BLUE REVIEW℠

A Provider Publication

June 2020

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 June 2020 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

COVID-19 Initiatives Extended into June

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has taken steps to make access to the testing and treatment for our members easier and less expensive during this national health emergency. We've extended the duration of these measures to continue serving our members.

Read More

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COVID-19 Coverage Updates for Medicare Providers

As the COVID-19 crisis continues to evolve, Blue Cross and Blue Shield of Oklahoma (BCBSOK) is making changes to serve our Medicare members. We are following Centers for Medicare & Medicaid Services (CMS) guidelines as appropriate. You can find updates in our COVID-19 FAQs for Medicare Providers, including on testing, treatment, telehealth and claims.

Unless otherwise noted, the FAQs refer to our members in these individual and group Medicare Advantage and Medicare Supplement plans:

- **Blue Cross Group Medicare Advantage (PPO)**^{SM}
- **Blue Cross Group Medicare Advantage Open Access (PPO)**^{SM}
- **Blue Cross Medicare Advantage (HMO)**^{SM}
- **Blue Cross Medicare Supplement**^{SM}
- **BlueSecure**^{SM}

The FAQs include details on:

Coverage for testing, testing-related visits and treatment

Medicare Advantage and Medicare Supplement members won't pay copays, deductibles or coinsurance for:

- Medically necessary lab tests to diagnose COVID-19 that are consistent with CDC guidance
- Testing-related visits related to COVID-19 with in-network* providers, including at a provider's office, urgent care clinic, emergency room and by telehealth
- Treatment for COVID-19 with providers or at facilities from April 1 through June 30, 2020. This change may be extended if needed. Members should confirm whether their benefit plan covers services received from out-of-network providers. For questions about benefits, members may call the number on their ID card.

Expanded access to telehealth at no cost-share

Medicare Advantage and Medicare Supplement members can access in-network telehealth services at no cost-share for medically necessary, covered services and treatments consistent with the terms of the member's benefit plan. Medicare Advantage PPO members have access to telehealth services with out-of-network providers but will be responsible for member cost-share for these services consistent with the terms of their plans. This cost-share waiver for telehealth services applies to claims beginning March 1, 2020.

Telehealth for annual health assessments

Initial and subsequent Annual Wellness Visits (G0438 and G0439) may be conducted by telehealth. Submit claims for wellness visits with Modifier 95 and Place of Service (POS) 11. BCBSOK covers one wellness visit every calendar year.

- Note: CMS has not approved Initial Preventive Physical Examinations (IPPE) (G0402) for telehealth. Members are eligible for the IPPE during their first 12 months of enrollment in Medicare.

To confirm Medicare members' coverage and benefits, you may use the [Availity® Provider Portal](#) or your preferred vendor. To verify telehealth coverage, please call Provider Services at **1-877-774-8592** for individual and **1-877-299-1008** for group members.

Resources

- CMS [Current Emergencies](#) and [News Alerts](#)
- CMS [Covered Telehealth Services and Telehealth Codes](#)

*Blue Cross Medicare Supplement members do not have network restrictions unless otherwise noted in their plan terms.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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, call the number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Behavioral Health Program Changes for BlueLincs HMO^{SM}

On **June 1, 2020**, Blue Cross and Blue Shield of Oklahoma (BCBSOK) began administering behavioral health benefits for **BlueLincs HMO** members, replacing the behavioral health administrator, Magellan Healthcare®.

This means that for dates of service beginning on or after June 1 for BlueLincs HMO members:

- Behavioral health claims must be submitted to BCBSOK for reimbursement.
- Eligibility, prior authorization and claim inquiries should be directed to BCBSOK. Please call the number on the member ID card.

BlueLincs HMO members have been notified of the transition. Some members have received new BCBSOK ID cards as part of this transition. For more information, please review the 2020 Behavioral Health Program Change FAQs. The FAQs can also be found on our website under the Behavioral Health Care Management page/Related Links.

We don't expect member benefits to be affected by this change. It's important to use the Availity Provider Portal or your preferred vendor to check eligibility and benefits for all of our members prior to service. This will help you confirm coverage details and other important information, including any prior authorization and pre-notification requirements.

BCBSOK will continue to contract with Magellan Healthcare, Inc. ("Magellan"), an independent company, until May 31, 2020, to administer behavioral health benefits for BlueLincs HMO.

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Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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, call the number on the member's ID card.

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Important Reminder about Billing for Point-of-use Convenience Kits

Blue Cross and Blue Shield of Oklahoma (BCBSOK) regularly reviews claims submitted by providers to help ensure that benefits provided are for services included in our member's benefit plan and meet BCBSOK's guidelines. Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. These prepackaged kits contain not only the injectable medicine, but also supply items, such as, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and

gauze. **As a reminder, only the drug component(s) of the kit will be reimbursable to the provider.**

BCBSOK periodically checks availability and pricing of these kits to better manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. Non-drug supplies in the kits are inclusive of the practice expense for the procedure performed for which no added compensation is warranted to the provider. Reimbursement for these point-of-use convenience kits may be updated based upon the U.S. Food and Drug Administration (FDA) approved drug component.

Remember to provide the most appropriate care in the most cost-effective manner.

As a reminder, it's important to check member eligibility and benefits through Availity® 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. Providers must 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.

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. 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.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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Calls to Electronic Commerce Services will be Redirect to Email as of June 15, 2020

The Blue Cross and Blue Shield of Oklahoma (BCBSOK) Electronic Commerce Services phone number of 800-746-4614 will be retired on June 15, 2020. As of this date providers and/or clearinghouses will be directed to email their inquiries to Electronic Commerce Services verses calling.

Electronic Commerce Services will remain available via email to assist you with the following Electronic Data Interchange (EDI) transactions:

- Electronic professional and institutional claim submission (837P and 837I transactions)
- Claim payment via 835 Electronic Funds Transfer (835 EFT)
- 835 Electronic Remittance Advice (835 ERA), or delivery of claim payment information

For more information on EDI transactions and other online tools and resources, refer to the Electronic Commerce section of our Provider website.

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Feature Tip

BCBSOK will update CPT® codes for some preauthorization services

On Sept. 1, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will update its list of Current Procedural Terminology (CPT) codes to comply with changes from the American Medical Association (AMA). These changes are the result of new, replaced or removed codes implemented by the AMA.

What's New: On Sept. 1, 2020 we will update the eviCore healthcare managed procedure code list for services that require preauthorization.

More Information: For a list of eviCore managed codes effective Jan. 1, 2020, go to our website in the pre authorization section. Check the AMA website for more information on CPT codes.

Check Eligibility and Benefits: To identify which members require preauthorization for services on the code list, check eligibility and benefits through Availity® or your preferred vendor.

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eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK.

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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Web Changes

- Posted *May Blue Review* to Education and Reference Center/News and Updates/Blue Review page.
- Updated Behavioral Health Care Management Program under Clinical Resources
- Posted: Blue Cross Medicare Advantage Prior Authorization List Effective 9/1/2020 to Network Participation/Blue Cross Medicare Advantage℠ Plans
- Updated Behavioral Health Clinical Practice Guidelines 2019-2020 to Clinical Resources/Behavioral Health Care Management Program/Related Links.

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.

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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.

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

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