

## December 2013

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 December 5, 2013 but because it is a summary copy, **it may not have all the information contained in the electronic version. To sign up to receive the Blue Review electronically, complete the [request form](#) that can be found at [bcbsok.com/provider](http://bcbsok.com/provider).**

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

## Notice Regarding Annual Benefit Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will soon begin processing annual benefit changes for 2014. Beginning January 2014, if you are using an online Web vendor to obtain patient eligibility and benefits, you may be instructed to contact BCBSOK Provider Customer Service.

Please be aware, BCBSOK expects a substantial increase in calls due to the large number of policy changes underway. To avoid lengthy hold times, providers are encouraged to limit their general eligibility and benefit calls to patients who are scheduled for an upcoming appointment. If your patient has a scheduled appointment, please contact the appropriate provider customer service number listed on their identification card.

We appreciate your patience while we update our files.

## ClaimsXten™ First Quarter 2014 Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) reviews new and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes on a quarterly basis. Codes are periodically added to or deleted from the ClaimsXten software by McKesson without changing the software version. BCBSOK will load this additional data to the BCBSOK claim processing system within 60 to 90 days after receipt from McKesson and will confirm the effective date on the BCBSOK website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) will continue to be posted on the BCBSOK website.

Beginning on or after Feb. 10, 2014, BCBSOK will enhance the ClaimsXten code auditing tool by adding the fourth quarter 2013 and first quarter 2014 codes, and bundling logic into our claim processing system.

Additionally, on or after Feb. 10, 2014, the following additional edits will be added, based on CPT and HCPCS code descriptions: procedure code S2900 (Surgical techniques requiring use of robotic surgical system) will bundle to 55866 (Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed).

The ClaimsXten tool offers flexible, rules-based claims management with the capability of creating customized rules, as well as the ability to read historical claims data. ClaimsXten can automate claim review, code auditing and payment administration, which we believe results in improved performance of overall claims management.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSOK's code-auditing software. Refer to our website at [bcbsok.com/provider](http://bcbsok.com/provider) for additional information on gaining access to C3.

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

*Checks of eligibility and/or benefit information are not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.*

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## **BCBSOK Announces Behavioral Health Quality Improvement Results**

Blue Cross and Blue Shield of Oklahoma (BCBSOK) continually monitors and evaluates our Behavioral Health (BH) care management program through the Behavioral Health Quality Improvement Program (BHQIP). The BHQIP identifies program enhancement opportunities benefiting members, physicians and other health care providers, and shares information that can be used to achieve the best possible health outcomes.

BCBSOK evaluates coordination of care activities as part of its BHQIP because we believe physicians and other health care providers are more satisfied, and member health outcomes are better when care is coordinated. As you are aware, coordination of a member's care between physicians and other health care providers is important so that:

- Physicians and other health care providers share relevant information
- Care is not duplicated
- Unnecessary care is prevented
- Members are aware of all the benefits and treatment options available for their needs

BCBSOK measured coordination of care and is providing results in the following three areas:

1. **Coordination with Primary Care Physicians (PCPs):** BCBSOK BH clinicians encouraged BH physicians and other health care providers during telephonic reviews to coordinate with the member's PCP. This coordination was reported to have occurred during 94 percent of BH care management reviews in 2012, up from 79 percent in 2011.\*
2. **Coordination of Medication:** The rate of psychiatrists coordinating medications with PCPs and other specialists increased from 31 percent in 2011 to 61 percent in 2012. Most physicians agree that this coordination is helpful in treating their patients; satisfaction with this coordination was over 90 percent in 2012.\*

- 3. Coordination of Care for Members with Medical and Behavioral Health Conditions:**  
BCBSOK clinicians help members understand their condition and treatment options and assist them with transitions between levels of care and treatment settings. They also help coordinate communications and referrals between physicians and other health care providers when a member has both a medical and a BH (mental health and substance abuse) condition. This is accomplished through outreach to treating providers to discuss cases and additional benefits available to their patients, assistance with closing gaps in care and/or assistance with locating additional resources to help the patients understand their care.

