

BLUE REVIEWSM

A Provider Publication

October 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 October 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

Telemedicine - Future State

In response to the COVID-19 pandemic, Blue Cross and Blue Shield of Oklahoma (BCBSOK) expanded access to telemedicine services to give our members greater access to care. Moving into 2021 as the COVID-19 accommodations expire, telemedicine will continue to be a standard offering for our members. Members will be able to access their medically necessary, covered benefits through providers who deliver services through telemedicine.

[Read More](#)

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The APRN (CNP and CNS) Credentialing Process

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has updated 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.

[Read More](#)

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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.

[Read More](#)

Extends Telemedicine to All In-Network Providers

We have temporarily expanded our telemedicine program in response to the COVID-19 crisis to provide greater access to medical and behavioral health services for our members through Dec. 31, 2020. We are waiving telemedicine cost-share through Dec. 31, 2020, for all state-regulated, fully insured Medicare (excluding Part D) and Medicare Supplement members, consistent with the terms of the member's benefit plan.

[Read More](#)

Licensed Marital and Family Therapists Can Now Join the BCBSOK Networks

Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with physicians and other professional providers to form our provider networks, which are essential for delivering quality, accessible and cost-effective health care services to our members.

We're pleased to announce that **Licensed Marital and Family Therapists** can now join the BCBSOK networks. If you're interested in applying to join our provider networks, please follow the steps on our website under "[How to Join](#)." If you have any questions, please email our [Provider Contract Support Unit](#).

Childhood Immunization Rates Fall Amidst Pandemic Fears

The Problem

After the pandemic declaration in March, office visits for immunizations among Blue Cross and Blue Shield of Oklahoma (BCBSOK) members significantly dropped between March and May, compared with the number of visits reported during the same period in 2019.

Parents nationwide have canceled pediatric check-ups. Immunization levels for vaccine-preventable diseases have plummeted, according to the National Foundation for Infectious Diseases. [Well-child office](#)

[visits have decreased 50%](#)¹ and [doses distributed](#)² through the federally funded Vaccines for Children program have dropped significantly.

The [World Health Organization \(WHO\) and UNICEF have reported](#)³ a decline in the number of children receiving life-saving vaccines around the world.

The Impact

“Vaccines are one of the most powerful tools in the history of public health, and more children are now being immunized than ever before,” says Dr. Tedros Adhanom Ghebreyesus, WHO director-general. “But the pandemic has put those gains at risk. The avoidable suffering and death caused by children missing out on routine immunizations could be far greater than COVID-19 itself.”⁴

What We Are Doing About It

Recognizing the urgency, BCBSOK teams are using tools and pilot programs to help identify opportunities to increase member immunization rates. We’re mapping vaccination rates geographically to understand the needs of our communities. But we can’t do it alone. The Oklahoma Caring Vans are being mobilized to serve those children in our community who are uninsured, Medicaid eligible or Native American.

What You Can Do About It

As a trusted health care professional, you play a vital role in educating parents about the importance of vaccination.

- Ensure your patients are up to date on all vaccinations
- Encourage parents with children under 2 years old to make appointments to vaccinate their children.
- Share your pandemic safety protocol to ease their concerns and increase their comfort in visiting your office
- Discuss options for vaccinations with your patients
- Share material⁵ with parents that give solid evidence for the efficacy and safety of vaccines

Go Deeper

Read more about the Caring Vans at the [Oklahoma Caring Foundation](#) and learn about [National Immunization Awareness Month](#)⁶.

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. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

¹ [National Foundation for Infectious Diseases: #COVID-19 and Routine Vaccinations: What Parents Need To Know, April 28, 2020](#)

² [Centers for Disease Control and Prevention \(CDC\), Morbidity and Mortality Weekly Report, May 15, 2020; Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration – United States, 2020](#)

^{3,4} [WHO: WHO and UNICEF warn of a decline in vaccinations during COVID-19, July 15, 2020](#)

⁵ [CDC: National Immunization Awareness Month, Educational Resources for Parents and Patients](#)

⁶ [CDC: National Immunization Awareness Month](#)

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In-Home Test Kits for Diabetics

