

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## September 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 September 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](http://bcbsok.com/provider).**

You can find the [Blue Review](#) online at [bcbsok.com/provider/news](http://bcbsok.com/provider/news) and updates

## News & Updates

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

#### **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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be 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. Changes effective Oct. 1, 2019, are outlined below.

Another Quarterly Pharmacy Changes article with more recent coverage additions will be published closer to the Oct. 1 effective date.

***Please note: The drug list changes listed below do not apply to BCBSOK members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2020.***

## Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2019

| Non-Preferred Brand <sup>1</sup>   | Drug Class/<br>Condition Used<br>For      | Preferred Generic<br>Alternative(s) <sup>2</sup>  | Preferred Brand<br>Alternative(s) <sup>1,2</sup> |
|--|---|---|--|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions    |   |   |  |
| CANASA<br>(mesalamine suppos<br>1000 mg)   | Ulcerative<br>Colitis, Crohn's<br>Disease | Generic equivalent available. Members<br>should talk to their doctor or pharmacist<br>about other medication(s) available for their<br>condition. |  |
| PRIMAQUINE<br>PHOSPHATE<br>(primaquine<br>phosphate tab 26.3<br>mg (15 mg base)) | Malaria                                   | Generic equivalent available. Members<br>should talk to their doctor or pharmacist<br>about other medication(s) available for their<br>condition. |  |
| SABRIL (vigabatrin<br>tab 500 mg)  | Partial Seizures                          | Generic equivalent available. Members<br>should talk to their doctor or pharmacist<br>about other medication(s) available for their<br>condition. |  |
| Basic and Multi-Tier Basic Drug List Revisions                                   |   |   |  |
| ELIDEL<br>(pimecrolimus<br>cream 1%)   | Atopic Dermatitis                         | Generic equivalent available. Members<br>should talk to their doctor or pharmacist<br>about other medication(s) available for their<br>condition. |  |
| FARESTON<br>(toremifene citrate  | Cancer                                    | Generic equivalent available. Members<br>should talk to their doctor or pharmacist  |  |

|   |             |   |
|---|-------------|---|
| tab 60 mg (base equivalent))                                |             | <i>about other medication(s) available for their condition.</i>   |
| GANIRELIX<br>ACETATE (ganirelix acetate inj 250 mcg/0.5 ml) | Infertility | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |

| Drug1  | Drug Class/Condition Used For          | Preferred Alternative(s)1,2   |
|--|--|---|
| <b>Balanced, Performance and Performance Select Drug Lists Revisions</b>                           |  |   |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN (neomycin-polymyxin-gramicidin op sol 1.75-10000-0.025 mg-unt-mg/ml) | Ophthalmic Infections                  | erythromycin ophth oint 5 mg/gm, polymyxin B-trimethoprim ophth soln 10000 unit/ml-0.1%                           |
| PIMOZIDE (pimozide tab 1 mg, 2 mg)   | Tourette's Syndrome                    | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| SULFACETAMIDE<br>SODIUM/PREDNISOLONE<br>SODIUM PHOSPHATE (sulfacetamide sodium-                    | Ophthalmic Infections/<br>Inflammation | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |

|   |                    |   |
|---|--------------------|---|
| prednisolone ophth soln 10-0.23(0.25)%  |                    |   |
| <b>Balanced Drug List Revisions</b>   |                    |   |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg) | Pain               | acetaminophen/codeine tablet, butalbital-acetaminophen-caffeine/codeine capsule |
| DVORAH (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)   | Pain               | acetaminophen/codeine tablet, butalbital-acetaminophen-caffeine/codeine capsule |
| MUPIROCIN (mupirocin calcium cream 2%)  | Topical Infections | mupirocin ointment  |
| MYNATAL ADVANCE (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg)  | Prenatal Vitamin   | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 19                 |
| MYNATAL PLUS (prenatal vit w/ fe fumarate-fa tab 65-1 mg)   | Prenatal Vitamin   | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 20                 |
| MYNATAL ULTRACAPLET (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg)                                    | Prenatal Vitamin   | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 21                 |