During 2012, 94 percent of the eligible members referred from medical care management programs were successfully enrolled in the BH case management program. Likewise, 56 percent of the eligible members referred from the BH care management program were successfully enrolled in the medical case management program.\*

To share feedback or learn more about the Behavioral Health Care Management and Quality Improvement Program, visit the [Clinical Resources](#) section of the Provider website.

Find out how the Behavioral Health Case Management program helps members with mental health and substance abuse issues get information and support in upcoming issues of *Blue Review*.

*\*Results are blended across Blue Cross and Blue Shield Plans in Illinois, New Mexico, Oklahoma and Texas.*

## Updates to Roche Blood Glucose Meter Program

Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers a choice of blood glucose meters to help our members with diabetes manage their condition. One of the brands, Roche, is modifying the process members use to obtain a blood glucose meter and is making their contact information consistent for all BCBSOK members.

BCBSOK members can now order a Roche blood glucose meter\* by calling **888-355-4242** or going online to [meters.accu-chek.com](http://meters.accu-chek.com). When members use **order code BCBSIL12**, a voucher will be generated and sent to them. Because Roche will no longer ship the meters to members, BCBSOK members can redeem the vouchers at a major retail pharmacy to obtain a meter.

### For More Information

The flier -- [It's All About Diabetes](#) -- can be shared with your patients. Members can find additional information on Blue Access for Members<sup>SM</sup> (BAM).

Please note: There are no changes to the process for obtaining a Bayer Blood Glucose Monitoring System. These meters can be shipped directly to members with no prescription required. Details for ordering from Bayer are also included on the flier.

*\*A doctor's prescription is required. Members are limited to one meter per year. This offer is available through Dec. 31, 2014.*

*This material is provided for informational purposes only and is not an endorsement of any particular site or resource. The owners/operators of each website are solely responsible for the content on their respective websites.*

## BCBSOK's Response to the Recent Health Insurance Announcement

On Nov. 14, 2013, President Obama announced that some individual policy members and small groups (2-50) may be allowed to remain with their current 2013 policy for an additional year. We are reviewing this announcement and will determine the next steps as we keep our members informed of their options

both on and off the exchange. This may change the Affordable Care Act's requirement that all non-grandfathered health plans must be compliant with certain benefit changes in 2014.

We will continue to work with federal and state governments on how this approach will be implemented and will comply with any new requirements. Our primary goal remains maintaining access to quality, affordable health care for our members. We will continue to support solutions that ensure there are no disruptions in health insurance for our existing members. We will soon reach out to consumers who may have new options as a result of this announcement.

### **Helpful Hints for iEXCHANGE®: Why You Should Complete Your User Profile**

Have you completed your [iEXCHANGE](#) user profile? If you have, you can reset your password online. Registered iEXCHANGE users can complete the iEXCHANGE user profile with their name, email address and by selecting a security question and answer to activate the password reset feature. Once the reset feature is activated, you will have the ability to reset your password by clicking on the "Forgot Password, Click Here" link on the iEXCHANGE Provider login page.

### **Attention: Paper Claim Submitters**

When mailing claims and claims correspondence to Blue Cross and Blue Shield of Oklahoma (BCBSOK), it is important to ensure you are using the correct address information. Unless otherwise instructed, all claims and claims correspondence should be mailed to the following address:

Blue Cross and Blue Shield of Oklahoma  
P.O. Box 3283  
Tulsa, Oklahoma 74102

### **Consider Your Electronic Options**

Would you like a faster solution that reduces paper waste while also increasing security for your patients' protected health information? The best way to do business with BCBSOK is to utilize electronic options. Additional information about claims submissions can be found in the [Submitting Claims](#) section of the Provider website.

### **National Drug Code (NDC) Pricing Paves the Way for Related Initiatives**

NDC pricing will be implemented by Blue Cross and Blue Shield of Oklahoma (BCBSOK) as of Dec. 1, 2013, for drugs billed under the medical benefit on professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims. As of the Dec. 1, 2013, NDC pricing effective date, professional/ancillary electronic (ANSI 837P) and paper (CMS-1500) claims for drugs must include NDC data in order to be accepted for processing by BCBSOK. If NDC data is not included as required by BCBSOK, your claim will be returned to you.

