



Network News

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

NPI news:

BCBSOK extends dual-identifier acceptance phase beyond May 23, 2007 NPI compliance date

The Centers for Medicare and Medicaid Services (CMS) has recently published a contingency plan for the HIPAA NPI regulation. This contingency plan provides that health care plans, providers and clearinghouses may have an additional 12 months to implement the NPI regulation provided they can demonstrate a "good faith effort" both prior to and after May 23, 2007, to implement the NPI general mandate

The CMS guidance offers relief primarily for compliant health care providers and health plans as they work through transaction testing and legacy-identifier-to-NPI "crosswalk" issues. The CMS contingency plan is not an extension for coming into compliance.

Please be advised BCBSOK is compliant as of the May 23, 2007 effective date. However, after assessing the response and preparedness of our participating provider networks, we have decided to extend our dual-identifier acceptance phase to allow our providers to further test and prepare for an NPI- only environment.

Please continue to watch *Network News* or visit our Web site at www.bcbsok.com for ongoing updates as we continue to assist you with working toward NPI compliance.



National Provider Identifier

Availity

New online services offer convenience without the paperwork

Blue Cross and Blue Shield of Oklahoma offers a variety of Web-based products and services available through the new Availity Health Information Network. These products and services enable network health care professionals to focus on their patients instead of paperwork.

Availity Health Information Network provides access to Blue Cross and Blue Shield of Oklahoma's eligibility and benefits information, and claim status. All information previously accessible on Blue Cross and Blue Shield of Oklahoma's provider online services site now is available through the Availity Health Information Network. Enhanced features and full functionality of Availity's services will continue to be added throughout 2007. Register now at www.availity.com and take advantage of these online services.

For more information, visit www.availity.com or contact your Availity representative:

Eastern Oklahoma, contact Carmen Bellew at (918) 551-3394 or carmen.bellew@availity.com

Western Oklahoma, contact Gayla Lawson at (918) 551-3395 or gayla.lawson@availity.com

WHAT'S INSIDE

Information required for claims processing	2	CDHP – what you should know	4
Access to health care standards	2	Intraoperative monitoring medical policy	5
Pharmacies: Do you have your NPI?	3	Prescription drug formulary changes	5
Now accepting new UB-04 form	3	BCBSOK phone numbers	6
Gardasil identified as preventive benefit	3	New program promotes generic drugs	6

ATTENTION: Information required for new claims processing system

As part of its ongoing integration with Health Care Service Corporation, Blue Cross and Blue Shield of Oklahoma completed its transition to the Availity Health Information Network on March 1, 2007. With Availity, network health care providers now have access to enhanced online services and a single gateway for submitting electronic claims to multiple insurance carriers.

As a result of this transition, Blue Cross and Blue Shield of Oklahoma network health care providers must now submit all claims through Availity. As with any transition to a new system or process, certain changes are required. *When submitting electronic claims, please be reminded that two separate provider ID numbers must be included in specific fields, as outlined below:*

- Submit **pay-to-provider (billing) ID number** in Loop 2010AA.
- Submit **rendering (performing) provider ID number** in Loop 2310B.

- As always, please submit patient's health insurance policy group number on all electronic and paper claims.

You can locate pay-to-provider (billing) ID numbers in one of *two* forms from Blue Cross and Blue Shield: the Provider Claims Summary (or PCS, for business that has converted to HCSC systems) or the Detail of Remittance (or DOR, for business that is still on the Blue Cross and Blue Shield of Oklahoma legacy system). On the PCS, the pay-to-provider ID number also is in the header of the first page and is called the "Provider Number." On the DOR, the pay-to-provider ID number is in the header of the document and is called the "Payee ID."

If you are unable to complete this change in your system, you must contact your software vendor or clearinghouse to request assistance.

Blue Cross and Blue Shield of Oklahoma appreciates your assistance and patience during this transition.

Standards help ensure members access to health care

Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO work to ensure their 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 network 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, for BlueLincs members, call their primary care physician within 48 hours of the incident or 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.



PHARMACIES: Do you have your NPI?

Submit your pharmacy NPI number to NCPDP

As you may already know, the Centers for Medicare and Medicaid Services (CMS) is requiring all HIPAA covered health care providers, both individuals and organizations, to get a National Provider Identifier (NPI) number for all HIPAA electronic transactions. This NPI number will replace the different provider identifiers you currently use for each health plan. Blue Cross and Blue Shield of Oklahoma encourages you to apply for your NPI.

Once you receive your NPI confirmation letter or e-mail from the National Plan and Provider Enumeration System (NPPES) Enumerator, here's all you need to do:

Report your pharmacy NPI

The form to report your NPI can be downloaded from http://www.ncdp.org/pdf/Provider_number_app.pdf. Complete the form and send it to the National Council for Prescription Drug Programs (NCPDP) via fax to (480) 767-1043. NCPDP will forward your pharmacy NPI number to Blue Cross and Blue Shield of Oklahoma.

