

September 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 Sept 4, 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 the *Blue Review* online at [bcbsok.com/provider/news and updates](http://bcbsok.com/provider/news_and_updates)

News & Updates

Electronic Provider Access Now Available for Out-of-area Member Pre-service Reviews

We are pleased to announce that Electronic Provider Access (EPA) was implemented for Blue Cross and Blue Shield of Oklahoma (BCBSOK) as of July 21, 2014.

As discussed in previous issues of the *Blue Review*, EPA is a new tool that gives providers the option to initiate online pre-service reviews for out-of-area Blue Plan members* as an alternative to calling the health plan. The term “pre-service review,” as used with EPA, refers to benefit preauthorization, pre-certification, pre-notification and prior approval functions. As always, checking eligibility and benefits prior to conducting pre-service reviews is strongly encouraged.

BCBSOK independently contracted providers may initiate online pre-service reviews for local and out-of-area Blue Plan members via the Authorizations link under the "Auths and Referrals" menu on the Availity™ Web portal. 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.

More Information

A *Submitting Authorizations and Referrals Using EPA* quick reference guide is available to registered users on the Availity Web portal, as follows:

1. From the main menu on Availity, click on **Auths and Referrals | Authorizations**
2. Navigate to the top right of the Authorizations page, and then select **Learn More>>**
3. On the Authorizations and Referrals Learning Options page | **Quick Reference Guide** section, select **View Guide**

For answers to frequently asked questions and a variety of helpful tip sheets, visit the [Education and Reference Center/Provider Tools/iExchange®](#) page on our website at bcbsok.com/provider. Also watch the [News and Updates](#) section, as well as upcoming issues of *Blue Review* for announcements on additional EPA related resources.

Not registered with Availity? There's no cost to sign up and it's easy to get started. In addition to EPA functions, you'll also gain access to other Availity tools and resources that can help you streamline administrative, clinical and financial operations. Visit availity.com today for details.

*Depending on differing Blue Plan implementation schedules, EPA may not be available for some out-of-area members.

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.

Are You Submitting the Revised CMS-1500 Paper Claim Form (version 02/12)?

In previous issues of the *Blue Review*, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has included several reminders about the CMS timeline for implementation of the revised CMS-1500 form (version 02/12). The revised form became effective April 1, 2014, and, as of that date, Medicare discontinued acceptance of the previous version of the CMS-1500 (version 08/05).

In May 2014, a [News and Updates notice](#) on our provider website announced that, for a limited time, BCBSOK would accept both versions of the CMS-1500 paper claim form to assist providers in transitioning to use of the revised form.

Please be advised that the dual-acceptance period at BCBSOK is no longer in effect. At this time, all professional paper claims **must** be submitted to BCBSOK using the revised CMS-1500 claim form (version 02/12).

The previous version of the CMS-1500 claim form (08/05) was discontinued as of April 1, 2014. For more information on the revised CMS-1500 claim form (version 02/12) such as how to order a new supply of printed forms, visit the [National Uniform Claim Committee](#) website.

Why not take this opportunity to make the switch to paperless transactions?

As a reminder, if you are not yet submitting claims electronically, now is a great time to start. 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 at bcbsok.com/provider

In the Know: New Date Announced for ICD-10 Compliance

The Department of Health and Human Services published a final ruling in early August 2014, confirming an Oct. 1, 2015, mandated transition to ICD-10. Providers and other HIPAA-covered entities now have more than a year to prepare for the transition. Please watch for information regarding implementation updates in future issues of *Blue Review* and on our [provider website](#).

In the Know: Medicare Marketing Guidelines for Providers

The 2015 Centers for Medicare & Medicaid Services (CMS) Annual Election Period for beneficiaries is fast approaching. For those providers who are independently contracted with Blue Cross and Blue Shield of Oklahoma (BCBSOK) to provide services to our Blue Cross Medicare Advantage (HMO)SM or Blue

Cross Medicare Advantage PPOSM members, it's important to keep in mind the rules established by CMS when marketing to potential enrollees.