|   |  |  |
|---|--|--|
| MYNATAL-Z (prenatal vit w/ fe fumarate-fa tab 65-1 mg)                    | Prenatal Vitamin                       | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 22  |
| <b>Balanced, Performance and Performance Select Drug Lists Exclusions</b> |  |  |
| AMICAR (aminocaproic acid tab 500 mg, 1000 mg)                            | Hemorrhage;<br>Hyperfibrinolysis       | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| CANASA (mesalamine suppos 1000 mg)  | Ulcerative Colitis,<br>Crohn's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| FARESTON (toremifene citrate tab 60 mg (base equivalent))                 | Cancer                                 | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml)                  | Infertility                            | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other</i>   |

|   |                   |  |
|---|-------------------|--|
|   |                   | <i>medication(s) available for your condition.</i>   |
| PRIMAQUINE PHOSPHATE<br>(primaquine phosphate tab 26.3 mg (15 mg base)) | Malaria           | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| RANEXA (ranolazine tab er 12hr 500 mg, 12hr 1000 mg)                    | Angina            | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| RENAGEL (sevelamer hcl tab 800 mg)                                      | Hyperphosphatemia | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| SABRIL (vigabatrin tab 500 mg)  | Partial Seizures  | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |

|  |                           |  |
|--|---------------------------|--|
| SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv)) | Opiate Agonist Dependence | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| <b>Balanced and Performance Select Drug Lists Exclusions</b>                                     |                           |  |
| ACANYA (clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%)                                     | Acne                      | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ELIDEL (pimecrolimus cream 1%)   | Atopic Dermatitis         | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| SOLODYN (minocycline hcl tablet 24hr 55 mg, 80 mg, 105 mg)                                       | Acne                      | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ULORIC (febuxostat tablet 40 mg, 80 mg)  | Gout                      | allopurinol tablet   |

| Performance and Performance Select Drug Lists Exclusions   |                      |   |
|--|----------------------|---|
| amlodipine besylate-<br>atorvastatin calcium tab 2.5-10<br>mg, 2.5-20 mg, 2.5-40 mg, 5-10<br>mg, 5-20 mg, 5-40 mg, 5-80<br>mg, 10-10 mg, 10-20 mg, 10-40<br>mg, 10-80 mg | Hypertension         | amlodipine tablet,<br>atorvastatin tablet                             |
| fenofibrate tab 120 mg   | Hypercholesterolemia | fenofibrate 145 mg tablet,<br>gemfibrozil tablet                      |
| fenofibrate tab 40 mg  | Hypercholesterolemia | fenofibrate tablet 48 mg,<br>gemfibrozil tablet                       |
| fluvastatin sodium cap 20 mg,<br>40 mg   | Hypercholesterolemia | atorvastatin tablet,<br>rosuvastatin tablet,<br>simvastatin tablet    |
| fluvastatin sodium tab er 24 hr<br>80 mg   | Hypercholesterolemia | atorvastatin tablet,<br>rosuvastatin tablet,<br>simvastatin tablet    |
| fluvastatin sodium tab sr 24 hr<br>80 mg   | Hypercholesterolemia | atorvastatin tablet,<br>rosuvastatin tablet,<br>simvastatin tablet    |
| MYNATAL ADVANCE (prenatal<br>vit w/ dss-iron carbonyl-fa tab<br>90-1 mg)   | Prenatal Vitamin     | PRENATAL+FE TAB 29-1<br>MG, PRENATAL PLUS TAB<br>27-1 MG, SE-NATAL 19 |



|  |                   |  |
|--|-------------------|--|
| MYNATAL PLUS (prenatal vit w/ fe fumarate-fa tab 65-1 mg)              | Prenatal Vitamin  | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 20  |
| MYNATAL ULTRACAPLET (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg) | Prenatal Vitamin  | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 21  |
| MYNATAL-Z (prenatal vit w/ fe fumarate-fa tab 65-1 mg)                 | Prenatal Vitamin  | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 22  |
| venlafaxine hcl tab er 24hr 37.5 mg, 75 mg, 150 mg (base equivalent)   | Depression        | venlafaxine ER capsule   |
| venlafaxine hcl tab sr 24hr 37.5 mg, 75 mg, 150 mg (base equivalent)   | Depression        | venlafaxine ER capsule   |
| <b>Balanced Drug List Exclusions</b>                                   |                   |  |
| AMRIX (cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg)              | Muscle Spasm      | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| naproxen sodium tab 220 mg   | Pain/Inflammation | <i>Members should talk to their doctor or pharmacist about</i>   |

|  |                      |  |
|--|----------------------|--|
|  |                      | <i>other over-the-counter options.</i>   |
| ZOVIRAX (acyclovir cream 5%)   | Topical Infections   | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| <b>Performance Drug List Exclusions</b>  |                      |  |
| RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml) | Rheumatoid Arthritis | methotrexate injection, methotrexate tablet, OTREXUP   |

