

May 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 May 1, 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.**

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

News & Updates

ICD-10 Delay until 2015

In April, President Obama signed into law H.R. 4302, the “Protecting Access to Medicare Act.” The law amends the Social Security Act to extend Medicare payments to physicians and other provisions of the Medicare and Medicaid programs. Included in the law is a provision that delays the implementation of ICD-9 to ICD-10 until at least Oct. 1, 2015.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) had planned to begin ICD-10 testing with providers starting this month. As a result of this delay, BCBSOK will pause provider testing and other implementation activities until a new compliance date is announced. We have made significant progress over the last several years in readying our systems. BCBSOK is well positioned to complete the remaining scope of work once a new implementation date is announced, including end-to-end provider testing.

As more information about the new compliance date becomes available, BCBSOK will continue to provide updates in the *Blue Review* and on the provider website.

This material is for educational purposes only and is not intended to dictate what codes should be used in submitting claims. Health care providers are instructed to use the most appropriate codes based upon the medical record documentation and coding guidelines.

Blue Cross Medicare Advantage PPO Providers – Member ID Card Update

Earlier this month, some Blue Cross Medicare Advantage PPO Members received member identification cards that contained incorrect member identification prefixes. The incorrect member identification prefixes began with **YUK**, for example: **YUK**123456789. The correct member identification prefixes start with **YUX**, for example: **YUX**123456789. Only the prefix is incorrect. The member identification number is correct.

It's unfortunate for us to report that if a provider recently filed a claim for a member using the incorrect YUK prefix, it's possible that those claims were rejected. Please re-submit those member claims using the correct YUX prefix. We apologize for the inconvenience.

For additional questions, please contact your Blue Cross and Blue Shield of Oklahoma Network Representative.

Reminder: Confirm Network Participation and Patient Eligibility

Open enrollment ended on March 31, 2014, for individuals seeking health care insurance in 2014 under the Affordable Care Act (ACA). For many of your patients, this may be the first time they have health care coverage. Blue Cross and Blue Shield of Oklahoma (BCBSOK) is educating new members about their coverage and how to use it. Yet, we have observed that some members may be unaware of the requirement to obtain services from an in-network provider to help maximize benefits according to their plan.

BCBSOK wants to stress the importance of confirming your network status for the member's plan before services are provided. As a reminder, the terms of your network contract prevent you from refusing to provide services to a BCBSOK member, regardless of where they purchased their coverage. Care provided for emergency conditions will follow our standard authorization process.

Confirming Network Participation

The member's ID card displays the name of their plan that they have selected. Your contract with BCBSOK will indicate the plan or network(s) in which you participate. You can also view your network participation on our Provider Finder[®] located on our [provider website](#), or ask your BCBSOK network representative.

If a member arrives for an appointment and is out-of-network, you should inform the member that you are not within their plan's network. If the member requests that you treat them, inform the member that your services will incur out-of-pocket costs, and they could be financially responsible for 100 percent of the services received.

How to Handle Referrals

A referral should direct the member to an in-network provider whenever possible. While you may have an established list of colleagues for referrals, the addition of new networks makes it important to confirm they are an in-network provider in your patient's plan. Referring to an out-of-network provider may result in the patient incurring out-of-network benefits and higher out-of-pocket costs. In some circumstances, the patient may be financially liable for the full cost of the services rendered.

You can also use the Provider Finder on our provider website to locate in-network providers and facilities:

- Select the "Network Type" from the drop down list
- Select "Provider Type," "Specialty," or both
- Click "Find" to see a list of all participants in that network type
- Check the Provider Finder regularly

Checking Eligibility and Benefits Is Important

As always, verifying eligibility and benefits is a critical first step before providing services to new **and** existing patients. Ask to see the member's ID card before/upon the first visit and every visit thereafter.

The following are some reasons why this process is important for every visit, even if multiple visits were approved:

- Patients may change or cancel their individual policy
- Policies and benefits may change during the course of treatment
- Copays and coinsurance may vary by product
- Patient may be in the federally mandated grace period

Information about BCBSOK networks, products and policies are regularly published in *Blue Review* and on our provider website at bcbsok.com/provider.

