



Network News

A newsletter for contracting physicians, hospitals, pharmacies and other health care professionals

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www.bcbsok.com

What's Inside

Page 2
CMS issues fraud alert
BCBSOK seeks strategic alliance

Page 3
Claims processing tips
NPI on the horizon

Page 4
Physician News
Member access standards
Code V72.31 for OB/Gyn visits
Formulary update

Page 5
Pharmacy News
Include physician ID number on all claims
Outdated NDC numbers
Medicare Part D

Page 6
Cox-II inhibitors
ADHD/ADD coverage

All members to receive new ID numbers in 2005

All Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO members will receive a new ID card with a new ID number in 2005.

Because of this, it is important all physicians, hospitals, pharmacies and other health care professionals make a copy of the new ID card and ID number when a member visits your office.

When submitting claims for Blue Plan members, use the new ID number to ensure quick and accurate processing and payment.



The member number has traditionally been the member's social security number. The new ID card will not include the member's social security number anywhere.

Encryption implemented to make e-mail secure

As part of its ongoing commitment to protect members' privacy and health information, provider relations and customer service divisions of Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO have begun encrypting e-mail.

To open an encrypted e-mail, simply click on the link to a Web page to view the message securely.

To learn more, visit www.bcbsok.com and click on the "Privacy Information" link at the bottom of the e-mail page, then click "E-mail Encryption."



BlueCross BlueShield of Oklahoma

A Member of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

Member grievance and appeals process located online

Visit www.bcbsok.com to view the grievance and appeals process for all Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO members.

CMS issues fraud alert

The Centers for Medicare and Medicaid Services (CMS) has recently identified a new type of fraud.

An organized group, representing themselves as Medicare fraud investigators or Medicare employees from the enrollment, claims or audit units, is calling physicians or office personnel to request provider information.

The callers claim that the Medicare computer system has had a malfunction and they need to update lost information. The callers also may say they need to update the physician's provider record. They then request via telephone or fax the following information:

- ◆ Copy of physician's drivers license
- ◆ Copy of physician's Social Security number
- ◆ Unique physician identification number
- ◆ Verification of education

- ◆ Verification of practice location
- ◆ Copy of physician's medical license
- ◆ Copy of patient's charts for a specific period of time

Once the entity receives this information, they falsify enrollment data using the physician's name and request a change to their practice locations, telephone numbers and pay-to-addresses.

CMS has not suffered any computer system malfunction and is not calling providers requesting the above information be provided. If you should receive such a call, please try to verify the telephone number of the caller, and immediately notify your Medicare carrier that you suspect fraud.

CMS is committed to protecting all Medicare providers/suppliers and to ensuring that only those qualified make changes to enrollment data.

Blue Cross and Blue Shield of Oklahoma seeks strategic alliance

To determine whether an affiliation between two non-investor owned organizations will best serve members, Blue Cross and Blue Shield of Oklahoma has entered into discussions with Chicago-based Health Care Services Corporation.

The companies have signed a "letter of intent." They now will engage in a period of due diligence that will form the basis for a decision on whether to enter into a definitive agreement. That agreement would require regulatory approval.

Both companies are non-investor owned licensees of the Blue Cross and Blue Shield Association. Health Care Services Corporation currently operates Blue Cross and Blue Shield plans in Texas, New Mexico and Illinois.

Ron King, Blue Cross and Blue Shield of Oklahoma Chairman, CEO and President, stated the Plan will continuously evaluate better ways

to serve members and network providers. Blue Cross and Blue Shield of Oklahoma will be taking a very close look at what may be a unique opportunity to take the organization to another level — with the people, resources and financial flexibility to better serve members and network providers and compete effectively in the 21st century.

Raymond F. McCaskey, CEO of Health Care Services Corporation, said that the two companies share a vision of commitment to members and service to the community. In HCSC's expansion to Texas and New Mexico, the Plan has demonstrated the value of local management, backed by the financial and organizational strength of a national organization. And because both companies are non-investor owned, that model can continue without diverting resources or attention away from policyholders.

Claims processing:

Tips to avoid payment and claims processing delays

What can be done to help prevent claims from being returned or to speed up processing time? Below are listed some things to remember when filling out claim forms.

1 New patient evaluation and management codes (99201-99205) should be used for physician services to a new patient and may only be used once in a three-year period.

2 Established office visit codes (99211-99215) should be used for office visits beyond the first visit.

3 All evaluation and management codes need documentation that clearly supports the level of codes or services being billed.

4 Reviewing ancillary reports, such as MRIs, x-rays or lab reports, are considered part of the patient visit and should not be billed separately.

5 Ensure the codes used are valid and active. Using invalid or inactive codes delays processing and payment.

6 If using a code that is unclassified or non-specific, include a description of the service provided.

7 Avoid using NOC (not otherwise classified) codes. If using NOC codes, include a description of services provided.

8 Use age-appropriate or time specific codes when billing for provided services.

Chiropractors:

Submit office-visit records

If a chiropractor submits more than one office-visit claim in a 30-day period for the same member, attach the patient records with the claim.

According to member contracts, members are covered for one chiropractic visit every 30 days.

HIPAA News:

National provider identifier (NPI) on the horizon

Beginning May 2005, the Centers for Medicare and Medicaid Services will begin issuing National Provider Identifiers (NPI) to several million health care providers.