### **Use Generics, See Results**

Making the transition to using NDCs on your claims may seem challenging, but it can also have its rewards. HCPCS/Current Procedural Terminology (CPT®) codes used for billing medications under the medical benefit represent a broad therapeutic class or dose. The lack of specificity for HCPCS/CPT codes does not allow the identification of the specific product used. When you bill with NDCs in addition to including the appropriate HCPCS/CPT information, BCBSOK can identify and reimburse your office, in most instances, for the individual medication that was prescribed (instead of for a range of NDCs within HCPCS/CPT codes). Generically available or multiple source drugs will be reimbursed at a set competitive market rate. Providers will have the opportunity to maximize their reimbursement by using lower cost generic drugs.

### **Introducing Our Select Medication List**

NDC pricing also paves the way for other initiatives, such as our new Select Medication list, which will be developed in stages to add specific drugs within particular classes or categories, based on safety and

cost effectiveness. Currently, there are two medications on the Select Medication list: Synvisc-One® and Euflexxa®. These are injections from the viscosupplementation class and are used primarily for osteoarthritis knee pain relief. Choosing a drug from the Select Medication list and billing for it with the appropriate NDC will result in a higher reimbursement rate than the rate applied for other, non-listed drugs in the same class.

Reimbursement for select medications is updated monthly, according to normal NDC reimbursement update processes. Increased reimbursement is limited to the medications on the Select Medication list. BCBSOK will be adding medications to the Select Medication list in the future; however, details regarding specific medications and timelines have not been finalized.

### **NDC Billing Resources**

An NDC billing tutorial and an NDC Units Calculator Tool are available to registered providers on our secure Blue Access for ProvidersSM (BAP) site. As of Dec. 1, 2013, the NDC reimbursement fee schedule will be available in this location as well. To log in or register for BAP, look for the “National Drug Codes (NDCs): Billing Resources” box on the provider home page at [bcbsok.com/provider](http://bcbsok.com/provider). For quick reference purposes, view the [NDC Billing Guidelines](#) and answers to [Frequently Asked Questions](#).

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*The listing of any particular drug or classification of drugs is not a guarantee of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, terms, conditions, limitations and exclusions set forth in the member’s policy or benefits document. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.*

*Synvisc-One is a registered trademark of Genzyme Corporation. Euflexxa is a registered trademark of Ferring Pharmaceuticals Inc. Genzyme Corporation and Ferring Pharmaceuticals are independent third party vendors and are solely responsible for the products and services they provide. The mention of a specific product or vendor is not an endorsement by BCBSOK, and BCBSOK makes no representations or endorsements regarding any of the vendors listed here. If you have any questions or concerns about the products or services they offer, you should contact the vendor(s) directly.*

## **Why Checking Eligibility and Benefits is Important**

Whenever a patient visits a provider’s office — and before services are rendered — your office staff should ask to see the member ID card, and then check for eligibility and benefits. Significant changes to the health care industry are now here. And while it has always been important to check eligibility and benefits, there are additional reasons to incorporate this procedure into 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 and metallic level
- Patient may be in the federally mandated grace period
- Identify your network status to determine if benefits are available or significantly reduced if performed by an out-of-network provider

The best way to check for eligibility and benefits is electronically. For more information about checking for eligibility and benefits, including information on how to sign up for electronic options, visit the [Claims and Eligibility/Submitting Claims](#) section our Provider website.

*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.*

## Reminder: CMS-1500 Paper Claim Form (Version 02/12) Available January 2014

As reported in the [August/September 2013 issue](#), the National Uniform Claim Committee (NUCC) recently announced that in early January 2014, the health care industry will transition to a revised version of the CMS-1500 paper claim form: OMB-0938-1197 FORM 1500 (02-12).

