BLUE REVIEW℠

A Provider Publication

February 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 February 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

2019 Updates to the Behavioral Health Request Forms

Starting, Jan. 1, 2019, you will notice some changes to Blue Cross and Blue Shield of Oklahoma's (BCBSOK) behavioral health request forms. The changes will make it easier for you to navigate the forms. The forms also include the new Current Procedural Terminology (CPT®) codes for Applied Behavioral Analysis (ABA).

Please use the CPT codes for 2019 as communicated by the American Psychological Association and the American Medical Association.

The changes include:

- A new ABA Clinical Service Request form that replaces the following forms:
    - ABA Initial Treatment Request
    - ABA Managed Care/Concurrent Review
    - ABA Treatment Request Member Schedule forms
- A new ABA Initial Assessment Request form
- Updates to the following existing forms:
    - Electroconvulsive Therapy (ECT) Request
    - Focused Outpatient Management Program (FOPM)
    - Intensive Outpatient Program (IOP) Request

      o   [Psychological or Neuropsychological Testing Request](#)

Please find the latest forms on [our website](#).

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Automated Phone System Change for Behavioral Health Services

Checking eligibility and benefits electronically through the Availity® Provider Portal or your preferred web vendor is the quickest way to access behavioral health coverage information for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members. Online eligibility and benefit quotes include a patient's coverage status and benefit details, such as applicable copayment, coinsurance, deductible amounts and preauthorization requirements.

As of Dec. 16, 2018, if you need to call BCBSOK to verify patient coverage for behavioral health services, you first need to get eligibility and benefit details through the Interactive Voice Response (IVR) phone system. The IVR quotes the same level of eligibility and benefit information that a Customer Advocate provides. Our Customer Advocates are still available to help, including for complex benefit quotes.

Learn More
To learn more about online solutions, visit our [Provider Tools page](#). For IVR navigational help, use the [Eligibility and Benefit Caller Guide](#) on our website.

Note: To verify eligibility and benefits requests via phone for Medicare Advantage members, refer to the number on the member's ID card.

Checking 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 and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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.

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New Opioid Drug Management Program for Medicare Members

On Jan, 1, 2019, Blue Cross and Blue Shield of Oklahoma (BCBSOK) implemented a new opioid drug management program to promote the safe and effective use of prescription opioids for our Medicare Part D members who have prescription drug benefits administered through Prime Therapeutics®.

Similar to the [Appropriate Use of Opioids Program](#) that was implemented in August 2018 for our non-Medicare members, this new program includes improved point-of-sale safety alerts and drug management programs to better coordinate care when chronic high-risk opioid use is present. These new policies aim to improve identification and better manage potential opioid misuse.

Elements in the program also follow safety guidelines as recommended by the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid and other nationally recognized guidelines. Some of the program highlights include:

7-Day Supply Limit for Opioid Naïve Patients
An initial supply of prescription opioids may be limited to a supply of seven days or less for an opioid naïve patient. A member is considered "opioid naïve" if they have not filled an opioid prescription (long-acting or short-acting) within the past 90 days.

- Members may not be subject to this program criteria if:
    - There is claim history that the member is currently being treated with opioid therapy within the past 90 days
    - The health care provider states the member is currently being treated with opioid therapy
    - The member is being treated for active cancer-related pain
    - The member is being treated for sickle cell disease-related pain
    - The member is residing in a long-term care facility
    - The member is in hospice care or receiving palliative (end-of-life) care
- The dispensing pharmacist can contact the number on the member's ID card to assist in these situations. Members or their health care provider can also call.

Opioid Care Coordination Alert
There may be a limit on the cumulative daily Morphine Milligram Equivalent (MME) reported. The MME is calculated across the submitted claim and selected historical claims. This point-of-sale edit may deny claims that exceed a threshold for maximum number of prescribing health care providers and maximum number of pharmacies dispensing opioid prescriptions.

- The dispensing pharmacist may consult with the health care provider and, if the prescription is deemed appropriate, may enter an override. Please be aware that on-call staff may receive outreach from pharmacies regarding this MME limit.
    - Please ensure your staff are educated on the importance of responding timely to these inquiries.

Additional Opioid Safety Edits for Possible Duplicate or Key Potentiator Drugs
Additional safety edits will alert pharmacists at the point-of-sale about members who may be taking duplicate or key potentiator drugs, such as duplicate long-acting opioids, or concurrent opioid and benzodiazepine use.

- The dispensing pharmacist may be able to enter an override for these edits if the prescription is deemed appropriate. They also may consult with health care providers when needed.

The new policies are not intended to be prescribing limits, but tools to better alert health care providers of potential opioid misuse or abuse. Providers and members may request a coverage determination for MME exceptions if necessary and appropriate. Please be aware that providers and on-call staff may receive urgent outreach from pharmacies regarding these edits. Please ensure all staff are educated on the importance of responding timely to these inquiries.

