

April 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 April 2, 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](http://bcbsok.com/provider/news_and_updates)

News & Updates

Submitting Corrected Claims

If a corrected claim (also referred to as a replacement claim) is needed, it can be submitted as follows:

- **Electronically** – Submitting a claim electronically will reduce the potential for the claim to deny as a duplicate. You may submit the claim electronically with the appropriate frequency code (7) and indicate in the notes/comments field the changes that are being made. Using the appropriate code will indicate that the claim is an adjustment of a previously adjudicated (approved or denied) claim. ***It is recommended that you document the change / correction in the Claim Note Segment - 2300, NTE01 = "ADD" and NTE02 = the correction / change to the original claim. This will ensure accurate processing of the corrected / replacement claim.*** If there is no detail of what needs to be changed, the claim will be withdrawn and a letter will be sent out asking the provider to resubmit the claim with appropriate notes to what the corrections should be.
- **Via the Claims Inquiry Resolution Tool (CIR) on Availity.com** – [Learn more.](#)
- **Paper** – If a corrected paper claim is submitted, it must be marked as a "corrected claim." Additionally, please include the [OK Claim Review](#) form with the claim. This form allows the provider to indicate what has been corrected on the claim. This should allow for faster processing times, as well as reduce errors due to not understanding what has been corrected from the original claim. Paper claims that are rejected will be returned to the provider with a cover letter explaining the reason for the return. Please follow the instructions on the form to properly resubmit the claim.

New and Established Patients – Understanding When to Use Patient E/M Codes

According to the Current Procedural Terminology (CPT®) codebook, there are two subcategories of office visits: new patient and established patient. Recently, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has received a number of claims where new patient codes are billed repeatedly for the same patient.

- A new patient is defined as one who **has not received** any professional services from the physician or qualified health care professional, or another physician of the same specialty and subspecialty who belongs to the same group practice, within the past three years.
- An established patient is defined as one who **has received** professional services from the physician or qualified health care professional of the same specialty or sub-specialty who belong to the same group practice, within the past three years.

It is important to note that selecting the appropriate level of Evaluation and Management (E/M) codes when rendering services for new and established patients also requires key components, such as an expanded or problem-focused history or examination, and medical decision-making. For more information to help ensure you are reporting correctly, such as details on E/M service guidelines and clarification, refer to the American Medical Association (AMA) CPT codebook.

Fraud Awareness

As a reminder, BCBSOK has the right to conduct audits or reviews of claims submitted by health care providers, which may include, but are not limited to, requesting medical records and refunds as the result of inappropriate payments made on behalf of our members. If you suspect or need to report any form of medical identify theft or fraud, you may contact BCBSOK, 24 hours a day, seven days a week by calling the Fraud Hotline at 877-272-9741. You may remain anonymous, as all calls and online reports are confidential.

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This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims for any particular disease, treatment or service. Health care providers are instructed to submit claims using the most appropriate code based upon the medical record documentation and coding guidelines and reference materials.

Now Available Online: Behavioral Health Coordination of Care Form

The Blue Cross and Blue Shield of Oklahoma (BCBSOK) Behavioral Health Care Management team continually strives to promote coordination of member care between medical and behavioral health providers. We understand that communication between providers regarding the treatment and coordination of a patient's care can pose difficult challenges. To provide assistance when coordinating care, BCBSOK has created a [Coordination of Care form](#) that is now available on our provider website.

This new form may help in communicating patient information:

- To provide member treatment information **to** another treating provider
- To request member treatment information **from** another treating provider

It is important to note that, prior to using this form, a written release to share clinical information with the member's medical provider(s) must be obtained prior to the onset of treatment.

If you are requesting member treatment information from another provider, it is recommended that the Patient Information and Referring Provider sections of the form be completed in order to expedite the care coordination process for the receiving provider.

The Coordination of Care form is available in the Education and Reference Center/Forms/Behavioral Health section of our website at bcbsok.com/provider.

