok.com) for more information about ICD-10 preparation, implementation, training, technology planning and more.

\*Mandated by the Department of Health and Human Services through the Centers for Medicare and Medicaid Services (CMS) Office of E-Health Standards and Services (OEES)

## A Closer Look: Documentation and Coding for Chronic Kidney Disease

This month's *Blue Review* highlights documentation and coding for Chronic Kidney Disease (CKD) under the ICD-9-CM and ICD-10-CM code sets.

The National Kidney Foundation defines CKD as a "condition characterized by a gradual loss of kidney function over time<sup>1</sup>". CKD is classified to category 585—Chronic Kidney Disease, in ICD-9-CM. Fourth digit assignment indicates the stage of the disease which is based on severity. The stage is determined by the degree of kidney damage and the Glomerular filtration rate (GFR), an indicator of how well the kidneys are functioning. The severity is designated by Stages I–V. CKD can progress to End Stage Renal Disease (ESRD), which is also reported using a code from the 585 category. The code for end stage renal disease (585.6) cannot be assigned without supporting documentation from the provider.

Under ICD-10-CM, CKD is reported under category N18, with fourth digit assignment indicating the stage of the disease. In ICD-9-CM and ICD-10-CM, the code for ESRD is found in the same category as the codes for CKD.

When coding CKD in ICD-9-CM or ICD-10-CM, coding guidelines provide instruction to also assign diagnosis codes for any associated conditions.

### **Hypertensive Chronic Kidney Disease**

Hypertension is one of the leading causes of CKD and, together with diabetes, is responsible for nearly two-thirds of CKD cases. ICD-9-CM presumes a cause-and-effect relationship and classifies CKD with hypertension as hypertensive CKD. The Official ICD-9-CM Guidelines for Coding and Reporting provide guidance related to hypertensive CKD coding. Assign codes from category 403-Hypertensive CKD, when conditions classified to category 585-CKD are present with hypertension.

To accurately report a diagnosis of hypertensive CKD using diagnosis code 403, it is important to select the appropriate fourth digit to indicate whether the hypertension is classified as malignant (0), benign (1) or unspecified (9). Fifth digit assignment identifies the stage of the kidney disease. CKD stage I-IV or unspecified is indicated by a fifth digit assignment of (0), while CKD stage V or ESRD is indicated by a fifth digit assignment of (1).

The appropriate code from category 585-CKD, should be reported as discussed above, to identify the stage of CKD.

Similar to the current ICD-9-CM coding system, ICD-10-CM requires two codes to accurately report a diagnosis of hypertensive CKD. The first code indicates the presence of both hypertension and CKD, the second code identifies the stage of CKD. Under the ICD-10-CM coding system, there is no distinction between benign, malignant, or unspecified hypertension as is under the ICD-9-CM code set.

### **Diabetic Chronic Kidney Disease**

February's *Blue Review* highlighted documentation and coding for diabetes and related diabetic diagnoses. As previously mentioned, diabetes is responsible for nearly two-thirds of CKD cases. Recall that under category 250 Diabetes mellitus, ICD-9-CM requires a fourth digit to identify associated conditions and a fifth-digit to identify the type of diabetes mellitus, and whether the diabetes is controlled or uncontrolled.

In ICD-9-CM, when CKD is due to diabetes, it is reported with code 250.4X and the documented stage of CKD is reported with code 585.X.

Under ICD-10, CKD due to diabetes has a fourth and fifth digit designation. The fourth digit "2" indicates the underlying condition is a kidney complication. The fifth digit, also a "2", indicates the complication is associated with chronic kidney disease. Additionally, assign a code from category N18 to identify the stage of the CKD.

