

August 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 August 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.**

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

News & Updates

Attend an Electronic Provider Access Overview Webinar on Aug. 21, 2014

As announced in previous issues of *Blue Review*, Electronic Provider Access (EPA) is a new tool that enables providers to initiate online pre-service reviews for out-of-area Blue Plan members.* The term "pre-service review," as used with this tool, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) independently contracted providers who are registered Availity™ Web Portal users may gain access to EPA to initiate online pre-service reviews for local and out-of-area Blue Plan members. EPA is available via the Authorizations link under the "Auths and Referrals" menu on Availity. Upon entering the three-character prefix from the member's ID card, you will be securely routed from Availity to the EPA landing page on the member's Home Blue Plan preferred portal, where available online pre-service review options will be displayed.

Attend a Webinar this Month to Learn More

We invite you to join us for an online training session to learn more about EPA – where to find it and how to use it. Please use the link below to sign up now!

- [Aug. 21, 2014, 10 to 11:30 a.m., CT](#)

For details on registration with Availity, visit availity.com. Also watch the [News and Updates](#) section of the BCBSOK [Provider website](#), as well as upcoming issues of the *Blue Review*, for announcements and related resources.

*Depending on differing implementation schedules, EPA may not be available for some Blue Plans.

Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, 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.

Availity is a trademark of Availity, L.L.C., 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 such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

ClaimsXten™ Third 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 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 Sept. 29, 2014, BCBSOK will enhance the ClaimsXten code auditing tool by adding two new rules into our claim processing system, as follows:

Obstetrics Package Rule

This rule audits claim lines to determine if any global obstetric care codes (defined as containing antepartum, delivery and postpartum services) were submitted with another global OB care code **or** a component code during the average length of time of the typical pregnancy of 280 days and/or pregnancy plus postpartum period of 322 days.

Continuous Positive Airway Pressure or Bi-level Positive Airway Pressure (CPAP/BiPAP) Supply Frequency Rule

This rule audits maximum frequency of PAP supplies based on the recommended replacement schedule from the Centers for Medicare & Medicaid Services (CMS). Specifically, this rule identifies supply codes associated with CPAP/BiPAP therapy that are being submitted by all providers for the same member at a frequency that exceeds the CMS Local Coverage Determination (LCD) policy for PAP supplies. Accessories used with a CPAP device are covered when the coverage criteria for the device are met. If the coverage criteria are met, the accessories billed that exceed the maximum number of supplies for the CPAP/BiPAP item will be disallowed.

See below for maximum allowable quantity/frequency guidelines, as determined by CMS:

Procedure Code	Maximum Quantity	Frequency
A4604	1	90
A7027	1	90
A7028	2	30
A7029	2	30
A7030	1	90
A7031	1	30
A7032	2	30
A7033	2	30
A7034	1	90
A7035	1	180
A7036	1	180
A7037	1	90
A7038	2	30
A7039	1	180
A7046	1	180

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.

For updates on ClaimsXten, watch the [News and Updates](#) section 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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Medicare Part D Formulary Updates

A summary of recent Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medicare Part D formulary changes can be found below. The Blue Cross MedicareRxSM formulary is updated monthly by our pharmacy provider, Prime Therapeutics*.

For a complete formulary listing and for future inquiries regarding **prior authorizations, step therapy, coverage determinations/RE-determinations, transition plan benefits, and appointment of representative** for your BCBSOK members, please refer to the following instructions:

1. Access the [Prime Therapeutics' Medicare Part D member website](#)
2. Click on "**Continue without sign in**"
3. Select your "Health Plan," and then click on **BCBS Oklahoma**
4. "Medicare Part D Member?" Select **Yes**
5. "Select Your Health plan type" **Blue Cross MedicareRx Value**
6. Select **Continue to MyPrime**
7. Select **Find Medicines**
8. From this page you will be able to determine the formulary status and applicable utilization management programs for individual drugs or access any of the important databases outlined above.

TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change	Comments
abacavir/lamivudine/ zidovudine tabs, 300-150-300 mg	Generic	1/1/14	Addition	Tier 1. Quantity limits apply. First generic for TRIZIVIR.
acyclovir sodium IV soln, 50 mg/mL	Generic	2/23/14	Cost Share Reduction	Changed to Tier 2 (was 4). May be covered by Medicare Part B or Medicare Part D depending on circumstances.
BCG VACCINE inj	Brand	1/27/14	Addition	Tier 4. RxCUI added by CMS.

				Med D eligible.
CINRYZE (C1 esterase inhibitor (human)) for IV inj, 500 units	Brand	2/1/14	Addition	Tier 5. Prior authorization and quantity limits apply.
cimetidine inj, 150 mg/mL	Generic	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
COPAXONE (glatiramer) inj, 40 mg/mL	Brand	2/2/14	Addition	Tier 5. Prior authorization and quantity limits apply.
diclofenac sodium gel, 3%	Generic	1/1/14	Addition	Tier 5. First generic for SOLARAZE. (NOT available on the BASIC formulary)
Duloxetine caps, 20 mg, 30 mg, 60 mg	Generic	1/1/14	Addition	Tier 2. Quantity limits apply. First generic for CYMBALTA.
DYNACIRC (isradipine) CR tabs, 5 mg, 10 mg	Brand	1/1/14	Removal	Manufacturer has discontinued marketing this drug.
TRADE NAME (generic name)	Brand/ Generic Product	Effective Date	Description of Change	Comments
ELSPAR (asparaginase) for inj, 10,000 units	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
esomeprazole for IV, 20 mg, 40 mg	Generic	1/19/14	Addition	Tier 2. First generic for NEXIUM IV.
fenofibrate DR caps, 45 mg, 135 mg	Generic	1/1/14	Addition	Tier 2. Quantity limits apply. First generic for TRILIPIX. (NOT available on the BASIC formulary)
FETZIMA (levomilnacipran) caps, 20 mg, 40 mg, 80 mg, 120 mg, titration pack	Brand	2/1/14	Addition	Tier 4. Step therapy and quantity limits apply.
FOLOTYN (pralatrexate) inj, 20 mg/mL, 40 mg/2 mL	Brand	2/10/14	Addition	Tier 5.
FYCOMPA (perampanel) tabs, 2 mg, 4 mg, 6 mg 8 mg	Brand	2/1/14	Addition	Tier 4.
FYCOMPA (perampanel) tabs, 10 mg, 12 mg	Brand	2/2/14	Addition	Tier 4.
HUMULIN 70/30 KWIKPEN (insulin isophane (human)/regular (human)) inj, 100 units/mL	Brand	1/26/14	Addition	Tier 3. (NOT available on the BASIC formulary)
HUMULIN N KWIKPEN (insulin isophane (human)) inj, 100 units/mL	Brand	1/26/14	Addition	Tier 3. (NOT available on the BASIC formulary)
lamivudine tabs, 100 mg	Generic	1/1/14	Addition	Tier 2. First generic for EPIVIR HBV tabs.
LEUKINE (sargramostim) inj, 500 mcg/mL	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
LOMUSTINE caps, 100 mg	Brand	1/1/14	Addition	Tier 4.
moxifloxacin	Generic	2/23/14	Addition	Tier 2. First generic for