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

*2This list is not all-inclusive. Other medicines may be available in this drug class.*

### **DISPENSING LIMIT CHANGES**

The BCBSOK prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Please note:** The dispensing limits listed below do not apply to BCBSOK members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2020.

Effective Oct. 1, 2019:

| Drug Class and Medication(s) <sup>1</sup>                              | Dispensing Limit(s)      |
|--|--------------------------|
| <b>Basic, Enhanced, Performance, and Performance Select Drug Lists</b> |                          |
| <b>Alternative Dosage Form</b>   |                          |
| Tiglutik   | 600 mL per 30 days       |
| <b>Basic, Enhanced and Performance Drug Lists</b>                      |                          |
| <b>Vascepa</b>   |                          |
| Vascepa 0.5 mg   | 240 capsules per 30 days |
| Vascepa 1 mg   | 120 capsules per 30 days |
| <b>Basic and Enhanced Drug Lists</b>                                   |                          |
| <b>Amifampridine</b>   |                          |
| Firdapse   | 240 tablets per 30 days  |
| Ruzurgi  | 300 tablets per 30 days  |
| <b>Neurotrophic Keratitis</b>  |                          |

|                                  |                          |
|----------------------------------|--------------------------|
| Oxervate                         | 56 vials per 56 days     |
| <b>Oral PAH</b>                  |                          |
| Uptravi 200 mcg titration bottle | 140 tablets per 180 days |

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

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective July 25, 2019**, the following changes were applied:
  - The Firdapse PA program changed its name to: Amiframpidine. The program, which applies to the Balanced and Performance Select Drug Lists, includes the same targeted medications and a new one, Ruzurgi. The program criteria remains the same.
  - The IL-5 Inhibitors PA program and target drugs Fasenra and Nucala was added to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.\*
  - The target drug Emgality 100 mg/mL was added to the Calcitonin Gene-Related Peptide (CGRP) PA program, which applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.\*
- **Effective Oct. 1, 2019**, the following changes will be applied:
  - The Vascepa PA program will also be added to the Performance Drug List.\*
  - The Alternative Dosage Form program update will also apply to the Performance and Performance Select Drug Lists.\*
  - The Methotrexate Injectable Step Therapy (ST) program will be added to the Balanced and Performance Select Drug Lists. This program includes the target drugs: Otrexup and Rasuvo.
  - New target drugs will be added to the Multiple Sclerosis ST program: Mayzent (preferred brand) and Mavenclad (non-preferred brand/ excluded). This program applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Drug Lists.

Members were notified about the PA standard program changes listed in the tables below.

**Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2019**

| Drug Category  | Targeted Medication(s) <sup>1</sup> |
|--|-------------------------------------|
| <b>Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists</b> |                                     |
| Human Fibrinogen Concentrate   | Fibryga, RiaSTAP                    |
| Procysbi   | Procysbi                            |
| <b>Basic and Enhanced Drug Lists</b>   |                                     |
| Amiframpidine (previously known as Firdapse)                                 | Firdapse, Ruzurgi                   |
| Neurotrophic Keratitis   | Oxervate                            |
| Vascepa  | Vascepa                             |

*<sup>1</sup>Third-party brand names are the property of their respective owner.*

**Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2019**

| Drug Category                                  | Targeted Medication(s) <sup>1</sup> |
|--|-------------------------------------|
| <b>Basic, Enhanced, Balanced Drug Lists</b>    |                                     |
| Alternative Dosage Form                        | Tiglutik                            |
| <b>Basic, Enhanced, Performance Drug Lists</b> |                                     |
| Therapeutic Alternatives                       | Diflorasone ointment and cream      |

*<sup>1</sup>Third-party brand names are the property of their respective owner.*

*\* Members did not receive letters due to limited utilization.*

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and prior authorization program changes. 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](http://bcbsok.com) and log in to Blue Access for Members<sup>SM</sup> (BAMSM) or MyPrime.com for a variety of online resources.