Verification of eligibility and/or benefit information 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Acetaminophen (APAP) Overuse: Risks, Developments and Recommendations

Medicare Part D Drug News Update – March 2014

Acetaminophen (APAP) is a common household drug used for its analgesic and antipyretic properties. Recent evidence and discussions, however, have illuminated the myriad hazards and contributing factors associated with APAP overuse of both prescription and over-the-counter (OTC) products. Whether intentional or unintentional, APAP consumed in excess of 4 grams per day is associated with increased morbidity and mortality.

Effects of APAP Overuse

A known hepatotoxin, APAP is the most common cause of acute liver failure (ALF) in the United States; in fact, more than 50 percent of all ALF cases are a direct result of APAP overuse.¹ Despite this knowledge, the incidence of hepatotoxicity is on the rise. One group reported that cases of ALF attributed to acetaminophen overuse increased from 28 percent in 1998 to 52 percent in 2004.² Risk factors for APAP-attributed hepatotoxicity include:

- the concomitant use of multiple APAP-containing products,
- age greater than 40 years,
- concomitant drug use (e.g., anticonvulsants such as phenobarbital, isoniazid and warfarin, etc.),
- chronic alcohol ingestion (i.e., three or more drinks per day), and
- serious liver conditions, such as acute viral hepatitis.³

APAP overuse has also been linked to renal failure, although the mechanisms are less clear. One study reported that a maximum daily dosage of more than four grams per day increased the risk of kidney damage by approximately four times compared to nonusers.⁴ Other toxicities associated with APAP use include serious skin reactions such as Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and acute generalized exanthematous pustulosis (AGEP), which can occur with first-time use or at any point during which APAP is being taken. On Aug. 1, 2013, the FDA issued an announcement informing the public of these rare, but serious skin reactions.

APAP Overuse

The concomitant use of multiple APAP-containing products is the primary cause of unintentional overuse. Reports indicate that 38 percent of patients with unintentional overdose of APAP were taking two different preparations simultaneously.⁵ Many of the top-selling prescription combination analgesics, such as Vicodin® (APAP and hydrocodone) and Percocet® (APAP and oxycodone), contain APAP. Compounding the problem is the fact that APAP can be found in many OTC cold, allergy, pain and sleep medications as well, which for the unsuspecting consumer, can lead to therapeutic redundancy and unintentional overuse.

Also, APAP overuse due to overprescribing continues to be a widespread problem. It is of paramount importance that the mindful clinician continues to limit the maximum daily dose of APAP to no more than four grams per day when prescribing and recommending APAP-containing products. Adherence to the FDA-approved maximum daily dose of APAP not only prevents potential toxicities, but may also alleviate significant legal risk in the event of an APAP-related adverse event.

Regulatory Developments

Regulatory developments and partnerships have been implemented in order to combat overprescribing. The Centers for Medicare & Medicaid Services (CMS) has established the Overutilization Monitoring System (OMS), a program that assists Part D sponsors in preventing the over-dispensing of prescription medications, including those containing APAP. The CMS provides Part D sponsors with reports that identify beneficiaries with potential overutilization issues. In turn, Part D sponsors are required to

investigate identified overutilization issues and outreach with prescribers regarding daily doses of APAP exceeding four grams. Plan sponsors are also working with network pharmacies through adjudication software, pharmacy education, etc. to perform pharmaceutical care to prevent inappropriate dispensing.

Additionally, in January 2011, the FDA issued a regulation regarding prescription combination products that limits the maximum amount of APAP in each tablet to 325 milligrams in hopes of mitigating the overuse potential of APAP. The deadline for manufacturers to comply was January 2014. New labeling requirements have been implemented as well: all prescription drug products containing APAP must now include a black box warning regarding liver injury and the risk of serious skin reactions.

