

BLUE REVIEWSM

A Provider Publication

August 2018

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 August 2018 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

Appropriate Use of Opioids Program Launched August 1, 2018

On August 1, 2018, Blue Cross and Blue Shield of Oklahoma (BCBSOK) implemented the new Appropriate Use of Opioids Program. This program was developed to encourage the appropriate use of prescription opioids and advocate patient safety for our members. Elements in the new program follow safety guidelines as recommended by the Centers for Disease Control and Prevention (CDC) and other nationally recognized guidelines.

The Appropriate Use of Opioids Program elements include:

- **Opioid Immediate Release (IR) Duration Limit**

Limits an initial immediate release (IR) prescription opioid fill for up to a seven-day supply for an opioid naïve patient. A member is considered “opioid naïve” if he or she has not had an opioid prescription filled within the past 60 days. Once the initial seven-day supply has been filled, subsequent fills will not be subject to the seven-day duration requirement as long as the member is not opioid naïve.

- **Morphine Equivalent Dose Concurrent Drug Utilization Review (MED cDUR) Hard Edit**

Promotes the lowest effective dosage of opioids by monitoring and limiting the cumulative daily Morphine Equivalent Dose (MED) to no more than 200 mg per day. The MED is calculated across the submitted claim and selected historical claims. This point of sale edit denies claims when total MED is greater than or equal to 200 mg per day for seven consecutive days.

- **Opioid Quantity Limits**

Continue to apply existing opioid dispensing limits/quantity limits to single-entity extended-release (ER) and some IR opioids consistent with FDA-recommended dosage guidelines. Dispensing limits are published on the bcbsok.com website and updated quarterly.

Please note: The Appropriate Use of Opioids Program was implemented based on the member's benefit. Most members with BCBSOK prescription drug coverage may be subject to the criteria threshold limits established within this program, regardless of the member's plan renewal date. This program will not apply to members with Medicare Part D or Medicaid coverage. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

If your patient requires a prescription order for an opioid that exceeds the established limits of this program, you may submit an authorization request to BCBSOK for coverage consideration on behalf of your patient. You can find the fax forms on the [Prior Authorization and Step Therapy Program webpage](#).

There may be future drug list changes in the opioid drug category. Please refer to News and Updates, the *Blue Review* provider newsletter and Pharmacy Program section on the BCBSOK Provider website for any future opioid updates that may be applicable to your patient(s).

* Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. MMWR Recomm Rep 2016; 65 (No. RR-1): 1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.

This information is for informational purposes only and is not intended to replace your clinical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. Only you, in direct consultation with your patient, can determine your patient's drug therapy, regardless of the member's benefits.

Prime Therapeutics LLC (Prime) is a separate pharmacy benefit management company contracted by BCBSOK to provide pharmacy benefit management and other related services. BCBSOK, as well as several Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Voluntary Recall of Medications Containing the Valsartan Active Ingredient

As you may be aware, the U.S. Food and Drug Administration (FDA) announced on July 13, 2018, a nationwide voluntary recall of several drug products containing the active ingredient valsartan and/or valsartan/hydrochlorothiazide (HCTZ), used to treat high blood pressure and heart failure.

Trace amounts of N-nitrosodimethylamine (NDMA), a probable human carcinogen, have been found in the recalled products. The presence of NDMA is unexpected and thought to be related to changes in the way the active substance was manufactured. No adverse events related to this recall have been reported.

The manufacturers participating in this recall include: Major Pharmaceuticals, Solco Healthcare and Teva Pharmaceutical Industries Ltd. (labeled as Actavis). Valsartan containing products

from other manufacturers are not impacted and remain available on the market. It is unknown whether this recall will impact overall market supply.

Based on a review of prescription drug claims submitted to Blue Cross and Blue Shield of Oklahoma (BCBSOK) within the last four months, our pharmacy benefit manager, Prime Therapeutics®, will be notifying all impacted members and their prescribing physicians of the recall.

You are encouraged to discuss the recall with your patient and discuss treatment options. For additional information on the recall, please visit the [FDA's website](#) to review the press release.

If your patients have any questions or concerns about their pharmacy benefits, please have them call the number on their member ID card.

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References

1. (2018, July 13). FDA News Release. FDA announces voluntary recall of several medicines containing valsartan following detection of an impurity. Retrieved from: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm613532.htm>
2. Drug Recalls. Retrieved from: <https://www.fda.gov/Drugs/DrugSafety/DrugRecalls/default.htm> on July 17, 2018.

