

BLUE REVIEWSM

A Provider Publication

November 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 November 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 on the [BCBSOK provider website](#).

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


News & Updates

Submit Electronic Professional and Facility Claims via the Availity[®] Provider Portal

The Availity Provider Portal offers providers a no-cost solution to submit electronic Professional and Institutional claims (ANSI 837P and 837I transactions) to Blue Cross and Blue Shield of Oklahoma (BCBSOK). Electronic claim submission can accelerate the claim and reimbursement process.

You must be registered with Availity to use the Claim Submission tool for electronic professional and facility claims. You can sign up today at [Availity](#), at no charge. For registration help, call Availity Client Services at 800-282-4548. This Availity portal option doesn't require the use of a separate clearinghouse or practice management system.

How to access and use Availity's Claim Submission tool

1. Log in to [Availity](#) 
2. Select **Claims & Payments** from the navigation menu
3. Select **Facility Claim** or **Professional Claim**
4. Within the tool, select your **Organization, Transaction Type and Payer**
5. Complete the required fields

Online claim submission via Availity allows you to submit a single claim or add to batch and send multiple claims to BCBSOK at the same time. Once submitted, you can confirm our receipt of the claim(s) and check claim status in real-time, all within the Availity portal.

For More Information

Watch for the new **Electronic Professional Claim Submission User Guide** and **Electronic Facility**

Claim Submission User Guide coming soon to the [Provider Tools section](#) of our website.

Learn more about the electronic claim submission process by referring to the [Claim Tips page](#) on our Provider website.

If you need further help or customized training, contact our [Provider Education Consultants](#).

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Availity Claim Status Tool Now Available for All BCBSOK Members

In Nov. 2019, Blue Cross and Blue Shield of Oklahoma (BCBSOK) launched the Availity Claim Status tool for providers to verify detailed claim status online for Medicare Advantage members. On Oct. 19, 2020, this tool expanded to include detailed claim status for commercial, Federal Employee Program® (FEP®) and on- and off-exchange members. This improvement will increase your administrative efficiencies by offering you a single tool to check claim status online for all your BCBSOK patients.

This Claim Status tool is found in the Claims & Payment menu via the Availity portal and allows providers to search for claims by a member ID or specific claim number. When searching by the Member ID, the patient name will now be included in the list of claims returned, based on the search criteria entered. The claim status results are real-time and provide more detailed information than the HIPAA-standard 276/277 claim status transaction. In addition, this claim status option returns the following details:

check number, check date and payee name other carrier payment amount ineligible reason codes and associated descriptions transaction ID reference numbers

- patient and provider data submitted on claims
- in-network and out-of-network patient liability breakdown
- billing and rendering provider name and NPI
- check number, check date and payee name
- other carrier payment amount
- ineligible reason codes and associated descriptions
- transaction ID reference numbers

BCBSOK Claim Research Tool Retirement

The BCBSOK Claim Research Tool (CRT) in Availity has been retired as of Oct. 19, 2020. The detailed claim status information you received within the CRT, including applicable code audit rationale and additional

action(s), have been incorporated into the Availity Claim Status tool for commercial, FEP and on and off exchange members.

Resources

For more instructions, refer to the Availity Claim Status User Guide in the [Provider Tools section](#) of our Provider website. As a reminder, you must be registered with Availity to use the Claim Status tool. For registration help, visit [Availity](#), or contact Availity Client Services at 800-282-4548.

If you have questions, contact the [Provider Education Consultants](#).

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BCBSOK Moving Prior Authorization Duties from eviCore to AIM

Change happens Jan. 1, 2021, for some commercial plan members

What's changing?

The utilization management vendor that processes prior authorization prior authorization for some of our **commercial members** is changing. **Starting Jan. 1, 2021**, prior authorization requests for commercial Blue Cross and Blue Shield of Oklahoma (BCBSOK) members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through **AIM Specialty Health[®] (AIM)**.

What's Not Changing?