You may not be planning specific marketing activities, but what if a patient asks for information or advice? Remaining neutral when assisting with enrollment decisions is essential. Below, you'll find a partial listing of additional "Dos" and "Don'ts" for providers, as specified within the CMS Medicare Marketing Guidelines (MMG) for contract year 2015 (section 70.11.1 on Provider-Based Activities).

Do:

- Provide the names of Plans/Part D sponsors with which [you] contract and/or participate (see MMG section 70.11.2 for additional information on provider affiliation)
- Provide information and assistance in applying for the LIS*
- Make available and/or distribute plan marketing materials
- Refer their patients to other sources of information, such as SHIPs** plan marketing representatives, their State Medicaid Office, local Social Security Office, [CMS' website](#) or 800-MEDICARE
- Share information with patients from [CMS' website](#), including the "Medicare and You" Handbook or "Medicare Options Compare," or other documents that were written by or previously approved by CMS

Don't:

- Accept Medicare enrollment applications
- Make phone calls or direct, urge or attempt to persuade beneficiaries to enroll in a specific plan based on financial or any other interests of the provider
- Mail marketing materials on behalf of Plans/Part D sponsors
- Offer inducements (e.g., free health screenings, cash, etc.) to persuade beneficiaries to enroll in a particular plan or organization
- Distribute materials/applications within an exam room setting

The above lists provide just a sampling of important points for your convenience. For a more in-depth review of the guidelines that are applicable to providers, please refer to the [Provider Medicare Marketing Guidelines Excerpt](#) located in the "Standards and Requirements/Related Resources" of our website at bcbsok.com/provider.

If you have questions about these guidelines or are planning marketing activities, please refer to the [Managed Care Marketing](#) page in the Medicare section of the [CMS website](#).

*LIS refers to low income subsidy

**SHIPs are Senior Health Insurance Assistance Programs

Provider Network Information for Blue Cross Medicare Advantage and Lovelace Medicare Plan HMO

If you are a Blue Cross Medicare Advantage and/or a Lovelace Medicare Plan HMO provider, and you have provider network questions, please contact Senior Provider Network Representative, Sherrie Pippin at 918-551-2175. Sherrie will be happy to assist you with any of your provider inquiries.

More Webinars Added for Remittance Viewer

The Remittance Viewer, which is available for BCBSOK independently-contracted providers, is an online tool that offers providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA). BCBSOK has offered webinars to help new users learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results. More webinars have been added for September and October. Visit the [Remittance Viewer](#) section of our provider website for registration information.

Help Reduce Opioid Overuse

In a recent "Vital Signs" article published on the Centers for Disease Control and Prevention's (CDC) website, statistics and other information are presented from national sources about opioid prescriptions, which is reaching record levels in some areas of the United States. Increased awareness is critical to help avoid potential misuse that may result in overdose. For ideas on ways you can help, we encourage you to view the article, "[Opioid Painkiller Prescribing](#)" on the CDC website.

The information here is provided for informational purposes only. BCBSOK makes no representations or warranties regarding the CDC website or any information, products or services offered on their website. Questions or concerns regarding the CDC website should be directed to the CDC.

In Every Issue

Featured Tip

Postponed: ClaimsXten™ November 2014 Update

Listed below are details regarding two new rules that were originally scheduled to be added to our claims processing system effective Nov. 3, 2014, as an enhancement to our ClaimsXten code auditing tool.

Please note that deployment of these rules has been postponed to on or after Dec. 8, 2014. A notice regarding this change in the effective date was published in the [News & Updates section of our Provider website on Aug. 7, 2014](#).

The first rule is the Medically Unlikely Edit (MUE) of Durable Medical Equipment (DME) Rule. This rule identifies claim lines where the MUE value has been exceeded for a Current Procedural Terminology® (CPT) or HCPCS codes, reported by the same or multiple providers, for the same member, on the same date of service. This rule audits professional claims utilizing the DME Supplier Services MUE table data published quarterly by the Centers for Medicare & Medicaid Services (CMS). The DME Supplier Services MUE table contains assigned MUE values for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

The second rule is the DME Maximum Payment Rule. This rule calculates the total payments for the DME item being rented to own or for the DME item being purchased new or used and determines if the total payments exceed the plan DME maximum allowance.