CMS Reports Preliminary ICD-10 Testing Results

The Centers for Medicare & Medicaid Services (CMS) has announced successful completion of the first of three ICD-10 end-to-end testing weeks. In a [Feb. 25, 2015, MLN Connects®](#) Provider eNewsarticle, CMS reported that approximately 660 health care providers, billing services and other stakeholders participated in the first round of testing, which was conducted Jan. 26, 2015, through Feb. 3, 2015.

The CMS article included a [link for readers to view additional testing results](#), as posted on the CMS website. Here are some quick highlights that may be of interest:

- Nearly 15,000 claims were submitted and approximately 81 percent were accepted.
- Of the claims that were rejected, three percent were due to invalid submission of ICD-9 data, three percent were due to invalid submission of ICD-10 data, and 13 percent were rejected for reasons unrelated to coding.

While, according to the CMS article, “Testing demonstrated that CMS systems are ready to accept ICD-10 claims,” testing will continue to help identify areas of potential improvement. Two more end-to-end testing weeks have been scheduled by CMS to occur prior to the Oct. 1, 2015, federally mandated, ICD-10 implementation.¹

WOULD YOU LIKE TO TEST WITH US?

Testing is important to help identify possible issues well before the Oct. 1, 2015, ICD-10 compliance date. At a minimum, testing with your clearinghouse and confirming ICD-10 readiness with your practice management system vendor or billing service, if applicable, is encouraged.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will begin provider ICD-10 testing this month. Testing enrollment packets were sent to select providers with instructions on how to participate. If you did not receive an enrollment kit and are interested in testing with us, please contact your Provider Network Representative. Provider ICD-10 testing at BCBSOK is scheduled to run through Sept. 15, 2015.

¹[CMS Conducts Successful Medicare FFS ICD-10 End-to-End Testing Week](#). MLN Connects Provider eNews, Feb. 25, 2015

Medical Policy Update Reminder: Diagnosis and Medical Management of Sleep Related Breathing Disorders

An important change to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medical Policy for Diagnosis and Medical Management of Sleep Related Breathing Disorders (MED205.001) will take effect for **dates of service on or after May 1, 2015**. This policy has been revised to establish new criteria and guidance for testing in the diagnosis of Obstructive Sleep Apnea.

A detailed article regarding this revised medical policy was published in our [March 2015 Blue Review](#). Here is a quick summary of key points, for your convenience:

- According to the revised medical policy, the facility/lab setting will be generally considered medically unnecessary unless the member fulfills a specific set of criteria.
- For dates of service on or after May 1, 2015, providers are encouraged to submit a predetermination request form, along with supporting documentation.

- Prior to May 1, 2015, you may wish to review the revised medical policy in the Medical Policy/Pending Policies section of our website at bcbsok.com/provider.

New Member Education Campaign Focuses on Level of Care Options

A Blue Cross and Blue Shield of Oklahoma (BCBSOK) analysis of claims activity has shown increased utilization of emergency room (ER) services for non-emergent diagnoses. This may indicate that some of our members are selecting the ER as their first choice for care even when other settings may be more clinically appropriate.

Some patients simply may not know where else to go for care. In particular, many new members may not be aware that they have choices and can take an active role in selecting an appropriate level of care settings. To help members make better informed decisions, BCBSOK is launching a member educational initiative titled “Where You Go Matters.”

The “Where You Go Matters” initiative focuses on helping members understand how to determine what level of care may be most appropriate for their particular situation. Member materials describe available levels of care with examples of health care issues that can be treated in each setting. The materials also point out what the member may expect in terms of possible out-of-pocket costs, wait times and degrees of personalized care.

Guidelines presented in the member materials include:

- **Your Doctor Knows Best** – Whenever possible, the first point of contact should be the family doctor or Primary Care Physician.
- **Retail Clinics** – A retail or convenient care clinic, as they are sometimes called, can be a good choice for a minor health problem like a sore throat or ear infection if the doctor’s office is closed.
- **Urgent Care Clinics** – Urgent care clinics, or comprehensive care centers, can give easy access to health care when the sickness or injury is serious, but isn’t life threatening.
- **Sometimes ER is the Only Choice** – Calling 911, or going to the nearest ER, is the right option when the health problem is life threatening.