Monitor Diabetes Control

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is working with Home Access Health Corporation to provide **in-home test kits** for some of our fully insured individual members with diabetes. Because of the COVID-19 pandemic, many have delayed getting appropriate care. Home Access Health Corporation is sending out two different kits to members who have not received the recommended testing to close care gaps: **hemoglobin A1c test kits and microalbumin urine test kits.**

Eligible Members

Fully insured individual members in our Blue Preferred PPOSM and Blue Advantage PPOSM networks **may receive one or both** kits, depending on their test history. Eligible members are:

- Between 18 and 75 years old
- Diabetic
- Have not had a hemoglobin A1c or microalbumin urine test in the recommended timeframe

Recommended Testing

The [American Diabetes Association](#)  says people living with diabetes should have the following:

- Hemoglobin A1c every three to six months depending on their diabetes treatment and level of control
- Urine microalbumin once a year to detect early signs of kidney damage

In-Home Test Kit Process

The process is quick and easy for members to follow:

- We notify members that they will receive one or both test kits and that completing the kits is **voluntary**.
- Home Access Health Corporation sends the appropriate test kits to eligible members.
- Members **complete the test kit at home**, provide the name of their primary care provider and **mail the test** for processing to Home Access Health Corporation. Completed tests are due to Home Access Health Corporation **by Dec. 18, 2020**. An addressed, postage-paid envelope is included in the kit.
- Home Access Health Corporation sends the **results** to the **member** and their **primary care provider** in **three to four weeks**.

How You Can Help

As a trusted provider, you can encourage our members to take advantage of this opportunity to learn more about their health.

- Discuss the importance of screening and healthy lifestyle choices with our member
 - If our member receives a kit and calls your office with questions, discuss their screening options
 - Document any test results in the member's medical record and discuss the results with our member
- If you have any questions, please contact your BCBSOK Provider Network Representative.

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Share Your Medication Assisted Treatment Designation

Use Our Demographic Change Form

If you offer **opioid addiction or withdrawal treatment**, consider making this **information available to our members and other providers** in our Provider Finder®. This will help others identify you when referring their patients for medication assisted treatment (MAT) care and services.

Update Your Existing Information

Use our [demographic change form](#) to share details on your addiction/withdrawal treatment services. Here's how:

1. Go to the "Change Existing Demographic Information" section.
2. Select "Other Provider Updates."
3. Enter your MAT and/or OTP provider information under the "Medication Assisted Treatment" section.
4. Indicate on the last question if you prefer to keep your answers private or share with our members via Provider Finder.
5. Specify the "Effective Date of Change." You must enter this to submit your updates.
The update will be shared on Provider Finder, which typically takes about two weeks.

New Providers

New providers can voluntarily provide their certified MAT services during the onboarding process using the [onboarding form](#).

Opioid Treatment Designations

The Blue Cross and Blue Shield Association has defined four provider types that deliver treatment for opioid use disorders. The types are based on certification through the Substance Abuse and Mental Health Services Administration (SAMHSA):

- MAT for Opioid Use Disorders is provided at a given location
- Provider at a given location is authorized to dispense MAT for Opioid Use Disorders
- This location is a certified Opioid Treatment Program (OTP)
- Counseling for Opioid Use Disorders is provided at this location

Details about Provider Types

View details about each [provider type certification](#) .

Verification of Disclosure

We will verify MAT and OTP provider certification through the [SAMHSA](#) before posting in our Provider Finder.

Provider Finder Upgrade

Provider Finder underwent a significant upgrade on Oct. 1.

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Obtain the Patient's ID Number Online via Availity®

Blue Cross and Blue Shield of Oklahoma (BCBSOK) understands that it can be challenging to obtain the BCBSOK member's identification number. To help you get this information quickly, we recently implemented a new online tool called **Patient ID Finder**, located in our BCBSOK-branded Payer Spaces section via the Availity Provider Portal.

The Patient ID Finder tool allows you to get the member ID number and group number by entering member-specific data elements. This new tool is now available for BCBSOK commercial, Federal Employee Program® (FEP®) and on and off-exchange members, making it easier to obtain the member ID number for your records.

Please note the Patient ID Finder tool is currently unavailable for Medicare Advantage members.

How do you use the Patient ID Finder via Availity?