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New Preventive Service for Medicare Members at Risk for Type 2 Diabetes

The Medicare Diabetes Prevention Program (MDPP) has been proven by a National Institutes of Health (NIH) trial to greatly reduce the progression of prediabetes to Type 2 diabetes¹. Effective immediately, your at-risk senior patients who have a Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medicare health plan and meet the eligibility criteria outlined below can participate in this program at no cost to them.

MDPP eligibility criteria:

- Blood value:
 - Fasting plasma glucose of 110 to 125 mg/dL, or
 - A1C value between 5.7 to 6.4, or

- Oral glucose tolerance test between 140 to 199 mg/dL
- BMI greater than 25 (or if Asian, greater than 23)
- No diagnosis of end-stage renal disease, Type 1 or Type 2 diabetes; previous gestational diabetes is not an exclusion to participation.

BCBSOK has partnered with Solera Health Inc. (Solera) to facilitate MDPP services for our members. Solera will work closely with members to enroll them in programs in their area.

This program is meant to help participants change their lifestyle, establish healthy habits and lose five to nine percent of their body weight. This modest weight loss dramatically decreases the risk of developing Type 2 diabetes.

The two-year program is focused on encouraging healthier food choices and increased activity. The first year includes weekly lessons in a small group setting for six months, followed by monthly lessons for six months. The second year provides ongoing support for participants who, during the first year, meet the five percent weight-loss goal and attend a minimum of two sessions every three months. Throughout the two years, participants have access to a one-on-one lifestyle health coach to help set goals and stay on track.

Your patients who may be eligible received letters from BCBSOK in November 2017 and June 2018 informing them of Solera’s services. If you or your patients need additional information, please refer to the [Provider FAQ Sheet](#). Patients can verify their eligibility and enroll in the program by going to solera4me.com/bcbsok or by calling 1-866-671-8597 (TTY 771), Monday through Friday from 8 a.m. to 8 p.m. CST.

<https://www.cdc.gov/diabetes/prevention/prediabetes-type2/preventing.html>

Solera Health Inc. is an independent company that provides diabetes prevention services for Blue Cross and Blue Shield of Oklahoma. They do not offer any Blue Cross and Blue Shield products or services and are solely responsible for the products and services they provide.

‘Annual Visit’ Campaign Leads to Importance of Proper Coding

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is currently conducting a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. We know you already see a lot of patients and, since this annual visit campaign may increase patient traffic to your office, we wanted to take this opportunity to emphasize the importance of careful medical record documentation.

Careful documentation is critical for proper assignment of ICD-10-CM/PCS codes. To help ensure that claims are properly billed and appropriate benefits are applied, your documentation must paint a clear and complete picture of each patient’s condition with details to support subsequent diagnoses and treatment.

As you know, medical record data is also used to help develop provider report cards and demonstrate meaningful use in electronic health records. Provider profiles may be made publicly available through online transparency or comparison tools, and potential patients may use this information when they are choosing where to go for care.

Clinical documentation improvement tools and services are widely available. Regardless of whether your organization or office has implemented a clinical documentation improvement (CDI) program, there are some basic CDI principles you can use to help support accurate ICD-10 coding on your claims:

1. **Lay the groundwork** by outlining a complete history
2. **Go below the surface** by highlighting potential red flags and risk factors
3. **Include progress notes** to illustrate how the patient was monitored and evaluated
4. **Put the pieces together** with details on why decisions were made
5. **Focus on teamwork** between medical, coding and billing staff

We appreciate your efforts to support our members' health and wellness at their annual visits and every visit thereafter. Careful medical record documentation for each patient at every visit will help ensure your claims accurately reflect the care and services you provide to our members.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims. Health care providers are instructed to submit claims using the most appropriate codes based upon the medical record documentation and coding guidelines and reference materials.

Vision-threatening Diabetic Retinopathy Screening and Reimbursement

According to the National Institute of Health's National Eye Institute (NEI) "Diabetic retinopathy is the most common diabetic eye disease and a leading cause of blindness in American adults." BCBSOK recommends annual screening for vision-threatening diabetic retinopathy. The Welch Allyn RetinaVue™ camera is being used in multiple primary care offices for quick and easy screening for their patients with diabetes to monitor for diabetic retinopathy.

Please remember proper reimbursement coding during claim submissions for retinal imaging camera services is an important step in accurate reporting and quality outcomes for NCQA HEDIS quality measures for these exams. **The global code used for reimbursement is 92250 and the secondary CPT code is 2022F.** Dilated retinal eye exam with documentation and review interpretation by an ophthalmologist or optometrist must be included when a non-vision care provider submits a claim for diabetic retinopathy screening when utilizing a vendor service.

For more information regarding billing and reimbursement, visit the Welch Allyn website at welchallyn.com.