“Where You Go Matters” was piloted earlier this year with select members who received educational information by mail and a series of emails. The campaign is being expanded in the second quarter of 2015 to target the broader member population. Materials in English and Spanish include fliers, member newsletter articles, videos and social media.

We encourage you to direct your patients to bcbsok.com for general information. BCBSOK members also may log in to our secure Blue Access for MembersSM website for resources based on their specific health care benefit plans.

These programs are for informational purposes only, and are not a substitute for the sound medical judgment of a physician or other health care professional. Members are encouraged to talk to their doctor if they have any questions or concerns regarding their health.

Julie Sloan Retires from BCBSOK after 20-year Career

Julie Sloan, vice president of network management at Blue Cross and Blue Shield of Oklahoma (BCBSOK) retired on March 31 after more than 20 years with the company.

Prior to holding a leadership position in network management where she was responsible for developing and overseeing facility and professional network contracts and BCBSOK staff, Julie held key management positions in labor relations, group and individual marketing. Before joining BCBSOK in 1994, Julie worked as a national account manager for Prudential Insurance Co.

Many employees from BCBSOK's Tulsa and Oklahoma City offices recently gathered to celebrate Julie's accomplished career and dedication to BCBSOK and to give their well wishes during her retirement.

The process to determine Julie's replacement has begun. We will share any updates as possible in the coming weeks.



Pictured (l to r): Paula Huck, Director of Community Affairs; Ted Haynes, President; Julie Sloan, Vice President of Network Management; and Dr. Joseph Cunningham, Vice President of Health Care Delivery and Chief Medical Officer celebrate Julie's 20-year career with BCBSOK.

In Every Issue

Featured Tip: New BCBSOK Provider Contracting Information Available on Website

Beginning April 1, 2015, physicians and other health care professionals interested in contracting with Blue Cross and Blue Shield of Oklahoma (BCBSOK) should begin using the new, "[How to Join the BCBSOK Provider Networks](#)" menu option located under the Provider section of our website. This menu option will provide additional information about BCBSOK contract requests and submission requirements. Contract requests and submission requirements should not be sent directly to your assigned Provider Network Representative unless otherwise directed.

This new process applies to any professional provider requesting to be a contracted for the first time. If you are currently contracted for any of our networks and need to request additional network participation, please contact your Provider Network Representative.

All new professional providers must follow this new process even if the provider is joining an existing group or clinic that is currently participating in our networks. After the contract packet information is

reviewed, you will receive a letter advising you of our decision to extend the contracting process. If the provider's credentialing application is approved, contracts will be sent at that time.

If you have any questions or need further information about this process, please contact your [Provider Network Representative](#).

Community

BCBOK Shines at 2015 Bart and Nadia Sports Experience

For the sixth year in a row, Blue Cross and Blue Shield of Oklahoma (BCBSOK) participated in the Bart and Nadia Sports Experience in Oklahoma City on Saturday, Feb. 14. The event was a free, family-friendly fitness focused event, coordinated by Olympic Gold Medalists Bart Conner and Nadia Comaneci.

The Oklahoma Caring Van performed free BMI screenings to children ages 2 to 18, and each participant and their parent or guardian received a customized health assessment and fitness resources within their ZIP code.

The Mobile Assistance Center was also on hand to assist with customer service and enrollment before the Feb. 15 deadline.

For the first time this year, BCBSOK employees also volunteered at the Kids Fitness Fun Day on Friday, Feb. 13. Volunteers helped more than 300 fourth graders from Oklahoma City Public Schools complete 10 fitness challenges to earn their gold medal fitness awards, and Blaze the Braggin' Blue Dragon gave out lots of high fives and encouragement.