1. Log into [Availity](#)
2. Select Payer Spaces from the navigation menu
3. Select Patient ID Finder from the Applications tab, then complete and submit the request
4. Patient ID and group numbers are returned

Note: This tool doesn't reflect the member's eligibility or benefits. Refer to the [General Eligibility and Benefits Expanded User Guide](#) for assistance with obtaining real-time eligibility and benefits information via Availity.

Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration help, call Availity Client Services at 800-282-4548.

For More Information

Watch for the new Patient ID Finder User Guide coming soon to the Provider Tools section of our website. If you need further help or customized training, contact our [Provider Education Consultants](#). Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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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Blue Distinction® Message via the Availity® Eligibility and Benefits Results

The Availity Eligibility and Benefits Inquiry results now includes informational Blue Distinction® Center (BDC) messaging for the below specialty care categories when the patient's policy has a Blue Distinction component. The Availity benefit response includes applicable coverage for the service selected. However, if you need to confirm the specific BDC benefit differential, you will need to call the Customer Service phone number found on the back of the member's Blue Cross and Blue Shield of Oklahoma ID card. BDCs offer quality care, treatment expertise and better overall patient results. A Blue Distinction® Center (BDC+) offers more affordable care in addition to quality, care, cost, treatment expertise, and better overall patient results.

Blue Distinction Specialty Care includes the following categories:

- Bariatric (weight-loss) surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Transplants

For More Information

Find facilities recognized for expertise in bariatric surgery, cardiac care, knee and hip replacement, maternity, spine surgery and transplants on the [Blue Distinction® Specialty Care page](#).

Refer to the Availity [Eligibility and Benefits user guide](#) for navigational help. If you need further help or customized training, contact our [Provider Education Consultants](#).

This information in this notice is not applicable to Medicare Advantage members.

A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction® National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction® or other providers.

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The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Blue High Performance NetworkSM (Blue HPNSM) to launch in January 2021

In January 2021, Blue Cross and Blue Shield of Oklahoma (BCBSOK) is launching **Blue HPN**, part of a new national high-performance network for large commercial employer groups. Blue HPN will provide these groups access to quality, affordable health care in Oklahoma and nationwide. For providers, the network follows the same procedures as Blue Preferred PPOSM.

Blue HPN value

The network includes primary care physicians, specialists and hospitals in more than 55 major U.S. markets. In Oklahoma, Blue HPN will be offered statewide to self-funded employer group customers. Provider participation in Blue HPN is based on factors including:

- Participation in the Blue PreferredSM network
- Partnership with BCBSOK to meet quality expectations and improve affordability, efficiency and health outcomes

Treating Blue HPN members

Blue HPN members have full benefits only when receiving care from Blue HPN-contracted providers with BCBSOK and with other Blue Cross and Blue Shield Plans. Members do not need to choose a primary care physician or get referrals for in-network specialists.

When Blue HPN members need to see a specialist or another health care provider, you can help **ensure members receive full benefits by recommending other Blue HPN providers**. Check BCBSOK's online [Provider Finder](#)[®] or call the number on the member ID card to identify Blue HPN providers.

In Blue HPN service areas, members have access to emergent care with non-Blue HPN providers. In non-Blue HPN service areas, members have access to urgent and emergent care.

Recognizing Blue HPN members

You can identify Blue HPN members by their BCBSOK ID card. Look for the Blue High Performance Network name on the front, along with the "HPN in a suitcase" logo. This logo indicates that Blue HPN rates apply.



Checking eligibility and benefits: Use Availity[®] or your preferred vendor to check eligibility and benefits for all BCBSOK members before every scheduled appointment, including for Blue HPN members. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit

prior authorization requirements. Ask to see the member's BCBSOK ID card and a driver's license or other photo ID to help guard against medical identity theft.

Filing claims: Submit local and out-of-area claims to BCBSOK as you typically would.

See the [Eligibility and Claims section](#) of our website for more details.

Questions? Call the Customer Service 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 the vendor, you should contact the vendor directly.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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. Blue High Performance NetworkSM (Blue HPNSM) to launch in January 2021

Verify Procedure Code Preauthorization Requirements and Submit the Request via Availity[®]

Providers can electronically verify Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code-specific preauthorization requirements and submit preauthorization requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK) all within the Availity Provider Portal.

Checking patient eligibility and benefits is an imperative first step to confirm coverage and preauthorization requirements prior to rendering services. The Availity Eligibility and Benefits Inquiry allows you to quickly obtain preauthorization requirements by procedure code, along with contact information for the preauthorization entity. As a reminder, the procedure code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits.