**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 lowercase boldface type, have a lowercase “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)                                       | ocetreotide 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) |

### Pharmacy Claims Accumulator Change

Starting on or after July 1, 2019, some BCBSOK members' plans may experience a change in how their pharmacy claims accumulate to their health plan, if they use an out of network pharmacy.

In most cases, no action is required on your part as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient(s) which pharmacy is their preferred choice.

### 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.

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## Notice of Change to Preservice Appeals process for your Medicare Patients Covered by Blue Cross and Blue Shield of Oklahoma

There are important changes to the preservice appeals process for your Blue Cross and Blue Shield of Oklahoma (BCBSOK) patients enrolled in our Medicare programs.

Beginning Nov. 1, 2019, eviCore healthcare (eviCore), an independent medical benefits management company, will no longer administer the appeals for denied and partially denied Medicare prior authorization requests. BCBSOK will assume responsibility for conducting the preservice appeals process, from preservice appeal intake the appeal determination. Evictors, however, will continue its role in administering the initial determination of prior authorization requests.

**Note:** The medical policies being used for preservice appeal reviews will not change. Remember when submitting a preservice appeal to always follow the directions included within the denial letter.

These changes are designed to streamline workflows and lead to an improved member and provider experience.

Use Availity® or your preferred vendor to check eligibility and benefits to determine if you are in-network for your patient and if prior authorization or prenotification is required. Refer to “[Eligibility and Benefits](#)” on the provider website for more information on Availity. You can also refer to our [Clinical Resources / Prior Authorization](#) page for help.

Use iExchange® for other services requiring prior authorization through BCBSOK. More information on iExchange or instructions on how to set up an iExchange account, can be found on the [bcbsok.com/provider](http://bcbsok.com/provider) website under the [provider tools/iExchange](#).

Payment may be denied if procedures are performed without authorization. If this happens, you may not bill your patients.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSOK's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined 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.

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. eviCore is wholly responsible for its own products and services. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers.

*BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by Availity, eviCore, AIM or Medecision. 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.*

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## Medicare Advantage Updates to Provider Finder Coming in September 2019

Does your patient who is a Blue Cross Medicare Advantage member need help finding an in-network specialist or facility for a consultation or procedure? This September we anticipate the release of our enhanced online Provider Finder® tool. This tool will be available to our Medicare providers and make finding the care your Medicare members need a lot easier.

Our new Provider Finder is visually appealing and easy to navigate with a streamlined menu and filter options. The filter and sort options will include:

- Specialty
- Accepting new patients

- Distance (with map tool)
- Member rating
- Gender of provider
- Quality metrics & awards
- Best match (weighted by quality, cost and accessibility)

We try to ensure the information within Provider Finder is correct but the information we receive from providers is not always accurate or up to date. Please advise your patients to call and confirm the provider is in-network and seeing new patients.

Please help our members find you by making sure ***your information*** is accurate and up-to-date by visiting the current [Provider Finder](#). We've created a [step-by-step guide](#) to help you navigate Provider Finder. If you have any changes, use our [Demographic Change Form](#).

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## Coming Oct. 1, 2019, Receive Electronic Notifications for Quality and Risk Adjustment Medical Record Requests for Claims via Availity® Provider Portal

Currently, the Medical Attachments application within the Availity portal allows you to electronically respond to quality and risk adjustment medical record requests from Blue Cross and Blue Shield of Oklahoma (BCBSOK). **After Oct. 1, 2019**, you will also be able to use this optional application to electronically respond to medical record requests from BCBSOK to more efficiently support claims processing.

Submitting requested medical record information online is easy. Once logged into the Availity portal, medical record requests from BCBSOK will display in the Notification Center. You may then respond by uploading and submitting documentation using the Medical Attachments application. You may also track and audit your submissions within the Medical Attachment application.

You must be a registered Availity user to receive and respond to these requests online using the Medical Attachments application. To enable this feature, practice administrators must first log into Availity, select Enrollment Center, then choose Medical Attachments Setup and enter the required data. We encourage you to complete this online setup now to

ensure your organization is ready to receive new medical record requests for claims processing, once this new feature is implemented.