tabs, 400 mg				AVELOX tabs. (NOT available on the BASIC formulary)
TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change	Comments
mycophenolic acid DR tabs, 180 mg, 360 mg	Generic	1/12/14	Addition	Tier 2. May be covered by Medicare Part B or Medicare Part D depending on circumstances. First generic for Myfortic (NOT available on the BASIC formulary)
NUVIGIL (armodafinil) tabs, 200 mg	Brand	2/23/14	Addition	Tier 4. Prior authorization and quantity limits apply.
nystatin/triamcinolone oint, 100000 units/g-0.1%	Generic	1/1/14	Cost Share Reduction	Change to Tier 2 (was 4). (NOT available on the BASIC formulary)
ONTAK (denileukin diftitox) IV soln, 150 mcg/ mL	Brand	5/25/14	Removal	Manufacturer has discontinued marketing this drug.
OPSUMIT (macitentan) tabs, 10 mg	Brand	2/1/14	Addition	Tier 5. Prior authorization and quantity limits apply.
PREDNISON dose-pack, 5 mg, 10 mg	Brand	1/1/14	Addition	Tier 1.
PREZISTA (darunavir) tabs, 400 mg	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
sirolimus tabs, 0.5 mg	Generic	1/12/14	Addition	Tier 2. May be covered by Medicare Part B or Medicare Part D depending on circumstances. First generic for Rapamune tabs, 0.5 mg.
tolterodine ER caps, 2 mg, 4 mg	Generic	1/12/14	Addition	Tier 2. Quantity limits apply. First generic for DETROL LA.
TYZINE (tetrahydrozoline) nasal soln, 0.1%	Brand	4/27/14	Removal	Manufacturer has discontinued marketing this drug.
vancomycin for inj, 10 g	Generic	1/1/14	Addition	Tier 2.
VERSACLOZ (clozapine) susp, 50 mg/mL	Brand	1/1/14	Addition	Tier 5. Quantity limits apply.

**Prime Therapeutics LLC is a pharmacy benefit management company. Blue Cross and Blue Shield of Oklahoma (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.*

In Every Issue

Featured Tip: Benefits Value Advisor Available to Members

The Blue Cross and Blue Shield of Oklahoma (BCBSOK) Benefits Value Advisor (BVA) service launched on Jan. 1, 2014, and is available to BCBSOK members to help maximize their health insurance benefits.

BVAs can provide cost comparisons on:

- Imaging services
- Maternity services
- Joint replacement services
- Back surgery
- And many more procedures

BVAs can also help members:

- Understand their benefits
- Find in-network providers
- Schedule appointments
- Request preauthorization
- Access online educational tools

Providing members with more information may help them make better decisions about their health care. For additional information about BVA's please visit [Benefit Value Advisor Service](#) or call the customer service number on the back of the member's id card.

In the Community

Oklahoma Students Honored at 'Be Smart – Don't Start' Anti-tobacco Awards Ceremony



Thirteen Oklahoma students were honored at the 2014 [“Be Smart – Don't Start” Anti-tobacco Contest](#) awards ceremony at the Oklahoma State Capitol on May 2, 2014. Contest winners and their families were treated to a special reception recognizing their efforts to share the tobacco-free message with their peers. All of the fun and excitement of this special reception was captured in a short video, which can be viewed by visiting [Be Smart – Don't Start Video](#).

The “Be Smart – Don't Start” Anti-tobacco Contest encourages students to create their own anti-tobacco message through a colorful poster drawing or multimedia entry, for a chance to win great prizes. Each

winning student received a trophy, gift card or an iPad. Teachers received gift cards for school supplies or classroom projects.

The contest is sponsored by Blue Cross and Blue Shield of Oklahoma; the American Lung Association, Plains-Gulf Region; the Oklahoma State Department of Education; and the Oklahoma State Department of Health.

Race for the BCBSOK Corporate Challenge Title



It's time to rally the troops and [register](#) your company to participate in the [Williams Route 66 Marathon](#) in the third annual Blue Cross and Blue Shield of Oklahoma (BSBOK) Corporate Challenge. This is a great way to foster camaraderie while joining in a little friendly competition with other companies.

If you would like to participate in the Corporate Challenge, but your company has not yet registered, get all the details [here](#). And don't forget, BCBSOK members receive a **10 percent discount** on the marathon entry fee when using the discount code: **2014WELLNESSBCBSOK**. This discount applies to BCBSOK members only, and we respectfully ask that this code not be shared with nonmembers.

The challenge consists of six divisions based on the total number of Oklahoma-based employees: 0-49, 50-99, 100-249, 250-499, 500-999 and 1000 or more employees. Corporate Challenge teams are awarded points in three areas: **participation, performance and fundraising**. The funds raised through the Corporate Challenge will be donated to the Tulsa Area United Way, the Community Food Bank of Eastern Oklahoma, the Tulsa Society for Prevention and Cruelty of Animals (SPCA), Folds of Honor and the Juvenile Diabetes Research Foundation Oklahoma Chapter. The winning teams from each division will be awarded with the BCBSOK Cup. Corporate benefits for participating in the challenge include free or discounted event registrations and several perks including a special promotional item and access to a special VIP area at the finish line.

