BLUE REVIEW℠

A Provider Publication

April 2019

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 in April 2019 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

News & Updates

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2019

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Click here for more.

==

Check Eligibility and Benefits: Don't Skip This Important First Step!

Is your patient's membership with Blue Cross and Blue Shield of Oklahoma (BCBSOK) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

Get Answers Up Front
Benefits will vary based on the service being rendered and individual and group policy elections. It's critical to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the

benefit quote may include information on applicable benefit preauthorization/pre-renotification requirements. When services may not be covered, you should notify members that they may be billed directly.

Don't Take Chances
Ask to see the member's BCBSOK ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft.

Use Online Options
We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSOK members, and out-of-area Blue Plan and Federal Employee Program® (FEP®) members.

Learn More
For more information, such as a library of online transaction tip sheets organized by specialty, refer to the Eligibility and Benefits section of our Provider website. BCBSOK also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the Training page for upcoming webinar dates, times and registration links to sign up now.

Availity® is a trademark of Availity, LLC, 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 provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and benefits and/or obtaining preauthorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

==

Are you using these shared decision-making aids?

Below is a list of evidence-based shared decision-making (SDM) aids that provide information about treatment options, lifestyle changes and outcomes. These aids are not intended to replace your guidance, but to complement the conversations you have with your patients. Engaging your patients in decision making can lead to better outcomes and quality of life.

Mayo Clinic Shared Decision Making National Resource Center

- Cardiovascular Primary Prevention Choice
- Depression Medication Choice
- Diabetes Medication Choice
- Osteoporosis Decision Aid

- [PCI Choice](#) ⧉
- [Smoking Cessation Around the Time of Surgery](#) ⧉
- [Rheumatoid Arthritis (RA) Choice](#) ⧉
- [Statin Choice Electronic Decision Aid](#) ⧉

[Cincinnati Children's James M Anderson Center for Health Systems Excellence](#) ⧉

- ADHA treatment for school age child
- Diarrhea treatment with Lactobacillus GG
- Human Papilloma Virus HPV vaccination
- Hydroxyurea for Sickle cell anemia
- Treatment for children with Autism
- Behavior concerns in young children
- Juvenile Idiopathic Arthritis treatment
- Fertility preservation for children newly diagnosed with cancer
- Treatment of obstructive Sleep Apnea
- Weight loss for Adolescents

[Dartmouth-Hitchcock Center for Shared Decision Marking](#) ⧉

- **Decision Support Toolkit for Primary Care**

The following seven steps offer a framework for implementing patient decision support in primary care:

- [Step 1: Leadership](#) ⧉
- [Step 2: Goals and Scope of Project](#) ⧉
- [Step 3: Assessment](#) ⧉
- [Step 4: Decision Support Tools](#) ⧉
- [Step 5: Education and Training](#) ⧉
- [Step 6: Implementation](#) ⧉
- [Step 7: Quality Monitoring Tools](#) ⧉

Decision Support Toolkit for Specialty Care

- **Breast Cancer**
  - [Early Stage Breast Cancer Toolkit](#) ⧉ - Guidelines and tools for integrating decision support into clinical care for women newly diagnosed with early stage invasive breast cancer.
  - [Ductal Carcinoma in Situ (DCIS) Toolkit](#) ⧉ - Guidelines and tools for integrating decision support into clinical care for women newly diagnosed with ductal carcinoma in situ.
  - [Breast Reconstruction Toolkit](#) ⧉ - Guidelines and tools for integrating decision support into clinical care for women considering immediate or delayed breast reconstruction after breast cancer surgery.

Hip and Knee Osteoarthritis

- [Hip and Knee Osteoarthritis Toolkit](#) 🗗 - Guidelines and tools for integrating decision support into clinical care for patients with knee and/or hip osteoarthritis.

==

BCBSOK's Payer Spaces Updates in Availity® Provider Portal

The Blue Cross and Blue Shield of Oklahoma (BCBSOK)-branded Payer Spaces section in the Availity® Portal delivers quick access to payer-specific applications, resources and announcements. You must be a registered Availity user to use Payer Spaces. If you aren't registered, visit [availity.com](#), select register, and then complete the guided registration process. Using Payer Spaces is free.