Recommendations

APAP overuse is a threat to patient safety. The concomitant use of APAP-containing products and overprescribing are contributing factors to overuse. Health care professionals have formed valuable partnerships in order to combat this issue. Additionally, you, as a clinician invested in optimal outcomes, can put into practice the following recommendations:

1. Consider the long-term safety and efficacy of treatment when recommending or prescribing an medication containin APAP.
2. Assess patients for risk factors associated with APAP-attributed hepatotoxicity.
3. Ask patients about all OTC products they are currently taking and confirm that the potential maximum daily amount of APAP, in conjunction with prescription medications, does not exceed four grams.
4. Consider limiting treatment to the use of a sole APAP-containing medication.
5. Review other options when managing acute and chronic pain, such as NSAIDS and APAP-free opioids.
6. Advise patients to read the labels of OTC products to avoid taking multiple APAP-containing products.
7. Inform patients of the signs and symptoms of adverse effects and toxicities associated with APAP overuse.
8. Consult and direct patients to the Acetaminophen Awareness Coalition website for a list of APAP-containing products at knowyourdose.org
9. Report all adverse events to the FDA MedWatch program at fda.gov/Safety/MedWatch

This information is not intended to replace your clinical judgment. Only you, in direct consultation with your patient, may determine if drug therapy benefits outweigh the potential risk. If a change is warranted, please advise your patient directly.

References

1. Ostapowicz G, Fontana RJ, Schiødt FV, et al. Results of a prospective study of acute liver failure at 17 tertiary care centers in the United States. *Ann Intern Med.* 2002;137(12):947-54.
2. Lee WM. Acetaminophen toxicity: changing perceptions on a social/medical issue. *Hepatology.* 2007;46(4):966-70.
3. Chun LJ, Tong MJ, Busuttil RW, Hiatt JR. Acetaminophen hepatotoxicity and acute liver failure. *J Clin Gastroenterol.* 2009;43(4):342-9.
4. Kelkar M, Cleves MA, Foster HR, Hogan WR, James LP, Martin BC. Acute and chronic acetaminophen use and renal disease: a case-control study using pharmacy and medical claims. *J Manag Care Pharm.* 2012;18(3):234-46.
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6. FDA Drug Safety Communication: Prescription Acetaminophen Products to be Limited to 325 mg Per Dosage Unit; Boxed Warning Will Highlight Potential for Severe Liver Failure. Jan. 13, 2011. Available at: fda.gov/drugs/drugsafety/ucm239821.htm. Accessed Nov. 21, 2013.

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A Closer Look: Documentation and Coding for Cardiac Conditions

Previous issues of [Blue Review](#) have included topics that addressed coding and documentation practices for pulmonary diagnoses, diabetes, chronic kidney disease and behavioral health disorders. This month we will be posting an article on our provider website that will take a closer look at coding for cardiac conditions.

Heart disease is a broad term used to describe a range of diseases that affect the heart. The various ailments that fall under the umbrella of heart disease include diseases of the heart and blood vessels; the term "heart disease" is often used interchangeably with "cardiovascular disease." Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, angina or stroke. There are other heart conditions, such as infections and conditions that affect the heart's muscle, including valves or beating rhythm, which are also considered forms of heart disease. All types of heart disease share common traits, but they also have key differences.

The article — soon available on our website — may help you better understand documentation and diagnosis coding for conditions that fall under the cardiac conditions umbrella. It also addresses the importance of providing supporting documentation to facilitate accurate and complete compliance diagnosis code assignments for the described heart conditions.

For the complete article, visit the [Standards and Requirements/ACA/Risk Adjustment](#) section of our provider website at bcbsok.com/provider to read about coding for cardiac conditions and to find case studies that help illustrate the importance of accurate coding and documentation.

This material is for educational purposes only and is not intended to dictate what codes should be used in submitting claims. Health care providers are instructed to use the most appropriate codes based upon the medical record documentation and coding guidelines.

Don't Miss Out — Attend an iEXCHANGE® Webinar this Month

We're continuing to make enhancements to iEXCHANGE, our online tool that supports benefit preauthorization requests for inpatient admissions/extensions, as well as select behavioral health, pharmacy and medical/surgical services.

iEXCHANGE is normally available 24 hours a day, seven days a week to independently contracted Blue Cross and Blue Shield of Oklahoma (BCBSOK) physicians, professional providers and facilities.* This time-saving interactive tool offers real-time responses, online communication and tracking and reporting capabilities, among other advantages.