The **care categories** that require prior authorization will stay the same:


- Advanced imaging
- Cardiology
- Sleep medicine
- Pain management
- Joint and spine surgery
- Radiation therapy
- Genetic testing

Learn more about prior authorization with BCBSOK on our website, including code lists for the services that require prior authorization.

Check eligibility and benefits first, through [Availity[®]](#) or your preferred vendor, to determine whether prior **authorization** is required. This step will help you confirm coverage and other important details, such as prior authorization requirements and vendors, if applicable.

How can you prepare?

Make sure you have an **account with AIM**. To create an account:

- Access [AIM ProviderPortal](#) , or
- **By Phone** – Call the **AIM Contact Center at 800-859-5299** Monday through Friday, 6 a.m. to 6 p.m., CT; and 9 a.m. to noon, CT on weekends and holidays.

If you are already registered with AIM you do not need to register again.

How to submit a prior authorization request through AIM starting Jan. 1, 2021. Submit prior authorization requests to AIM in one of the following ways:

- **Online** – Submit requests **via the [AIM ProviderPortal](#)** 24/7
- **By Phone** – Call the **AIM Contact Center at 800-859-5299** Monday through Friday, 6 a.m. to 6 p.m., CT; and 9 a.m. to noon, CT on weekends and holidays.

Why it matters

If benefit prior authorization is required, services performed without prior authorization may be denied and the rendering provider may not seek reimbursement from the member.

Which members and services need prior authorization?

Check Eligibility and Benefits

Use Availity® or your preferred vendor to:

- Check eligibility and benefits
- Determine if you're in-network for your patient
- Find out if the patient and services require prior authorization
- Learn whether prior authorization is required for a particular procedure code

Look for future News and Updates on upcoming training and FAQs that will provide all of the important information you need to successfully transition to AIM.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSOK.

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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

Reminder: Return BlueSooner NetworkSM Contract

On Oct. 15, 2020, the SoonerSelect released a Request for Proposal (RFP) to implement a statewide comprehensive care model for entities to manage the "SoonerCare" Medicaid population in the state of Oklahoma. This program will initially serve children, low-income parents, pregnant women, and adults ages 19-64 (expansion population) and Sooner Select Specialty Children's Plan.

In September of this year, many of our in-network providers received a request to sign and return the BlueSooner Network Contract, Americans with Disabilities Act (ADA) / Access Provider Survey, and a W-9 to Blue Cross and Blue Shield of Oklahoma.

If you have received the BlueSooner Network package please return the completed and signed documents to our [Medicaid Network Management](#) team.

If you have questions or did not receive the BlueSooner NetworkSM packet please contact us at BCBSOKMedicaidNetworkManagement@bcbsok.com

Availity[®] Provider Portal Offerings

The Availity provider engagement portal helps providers and Blue Cross and Blue Shield of Oklahoma (BCBSOK) to securely share information easily and efficiently. Using Availity allows you to quickly verify patient eligibility and benefits, confirm prior authorization requirements, submit prior authorization requests, check claim status, obtain provider claim summaries, and more without having to call BCBSOK.

Advantages of using Availity

- Accessible 24/7
- HIPAA Compliant
- Multi-Payer Solution
- Real-time Search Results
- No Cost Transactions
- Printable Results
- Online Help Features

Electronic Provider Tools

The following complimentary self-service tools are accessible through Availity and can be used to accomplish multiple tasks and gain information.