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 Blue Cross and Blue Shield of Oklahoma's (BCBSOK) code-auditing software. Refer to our website at bcbsok.com/provider for additional information on gaining access to C3.

For more details regarding ClaimsXten, refer to the [Clear Claim Connection](#) page. Information also may be published in 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.

In the Community

BCBSOK and the Oklahoma Caring Foundation Provide Activities at Back to School Bash

On Saturday, Aug. 9, two unique unveilings took place at the sixth annual Back to School Bash in Lawton. School-aged children received backpacks filled with back-to-school essentials, a free lunch and enjoyed activities provided by community partners.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) and Fit Kids of Southwest Oklahoma unveiled new innovative playground equipment called Imagination Playground™ in a Cart. Fit Kids of Southwest Oklahoma, a community coalition focusing on decreasing childhood obesity and creating an active community, was awarded the playground courtesy of BCBSOK and KaBOOM!, a national non-profit dedicated to promoting balanced and active play opportunities for all kids. The project is part of BCBSOK's "Healthy Kids, Healthy Families" program — an initiative designed to improve the health and wellness of children through community investments.

Fit Kids of Southwest Oklahoma will travel with the Imagination Playground to area schools, offering children an opportunity to be active and explore their creativity by creating different play landscapes.

Imagination Playground allows children to design their own course of play with giant foam blocks, mats, wagons, fabric and crates. It's a breakthrough play space concept designed by architect David Rockwell to encourage child-directed, unstructured free play, allowing children to play, dream, build and explore endless possibilities.

In addition to the Imagination Playground unveiling, the Oklahoma Caring Foundation presented a new Caring Van that will serve the children of Southwest Oklahoma. The van will visit child care facilities, schools and community events in the area. The Caring Van will be the sixth van operating in Oklahoma.

Currently, four Caring Vans serve the greater Tulsa and Oklahoma City regions; one Caring Van is operated by the Choctaw Nation, serving children in Southeastern Oklahoma. The new van will help increase the geographic scope of the Oklahoma Caring Van program by reaching children who are not regularly served by another Caring Van.

"A healthier future for Oklahoma begins with our children," said Ted Haynes, president of BCBSOK and board chairman of the Oklahoma Caring Foundation. "We are proud to partner with the Oklahoma State Health Department to bring this opportunity to the greater Lawton area."

The vans provide immunizations at locations easily accessible by families, at various locations throughout the year. Per state requirements, all Oklahoma children are required to be current on their immunizations prior to child care or school entry, and the Caring Vans help families meet those requirements.

The Caring Van program has provided nearly 240,000 lifesaving immunizations and is a proud contributor to Oklahoma's immunization efforts. All Caring Van immunizations are administered by a registered nurse from the city/county health department at child care facilities, schools and community events. Each child's immunization records are entered into the Oklahoma State Immunization Information System, where they remain portable.

For a list of upcoming Caring Van clinics, click [here](#).

The Oklahoma Caring Foundation is a 501(c)(3) organization administered by BCBSOK. It was established in 1994 to improve the health of Oklahoma children through vaccinations and access to basic health care. For more information, please visit oklahomacaringfoundation.org.

Web Changes

- Updated [Remittance Viewer Webinar Schedule](#) to Education and Reference Center/Provider Tools page.
- Updated [Electronic Refund Management Webinars](#) to Education and Reference Center/Provider Tools page.
- Updated [Fee Schedule Request Form](#) to Education and Reference Center/Forms page.
- Updated [Blue Lincs HMO Referral/Authorization Form](#) to Education and Reference Center/Forms page.
- Added [NDC September 2014 Fee Schedule](#) to the **Secure** Provider Portal on the home page of the BCBSOK provider website.
- Added [August 2014 Blue Review](#) to Education and Reference Center/News and Updates page.

BCBSOK Online Provider Orientation

The "[Online Provider Orientation](#)" is a convenient and helpful way for providers to learn about the online resources available to them.

Medical Policy Reminder

Approved new or revised 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

[eRM Training](#)