Webinars have been scheduled to provide you and your staff with an overview of new and improved features. Training dates and times for the month of May are listed below.

May iEXCHANGE Webinar Schedule

- New Enhancements/Features – May 7 (1 to 2:30 p.m. CT)
- Staff Training: Behavioral Health Intensive Outpatient Program – May 28 (2 to 3 p.m. CT)

To register now, visit the [Education and Reference Center/Tools/iExchange](#) section of our website at bcbsok.com/provider. Additional sessions may be added in the coming months. You may request customized training by sending an email to ProviderOutreachEducation@bcbsok.com.

Not Yet Enrolled in iEXCHANGE?

Get started today! Additional information on iEXCHANGE, including our online enrollment form, is available in the [iExchange](#) section of our website at bcbsok.com/provider.

*The system will be unavailable every third Sunday between 11 a.m. and 3 p.m. CT.

Please note that 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.

New Be Smart. Be Well.® Video Highlights Women and Alcoholism

The National Institute on Alcohol Abuse and Alcoholism reports that nearly 18 million Americans are alcoholics or have problems with alcohol. While studies show that more men are alcoholics, the gender gap is shrinking. In addition to alcohol consumption being on the rise, binge drinking among woman is also becoming a serious problem. Data from the Centers for Disease Control and Prevention shows roughly 14 million women in the U.S. binge drink about three times a month, with an average of six drinks per binge.

A new video, entitled *Woman and Alcoholism: Lose the Shame* is now featured on the **Be Smart. Be Well.** website. This story profiles Amy, a pastor's wife and mother of three, who is just one of the growing number of female alcoholics who are ashamed to admit that they aren't perfect and that they are dealing with addiction. In this video, Amy shares how she overcame her shame and guilt.

Be Smart. Be Well. can be a helpful reference for your patients. When they visit BeSmartBeWell.com, they can find health news, videos and resources on a range of important health topics including addiction, mental health, caregiving, traumatic brain injury, childhood obesity, restaurant food safety and more.

Don't miss this opportunity to talk with your patients about these issues and to refer them to this convenient resource.

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

Announcing the Launch of BCBSOK's 2013 Social Responsibility Report

We're pleased to share our [2013 Social Responsibility Report](#) with you, as it captures the passion and commitment that our employees exhibited in 2013 as they worked to make a difference in their communities. We have included many videos in the report to help tell a richer story about the personal impact we made by focusing our time, money and things to our communities.

The digital format enables you to watch compelling videos and graphic representations of our progress in community giving, volunteerism, diversity and inclusion, sustainability, ethics and integrity, and promoting wellness.

We invite you to take a few minutes to **review** our report. And we invite you to **share** it within your networks and **promote** through the social media links contained directly within the online report. We also welcome any **feedback** you have. Let us know how we're doing!

'Go Wild with Berries' and Other Healthy Living Resources

[eCards for Health](#)® is a free, online health and wellness resource for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members and the general public that offers a selection of eCards, screen savers

and tips for healthy living. It is designed to inspire the reader to commit to small, healthy behavior changes and share their commitments with people they care about. eCards for Health offers creative online tools to promote healthier lifestyles which you can discuss with your patients.

This month, users can visit the eCards for Health website to download [Go Wild with Berries](#), a free screen saver that invites viewers to make berries a theme ingredient in spring dishes and highlights some key ways berries can contribute to a healthy diet. Encourage your patients to check out the eCards for Health site for healthy living.

Look for us on Twitter and Facebook

BCBSOK uses social media tools, such as Facebook, Twitter and YouTube, to share healthy living and wellness messages with members and the public. Each month, our Social Media team posts an array of messages that support current health topics and national health observances, while hosting sweepstakes and live chats promoting healthy living for our fans and followers. Social media adds a unique, often personal dimension to the conversation because it enables individuals to ask us questions and share their thoughts and experiences directly with others.

Check it out for yourself and talk to your patients about our social media resources.