This information is for informational purposes only and is not intended to replace your clinical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. Only you, in direct consultation with your patient, can determine your patient's drug therapy, regardless of the member's benefits.

Prime Therapeutics is a separate pharmacy benefit management company contracted by BCBSOK to provide pharmacy benefit management and other related services. BCBSOK, as well as several Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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Notification of Annual Benefit Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will be updating member files with annual benefit changes over the next several weeks; updates are in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first using Availity® or your preferred vendor portal. If you are asked to contact BCBSOK Provider Customer Service, please recognize that hold times may be longer than normal. For patients who are not scheduled for appointments, deferring eligibility and benefit information requests to a later date is appreciated.

Checking 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 and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.
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2019 Holiday Schedule Reminders (for 835 and 837 transactions)

The reminders below are intended to assist providers in planning ahead for scheduling conflicts that may affect electronic claims (837), and/or claims payment and remittance (835) transactions in 2019.
Electronic Claim Reminders
- Our Electronic Data Interchange (EDI) gateway at Blue Cross and Blue Shield of Oklahoma (BCBSOK) is available 24 hours a day, seven days a week, 365 days a year for the submission of electronic claims (837 transactions).

- Customers will receive BCBSOK automated payer response reports within 24 hours of transmission.
- Claims transmitted to BCBSOK on Saturday, Sunday or Monday are automatically forwarded to the claims adjudication system on the next business day. This processing cycle is not impacted by corporate or banking holidays.

Electronic Payment and Remittance Reminders
- BCBSOK offices will be closed and claims will not be adjudicated on the BCBSOK Holiday Observed Dates indicated in the table below. Please note there are separate columns for BCBSOK Holiday Observed Dates for Commercial and Government Programs Claims. Government program claims include Medicare Advantage.
- Legal banking holidays will add one day to the normal Electronic Funds Transfer (835 EFT) schedule. This means that the EFT payments will be become available the next business day after files are sent to the bank.
- Payment reports and Electronic Remittance Advice (835 ERA) files for claims adjudicated immediately following an observed holiday will be available for retrieval the next business day. This also affects the Electronic Payment Summary (EPS), which is delivered in conjunction with the ERA for commercial claims only. EPS files are not delivered for government programs claims.

Do you utilize a billing service and/or clearinghouse?
Please contact your vendor(s), if applicable, to determine any additional scheduling reminders they may have that may affect your electronic transaction timelines.

Holiday Name	Calendar Date	Legal Banking Holiday Observed Date	BCBSOK Holiday Observed Date *for Commercial Claims**	BCBSOK Holiday Observed Date *for Government Programs Claims**
New Year's Day	Tues., 1/1/19	Tues., 1/1/19	Tues., 1/1/19	Tues., 1/1/19
Martin Luther King Jr. Day	Tues., 1/15/19	Mon., 1/21/19	N/A	Mon., 1/21/19
President's Day	Mon., 2/18/19	Mon., 2/18/19	N/A	N/A
Memorial Day	Mon., 5/27/19	Mon., 5/27/19	Mon., 5/27/19	Mon., 5/27/19

Independence Day	Thurs., 7/4/19	Thurs., 7/4/19	Thurs., 7/4/19	Thurs., 7/4/19
Labor Day	Mon., 9/2/19	Mon., 9/2/19	Mon., 9/2/19	Mon., 9/2/19
Columbus Day	Sat., 10/12/19	Mon., 10/14/19	N/A	N/A
Veteran's Day	Mon., 11/11/19	Mon., 11/11/19	N/A	N/A
Thanksgiving	Thurs., 11/28/19	Thurs., 11/28/19	Thurs., 11/28/19 and Fri., 11/29/19	Thurs., 11/28/19 and Fri., 11/29/19
Christmas Holiday	Wed., 12/25/19	Wed., 12/25/19	Wed., 12/25/19	Tues., 12/24/19 and Wed., 12/25/19

*BCBSOK's Holiday Observed Dates are subject to change.

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Feature Tip

Why Doctors Review Health Insurance Claims

A recent article published in our online magazine, Making the Health Care System Work[SM], pulls the curtain back on one step in the health insurance process that few know about – clinical review. Why Doctors Review Health Insurance Claims explains how experienced physicians work within our company to offer peer-level review of certain benefit preauthorization requests and claims.

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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.

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Web Changes

- Posted January Blue Review to Education and Reference Center/News and Updates/Blue Review page
- Posted 2019 Benefit Preauthorization Changes: eviCore™ Training, Reminders and Resources to Education and Reference Center/News and Updates
- Updated Clinical Payment and Coding Polices under Standards and Requirements/Clinical Payment and Coding Policies

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.

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.

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