The NPI will serve as the replacement for all other health care provider identifiers used in standard transactions that are regulated by the Health Insurance Portability and Accountability Act (HIPAA). The deadline for mandated NPI assignment and use is May 23, 2007, but it is recommended providers request their NPI as soon as possible.

The increasing "identity theft" crisis has raised awareness of the need to protect the

providers' social security number and other identifiers currently being used.

With the NPI, each provider who files claims electronically will be issued a unique identity. The NPI also will provide a consistent and permanent way to associate the health care provider with his or her identity.

After implementation of the NPI system, it will no longer be necessary for providers to use different identifiers for the various health plans they bill, which will simplify the billing process.

Visit <http://questions.cms.hhs.gov> for more information.

Physician News

Standards in place to ensure members access to health care providers

Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO works to ensure our members have access to the health care providers they need, when they need them.

The following standards are in place to help members access their health care providers.

- ◆ Routine health evaluation appointments available within 30 working days.
- ◆ Sick non-urgent appointments available within five working days.
- ◆ Urgent appointments (sudden onset of symptoms) available within 24 hours, or the patient is referred to urgent care services.
- ◆ In an emergency situation, members should

seek care from the nearest facility and call their primary care physician within 48 hours of the incident to arrange for follow-up care.

- ◆ For chronic condition follow-up, appointment available within 30 days.
- ◆ For an initial specialist care referral, appointment available within 14 working days.
- ◆ For urgent specialist care referral, appointment available within 24 hours.
- ◆ Clinic waiting time should be no longer than one hour. Wait time is measured at the start of the scheduled appointment.

Coding claims:

Use code V72.31 when submitting claims for annual OB/Gyn exams

When submitting claims for annual OB/Gyn exams (which includes the pap smear and office visit) using code V72.31 will expedite

claims processing and payments.

For more information, contact your provider relations consultant.

Drug Formulary Update

The prescription drug formulary is updated quarterly and applies to members with prescription drug cards with copayments. The most current version of the formulary is located at www.bcbsok.com.

Added to Tier I
Levoxyl

Pacerone

Added to Tier 2

Estrojel
Finacea
Optivar
Spiriva
Vytorin

Added to Tier 3

Augmentin ES (suspension)
Bextra
Celexa
Cytosan
Flovent Rotadisk
Orapred
Rowasa
Rozex

Including physician ID number expedites claims processing

When processing pharmacy claims for Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO members, include the physician identification number to ensure quick and accurate processing of the claim.

When filing claims for Blue Cross and Blue Shield of Oklahoma members (those in the BlueChoice® and BlueTraditional® networks), use

the physician's DEA number as the identification number.

When filing claims for BlueLincs HMO members, the Oklahoma Medicaid number is the identification number to use.

For more information, contact the Pharmacy Helpdesk, Monday through Friday from 8 a.m. to 5 p.m., at 1-800-722-3218.

Claims with outdated NDC numbers will be rejected

When submitting pharmacy claims for Blue Cross and Blue Shield of Oklahoma and BlueLincs members, it is important to use the correct and current National Drug Code (NDC) number.

Each drug is assigned an NDC number that relates to the manufacturer's name. As compa-

nies merge and change names, so do NDC numbers. Claims submitted with outdated NDC numbers will be rejected and returned.

If a claim is rejected because of the NDC number, search your pharmacy reference guide to find the new NDC number and resubmit the claim.

Medicare Part D:

BCBSOK sends letter of intent to CMS

The Center for Medicare and Medicaid Services (CMS) has received a letter of intent from Blue Cross and Blue Shield of Oklahoma explaining interest in applying to become a Medicare prescription drug plan provider.

The Medicare Modernization Act of 2003 provides for a new, Medicare Part D benefit that Medicare beneficiaries may purchase to cover their prescription drug needs. Beneficiaries may

begin signup for the new benefit Jan. 1, 2006.

CMS will require participating plans to include specific benefits in the plan, including home infusion, long-term care and Indian health and government facilities, as well as retail, mail-order and speciality pharmacies.

When contracting begins for the new Medicare Part D network, pharmacies will be contacted.

Cox-II Inhibitors removed from Tier II

Effective in January 2005, the Blue Cross and Blue Shield of Oklahoma Pharmacy and Therapeutics (P&T) Committee voted to remove all Cox-II Inhibitors from the preferred tier of the formulary (Tier II). They reside on Tier III and will be processed as a brand name drug.

Cox-II Inhibitors are anti-inflammatory medications used to treat arthritis and acute pain and include brand names such as Vioxx, Bextra and Celebrex.

Last year, the maker of Vioxx voluntarily

withdrew the medication from the market as a result of a study that showed an increased risk of stroke and heart attack for patients taking the drug longer than 18 months.

Also, the maker of Bextra was required to add warnings concerning potentially fatal skin reactions, and questions regarding Celebrex surfaced as a result of some smaller studies.

The P&T Committee will continue to assess the safety of Cox-II Inhibitors and take appropriate action.

ADD/ADHD drugs covered for members under age 19

Effective Jan. 1, 2005, Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO began covering medications for the treatment of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder (ADD/ADHD) with step-therapy for members 19 years of age and younger.

Blue Cross and Blue Shield of Oklahoma and BlueLincs also will cover routine office visits for the prescribing physician. The member's copayment amount will apply.

For information on a member's specific benefit, call the customer service phone listed on the member's ID card.

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