Step 1 – Determine code-specific preauthorization requirements via Availity:

- Complete the eligibility and benefit inquiry entry (ANSI 270) by selecting a benefit/service type and/or enter a valid CPT/HCPCS code(s) and the associated place of service. Providers may enter up to eight CPT/HCPCS codes in the inquiry.
- The eligibility and benefit inquiry response (ANSI 271) displays specific preauthorization requirements in the Pre-Authorization Info tab for the benefit/service type and/or CPT/HCPCS codes entered in the inquiry.

Note: If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. If a CPT/HCPCS code is not entered, the place of service and benefit/service type is required.

Exceptions

CPT/HCPCS code inquiry for preauthorization is not yet supported for the following lines of business:

- Federal Employee Program[®] (FEP[®])
- Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM

Step 2 – Submit required preauthorization requests handled by BCBSOK via Availity:

- Select the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations
- Select Payer BCBSOK, then select your organization
- Select Inpatient Authorization or Outpatient Authorization
- Enter preauthorization request
- Review and submit

Important Reminders

The process of submitting benefit preauthorization requests through eviCore healthcare (eviCore) or other vendors has not changed.

For More Information

Refer to the [Availity Eligibility and Benefits user guide](#), [Availity Authorizations user guide](#) and [Availity Referrals user guide](#) located under the [Provider Tools](#) section of our website. You can also visit our [Provider Training](#) section to register for upcoming online training sessions.

Have more questions or need customized training? Email our [Provider Education Consultants](#) for help. Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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 or contract 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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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – Part 2

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While 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, 2020 are outlined below.

Drug List Coverage Additions – As of Oct. 1, 2020	
Drug	Drug Class/ Condition Used For
Basic, Multi-Tier Basic, Enhanced, and Multi-Tier Enhanced Drug Lists	
ASMANEX HFA (mometasone furoate inhal aerosol suspension 50 mcg/act)	Asthma
BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq))	Viral Infections
DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act)	Asthma
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Menopause-related symptoms
GVOKE HYOPEN (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Hypoglycemia
HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg)	Hepatitis C
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
JULUCA (dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq))	Viral Infections
NEXLETOL (bempedoic acid tab 180 mg)	Hypercholesterolemia
PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Parasitic Infections

REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml)	Hypercholesterolemia
REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5 ml)	Hypercholesterolemia
REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml)	Hypercholesterolemia
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	Diabetes
SOVALDI (sofosbuvir pellet pack 150 mg, 200 mg)	Hepatitis C
TALZENNA (talazoparib tosylate cap 0.25 mg, 1 mg (base equivalent))	Cancer
XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)	Diabetes
ZEPOSIA (ozanimod hcl cap 0.92 mg)	Relapsing Multiple Sclerosis
ZEPOSIA 7-DAY STARTER PACK (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg)	Relapsing Multiple Sclerosis
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg)	Relapsing Multiple Sclerosis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
Enhanced and Multi-Tier Enhanced Drug Lists	
BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose)	Cancer
Balanced, Performance and Performance Select Drug Lists	
ASMANEX HFA (mometasone furoate inhal aerosol suspension 50 mcg/act)	Asthma
BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia

BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act)	Asthma
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (generic for NEXIUM granules)	Gastroesophageal Reflux Disease (GERD)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUZONE HIGH-DOSE PF 2020 -2021 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine
GVOKE HYPOPEN 1-PACK (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Hypoglycemia
GVOKE HYPOPEN 2-PACK (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Hypoglycemia
HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg)	Hepatitis C
IMOVAX RABIES (H.D.C.V.) (rabies virus vaccine, hdc inj)	Rabies Vaccine
ISTURISA (osilodrostat phosphate tab 1 mg, 5 mg, 10 mg)	Cushing's Disease