We are excited to offer more payer provider solutions within your daily Availity workflow. Integrating this new electronic medical records submission capability has the potential to reduce in-person visits to retrieve medical records and administrative challenges associated with mailing or faxing paper submissions. (Mailing and faxing medical records remain options for all participating providers.)

Continue to watch [News and Updates](#) for upcoming online training sessions and other educational resources. If you have questions, [contact our Provider Education Consultants](#).

**Not registered with Availity?** Go to [availity.com](#) and complete the online application, at no charge. For more information, refer to [Availity Portal Attachments Tools – Getting Started Guide](#).

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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## Mammography Screening for Early Detection of Breast Cancer

In 2018, the American Cancer Society® estimated that approximately 266,000 new cases of breast cancer in women were reported and approximately 41,000 of those resulted in mortality. The best defense for survival is early detection through screening. The United States Preventive Services Task Force recommends annual breast cancer screening, and in most patient situations, The National Comprehensive Cancer Network and the American Cancer Society agree.

Breast Cancer Screening is also a Healthcare Effectiveness Data and Information Set® (HEDIS) measure. Strategies for improvement include:

- Using National Committee for Quality Assurance (NCQA) coding tips to actively reflect care rendered.
- Educating women about the importance of early detection and treatment starting at age 50.

- Referring women to local mammography imaging centers and following up to verify completion.
- Using reminder systems for check-ups and screenings.

The following is a chart for your review and easy access for designating mammography screening for early detection of breast cancer. For a complete list, please refer to the [NCQA](#) website.

| DESCRIPTION   | CODING SYSTEM & Corresponding CODE                         |
|---|--|
| Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed (G0202) | HCPCS: G0202   |
| Screening mammography, including computer-aided detection (cad) when performed; bilateral (G0204)                               | HCPCS: G0204   |
| Screening mammography, including computer-aided detection (cad) when performed; unilateral (G0206)                              | HCPCS: G0206   |
| Mammography   |  |
|   | CPT: 77055-77057<br>OR<br>77061-77063<br>OR<br>77065-77067 |
| Other mammography   | See <a href="#">NCQA</a> website                           |

Blue Cross and Blue Shield of Oklahoma Federal Employee Program (FEP) members who are female and 40 years old and older are eligible for **one breast cancer screening per**

**calendar year** as a covered benefit. Mammography screenings are part of the FEP's Preventive Care Benefits and are recognized by the plan on the first claim processed in a calendar year, regardless of when in the previous calendar-year the screening exam was performed. Preventive Care Benefits include unilateral or bilateral mammography screening or Digital Breast Tomosynthesis screening.

Thank you for your dedication to ensure that all your patients including FEP members receive exceptional care.

If you have any questions regarding FEP patients, please do not hesitate to reach out to the [Federal Employee Quality Improvement Program](#).

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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## Well-Child Visits Within the First 15 Months of Life (W15)

We are committed to offering support and resources to physicians to achieve the highest level of care possible for your patients, our members, in order to achieve the best possible health outcomes. Thank you for your dedication to ensure that your patients receive exceptional care.

Healthcare Effectiveness Data and Information Set® (HEDIS) was developed and is maintained by the National Committee for Quality Assurance (NCQA) to standardize and measure quality for all patients. The Office of Personnel Management (OPM) reviews HEDIS performance of certain measures for Federal Employee Program (FEP) members. One of these measures focuses on well-child visits for infants and children within the first 15 months of life. With the assistance of the Centers for Medicare & Medicaid Services (CMS) and the American Academy of Pediatrics, NCQA has developed this measure with a goal to promote optimal health outcomes for infants and children through regular well-child visits.

Medical record documentation must include a comprehensive visit note from the primary care physician, date of the visit, history to include physical health, physical development, mental development, a physical exam, and health education and recommendations. Documentation of these metrics is appropriate to demonstrate a well-child visit when

performed by a primary care physician. Well-child exams may be performed even if the office visit is to treat illness.