### **End Stage Renal Disease (ESRD)**

In the United States, ESRD is an administrative term based on conditions for health care payment by the Medicare ESRD Program for patients treated with dialysis or transplantation due to permanent kidney failure. ESRD is the most severe form of CKD and should only be assigned when the provider documents ESRD. If both a stage of CKD and ESRD are documented, ESRD is the only code that should be assigned per ICD-9-CM and ICD-10-CM guidelines. ESRD is reported as 585.6 in ICD-9-CM and N18.6 in ICD-10-CM. Additional guidance is provided in ICD-10-CM under N18.6 to use additional code to identify dialysis status (Z99.2).

### **Hypertensive Heart and Chronic Kidney Disease**

When both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis, ICD-9-CM guidelines require assignment of codes from category 404-Hypertensive heart and CKD. With hypertensive CKD, ICD-9-CM and ICD-10-CM assumes a relationship between the hypertension and the CKD, whether or not the condition is so designated. This assumption is the same under ICD-10-CM. Assign an additional code from category 428-Heart failure, to identify the type of heart failure. If a causal relationship is not documented, the heart condition and hypertension are coded separately and sequenced according to the circumstances of the admission/encounter.

ICD-10-CM guidelines for reporting hypertensive heart and CKD are very similar to ICD-9-CM. ICD-10-CM instructs the user to assign codes from category I13-Hypertensive heart and CKD, when both

conditions are stated in the diagnosis. Category I13 represents combination codes that include hypertension, heart disease and CKD. Therefore, if a patient has each of these conditions, a code from I13 should be assigned. Additionally, the appropriate code to identify the stage of the CKD is assigned in both ICD-9-CM and ICD-10-CM.

#### References:

1. The National Kidney Foundation About Chronic Kidney Disease Optum ICD-9-CM for Hospitals- Volumes 1, 2 & 3 2014
2. Professional Optum ICD-10-CM The Complete Official Draft Code Set 2014 Draft
3. KDIGO 2012 Clinical Practice Guidelines for CKD Evaluation and Management

## ClaimsXten™ Second Quarter 2014 Updates

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 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 May 19, 2014, BCBSOK will enhance the ClaimsXten code auditing tool by adding the second quarter 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](http://bcbsok.com/provider) for additional information on [gaining access to C3](#).

For updates on ClaimsXten, watch the [News and Updates](#) on our provider website, as well as upcoming issues of *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.*

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## Not Enrolled in Electronic Funds Transfer?

Electronic Funds Transfer (EFT) is a convenient, confidential and secure method of payment. Using EFT means your payments are delivered directly to the financial institution of your choice. This alternative to receiving paper checks can help save you time while reducing the risk of lost or misrouted payments. In general, funds will be transferred to the provider's bank in two banking days, after the claim is finalized, depending on your payment schedule.\*

There's no cost to enroll, and the enrollment process is easier than ever. BCBSOK independently contracted providers who are registered with Availity® may complete the EFT and Electronic Remittance Advice (ERA) enrollment process online via the secure Availity provider portal. Please note that you must be a registered [Availity](#) user to complete the online enrollment process – visit [availity.com](#) for more information. Or, to enroll by submitting a paper form, complete the Electronic Funds Transfer (EFT) Authorization Agreement, which is available in the Claims and Eligibility/Electronic Commerce section of our website at [bcbsok.com/provider](#).

\*Add one day if the normal day falls on a banking holiday. EFT payment dates also may be affected by our corporate holiday schedule. Visit the Claims and Eligibility/Electronic Commerce section of our website at [bcbsok.com/provider](#) for details.

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## In Every Issue

### Featured Tip: Electronic Options for Pharmacy Prior Authorization Requests

Blue Cross and Blue Shield of Oklahoma (BCBSOK) continues to enhance the process for submitting PA requests for drugs that are a part of our Pharmacy Prior Authorization (PA) program.

In our November 2013 *Blue Review*, we announced the availability of CoverMyMeds® for electronic completion and submission of PA requests for drugs that may be considered for coverage under the member's pharmacy benefit. A link to CoverMyMeds is available in the Pharmacy Program section of our website at [bcbsok.com/provider](#); a link is also available to registered users on the [Availity portal](#).