Blue Cross and Blue Shield employees, and Olympic Gold Medalists Bart Connor and Nadia Comaneci enjoy the Bart and Nadia Sports Experience event.

Blue Cross and Blue Shield of Oklahoma Celebrates 75 years



On April 1, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will celebrate 75 years as Oklahoma's oldest and largest private health insurer. BCBSOK started as "Group Hospital Services of Oklahoma" and opened its doors on March 15, 1940, in the Tulsa Loan Building in downtown Tulsa. The first health plans were effective on April 1, 1940, and soon after, they adopted the Blue Cross name and logo. The Blue Shield Companion Plan, initially known as Oklahoma Physician's Services, was established in 1945.

"I am extremely proud of our heritage and dedication to Oklahoma," BCBSOK President Ted Haynes said. "Health care has changed so much throughout the past 75 years, but we're still standing by our members through it all."

By the 1950s, BCBSOK membership was soaring, and the company had grown from 13 employees in 1945 to 130 in 1952. Ground was broken in March 1953 for a new building at 1215 S. Boulder in Tulsa. Much of the member growth in the 1950s is attributed to the company's Community Enrollment Program that was established in 1953. Two booth trailers were purchased in 1956 to serve as mobile enrollment offices.



Ralph Rhoades, left, advertising and public relations manager in the 1950s, and later BCBSOK president from 1977 until 1997, greets a new member as he steps from one of the trailers used in Community Enrollment drives.

This mobile enrollment concept is one that BCBSOK is still utilizing more than 50 years later. The brand new Mobile Assistance Center (MAC) will allow Oklahomans to receive one-on-one assistance with health insurance like never before. It is a fully equipped mobile kiosk designed to accommodate multiple customers at once, with the ability to provide customer service with the help of six secure docked iPads.



The Mobile Assistance Center was unveiled at the Tulsa Headquarters building on Jan. 21. Pictured from left to right: Oklahoma Chief of Staff Nicole Amend, Senior Manager of Business Development Kevin Holmes, Community Outreach Specialists Christian Gray and Max McKenzie, and President Ted Haynes.

The MAC and its team of community outreach specialists will be on the road to a healthier Oklahoma, as it travels to events and locations in rural and tribal communities throughout the state, in 2015 and beyond.

Blue Cross and Blue Shield operated for more than 30 years as separate entities with shared management and staff, until 1973, when the two merged into Blue Cross and Blue Shield of Oklahoma. Health care programs have continued to grow and change with the public interest in mind. Emphasis on the health and welfare of Oklahoma communities has remained the number one priority for BCBSOK.



Members of the 1962 claims department pose for a group photo.

Today, BCBSOK has more than 800,000 members and employs nearly 1,100 loyal Oklahomans. As BCBSOK marks 2015 with 75 years of history and success, they will continue the hard work of addressing the health issues facing the state, and focus on how they can help make Oklahoma a healthier place to live, work and raise a family. The legacy of BCBSOK has always been rooted in keeping members the most important priority and recognizing the significant impact they have had toward the company's success.

"We are excited to look forward to the next hundred years and how we can actively contribute to the health of our great state," Haynes said.

BCBSOK will be creating a 75th Anniversary Web page to display testimonials, photos, videos to learn about the company's unique history. If you have anything you'd like to share, please email catherine_divis@bcbsok.com.

Web Changes

- Added [March 2015 Blue Review](#) newsletter to Education and Reference Center/News and Updates/Blue Review page.
- Updated [iEXCHANGE Webinars](#) to Education and Reference Center/Provider Tools page.
- Updated [Remittance Viewer Webinars](#) to Education and Reference Center/Provider Tools page.
- Updated [Wellness flier](#) to Clinical Resources page, includes a Spanish version.
- Updated [Clinical Practice Guidelines](#) to the Clinical Resources/Behavioral Health Program page.
- Add [Urine Drug Testing Billing Guidelines](#) to the Education and Reference Center/News and Updates page.

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.