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Feature Tip

Electronic Replacement/Corrected Claim Submission FAQs

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has updated the Electronic Replacement/Corrected Claim Submission FAQs on the BCBSOK provider website.

The updated FAQs can be found under the Claims and Eligibility/ Claim Tips/ Related Resources/[Submitting Replacement Corrected Claims](#).

Online Magazine Spotlight: Three New Articles

At Blue Cross and Blue Shield of Oklahoma (BCBSOK), we believe that having access to affordable, quality coverage can make a positive, and often profound, difference in our members' lives. [Making the Health Care System Work](#)SM is BCBSOK's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

Did you catch these recent stories in our online magazine? Here are some highlights below:

[Building Communities for Better Health](#). Community organizations are improving health equity by tackling the cycle of poverty in urban neighborhoods. The article includes data backed by multiple studies that reflect the adverse effects of poverty on health, and that while physical effects of poverty may be limited to certain ethnic, income or geographic groups, their impact can be felt throughout the U.S. economy.

[Communication Is Key in Assessing and Addressing Suicide Risk](#) A well-timed call, a few extra questions during a routine check-up, or even paying close attention to the answer to "How are you?" may be the difference between life and death. Offering support can make the difference between life and death for someone considering suicide. Learn the 12 warning signs of suicide.

[Why Pharmacy Benefit Managers Matter for Drug Costs and Better Care](#), The debate about drug prices has raised the profile of a traditionally quiet player in health care: the pharmacy benefit manager, or PBM. These are quiet players in health care that have a big impact on the affordability of drugs. Find out who they are and why they matter.

To view the full stories and also browse other articles that may be of interest to you and your patients, visit us online at makingthehealthcaresystemwork.com.

Join the Conversation

[Subscribe](#) to get updates from [Making the Health Care System Work](#) delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we may help expand access to quality coverage and care, reduce costs and improve health.

In the Community

2018 Champions of Health Winners Announced

Positive Tomorrows has been named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the [Champions of Health](#) awards. [Positive Tomorrows](#), an Oklahoma City-based non-profit organization, is Oklahoma's only elementary school and social service agency specifically serving homeless children and their families. As the overall winner, Positive Tomorrows will receive a \$15,000 grant, which will be presented at the 2018 Champions of Health Gala on Sept. 27 at the [National Cowboy & Western Heritage Museum](#) in Oklahoma City. Actress and Author Jamie Lee Curtis will be the keynote speaker.



Positive Tomorrows focuses on both physical and mental health, and teaches lifelong healthy habits to some of the community's most vulnerable kids. The school coordinates access to basic health care, dental care, nutritional care and counseling for homeless students and their families. A trauma-informed learning environment helps students to focus on learning, and to overcome the effects of trauma on their lives. Positive Tomorrows breaks down barriers to learning, like food, clothing, transportation and medical care, so students can focus on learning with happy and healthy bodies and minds.

Since 2004, the Champions of Health awards program has honored organizations and individuals who are making a difference in the health of Oklahomans. The annual Champions of Health gala benefits [The Oklahoma Caring Foundation, Inc.](#), a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge. Founded in 1994, the foundation is funded by community contributions and administered as an in-kind gift by Blue Cross and Blue Shield of Oklahoma, a division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association.

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

Champion of Senior Health

Winner: [YMCA of Greater Tulsa](#)

Since May 2017, The YMCA of Greater Tulsa has been filling the gap for those living with Parkinson's in a unique way. The Tandy Family YMCA is a provider of the Pedaling for Parkinson's program, which has proven that pedaling a bicycle may change the life of someone with Parkinson's. Research conducted at the Cleveland Clinic showed a 35 percent reduction in symptoms by the simple act of pedaling a bicycle

at a rapid pace – optimally, 80-90 revolutions per minute. This research, combined with consistent data from the YMCA of Greater Tulsa, has proven that the program has a large impact on a higher quality of life for the participants.

Finalist: [RSVP of Central Oklahoma, Inc.](#)

Champion of Children's Health

Winner: [Infant Crisis Services' BabyMobile](#)

Infant Crisis Services' BabyMobile launched in 2013 as a response to clients who reported that transportation was their biggest obstacle to receiving services. Since then, more than 21,000 infants and toddlers have come to the BabyMobile in need and left with a week's supply of food, formula, and diapers. One mobile unit is now two, and currently, seven counties and 43 partner agencies throughout central Oklahoma host regular visits. The BabyMobile is the only pantry on wheels of its kind in central Oklahoma—families in crisis rely on it to ease the burden of providing for their children, but beyond basic physical necessities, they also find a place where they are given a listening ear and an encouraging word.