CoverMyMeds is available for PA requests for members who have their pharmacy benefit administered by Prime Therapeutics; exclusions may apply.

Now, you can also submit **medical** pharmacy PA requests online using iEXCHANGE®, our Web-based tool that accepts prior authorization requests 24 hours a day, seven days a week.\* In addition to PA requests for medical/surgical and behavioral health services, iEXCHANGE supports outpatient PA requests for the following specialty drugs, which may be considered for coverage under the member's medical benefit:

- Avastin
- Mybloc
- Reclast
- Botox
- Remicade

Using online options for specialty drug PA requests replaces the need to fax paper forms to BCBSOK. It provides immediate confirmation upon receipt, without the need to resubmit requests or call to check status.

### Learn More About iEXCHANGE

For more about how to use iEXCHANGE or upcoming training opportunities, please consult the following resources:

- To get started using iEXCHANGE, new users can register by completing the online enrollment form found on the [Provider Tools page in the Education and Reference Center](#) of our Provider

website. Upon completion, users will receive login information to access iEXCHANGE via the Provider login page. iEXCHANGE is also accessible to registered users via a “single sign-on” feature at [availity.com](http://availity.com).

- For reference, a new Submitting an Outpatient Pharmacy Preauthorization Tip Sheet is available on the [Provider Tools page in the Education and Reference Center](#) of our Provider website. This tip sheet offers step-by-step instructions for submitting a medical pharmacy PA request using the iEXCHANGE tool.
- Additional training for iEXCHANGE is available upon request by contacting the iEXCHANGE training team at [ProviderOutreachEducation@bcbsok.com](mailto:ProviderOutreachEducation@bcbsok.com).

### **Learn More About Our Pharmacy PA Program**

Please be sure to visit the [Prior Authorization/Step Therapy Forms page](#) in the Pharmacy Program section of our website for details and helpful resources. Also continue to check the [News and Updates](#) on our website, as well as upcoming issues of *Blue Review* for announcements on program enhancements related to pharmacy optimization and other important initiatives.

*Please note that the listing of any particular drug or classification of drugs and/or the fact that a service has been preauthorized/pre-certified is 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. 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.*

*CoverMyMeds is a registered trademark of CoverMyMeds LLC, an independent third party vendor that is solely responsible for its products and services. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the products or services they offer, you should contact the vendor(s) directly.*

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*Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSOK, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.*

*\*With the exception of the third Sunday of every month when the system will be unavailable from 11 a.m. to 2 p.m. CT.*

*Third party brand names are the property of their respective owners.*

### **Web Changes**

- Added [January 2014 Blue Review](#) to Education and Reference Center/News and Updates.
- Added [February 2014-Blue Review](#) to Education and Reference Center/News and Updates.
- Added [ClaimsXten Second Quarter 2014 Updates](#) to Education and Reference Center/News and Updates.
- Updated the [Predetermination Form](#) located under Education and Reference Center/Forms.

- Updated the [IDC-10 Resource Guide](#) located under Standards and Requirements/Related Resources.
- Updated the [eRM Training Webinar Schedule](#) located under Education and Reference/Tools.
- Added a [Claim Status](#) page located under Claims and Eligibility/Claims Status.
- Added an [Eligibility and Benefits](#) page located under Claims and Eligibility/Eligibility and Benefits.
- Added [NDC March 2014 Fee Schedule](#) to the secure provider portal (which you can log in to) on the home page of the BCBSOK provider website.
- Updated [NDC Billing FAQ's](#) to Pharmacy Program/Related Resources.
- Added [Claim Research Tool Webinars](#) to Education and Reference Center/News and Updates.

## **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 HCSC 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](http://bcbsok.com/provider) for access to the most complete and up-to-date information.

## **Training Schedules**

[ICD-10](#)

[eRM Training](#)