Pharmacy NPIs will not be accepted until May 23, 2007. After this date, pharmacy claims may be submitted using either your NCPDP or NPI number until May 23, 2008.

Remember: Pharmacy claims must be submitted using the NCPDP telecommunication standard version 5.1.

Don't have your NPI? Get it! Here's how:

- **Online application:**
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- **Mail:** Complete a paper copy by downloading it from <https://nppes.cms.hhs.gov> or by calling (800) 465-3203

Send paper applications to:
NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

Now accepting new UB-04 form

Blue Cross and Blue Shield of Oklahoma is now accepting the new UB-04 paper claim form for institutional services. You may file this claim using your:

- NPI number(s) and Blue Cross and Blue Shield of Oklahoma provider number(s); or
- Blue Cross and Blue Shield of Oklahoma provider number only

Effective May 23, 2007, Blue Cross and Blue Shield of Oklahoma will only accept claims submitted using the new UB-04 claim form. Any claims received on the old UB-92 form will be returned.

For more information on the new UB-04 claim form, visit the National Uniform Billing Committee (NUBC) at www.nubc.org. Contact your regular form vendor to order paper claim forms.

Gardasil identified as preventive medicine benefit

Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to human papillomavirus (HPV) types 6, 11, 16 and 18 has been identified as a preventive medicine benefit by Blue Cross and Blue Shield of Oklahoma.

In addition, Gardasil will be included in the same benefit package for children as their routine immunizations for local fully-insured members.

Gardasil is a recombinant vaccine that is given as three injections over a six-month period. The vaccine is effective against HPV types 16 and 18 which cause approximately 70 percent of cervical cancers and against HPV types 6 and 11, which cause 90 percent of genital warts.

Consumer directed health plans – what you should know

Blue Cross and Blue Shield Plans across the country are committed to responding to the market demand for products and services that allow employers and their members to take greater control of their health care decisions.

Consumer-Directed Health Plan (CDHP) products encourage members to act as consumers when spending their benefits dollars, much as they do when making any other purchasing decision. Today more than one million members across the country are covered by a CDHP offered by a Blue Cross and/or Blue Shield Plan.

CDHP product options vary across the Blues System in order to meet members' needs. Below you will find basic information about the distinct features of CDHPs as well as helpful claims processing tips.

CDHP Key Features

- **Deductibles** – Similar to traditional plans (i.e., PPOs and HMOs), CDHPs offer members access to the Blue network of participating providers. The plans generally are combined with consumer-empowering features, such as employer- or employee-funded health savings accounts (HSAs) or health reimbursement accounts (HRAs) to help members better manage their health care costs.
- **Debit Card** - The card allows members to pay for and track their out-of-pocket costs using funds from their HRA or HSA. Some cards are “stand-alone” debit cards to cover out-of-pocket costs, while others also serve as member ID cards.

Quick Tip:

For faster processing, please submit your claims electronically to Blue Cross and Blue Shield of Oklahoma.

Provider Tips:

- Carefully determine the member's financial responsibility before processing payment from the member. You can access the member's accumulated deductible by contacting the BlueCard Eligibility line at (800) 676-BLUE (2583) or by using online services. (Note: the accumulated deductible information is based on claims received to date; the information is not real-time).
- Ask members for their current ID card and regularly obtain new photocopies (front and back) of the card. Having the current card will enable you to submit claims with the appropriate member information (including alpha prefix) and avoid unnecessary claims payment delays.
- Check eligibility and benefits by calling (800) 676-BLUE (2583) and provide the alpha prefix, or use electronic capabilities.
- If the member presents a debit card (stand-alone or combined), be sure to verify the out-of-pocket amounts before processing payment. Providers may forego using the debit card and submit the claims to the local plan for processing. The provider remit will advise the provider of member responsibilities.
- Providers may use the debit card for all medical services provided in their office. Many plans, however, offer well care services that are payable under the basic health care program. These services should be billed to the local carrier and should not be applied to the debit card. If you have any questions about the member's benefits or to request accumulated deductible information, please contact (800) 676-BLUE (2583).
- File Claims for BlueCard members with CDHPs to Blue Cross and Blue Shield of Oklahoma.

If you have additional questions, please contact Health Industry Relations at (800) 722-3730.