JYNARQUE (tolvaptan tab therapy pack 15 mg)	Kidney Disease
JYNARQUE (tolvaptan tab therapy pack 30 & 15 mg)	Kidney Disease
KOSELUGO (selumetinib sulfate cap 10 mg, 25 mg)	Neurofibromatosis Type 1 (NF1)
NEXLETOL (bempedoic acid tab 180 mg)	Hypercholesterolemia
NURTEC (rimegepant sulfate tab disint 75 mg)	Migraine
NYMALIZE (nimodipine oral soln 6 mg/ml)	Subarachnoid hemorrhage (SAH)
PRO COMFORT INHALER SPACER CHAMBER INFANT (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv))	Thrombocytopenia
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Migraine
SOVALDI (sofosbuvir pellet pack 150 mg, 200 mg)	Hepatitis C
tolvaptan tab 30 mg (generic for SAMSCA)	Kidney Disease
TUKYSA (tucatinib tab 50 mg, 150 mg)	Cancer
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Migraine
VEMLIDY (tenofovir alafenamide fumarate tab 25 mg)	Hepatitis B
VERELAN PM (verapamil hcl cap er 24hr 200 mg)	Hypertension
XCOPRI (cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures
XCOPRI (cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose))	Seizures
XCOPRI (cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose))	Seizures
XCOPRI (cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg)	Seizures

XCOPRI (cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg)	Seizures
XCOPRI (cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg)	Seizures
ZEPOSIA (ozanimod hcl cap 0.92 mg)	Relapsing Multiple Sclerosis
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ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg)	Relapsing Multiple Sclerosis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
Balanced and Performance Select Drug Lists	
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX)	Psoriasis
DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq))	Viral Infections
famotidine for susp 40 mg/5 ml	Gastroesophageal Reflux Disease (GERD)
VALTOCO (diazepam nasal spray 5 mg/0.1 ml, 10 mg/0.1 ml)	Seizures
VALTOCO (diazepam nasal spray ther pack 2 x 7.5 mg/0.1 ml (15 mg dose))	Psoriasis
VALTOCO (diazepam nasal spray ther pack 2 x 10 mg/0.1 ml (20 mg dose))	Psoriasis
Balanced Drug List	
desonide gel 0.05% (generic for DESONATE)	Inflammatory conditions (Topical)
DEXABLISS (dexamethasone tab therapy pack 1.5 mg (39))	Inflammatory conditions
HALOG (halcinonide soln 0.1%)	Inflammatory conditions (Topical)

LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%)	Pain (Topical)
OSMOLEX ER (amantadine hcl tab er 24hr pak 129 mg & 193 mg (322 mg dose))	Parkinson's Disease
RIOMET ER (metformin hcl for oral er susp 500 mg/5 ml)	Diabetes
ZERVIAE (cetirizine hcl ophth soln 0.24% (base equiv))	Ophthalmic Allergic conditions
Performance Drug List	
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	Diabetes
XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)	Diabetes
Performance Select Drug List	
dihydroergotamine mesylate inj 1 mg/ml	Migraine

Drug List Updates (Coverage Tier Changes) – As of Oct. 1, 2020

Drug List Coverage Additions – As of Oct. 1, 2020		
Drug	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
chloroquine phosphate tab 250 mg	Non-Preferred Generic	Malaria
naloxone hcl soln prefilled syringe 2 mg/2 ml	Non-Preferred Generic	Opioid Overdose
JULUCA (dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq))	Preferred Brand	Viral Infections
PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Preferred Brand	Parasitic Infections

REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml)	Preferred Brand	Hypercholesterolemia
REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5 ml)	Preferred Brand	Hypercholesterolemia
REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml)	Preferred Brand	Hypercholesterolemia
TALZENNA (talazoparib tosylate cap 0.25 mg, 1 mg (base equivalent))	Preferred Brand	Cancer
Balanced and Performance Select Drug Lists		
SOLOSEC (secnidazole granules packet 2 gm)	Preferred Brand	Infections
Balanced Drug List		
buprenorphine td patch weekly 7.5 mcg/hr	Non-Preferred Generic	Pain
metaxalone tab 400 mg	Non-Preferred Generic	Muscle Spasm
metformin hcl oral soln 500 mg/5 ml	Non-Preferred Generic	Diabetes
mupirocin calcium cream 2%	Non-Preferred Generic	Infections (Topical)
timolol maleate tab 10 mg, 20 mg	Non-Preferred Generic	Hypertension

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

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. **Changes by drug list are listed on the charts below.**