Team registration for the Corporate Challenge is open through October 1, for businesses to commit to participate. The final roster submission registration deadline is Oct. 31. All team members must be company employees. Each team captain will be in charge of registration and submitting the roster, and in turn will enjoy extras for their leadership. For more information about the BCBSOK Corporate Challenge, visit route66marathon.com.

2014 'Champions of Health' Winners Announced



[NewView Oklahoma](#) has been named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the Champions of Health awards. The program focuses on improving the health and wellness of individuals by offering comprehensive low vision services statewide.

In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, these winners also will be recognized at the gala.

- **Champion of Children's Health:** [Fostering Hope Clinic](#)
- **Champion of the Uninsured:** [Morton Comprehensive Health Services, Inc.](#)
- **Champion of Senior Health:** [Community Food Bank of Eastern Oklahoma – Senior Servings Program](#)
- **Community Health Champion:** [Healthy Community Store Initiative \(HCSI, Inc.\) – R & G Family Grocers](#)
- **Corporate Health Champion:** [Muskogee County Emergency Services – COACHES Program](#)

The judging panel also named finalists in several of the categories:

- **Champion of Children's Health:** [Oklahoma Arthritis Foundation – Kids Get Arthritis, Too \(KGAT\) Program](#)
- **Champion of the Uninsured:** [Neighborhood Services Organization](#)
- **Champion of Senior Health:** [Southern Oklahoma Nutrition Program](#) — Rebekah Williams
- **Community Health Champion:** [Resonance Center for Women, Inc.](#)
- **Corporate Health Champion:** [Mercy Hospital's Wellness Program — Healthification: Eat for Life](#)

As the Champion of Oklahoma Health, NewView Oklahoma receives a grant of \$15,000. The grant will be presented at the 2014 Champions of Health Gala at 6 p.m. on Sept. 30, at the National Cowboy & Western Heritage Museum. Bob and Lee Woodruff will be the keynote speakers.

Tickets to the Gala are available for \$100 each and may be purchased through Monday, Sept. 22 by calling [Barb Azar](#) at (855) 628-8642.

The Champions of Health Gala benefits the [Oklahoma Caring Foundation](#), a 501(c)(3) organization, which provides Oklahoma children with immunizations at no charge. For more information about sponsorships or the gala, visit [championsofhealth.org](#).

The Champions of Health 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, 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.

Web Changes

- Added [Drug Utilization Review](#) information to Pharmacy Program tab
- Added [ClaimsXten Third Quarter 2014 Updates](#) article to Education and Reference Center/News and Updates page
- Updated [ClaimsXten Rules Descriptions](#) to Claims and Eligibility/Submitting Claims page
- Updated [ClaimsXten FAQs](#) to Education and Reference Center/Provider Tools/Clear Claim Connection page
- Added [Network Participation FAQs](#) to Standards and Requirements/Affordable Care Act page
- Updated [Electronic Refund Management Webinars](#) to Education and Reference Center/Provider Tools page
- Updated [Patient Access to Care/Practitioner Standards](#) to Clinical Resources/Quality Improvement page
- Updated [CMS-1500 User Guide](#) to Education and Reference Center/Forms page

- Corrected [IVR Hours](#) (Interactive Voice Response) to Claims and Eligibility/Eligibility and Benefits page
- Added [Medicare Part D - Formulary Updates](#) to Education and Reference Center/News and Updates and Pharmacy Program/Medicare Part D Updates
- Added [NDC August 2014 Fee Schedule](#) to the Secure Provider Portal on the home page of the BCBSOK provider website
- Added [July 2014 Blue Review](#) 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 for access to the most complete and up-to-date information.

Training Schedules

[ICD-10](#)

[eRM Training](#)