The tentative 2014 transition timeline, which aligns with Medicare's, includes:

- **Jan. 6, 2014** – Payer begins receiving processing paper claims on the revised CMS-1500 claim form (version 02/12).
- **Jan. 6, 2014 – March 31, 2014** – Dual-use period during which Payer continues to receive and process paper claims submitted on the old CMS-1500 claim form (version 08/05), as well as on the revised CMS-1500 claim form (version 02/12).
- **April 1, 2014** – Payer receives and processes paper claims submitted only on the revised CMS-1500 claim form (version 02/12).

This revised paper claim form also aligns with accredited electronic claim submission requirements. For more information on the CMS-1500 claim form and technical specifications, visit the [NUCC website](#).

**Please note:** If you use a practice management system or a billing service for clearinghouse, it's important to check with your vendor(s) to ensure they are aware and can accommodate any changes.

**Tip:** Electronic claim submission can help streamline your administrative processes, help protect your patients' information, and may result in faster claim processing and payment. To learn more about these electronic benefits visit the [Claims and Eligibility/Electronic Commerce](#) section of the provider website.

## Health and Wellness

### 'Medical Director's Minute' by Dr. Greg Marino, MD



In my world as a Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medical Director, we are exposed to large amounts of data about our Oklahoma members. One of the notable areas of statistics focuses on the high rate of inappropriate antibiotic usage in adults with diagnosis of acute bronchitis. I'm bringing this medial issue to your attention today due to the time of year and season of sickness that is upon us.

BCBSOK's 2012 statistics show that 85 percent of our Oklahoma members are receiving physician prescribed antibiotics they shouldn't be, which is far above the national average.

The American Board of Internal Medicine's Foundation has started an initiative called "Choosing Wisely" to help physicians and patients engage in conversation to reduce over usage. The Center for Disease Control and Prevention states that the misuse of antibiotics jeopardizes the usefulness of essential drugs. Decreasing inappropriate antibiotic use is the best way to control resistance. Despite recommendations to the contrary, antibiotics are still prescribed for more than 80% of outpatient visits for acute sinusitis. Antibiotic resistance can cause significant damage and suffering for people who have common

infections that once were easily treated with antibiotics.

The Academy of Family Physicians counsels members not to routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or if symptoms worsen after initial clinical improvement.

As a provider, we urge you to use your best judgment when prescribing medicines to sick patients this flu season. For additional provider information about this topic and other current medical issues, please visit [bcbsok.com](http://bcbsok.com) and select the "Provider" tab.

## **Featured Tip**

### **Medical Policy Router**

Did you know that you can view other Blue Cross Blue Shield Plan medical policies through [a tool located on our website](#)? This tool allows you to view out-of-area Blue Plan's medical policies or general pre-certification/pre-authorization information. Pre-certification is the responsibility of BlueCard® members.

## **Web Changes**

- Updated [Behavioral Health Member Flier](#) to the Clinical Resources Tab.
- Updated [Behavioral Health Provider Flier](#) to the Clinical Resources Tab.
- Added [Blue Review - November 2013](#) issue to News and Updates page.
- Added [Roche Blood Glucose Meter Program](#) flier to News and Updates page.
- Added [National Drug Code \(NDC\) Pricing Paves the Way for Related Initiatives](#) article to News and Updates page.
- Added [ClaimsXten First Quarter 2014 Updates](#) article to News and Updates page.
- Added [Coming Soon: Revised CMS - 1500 Paper Claim Form](#) article to News and Updates page.
- Added [Action Needed to Continue Receiving Your 835 ERA Files from Availity®](#) article to News and Updates page.
- Added [NDC December 2013 Fee Schedule](#) to the Secure Provider Portal on the home page of the BCBSOK Provider Website.
- Updated the [Electronic Prior Authorization](#) link in the Pharmacy Program/Prior Authorization and Step Therapy section.

### **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. Active and pending Policies or views of draft Medical Policies can be accessed at the BCBSOK Provider website

<http://www.bcbsok.com/provider/standards/index.html>.

While some information on new or revised Medical Policies may occasionally be published for your convenience, for access to the most and complete up-to-date information, please visit our website <http://www.bcbsok.com/provider/standards/index.html>.

### **Training Schedules**

For lists of training schedules, visit the Training Page in our Education and Reference Center tab at [bcbsok.com](http://bcbsok.com).