

BLUE REVIEWSM

A Provider Publication

October 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 October 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

New Process to Contact BCBSOK Provider Representatives

Effective Sept. 1, 2019, Blue Cross Blue Shield of Oklahoma (BCBSOK) Network Management has a new process for physicians and health care professionals to contact our BCBSOK Provider Network Representatives. Oklahoma physicians and health care professionals can send provider inquiries to OKNetworkManagement@bcbsok.com or call the Provider Contract Support Unit at **800-722-3730, Option 2**. Your inquiry will be routed to a Provider Network Representative for review and/or processing.

BCBSOK Provider Network Representatives can assist with:

- Onboarding a new physician or health care professional
- Updating an existing physician or health care professional's demographic information
- Credentialing/recredentialing a physician or health care professional

[Email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2**. Your inquiry will be routed to a professional provider representative for review and/or processing.

Please Note: For Claims issues/inquiries, please call 800-722-3730 Option 1 or [verify claim status online](#).

Updates to APRN (CNP and CNS) Credentialing Process

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is in the process of updating its Advanced Practice Registered Nursing (APRN) (Certified Nurse Practitioner (CNP) and Certified Nurse Specialist (CNS)) credentialing process to follow the national Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education.

BCBSOK reviews the following elements as part of its criteria when considering an APRN's application for network participation and credentialing:

- Licensing
- A description of the APRN's current practice (Sections 3, 7 and/or 8 of the Uniform Credentialing Application)
- Details regarding certification, training and education (Sections 5 and 10 of the Uniform Credential Application)
- Sponsorship for Prescriptive Authority (if applicable)
- Copies of the BNDD and CDS and a Curriculum Vitae (Section 12 of the Uniform Credentialing Application)

Generally, an APRN's education and certification specialty must align with his/her scope of practice. The practice location of the APRN should be consistent with both the population focus and area of emphasis/specialty (if applicable) listed on his/her license. Please review the [Network Participation](#) section of the BCBSOK Provider web portal for more information on how to join our networks and how to submit your application for credentialing.

Laboratory Benefit Level Change

Currently, we cover many nonpreventive lab services without any member cost sharing when billed with a preventive diagnosis.

Beginning Jan. 1, 2020, or upon a member's renewal date, nonpreventive labs will no longer be covered at the no member cost-share level for some Blue Cross and Blue Shield of Oklahoma PPO and HMO members but will instead be treated as a standard medical benefit regardless of diagnosis code. Any applicable cost sharing (copay, coinsurance and deductible) may apply, based on the member's health plan.

What does this mean for you?

- You may have to seek payment from the member.
- You may want to alert members that they could have to pay any applicable cost share (copayment, coinsurance, deductible) for laboratory services.

Please refer to the [Preventive Services Clinical Payment and Coding policy](#), which contains the list of lab procedures that are considered preventive and will process at the no cost share benefit level when billed with a preventive diagnosis.

As a reminder, it's important to check member eligibility and benefits through [Availity® Provider Portal](#) or your preferred vendor web portal prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Checking eligibility and benefits also helps providers confirm benefit preauthorization requirements. Also, ask to see the member's ID card for current information and a photo ID to help guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly. Obtaining benefit preauthorization is not a substitute for checking member eligibility and benefits.

To confirm how a lab will process if it's not identified on the [Preventive Clinical Payment and Coding Policy](#), please call the number on the member's ID card and ask about their non-ACA wellness benefit.

Note: This information does not apply to members who have Medicaid or Medicare plans.

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 BCBSIL. BCBSIL 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/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.

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 important 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-identification 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 website. BCBSOK also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to our [Training page](#) for upcoming webinar dates, times and registration links to sign up now.

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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.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 2

This article is Part 2 of our Quarterly Pharmacy Changes. Part 1 included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Part 2 contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

DRUG LIST CHANGES

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 (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the Quarterly Pharmacy Changes Part 1 article. Your patient(s) may ask you about

therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective Oct. 1, 2019, are outlined below.