Effective Oct. 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Balanced, Performance and Performance Select Drug Lists	
Bempedoic Acid	
Nexlizet 180-10 mg tablet	30 tablets per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective Oct. 1, 2020, the following changes will be applied:
 - The target drugs of the Hypercholesterolemia Specialty Prior Authorization (PA) program will be recategorized into two separate programs:
 - Juxtapid and Kynamro will be included in the Homozygous Familial Hypercholesterolemia Agents (HoFH) Specialty PA program. This program will be added to all drug lists as a standard Specialty PA program.
 - Praluent and Repatha will be included in the PCSK-9 PA program. This program will be added to the Basic, Enhanced and Performance Drug Lists.
 - The previous Hypercholesterolemia Specialty PA program will retire on Oct. 1, 2020.
- The Insulin Combination Agents standard Step Therapy program will no longer apply as of Oct. 1, 2020 to the 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 Provider 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.

Additional Breast Cancer Prevention Coverage Without Cost-Sharing

Starting Oct. 1, 2020, BCBSOK will be offering additional breast cancer prevention coverage for members with an ACA-compliant plan. The anastrozole tablet 1 mg (Arimidex) will be available at \$0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force inclusion of aromatase inhibitors to medications that can reduce the risk of breast cancer. Please call the number on the member's ID card to verify coverage, or for further help or clarification on your patient's benefits.

Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSOK members with a group health plan, though some exceptions may apply.

Letters were sent in July to members who have plans renewing in Q4 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further help or clarification on your patient's benefits.

Reminder: HSA Preventive Drug Program Updates

Select members' Health Savings Account plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

Please call the number on the member's ID card to verify coverage, or for further help or clarification on your patient's benefits.

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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Improving Hypertension Management

Key Steps for Accurate Blood Pressure Measurements

Blue Cross and Blue Shield of Oklahoma's Quality Improvement (QI) team is here to help improve member education on hypertension and related medication compliance. Based on claims data in 2018, the QI team identified hypertension as the No. 1-ranked diagnosis by in-network health care professionals.

Accurate blood pressure (BP) measurements are important to improve the health of our members and your patients.

How can you help?

- Review the checklist below of key steps to take for accurate measurements.
- Provide our member/your patient their BP numbers and educate them on BP ranges and goals for their pressure.
- Educate our member/your patient on how to help manage high BP with diet, exercise, and overall healthy lifestyle.
- Provide education on self-monitoring and appropriate ways to measure at home.
- Discuss questions, concerns, problems at every visit.

For more information, please review our [clinical practice guidelines](#).

Key Steps for Proper BP Measurements	Specific Instructions
Step 1: Properly prepare the patient	Have the patient relax, sitting in a chair (feet on floor, back supported) for >5 min.

	<p>The patient should avoid caffeine, exercise, and smoking for at least 30 min before measurement.</p> <p>Ensure patient has emptied his/her bladder.</p> <p>Neither the patient nor the observer should talk during the rest period or during the measurement.</p> <p>Remove all clothing covering the location of cuff placement.</p> <p>Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.</p>
Step 2: Use proper technique for BP measurements	<p>Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically.</p> <p>Support the patient's arm (eg, resting on a desk).</p> <p>Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum).</p> <p>Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used (Table 9).</p> <p>Either the stethoscope diaphragm or bell may be used for auscultatory readings.</p>
Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension	<p>At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings.</p> <p>Separate repeated measurements by 1-2 min.</p> <p>For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20– 30 mm Hg above this level for an auscultatory determination of the BP level.</p> <p>For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds.</p>
Step 4: Properly document accurate BP readings	<p>Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number.</p> <p>Note the time of most recent BP medication taken before measurements.</p>
Step 5: Average the readings	<p>Use an average of 2 readings obtained on 2 occasions to estimate the individual's level of BP.</p>
Step 6: Provide BP readings to the patient	<p>Provide patients the SBP/DBP readings both verbally and in writing.</p>

* American Heart Association 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults

BP Cuff size for Measurement of BP in Adults (Table 9).

Arm Circumference	Usual Cuff Size
22–26 cm	Small adult
27–34 cm	Adult
35–44 cm	Large adult
45–52 cm	Adult thigh

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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: Accepting new patients, street address, phone number 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.

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: [September Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Updated [Clinical Payment and Coding Policies](#)
- Updated [Provider Refund Form](#) to Health Care Provider Forms

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.

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