- Twitter at twitter.com/bcbsok
- Facebook at facebook.com/bluecrossblueshieldofoklahoma
- YouTube at youtube.com/user/bcbsok
- Latino Facebook at facebook.com/bluecrossblueshieldofoklahomalatino

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In Every Issue

Featured Tip: A New Way to View Your Electronic Remittance Information

The 835 Electronic Remittance Advice (ERA) is a HIPAA-compliant electronic data file that conforms to the requirements of the American National Standards Institute (ANSI). The 835 ERA includes data content regarding claim payment, such as reason for denial, or an explanation of why the total charges originally submitted were not paid in full. To receive the ERA, translator software must be built into your practice management system. This software translates the ERA into a format that can be used for automated posting and payment reconciliation.

When you enroll for ERA, you are automatically enrolled to receive the Electronic Payment Summary (EPS), which is provided by Blue Cross and Blue Shield of Oklahoma (BCBSOK) as a companion file to the ERA. The EPS replaces the paper Provider Claim Summary (PCS) and may be used as an added tool when reconciling BCBSOK payments. While the EPS is available to provide a user-friendly summary of how claims were adjudicated and paid, many providers also have requested a solution for viewing the ERA data file for purposes other than auto-posting. For this reason, we're pleased to announce that the **Availity® Remittance ViewerSM** is available now for independently contracted BCBSOK providers who are registered with Availity.

Who Can Use the Remittance Viewer?

The Availity Remittance Viewer is accessible to providers who are enrolled to receive ERA files in their Availity "ReceiveFiles" mailbox. Billing services that have been designated to receive ERA files on behalf of a provider also can view that provider's ERAs using the remittance viewer. If you have designated a billing service as your Receiver, you may [elect to view your ERAs](#) by configuring the access options in the remittance viewer. Similarly, if you are the designated Receiver, you can grant access to another organization such as your billing service.*

What Are the Advantages?

The remittance viewer enables users at provider organizations and/or billing services to easily view and reconcile 835 ERA data. A provider organization that has electronic claims submitted through another clearinghouse also may access their specific ERA data using the remittance viewer, as long as the 835 file is received through Availity.

By using the remittance viewer, providers/billing services can search for ERA data by check, patient or claim information. A reminder of the selected search criteria appears on every page, links are available to drill down for more detail and there are options to sort if multiple results are returned. Additionally, users may elect to generate a printable document.

How Do I Get Started?

If you are enrolled for ERA, are a registered Availity user and would like to use the remittance viewer, you can get started now. Here's how:

- Check with your Availity Primary Access Administrator (PAA) to ensure that you have been assigned the Claim Status role, which includes remittance viewer permission and also give you access to additional features under the Claims Management menu.
- Once the appropriate role is assigned, you will see a Remittance option under the Claims Management menu on the Availity portal.
- If another organization, such as a billing service, is your designated Receiver, the system will request information from a check or funds transfer to authenticate your account and enable access to ERA data received and posted to the other organization's mailbox.

Please watch the [News and Updates section](#) on our website at bcbsok.com/provider for announcements on upcoming webinars and other resources to assist you with navigating the Availity Remittance Viewer.

If you are not a registered Availity user, visit availity.com to sign up. If you have not yet registered for ERA and EPS, electronic enrollment is available on the Availity portal. For additional information on ERA, EPS and other electronic options, visit the [Claims and Eligibility/Electronic Commerce](#) section of the BCBSOK provider website, contact our Electronic Commerce Center at 800-746-4614, or ask your assigned provider representative for assistance.

Availity is a registered trademark of Availity, LLC. Availity is a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions about the products or services offered by such vendors, you should contact the vendors directly.

The remittance viewer is **not available to clearinghouses (other than Availity) or practice management vendors.*

In the Community: Nominations Now Open for the 2014 'Champions of Health' Awards



Nominations for the 2014 Champions of Health awards are now open. The Champions of Health awards were created to recognize the efforts by groups and individuals who are improving the landscape of public health in Oklahoma.