Drug List Coverage Additions – As of Oct. 1, 2019

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
INBRIJA (levodopa inhal powder cap 42 mg)	Parkinson's Disease
KALYDECO (ivacaftor packet 25 mg)	Cystic Fibrosis
MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv))	Multiple Sclerosis
SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit)	Plaque Psoriasis
SYMDEKO (tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk)	Cystic Fibrosis
SYMJEPI (epinephrine solution prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis
TREMIFYA (guselkumab soln pen-injector 100 mg/ml)	Plaque Psoriasis

TREMFYA (guselkumab soln prefilled syringe 100 mg/ml)	Plaque Psoriasis
Basic, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists	
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions
Balanced, Performance and Performance Select Drug Lists	
AIMOVIG (ereunumab-aooe subcutaneous soln auto-injector 140 mg/ml)	Migraines
ambrisentan tab 5 mg, 10 mg (generic for LETAIRIS)	Pulmonary Arterial Hypertension
BALVERSA (erdafitinib tab 3 mg, 4 mg, 5 mg)	Cancer
bosentan tab 62.5 mg, 125 mg (generic for TRACLEER)	Pulmonary Arterial Hypertension
CABLIVI (caplacizumab-yhdp for inj kit 11 mg)	Acquired Thrombotic Thrombocytopenic Purpura (aTTP)
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (generic for EXJADE)	Iron Overload

DIACOMIT (stiripentol cap 250 mg, 500 mg)	Dravet Syndrome
DIACOMIT (stiripentol packet 250 mg, 500 mg)	Dravet Syndrome
erlotinib hcl tab 25 mg, 100 mg, 150 mg (base equivalent) (generic for TARCEVA)	Cancer
erythromycin ethylsuccinate for susp 400 mg/5 ml (generic for ERYPED 400)	Infections
ganirelix acetate inj 250 mcg/0.5 ml	Infertility*
INBRIJA (levodopa inhal powder cap 42 mg)	Parkinson's Disease
INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	Tardive Dyskinesia
KALYDECO (ivacaftor packet 25 mg)	Cystic Fibrosis
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions
loteprednol etabonate ophth susp 0.5% (generic for LOTEMAX)	Ophthalmic Inflammatory Conditions
MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv))	Multiple Sclerosis

mesalamine cap dr 400 mg (generic for DELZICOL)	Ulcerative Colitis
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis
pyridostigmine bromide syrup 60 mg/5 ml (generic for MESTINON)	Myasthenia Gravis
QTERN (dapagliflozin-saxagliptin tab 5-5 mg)	Diabetes
sildenafil citrate for suspension 10 mg/ml (generic for REVATIO)	Pulmonary Arterial Hypertension
SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit)	Plaque Psoriasis
solifenacin succinate tab 5 mg, 10 mg (generic for VESICARE)	Overactive Bladder
SYMJEPI (epinephrine solution prefilled syringe 0.3 mg/0.3 ml (1:1000))	Anaphylaxis
TREMFYA (guselkumab soln pen-injector 100 mg/ml)	Plaque Psoriasis
TREMFYA (guselkumab soln prefilled syringe 100 mg/ml)	Plaque Psoriasis

VERELAN PM (verapamil hcl cap er 24hr 100 mg, 24hr 300 mg)	Hypertension
ZYKADIA (ceritinib tab 150 mg)	Cancer
Performance and Performance Select Drug Lists	
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Asthma; Atopic dermatitis

Balanced and Performance Select Drug Lists	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic for DICLEGIS)	Morning Sickness/Nausea
penicillamine cap 250 mg	Wilson's Disease
Performance Drug List	
VASCEPA (icosapent ethyl cap 0.5 gm, 1 gm)	Hypercholesterolemia

Balanced Drug List	
APADAZ (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg)	Pain
BENZHYDROCODONE/ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg)	Pain
BIJUVA (estradiol-progesterone cap 1-100 mg)	Menopause
DXEVO 11-DAY (dexamethasone tab therapy pack 1.5 mg (39))	Inflammatory Conditions
FENOFIBRATE (fenofibrate tab 160 mg)	Hypercholesterolemia
FENTANYL CITRATE (fentanyl citrate buccal tab 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (base equiv))	Pain
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	Lambert-Eaton Syndrome
LEVORPHANOL TARTRATE (levorphanol tartrate tab 3 mg)	Pain
NIACIN (niacin (antihyperlipidemic) tab 500 mg)	Hypercholesterolemia

NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain
QBREXZA (glycopyrronium tosylate pad 2.4% (base equivalent))	Primary Axillary Hyperhidrosis
TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27))	Inflammatory Conditions
TYLACTIN COMPLETE 15 PE (nutritional supplement bar)	Nutritional Supplement
VITAFOL STRIPS (prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg)	Prenatal Vitamin

1Third-party brand names are the property of their respective owner.