Updates were recently made to Payer Spaces to help you do business with us more efficiently. Certain tools like Refund Management-eRM, NDC Units Calculator Tool and Research Procedure Code Edits have moved from the Resources tab to the Applications tab in our Payer Spaces. Also, a new "Filter by Category" option is available in the Resources tab to help you locate information related to communications, registrations and other resources. Stay up to date with BCBSOK by visiting the News & Announcement section to view important announcements.

Accessing BCBSOK Payer Spaces via the Availity Portal:
1. In the top navigation bar in Availity, select Payer Spaces
2. Choose the BCBSOK Payer Spaces option
3. In Payer Space, use the tabs to navigate the space and locate the tool or link you need

Some of the applications in Payer Spaces are included in the Availity base role, so it is automatically available to users after BCBSOK adds applications in Payer Spaces. If an application does not display in Payer Spaces, and you need access to it to perform your job, contact your Availity administrator to assign the specific role or permission that gives you access to use these applications.

To learn more about the various electronic tools available to you, visit the [Provider Tools page](#) on our website. If you need more help or personalized training, contact our Provider Education Consultant team at [PECS@bcbsok.com](#).

Availity® is a trademark of Availity, LLC, 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 provided by third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

==

Feature Tip

Changes to the 3-Character Prefix on Member ID Cards

Blue Cross and Blue Shield member identification numbers usually begin with a three-character prefix. Prior to April 2018, the prefixes included letters only. To ensure we have enough prefixes to support our

current and future business needs, the Blue Cross and Blue Shield Association has determined that the prefixes may now be alphanumeric.

Quick reminders:

- If a member's ID number does not have a three-character prefix, make sure you request their most current identification card.

- Three-character member ID prefixes may now have both letters and numbers.

- Cards that have letters-only prefixes are still valid.

- The three-character prefix is always followed by the rest of the member's ID number.

- Include the entire member ID number, with the prefix, on all correspondence and claims.

- Do not omit, randomly select or substitute a different three-character prefix

- Some Blue Cross and Blue Shield member ID prefixes may have less than three characters. Federal Employee Program® members, for example, have a single-letter prefix.

==

Provider Data and Directory Updates

Maintaining accurate provider data and directories are an important part of providing Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with the information they need to manage their health. Our online provider directory, Provider Finder® helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in Provider Finder to ensure it's correct. To update your directory information or other information such as tax identification numbers, supervising physician information, hospital privileges, etc., please visit the Information Change Request section on the BCBSOK provider website.

All changes should be submitted at least 30 days in advance of the effective date of the change. For more information, please contact your BCBSOK Provider Network Representative.

==

Web Changes

- Posted [March Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Behavioral Health Care Providers - Time is running out to make sure we have the correct information about your practice](#) to Education and Reference Center/News and Updates
- Posted [Government Programs: Verifying Claim Status in the Availity® Provider Portal](#) to Education and Reference Center/News and Updates

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Provider Training

For dates, times and online registration, visit the [Provider Training page](#).

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Oklahoma (BCBSOK) will normally load this additional data to the BCBSOK claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSOK Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSOK Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to use Clear Claim Connection™(C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection](#) page on our website for more information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). Note: C3 does not contain all of the claim edits and processes used by BCBSOK in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSOK. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.
CPT copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Making the Health Care System Work℠

We have an insider's view of how health insurers, doctors, hospitals, employers and governments depend on one another to provide access to affordable, high-quality care and help people live healthy, productive lives. We put together a team of writers and multimedia creators to work with business and thought leaders, inside and outside of our organization, to explore ways we can all work together to make the

health care system work better for everyone. Learn more about the online magazine we created to tell these stories.

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 BCBSOK 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.

On-demand Training
An eRM tutorial is available to show you how to navigate the features of the eRM tool. Log in at your convenience to complete the tutorial and use it as a reference when needed.

Like us
on Facebook

Follow us
on Twitter

Watch us
on Youtube