Nominations are accepted in five categories: Uninsured, Children, Community, Senior and Corporate Health. [Read more about the award categories online.](#)

All Champions of Health winners will be recognized at a gala in Oklahoma City in the fall. Nonprofit winners in select categories will receive a \$5,000 contribution to their organization or program, and will be considered for the highest honor, the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award. The recipient of this highest honor will receive \$15,000.

Nominations can be submitted via mail or online at championsofhealth.org through May 30.

Who could you nominate in your community?

The Champions of Health awards program is presented by the Office of the Governor-Native American Liaison, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association in partnership with Blue Cross and Blue Shield of Oklahoma.

For more information about the Champions of Health program, go to championsofhealth.org and sign up for the latest news, or call (855) 628-8642.

In the Community: Members Receive Discount on Route 66 Marathon Events



Blue Cross and Blue Shield of Oklahoma (BCBSOK) is pleased to be the presenting sponsor of the [Williams Route 66 Marathon](#) again in 2014. As an added benefit, BCBSOK members can receive a 10 percent discount on race events by using the code **2014WELLNESSBCBSOK** when registering online. This discount applies to our members only, and we respectfully ask that this code not be shared with non-members.

Fun and healthy events are a great way to improve health and build camaraderie in the workplace. Participating members can also earn Life Points™ rewards for tracking their training and healthy behaviors on [Blue Access for Members](#)SM.

The courses vary and include the following:

Saturday, Nov. 22

5K Run /Walk
One Mile Fun Run/Walk
Mascot Dash

Sunday, Nov. 23

Marathon
Half Marathon
Marathon Relay

The Williams Route 66 Marathon weekend also includes the [Health, Fitness & Sustainability Expo](#) at the Cox Business Center in downtown Tulsa. The expo will be held on Friday, Nov. 21 from 11 a.m. to 8 p.m. and Saturday, Nov. 22 from 10 a.m. to 6 p.m. The two-day expo is free, open to the public and includes exhibitors featuring running gear and shoes, as well as sports and fitness-related items.

The expo is also the location of the packet pick-up for all participants and volunteers.

Race registration prices increase periodically, so sign up today for the lowest registration rate. Questions? Visit route66marathon.com to learn more.

In the Community: Okies on Spokies



[Spokies bike share program](#) is an initiative of [Downtown OKC, Inc.](#) and offers all ages a healthy, fun alternative to getting around the downtown area. Spokies is designed to encourage energy efficiency and outdoor activity, in fact, there are lots of activities going on that involve Spokies in the coming months.

July 12, 2014: The Oklahoma City Museum of Art will host a downtown bike tour focusing on the various buildings with Beaux-Arts architectural style in downtown OKC.

For more information on Spokies, including event calendar, membership costs and bike tours, visit www.spokiesokc.com.

Web Changes

- Updated [Preauthorization Requirements](#) page to Clinical Resources tab
- Added [Potential Duplicate Delivery of 835 ERA files](#) to Education and Reference Center/News and Updates
- Added [ICD-10 Update](#) to Education and Reference Center/News and Updates
- Added [Medicare Crossover Claims Submission Reminder](#) to Education and Reference Center/News and Updates
- Added [Pharmacy Optimization Initiative Highlights — 1st Quarter Updates](#) to Education and Reference Center/News and Updates
- Added [NDC May 2014 Fee Schedule](#) to the secure Provider portal on the home page of the BCBSOK provider website
- Updated the [eRM training webinar schedule](#) located under Education and Reference/Tools
- Added [April 2014 Blue Review](#) to Education and Reference Center/News and Updates
- Added [iEXCHANGE Multiple User Security Safeguard](#) article to Education and Reference Center/News and Updates
- Updated the [iEXCHANGE webinar page](#) under Education and Reference/Tools/ iEXCHANGE

- Updated the [Electronic Funds Transfer - 835 EFT Companion Guide](#) under Claims and Eligibility/Electronic Commerce/EDI
- Updated [Availity webinar schedule](#) under Education and Reference/Training to link to the Availity website for the most current webinar schedules

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 for access to the most complete and up-to-date information.

Training Schedules

[ICD-10](#)

[eRM Training](#)