Pre-Service Tools	Description
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Eligibility and Benefits Inquiry	<i>verify real-time patient activity, check coverage details and determine prior authorization requirements</i>
Patient Care Summary	<i>consolidated view of a patient's health care history</i>
Patient Cost Estimator*	<i>obtain the BCBSOK patient ID and group number</i>
Patient ID Finder*	<i>obtain the BCBSOK patient ID and group number</i>
Attachments*	<i>submit predetermination of benefits requests handled by BCBSOK</i>
Authorizations & Referrals	<i>submit prior authorization & referral requests handled by BCBSOK</i>
Post-Service Tools	
	Description
Claim Status	<i>check detailed, real-time claim status</i>
Research Procedure Code Edits (<i>Clear Claim Connection</i>)*	<i>determine how coding combinations on a specific claim may be evaluated during the adjudication process</i>
Reporting On-Demand	<i>view, download, save and/or print the Provider Claim Summary (PCS) for finalized claims</i>
Remittance Viewer	<i>offers providers and billing services a convenient way to view and help reconcile claim data in the 835 Electronic Remittance Advice (ERA)</i>
Electronic Refund Management (eRM)*	<i>reconcile claim overpayments and manage refund requests</i>
Claim Inquiry Resolution (CIR)*	<i>submit claim reconsideration request for certain finalized claims</i>
Medical Attachment (Electronic Quality and Risk Adjustment Medical Records Requests)	<i>receive and electronically respond to medical record requests for quality and risk adjustment</i>
Clinical Quality Validation (COV)	<i>comply with Healthcare Effectiveness Data and Information Set (HEIDIS) measures by electronically documenting the patient's care and assessment</i>

**Not available for Medicare Advantage members.*

If you have not yet registered for [Availity, you can sign up today](#) at no charge. For registration assistance, you may contact Availity Client Services at 800-282-4548.

For More Information

Refer to the [Provider Tools](#) section of our website for detailed information and applicable user guides for the Availity offerings. Additionally, you can visit our [Training](#) page to register for upcoming online training sessions.

Have additional questions or need customized training? Email our [Provider Education Consultants](#) for assistance.

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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Updates and Reminders: Submit Predetermination of Benefits Submission via Availity®

On July 30, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) implemented an electronic predetermination of benefits submission process via Availity's Attachments tool. Updates were recently made to the Attachments tool to better assist you with submitting your requests online to BCBSOK.

Updates to Online Availity Submission Process

- On-screen messaging has been added in the Patient Information section to ensure the patient's first and last names match exactly as they appear on the eligibility and benefit response to prevent the predetermination request from being rejected. Refer to the Availity Eligibility and Benefits User Guide for help with verifying patient information online.
- The Service From and To date fields have been removed as they are not required for submission.

Make sure you use Availity's Attachments Dashboard to confirm the online predetermination of benefits submission was accepted or rejected by BCBSOK. For navigational help with this tool, refer to the [Electronic Predetermination Request User Guide](#) located in the Provider Tools section of our website.

Reminders

- The purpose of a Predetermination request is to determine whether a specific service, including services that may be considered Experimental/Investigational/Unproven, is Medically Necessary. A

Predetermination is not a guarantee of Benefits or a substitute for the Preauthorization process. BCBSOK recommends submitting a predetermination request if it is unclear if the service meets [BCBSOK Medical Policy](#) criteria.

- Per the Medical Policy, if photos and/or x-rays are required for review, please email to [Photo Handling](#). The body of the email should include the patient's first name and last name, Group number, Subscriber ID and date of birth.
- Urgent care requests include any request for a predetermination with respect to which the application of the time periods for making non-urgent care determinations:
 1. could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function,
or
 2. in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.
- If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed [Predetermination Request Form](#) and pertinent medical documentation.

For More Information

If you need further help or customized training, contact our [Provider Education Consultants](#).

The information in this notice does not apply to requests for Medicare Advantage members.

Please note that the fact that a guideline is available for any given treatment or that a service or treatment has been 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 the service was rendered.

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Are you using these shared decision-making aids?

Below is a list of **resources** to help you involve your patients in **shared decision-making**. The evidence-based aids provide information about **treatment options, lifestyle changes and outcomes**. They don't replace your guidance but can help your conversations with your patients. The list is also on our [Clinical Resources webpage under Related Resources](#).

Why it's important:

When patients help make decisions about their health care, it can lead to better outcomes and quality of life.

