November 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 November 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

Time-Based Measurement Standard to Follow AMA

A Change in the Coding of Physical Medicine Service Units
As of July 22, 2019, we changed our time measurement standard for billing physical medicine services. We will now follow the American Medical Association (AMA) guidelines for time-based services. These are time-based codes within the Physical Medicine and Rehabilitation section of the Current Procedural Terminology (CPT) code book.

When billing for time-based services use the (CPT) codes in the AMA code book, except as required by federal law for Medicare and Medicaid patients.

As always, it's critical to check eligibility and benefits before rendering care and services to confirm coverage, network status and other important details. When you check eligibility and benefits online by submitting an electronic 270 transaction through the Availity® Provider Portal or your preferred web vendor portal, you may determine if benefit preauthorization/pre-notification may be required based on the procedure code.

Payment may be denied if you perform procedures without benefit preauthorization when benefit preauthorization is required. If this happens, you may not bill our members.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized/pre-notified for benefits 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 questions, contact 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.

BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such Availity. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

==========

Collaborating to Reduce Opioid Abuse

At Blue Cross and Blue Shield of Oklahoma, we pledge "to do everything in our power to stand with our members in sickness and health." We take that very seriously. That's why we started a new program to help you care for members who may be at risk for an opioid-related adverse event. We hope that by collaborating with members and providers, we can find ways to reduce risk and promote patient safety.

BCBSOK now scans pharmacy and medical claims to identify members with a combination of the following risk factors:

- High morphine equivalent daily dosing (MED)1
- Dangerous drug combinations (i.e., opioids, benzodiazepines, muscle relaxers)
- Receiving controlled substance prescriptions from multiple providers.

When warranted, we reach out to members and providers to inform them of the potential risks. We also provide support to reduce that risk. Support can include ensuring members have access to Narcan (naloxone) and are aware of how to use it. We can also offer non-opioid alternatives such as physical therapy and cognitive behavioral therapy. This initiative is one of the enhancements we made this summer to our behavioral health offerings.

We hope that by identifying and sharing prescribing concerns, we can collaborate to increase patient safety and improve clinical care and outcomes.

"The number of opioid overdoses still occurring in this country requires a coordinated effort across the entire delivery system," said Ben Kurian, MD, Executive Medical

Director of Risk Identification & Outreach Program. “We hope to use our data to partner with providers for the benefit of patients and their families.”

We’re always working to improve health outcomes for all our members. Thank you for helping ensure the safety and wellbeing of your patients/our members.

[1] Source: Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

[2] The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Oklahoma (BCBSOK). Some members may not have outpatient behavioral health care management. Members can check their benefit booklet, ask their group administrator or call Customer Service to verify that they have these services.

This is only a brief description of some member plan benefits. Not all benefits are offered by all plans. For more complete details, including benefits, limitations and exclusions, please refer patients to their certificate of coverage.

==========

Changes to Medicare Advantage Payment Models for Skilled Nursing Facility and Home Health Care Claims

The Centers for Medicare & Medicaid Services (CMS) is launching new payment models for skilled nursing facilities and home health care. Blue Cross and Blue Shield of Oklahoma (BCBSOK) is aligning its payment models with CMS for Medicare Advantage claims.

These changes will help support patient-focused, streamlined claims processes for skilled nursing facilities and home health agencies that are contracted to provide care and services for our Blue Cross Medicare Advantage (PPO)SM (MA PPO) and Blue Cross Medicare Advantage (HMO)SM (MA HMO) members.

What Is Changing?

- Beginning **October 1, 2019**, BCBSOK will transition to CMS’s Patient Driven Payment Model, which classifies skilled nursing facility claims into payment groups based on patient characteristics. This model replaces the Resource Utilization Group, Version IV (RUG-IV), which we will no longer support.
- Beginning **January 1, 2020**, BCBSOK will adopt CMS’s Patient-Driven Groupings Model for home health patients, as part of the Home Health Prospective Payment System. Under this new model, payment is based on 30-day periods rather than 60 days, and therapy service thresholds are eliminated.

Medicare Advantage providers should use the new CMS classifications when submitting claims for skilled nursing facility and home health services.

Learn More
Visit the CMS website for more information, including answers to frequently asked questions about CMS's payment model for skilled nursing facilities. Also refer to the CMS website for access to an interactive grouper tool and other details on the home health patient-driven groupings model.

==========

Medicare Advantage plans receive an update to Chimeric Antigen Receptor (CAR) T-cell Therapy for Cancers via a decision memo from the Centers for Medicare & Medicaid Services (CMS)

There are important changes to the CAR T-cell therapy for certain types of cancer considered a significant cost for contract years 2019 and 2020.

CMS announces that the National Coverage Determination (NCD) requiring coverage of chimeric antigen receptor (CAR) T-cell therapy for certain types of cancer is a significant cost under section 422.109(a)(2) of title 42 of the Code of Federal Regulations. As a result, for calendar years 2019 and 2020 only, original fee-for-service Medicare will pay for CAR T-cell therapy for cancer obtained by beneficiaries enrolled in Medicare Advantage plans when the coverage criteria outlined in the NCD is met.

Consistent with §1862(t)(2) of the Act, Medicare Administrative Contractors will pay for CAR T-cell therapy for cancers for Medicare beneficiaries enrolled in Medicare Advantage plans in Contract Year (CY) 2019 and 2020.

For more information, see the decision memo on the CMS website.

==========

Pricing update for Udenyca (Q5111) Beginning Jan. 1, 2020

Medication Udenyca (J5111) will have a change in payment methodology **effective January 1, 2020**. Udenyca currently is listed as a single source medication on the OK professional NDC fee schedule.

Beginning January 1, 2020, Udenyca will be listed as a Group C medication. The reimbursement change for this product will be reflected in the state-wide professional NDC fee schedule.

For more information on Group C medication and NDC billing guidelines, visit the Pharmacy Program section on our website.

If you have questions, email provider inquiries or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

==========

Feature Tip

Register Today: Behavioral Health HEDIS Webinar Training Thursday, Dec. 5

Have you ever wanted to learn more about Healthcare Effectiveness Data and Information Set (HEDIS) measures for behavioral health? Join us for a live webinar to review one of the top performance improvement tools used across healthcare organizations. Learn how to use the measures in HEDIS to bridge gaps in patient care.

Topics include, how to measure:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (IET)

Register Today: HEDIS Webinar Training
Thursday, Dec. 5, 2019 from 11 a.m. to noon

==========

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 October *Blue Review* to Education and Reference Center/News and Updates/Blue Review page
- Posted New Prior Authorization Requirements for Oklahoma Members Effective Jan. 1, 2020 to Education and Reference Center/News and Updates
- Posted Posted Free CME Course - The Cost of Health Care and What it Means 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.

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.

We Want Your Feedback

Do you have a helpful suggestion or feedback about our website? Fill out our Feedback Survey.

 Like us on Facebook  Follow us on Twitter  Watch us on Youtube