



April 2017

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 on April 6, 2017 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

UPDATE: Implementation Date for Medicare Prior Authorization Requirements through eviCore Delayed

The Specialty Prior Authorization Program requirement for Blue Cross Medicare AdvantageSM members initially planned to be effective on May 15, 2017, has been delayed. The new target effective date is June 1, 2017.

BCBSOK and eviCore will be providing additional information, including training opportunities, in the coming months on the Provider website at bcbsok.com/provider and in [Blue Review](#).

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Bulk Powder Compounds: Claim Processing Change, Effective July 1, 2017

Blue Cross and Blue Shield of Oklahoma (BCBSOK) periodically conducts claim reviews to help ensure that we are paying only for services that are covered benefits under our members' and groups' benefit plans, as well as within our claims guidelines and Medical Policies. An increasing number of claims for compounded drug products have been identified that are not covered benefits as they do not meet the limited exception criteria for coverage of compounded drug products formulated from bulk powders under BCBSOK Medical Policy.

Please be advised that, for dates of service on or after July 1, 2017, claims submitted to BCBSOK for compounded drug products using bulk powders will be denied, in accordance with our Medical Policy. As of this effective date, independently contracted BCBSOK providers will receive a message on their Electronic Payment Summary (EPS) or Provider Claim Summary (PCS), as follows:

“Services for Bulk Powder or Compound Drugs are considered experimental, investigational, or unproven and not covered under the member's benefit plan. This is a contracted provider; the member is not responsible for payment of these charges.”

LIMITED EXCEPTIONS

In general, compounded drug products using bulk powders are considered to be experimental, investigational and unproven. Bulk powder compound exceptions listed under our Medical Policy are for members that meet coverage criteria for the following:

Medical Policy Number	Description
RX501.062	Progesterone Therapy as a Technique to Reduce Preterm Delivery in High-Risk Pregnancies
SUR707.008	Implantable Infusion Pump

**Note: Compound drugs using commercially available FDA-approved drugs will continue to be considered for coverage*

Insurers Required by CMS to Conduct ACA Risk Adjustment Program Audit

In 2017, the Centers for Medicare and Medicaid Services (CMS) will conduct another Initial Validation Audit (IVA) to validate the data used when assessing the payment transfers for the Affordable Care Act's (ACA) Risk Adjustment (RA) program. The provider's role is essential to the success of the IVA. Therefore, if any of your patients are selected to be included in the IVA, Blue Cross and Blue Shield of Oklahoma (BCBSOK) is asking for your cooperation and commitment to fulfilling the requirements of the IVA.

The IVA is expected to begin in June of 2017 BCBSOK will be working with Tactical Management Incorporated (TMI) to retrieve the requested medical records that we have to submit to our IVA auditor. Our IVA auditor requires medical records in order to validate the sampled member's risk score calculation which is based on the diagnosis codes submitted on a member's claims, as well as through supplemental diagnosis submissions based on medical record review. As BCBSOK providers, you may be asked to provide medical records directly to TMI in order to validate all of the diagnosis codes used in the ACA RA risk score calculation. Please respond to these requests in a timely manner. It is important to have a successful audit to improve the healthcare delivery system.

The IVA will be performed on a sample of members enrolled in ACA-compliant individual and small group plans, both on and off-exchange. Our IVA auditor will validate medical claims of the sampled members from the previous calendar year. For example, this IVA will be conducted in 2017, but will review claims with dates of service in 2016. Please be aware some of these claims may have been paid in 2017 and are likely to be included in the IVA sample.

We understand that this is a very busy time; however, in an effort to comply with CMS' requirements, we appreciate your full support and cooperation as you receive requests from TMI and deliver the requested medical record(s) in a timely manner.

If you have any questions, please contact your [Network Representative](#).

Rescheduled Implementation of Additional Code Auditing Software

Blue Cross Blue Shield of Oklahoma (BCBSOK) previously published a notification for the implementation of an additional code auditing software. **BCBSOK has rescheduled this implementation for May 21, 2017.**

This software will further enhance the auditing of professional and outpatient facility claims for correct coding according to Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®) and Centers for Medicare & Medicaid Services (CMS) guidelines.

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Government Programs: 835 Electronic Remittance Advice (835 ERA) Files

Providers who enrolled between Dec. 1, 2016, and Dec. 30, 2016, to receive the 835 ERA from Blue Cross and Blue Shield of Oklahoma (BCBSOK) may be missing ERA files for Medicare Advantage claims.* This information applies to claims submitted for the following BCBSOK members:

- Blue Cross Medicare Advantage (PPO)SM (MA PPO)
- Blue Cross Medicare Advantage (HMO)SM (MA HMO)

BCBSOK is in the process of correcting this issue and a resolution is scheduled to be completed by mid-March 2017 to help ensure that impacted providers continue receiving future ERA files for auto-posting of payments. In the interim, for applying payments, impacted providers may refer to their paper Provider Claim Summaries (PCSs), which are sent by regular mail for government programs claims.

More information regarding your 835 ERA delivery may be obtained from your designated clearinghouse or vendor. Please note that ERA files cannot be reloaded for Medicare Advantage claims.

We appreciate your patience and apologize for any inconvenience that this issue may have caused your practice.

****The above notice applies to BCBSOK providers contracted with Government Programs only.***

Non-contracted Government program providers servicing the above referenced BCBSOK members must refer to their mailed paper check and PCS for payment information, even if they are enrolled to receive the ERA and Electronic Funds Transfer (EFT) from BCBSOK.

Physician Payment Policies for Members enrolled in Blue Cross Medicare Advantage HMOSM and Blue Cross Medicare Advantage PPOSM

Effective March 15, 2017, Blue Cross Blue Shield of Oklahoma (BCBSOK) will enhance our review and application of our physician payment policies applicable to Blue Cross Medicare Advantage PPOSM and Blue Cross Medicare Advantage HMOSM.

There are no changes required by providers. The payment policies for the Blue Cross Medicare Advantage plans will continue to be based on nationally accepted means of claims payment, which include:

- Medicare's:
 - National bundling edits including the Correct Coding Initiative (CCI)
 - Modifier usage
 - Global surgery rules
- AMA CPT coding guidelines
- Regional Medicare policies
- National specialty academy guidelines (coding and clinical).

As a valued provider please continue to render services to our members and submit your claims, accordingly. The goals of this endeavor are to:

- Enable you and your billing staff to more readily understand our payment of claims given the widespread use of these policies and source criteria utilized above.
- Identify that the service or drug being requested is medically necessary and appropriate by following up-to-date medical recommendation treatment plans that are not duplicated.

This is one of many things we are doing to make the health care system work better, by focusing on improving health care delivery. We want our members to receive the best health outcomes for all of the dollars spent on their care.

We will be providing additional information on the BCBSOK Provider website and in later Blue Review issues.

Reporting On-Demand

The Reporting On-Demand application is available in the BCBSOK branded Payer Spaces section on the Availity Web portal. This tool permits registered Availity users to readily view, download, save and/or print the Provider Claim Summary (PCS) online, and other reports as they become available.

For more details on viewing the PCS online, refer to the [Reporting On-Demand: Online Provider Claim](#)

[Summaries Tip Sheet](#). To register with Availity and gain access to the application, visit availity.com. 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. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Web Changes

- Posted [March Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Rescheduled Implementation of Additional Code Auditing Software](#) to Education and Reference Center/News and Updates
- Posted [Government Programs: 835 Electronic Remittance Advice \(835 ERA\) Files](#) to Education and Reference Center/News and Updates
- Updated [Remittance Viewer](#) Training to the Education and Reference Center/Provider Tools

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.