[Mayo Clinic Shared Decision Making National Resource Center](#)

- [Cardiovascular Primary Prevention Choice](#)
- [Depression Medication Choice](#)
- [Diabetes Medication Choice](#)
- [Osteoporosis Decision Aid](#)
- [Percutaneous Coronary Intervention Choice](#)
- [Smoking Cessation Around the Time of Surgery](#)
- [Rheumatoid Arthritis \(RA\) Choice](#)
- [Statin Choice Electronic Decision Aid](#)

[Cincinnati Children's James M. Anderson Center for Health Systems Excellence](#)

- Attention-Deficit/Hyperactivity Disorder (ADHD) Treatment for the School-Age Child
- Diarrhea Treatment with Lactobacillus GG
- Human Papilloma Virus (HPV) Vaccination
- Hydroxyurea for Sickle Cell Anemia
- Treatment for Children with Autism
- Behavior Concerns in Young Children
- Return of Genetic Test Results from Whole Exome Sequencing
- Juvenile Idiopathic Arthritis Treatment
- Fertility Preservation for Children Newly Diagnosed with Cancer
- Treatment of Obstructive Sleep Apnea
- Weight Loss for Adolescents

[Dartmouth-Hitchcock Center for Shared Decision Making](#)

[Decision Support Toolkit for Primary Care](#)

The following steps help involve the patient in a primary care setting:

Step 1: [Leadership](#)

Step 2: [Goals and Scope of Project](#)

Step 3: [Assessment](#)

Step 4: [Decision Support Tools](#)

Step 5: [Education and Training](#)

Step 6: [Implementation](#)

Step 7: [Quality Monitoring Tools](#)

[Decision Support Toolkit for Specialty Care](#)

- Breast Cancer
 - [Early Stage Breast Cancer Toolkit](#)
 - [Ductal Carcinoma in Situ \(DCIS\) Toolkit](#)
 - [Breast Reconstruction Toolkit](#)
- [Hip and Knee Osteoarthritis Toolkit](#)

[Decision Support as a Clinical Skill Toolkit](#)

Part 1: The [Ottawa Decision Support Tutorial](#) – Online tutorial to develop skills in providing decision support
Part 2: [Workshop for Physicians](#) and [Workshop for Non-Physicians](#)

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.

By clicking this link, you will go to a new website/app (“site”). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

COVID 19 Initiatives Extended[®]

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 have extended the duration of these measures to continue serving our members.

[Learn More](#)

Feature Tip

Provider Finder[®] Gets an Upgrade

View Our Network of Providers for Your Patients’ Needs

Do you need help finding a specialist or facility for a consultation or procedure for one of our members? This October, our **enhanced** online **Provider Finder** will make finding care for our members a lot easier.

What’s New?

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

- Specialty
- Accepting new patients
- Distance (with map tool)
- Member rating
- Gender of provider
- Quality metrics & awards
- Best match (weighted by quality and accessibility)

Update Your Info

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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Provider Data and Directory Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is required by the Center for Medicare and Medicaid Services to contact our providers on a quarterly basis requesting verification of information, such as: provider name, organization name, accepting new patients, street address, phone number, hospital affiliations and other changes that affect availability to patients.

Maintaining accurate provider data and directories are an important part of providing 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 please visit our [Information Change Request](#) section on our website. If your information is correct as listed on our website, no further action or response is needed.

Please submit your changes at least 30 days ahead of the effective date. If you have any questions or if you need additional information, please [Email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

Web Changes

- Posted: [October Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Updated: [Preventive Care Guidelines](#) to the Clinical Resources/ Preventive Care Guidelines for Oklahoma Commercial, Marketplace and Medicare plans webpage.
- Updated: Date Extended:[Making it Easier to Access Chest CT Scans](#) Education and Reference Center/News and Updates
- Updated: Date Extended:[Continuity of Care During COVID-19 Outbreak](#) 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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Do you have a helpful suggestion or feedback about our website? Fill out our [Feedback Survey](#).



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