Generally, it is recommended that infants and children receive at least **six well-child visits within the first 15 months of life**. The ages for well-child visits, as recommended by the American Academy of Pediatrics' Bright Futures Periodicity Schedule, are:

- Newborn
- One month
- Two months
- Six months
- Nine months
- 12 months
- 15 months

Below is a chart for easy access for commonly used routine office visit codes. For your reference, the following are just a few of the approved NCQA codes. For a complete list, please refer to the [NCQA website](#).

| DESCRIPTION  | ICD-10 CODE |
|--|-------------|
| Health examination for newborn under eight days old                      | Z00.110     |
| Health examination for newborn eight to 28 days old                      | Z00.111     |
| Encounter for routine child health examination with abnormal findings    | Z00.121     |
| Encounter for routine child health examination without abnormal findings | Z00.129     |
| Encounter for other general examination                                  | Z00.8       |

|   |       |
|---|-------|
| Encounter for health supervision and care of other healthy infant and child | Z76.2 |
|---|-------|

## Feature Tip

### New and Exciting Functionality Coming to the Claim Research Tool via Availity® Provider Portal

#### Effective Aug. 26, 2019, Out-of-Network Line Level Detail Available in CRT

Providers can view out-of-network patient responsibility in the service line details when using the Claim Research Tool (CRT) in the Availity Portal. This enhancement will help providers identify if the patient liability was applied to the out-of-network co-payment, coinsurance, and/or deductible.

#### Effective Sept. 23, 2019, Cotiviti, INC. Rationale and Additional Action(s) Coming to CRT

##### Cotiviti Code Audit Rationale enhancements:

The CRT will be enhanced to offer greater specificity for Cotiviti (formerly known as Verscend) claim denials. Once implemented, providers will see the Cotiviti code-auditing logic descriptions for finalized claims. These expanded claim details will be available for claims finalized Aug. 26, 2019 and after.

##### Additional Information enhancements:

Providers will see additional action(s) that will provide instruction for specific denials for finalized claims. These instructions will help providers understand what further action may be needed as a result of how the initial claim processed.

##### CRT Reminders:

- The CRT is not yet available for government programs (Medicare Advantage) claims.
- Locate duplicate claims, along with the original by performing a Patient ID search.



- When using the Patient ID search to locate Federal Employee Program® (FEP®) claims, utilize group number 0FEPOK.
- When using the Patient ID search to locate out-of-state member claims, utilize generic group number 123456.
- Claim adjustments are identified by two-digits suffix on the claim number. For example, claim number 123456789D10X00 indicates it is an original submission. Claims ending with suffix 01 indicate the claim has been adjusted once.

For additional information, refer to the [CRT tip sheet](#) in the [Provider Tools section](#) on our website at [bcbsok.com/provider](http://bcbsok.com/provider). As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit [availity.com](http://availity.com), or contact Availity Client Services at 800-282-4548.

**Stay Informed!** Continue to watch for future [News & Updates](#) announcements and helpful resources.

If you have questions about these enhancements, email the [Provider Education Consultants](#).

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSOK. Cotiviti is solely responsible for the products and services that it provides. 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 Cotiviti and Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

## In the Community

### Champions of Health Gala set for September 26



The 2019 [Champions of Health](#) gala will be held on Thursday, Sept. 26 at 6 p.m. at Cox Business Center in Tulsa. The gala will honor six winners for making a difference and improving the health of Oklahomans.

Boxing legend Sugar Ray Leonard will be the keynote speaker.

[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 will receive a \$15,000 grant. In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, nonprofit winners in each category will receive a \$5,000 grant and finalists will receive a \$1,000 grant.

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. Founded in 1994, the foundation is funded by community contributions and 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, an independent licensee of the Blue Cross and Blue Shield Association.

The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma, in partnership with the Oklahoma Association of Optometric Physicians, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma Primary Care Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association.

To learn more about sponsorship packages, visit [championsofhealth.org](http://championsofhealth.org). Tickets to the Champions of Health gala are available for \$100 each and may be purchased [online](#) or by calling 855-628-8642 before Sept. 19.

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.

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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 [August Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Posted [Availity® Claim Research Tool Offers Enhanced Claim Status Results](#) to Education and Reference Center/News and Updates
- Posted [Automated Phone System Offers More Service Options for Medicare Advantage](#) 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.

## 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](http://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](#).



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