**Optional fertility component coverage for select health plans.*

Drug List Updates (Coverage Tier Changes) – As of October 1, 2019

Drug¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
cefixime cap 400 mg (generic for SUPRAX)	Non-Preferred Generic	Infections

OTREXUP (methotrexate soln pf auto-injector 7.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 12.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 15 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 17.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 20 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 22.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 25 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
Balanced Drug List		

aliskiren fumarate tab 150 mg, 300 mg (base equivalent) (generic for TEKTURNIA)	Non-Preferred Generic	Hypertension
dexamethasone tab therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51) (generic for DEXPAK)	Non-Preferred Generic	Inflammatory Conditions
timolol maleate tab 5 mg	Non-Preferred Generic	Hypertension

1Third-party brand names are the property of their respective owner.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Clarification from the previously published Part 1 article:
 - The Interleukin-5 (IL-5) Inhibitors PA program only includes the target drug Nucala. Future target drugs may be added later. As a reminder, this program applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit *bcbsok.com* and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Reminder: New Generic Specialty Drug Coverage Tier Changes

With the increase of generic specialty medications in the pharmaceutical market, BCBSOK is changing the way these medications may process starting on Oct.1, 2019.

If a member is on the Balanced, Performance or Performance Select Drug Lists, the following examples of generic specialty medications may be in the lower-cost, preferred specialty tier.

The October prescription drug lists will reflect these tier coverage changes. The medications will be in lower-case boldface type, have a lower-case “p” or “np” indicator and be marked with a dot in the specialty column. Below are some examples of these medications that are currently in the highest cost, non-preferred specialty tier:

abiraterone acetate tab 250 mg (Zytiga)	bexarotene cap 75 mg (Targretin)
capecitabine tab 150 mg, 500 mg (Xeloda)	dalfampridine tab er 12hr 10 mg (Ampyra)
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	imatinib mesylate tab 100 mg, 400 mg (base equivalent) (Gleevec)
leuprolide acetate inj kit 5 mg/ml	melphalan tab 2 mg (Alkeran)
nilutamide tab 150 mg (Nilandron)	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)
ribavirin cap 200 mg (Rebetol)	ribavirin tab 200 mg (Copegus)

sildenafil citrate tab 20 mg (Revatio)	sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)
sodium phenylbutyrate tab 500 mg (Buphenyl)	tadalafil tab 20 mg (Adcirca)
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	tetrabenazine tab 12.5 mg, 25 mg (Xenazine)
tobramycin nebu soln 300 mg / 5 ml (Tobi)	tretinoin cap 10 mg
trientine hcl cap 250 mg (Syprine)	vigabatrin powder pack 500 mg (Sabril)

Select Prescription Drug Lists' Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management and related other services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Do You Talk to your Patients about the cost of Health Care?

As a health care professional, you do everything you can to provide your patients with quality health care. Your patients trust you with their health care decisions.

Often, those decisions have a cost associated with them.

We understand the cost of health care is complicated and you won't have the answers right away but being willing to talk with your patients about costs is a way for you to alleviate stress, show your support and build trust with your patients.

In September 2019, Blue Cross and Blue Shield of Oklahoma rolled out an educational campaign to our members called *Save Time Save Money – BAMSM! Be the Superhero of your Health Care Plan*. We are encouraging our members to log into their Blue Access for Members (BAM) account and research services, procedures and medications. So, they can have a conversation with you, their health care professional, about treatment plans that can achieve the best outcome for their health and financial wellbeing.

For more information about this campaign visit bcbsok.com/superhero

Measure and Document Body Mass Index (BMI)

Maintaining a healthy weight is key to reducing the risk of high blood pressure, high blood cholesterol and type 2 diabetes. Reducing the risk of these factors decreases the risk of heart disease and stroke. Body Mass Index (BMI) is a measurement that screens for weight categories that may lead to health problems. Measuring and documenting your patients' BMI can help you care for their long-term health.