BCBSOK medical policy regarding intraoperative monitoring

Blue Cross and Blue Shield of Oklahoma has identified the following types of intraoperative monitoring as medically necessary during spinal, intracranial, or vascular procedures when such procedures have a high risk of significant complication(s) that can be detected and prevented through use of neurophysiological monitoring:

- Somatosensory evoked potentials
- Brainstem auditory evoked potentials
- EMG of cranial or spinal nerves
- EEG
- Electrocorticography (ECOG)

Intraoperative EMG and nerve conduction velocity monitoring on the peripheral nerves during surgery is considered not medically necessary. However, it is considered experimental or investigational for intraoperative visual-evoked potentials and motor-evoked potentials. Additionally, for intraoperative visual-evoked potentials and motor-evoked potentials it is considered experimental or investigational.

In addition, for reimbursement purposes, intraoperative monitoring is also identified as:

- A support service to the operating surgeon
- Reimbursable as a separate service when provided to the operating surgeon by a

licensed physician separate from the surgical team. This interpreting physician must either be physically in attendance in the operating suite or present by means of a real-time remote mechanism for all electro neurodiagnostic (END) monitoring situations to interpret the recording and advise the surgeon.

If a facility allows a real-time remote mechanism with live voice interaction capability with the surgeon at all times during the procedure for all END monitoring situations, then Blue Cross and Blue Shield of Oklahoma will provide reimbursement. Adequate documentation to support this activity from both the provider completing the real-time monitoring and the surgeon of record performing the surgery must be provided. This documentation should also appear in the operative report.

Blue Cross and Blue Shield of Oklahoma only reimburses physicians for time spent uniquely on each patient. A provider should not expect full reimbursement for monitoring multiple cases at once, or for seeing patients (and billing those E&M codes) while also engaging in intraoperative monitoring. This, for example, prevents a physician from inaccurately billing multiple amounts of "time" when only working a single hour.

UPDATE: Prescription drug formulary changes

The prescription drug formulary is updated quarterly for Blue Cross and Blue Shield of Oklahoma and BlueLincs HMO members with a three-tier drug plan. The most current formulary listing is available on the prescription drug information page at www.bcsok.com. The following changes have been made to the prescription drug formulary:

Drugs listed/moved to Tier II

Advair HFA	Exelon cap
Androxy	Fluoroplex
Aricept & Aricept ODT tab	Gabitril
Betaxolol HCL	Lindane
Cellcept	Loprox
Cortef	Loprox Shampoo
Cortifoam	Myfortic
Cytomel	Prandin
Desoximetasone	Precose
Differin	Prednisone
Duetact	Prednisone Intensol
Evista	Prograf
Evoxac	Pulmozyme
	Rapamune

Regranex

Solaraze
Soriatane
Spiriva
Sulfacetamide Sodium
Tazorac
Trileptal
Travatan Z
Vesicare tab
Xerac AC
Xopenex HFA
Yaz

Drugs listed/moved to Tier III

Android
Bactroban Nasal
Betimol
Caduet
Dilantin susp
Estrogel
Miacalcin
Ovide
Oxsoralen
Oxsoralen Ultra
Starlix
Stimate

Precertification and requests for out-of-network referrals

Blue Cross and Blue Shield of Oklahoma and Custom Group Services

Statewide (800) 672-2378
Tulsa (918) 560-3595
Fax (800) 220-4045
(918) 551-2278

BlueLincs HMO

Statewide (800) 580-4454

In-network referral authorization

Blue Cross and Blue Shield of Oklahoma

Statewide (800) 241-2583
In-network: Option 1
OON: Option 2
Fax (800) 220-4045
(918) 551-2278

Custom Group Services

Statewide (800) 722-3730

Blue Cross and Blue Shield of Oklahoma Health Industry Relations

Statewide (800) 722-3730
Tulsa (918) 551-3650

New educational program promotes generic drugs to members

Recently, Blue Cross and Blue Shield of Oklahoma began a member educational program entitled Generics First to increase awareness and understanding of generic drugs.

The first mailing included a letter with general information and a brochure that emphasized generic drugs' cost-effectiveness. A chart also was included that listed some highly utilized brand name prescription drugs, such as Pravachol, Zocor, Zoloft and Flonase, that have a generic equivalent.

The second mailing included a brochure to help members make choices that maximize their pharmacy benefits. This brochure included a sample list of non-formulary brand name prescription drugs and their more cost-effective generic and brand name equivalents or alternatives. The lists are intended to guide members and their physicians in selecting medications.

Additional information about generic vs. brand name drugs can be found on our Web site at www.bcbsok.com.

Network News

Executive Editor: Linda Sponsler

Editor: Nicole Amend

Writing and Design: Nicole Amend, Bridget Davidson and Sarah Gatlin

Network News is published quarterly by the Public Communications Department, Blue Cross and Blue Shield of Oklahoma. Blue Cross and Blue Shield of Oklahoma is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © Registered Marks Blue Cross and Blue Shield Association.

Network News: BCBSOK extends dual-identifier acceptance phase