You can help us collect data about our members by measuring and documenting their BMI at least once every two years. We use this data to measure and improve the quality of care our members receive. To make this process easier, follow these tips:

- Measure and report BMI using the appropriate ICD-10 Z codes during our members' office visit. This may help you avoid a request for medical records later
- If your office uses an electronic medical record:
 - Ensure that the ICD-10, height, weight and calculated BMI or percentile transfers to the vitals sheet or progress notes with a date of service
- If your office uses paper charts:
 - Calculate and document the BMI or BMI percentile using a BMI wheel or smartphone app
 - Document the BMI in the medical record
- Be sure to include the date of service for each episode in the medical record
- ICD-10 Z-Codes must be used or medical records will be requested

NOTE: ICD-10 Z-codes for Adult BMI range from Z68.1 through Z68.44. ICD-10 Z-codes for Pediatric BMI range from Z68.51 through Z68.54. These must be used as a secondary code and are non-reimbursable.

Feature Tip

FEP Blue Focus Reminder

Thank you for serving our Federal Employee Program® (FEP) Blue Focus members. As a reminder, prior authorization is required for some services for FEP Blue Focus members. This includes high tech imaging studies such as magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT), computed

tomography angiography (CTA), nuclear cardiology and position emission tomography (PET) scans.

For information on FEP Medical Policies and Utilization Management Guidelines, please refer to the Policies & Guidelines section at fepblue.org.

We encourage you to check eligibility and benefits for FEP members via an electronic 270 transaction through the [Availity Provider Portal](#) or your preferred vendor portal. If you have any questions, call the number on the member's ID card.

Blue Cross and Blue Shield of Oklahoma is proud of our long history of serving federal employees, retirees and their families with products that deliver high-quality, comprehensive coverage. We appreciate your continued partnership in serving our FEP members.

Checking eligibility and benefits and/or obtaining benefit preauthorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment 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 your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, please call the number on the member's BCBSOK ID card.

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In the Community

Oklahoma Champions of Health winners recognized at Gala



The 16th annual [Champions of Health](#) Gala was held on Thursday, Sept. 26 at the [Cox Business Center](#) in Tulsa. Six deserving Oklahoma organizations were honored, and boxing legend Sugar Ray Leonard served as the keynote speaker.

Since 2004, the Champions of Health awards program has honored organizations and individuals who are making a difference in the health of Oklahomans. The annual

Champions of Health Gala benefits [The Oklahoma Caring Foundation, Inc.](#), a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge. The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma and 10 coalition partners.

Dentists for the Disabled and Elderly in Need of Treatment, Inc. (D-DENT) has been named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the [Champions of Health](#) awards. [D-DENT](#), a statewide non-profit organization, helps dentists improve the emotional and overall health of those in need through the restoration of oral health. As the overall winner, D-DENT received a \$15,000 grant. In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, nonprofit winners in each category received a \$5,000 grant and finalists received a \$1,000 grant.

Additional winners included:

Champion of Children's Health

Winner: [Anadarko Hope Squad](#)

Finalist: [Anna's House Foundation](#)

Champion of Senior Health

Winner: Comanche Nutrition Center

Finalist: [Edmond Mobile Meals](#)

Champion of the Uninsured

Winner: [The Children's Center Rehabilitation Hospital](#)

Finalist: [Ministries of Jesus, Inc.](#)

Community Health Champion

Winner: [YWCA Oklahoma City](#)

Finalist: [Hospitality House of Tulsa](#)

Corporate Health Champion

Winner: [Groendyke Transport](#)

Finalists: [Oklahoma City Indian Clinic](#)

Congratulations to this year's winners! For more information about the event or how to nominate an individual or organization in the future, please visit championsofhealth.org.

The Oklahoma Caring Foundation, Inc. is a non-profit organization administered as an in kind gift by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association.

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 September Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Posted [Cotiviti Denial Rationale and Additional Action\(s\) Now Available in the Claim Research Tool](#) to Education and Reference Center/News and Updates
- [Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 1](#) to Education and Reference Center/News and Updates 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.

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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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