Finalist: [CAP Tulsa Early Childhood Program](#)

Champion of the Uninsured

Winner: [Mental Health Association Oklahoma](#)

Mental Health Association Oklahoma (the Association) has been advocating for Oklahomans impacted by mental illness, substance abuse disorders and homelessness since 1955. Its programs include housing, community health and wellness initiatives for the uninsured and underinsured, mental health education, support groups, pro bono counseling, mental health screening and referral, suicide prevention, peer-to-peer recovery services, employment readiness and criminal justice advocacy. The Association's current housing portfolio includes nearly 1,500 units of affordable housing in Tulsa and 119 units in Oklahoma City.

Finalist: [Good Samaritan Health Services](#)

Community Health Champion

Winner: [Our Daily Bread Food & Resource Center](#)

Our Daily Bread (ODB) provides food assistance to underprivileged households living in Payne County, in which 18 percent of the population is food insecure, lacking reliable access to healthy, nutritious, and life-sustaining foods. With an emphasis on healthy foods, ODB offers guests a guided shopping experience with a shopping assistant in which the guest can choose from an abundance of foods to fill their fridge, freezer, and pantry. Those served range from college students, single parent households, individuals on a fixed income, veterans, and those with low-paying jobs.

Finalist: [Dentists for the Disabled and Elderly in Need of Treatment, Inc.](#)

Corporate Health Champion

Winner: [Tulsa Health Department](#)

The Working for Balance program at the Tulsa Health Department is an example of a quality corporate wellness program that can be replicated in small companies whose budget doesn't allow for large expenditures on incentives or outside health promotion businesses. With the utilization of two part-time staff members, low-cost or no-cost local resources, internal talent and creativity, this corporate program engages up to 60 percent of employees. Tulsa Health Department wants to "walk the walk" to promote healthy lifestyles, and Working for Balance encourages employees to place their own health as a

priority.

Finalist: [Oklahoma State University](#) & [Gateway Mortgage Group](#)

Note: The winner and finalists in the Corporate Health Champion category are ineligible to receive grant funds.

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

[Individual tickets and sponsorships](#) are available. For information, call 855-628-8642 or visit championsofhealth.org.

The Oklahoma Caring Foundation, Inc. is a non-profit organization administered as an in kind gift by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association.

Receive a Discount on Route 66 Marathon Events

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is proud to be the presenting sponsor of the [2018 Williams Route 66 Marathon](#) events, scheduled for Nov. 17-18 in downtown Tulsa.



BCBSOK members can receive a 10 percent discount by using the code **BCBSOK18** when registering online. The discount applies to BCBSOK members only, and we respectfully ask that this code not be shared with nonmembers.

The race events include a 5K and one-mile fun run on Saturday, Nov. 17 and a marathon, half marathon and marathon relay on Sunday, Nov. 18. The race weekend also includes the [Health and Fitness Expo](#) at the Cox Business Center in downtown Tulsa. The expo will be held on Friday, Nov. 16 from 11 a.m. to 8 p.m. and Saturday, Nov. 17 from 10 a.m. to 6 p.m. The two-day expo is free, open to the public and includes more than 50 exhibitors featuring running gear and shoes, as well as sports and fitness related items. The expo is also the location of the packet pick-up for all participants and volunteers.

Race registration prices increase periodically, so sign up today for the lowest registration rate.

Visit route66marathon.com to learn more.

Provider Data and Directory Updates

Maintaining accurate provider data and directories are an important part of providing Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with the information they need to manage their health. Please review our online provider directory at [Provider Finder](#)[®]. The directory is a helpful tool for providers to refer their BCBSOK patients to other participating providers.

To update your directory information or other provider information such as tax identification numbers, supervising physician information, hospital privileges, etc., please submit the [BCBSOK Provider Notification Form](#) via fax to 918-549-2141 or email the form to oknetworkmanagement@bcbsok.com.

All changes should be submitted at least 30 days in advance of the effective date of change. For more information, please contact your BCBSOK [Provider Network Representative](#).

Web Changes

- Posted [July Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [New eviCore Email-Notification for Utilization Management \(UM\) Decisions](#) to Education and Reference Center/News and Updates/Blue Review page
- Updated [Clinical Practice Guidelines](#) to Clinical Resources/Clinical Practice Guidelines

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](#).

Making the Health Care System Work. Better. Together.

We have an insider's view of how health insurers, doctors, hospitals, employers and governments depend on one another to provide access to affordable, high-quality care and help people live healthy, productive lives. We put together a team of writers and multimedia creators to work with business and thought leaders, inside and outside of our organization, to explore ways we can all work together to make the health care system work better for everyone. [Learn more about the online magazine](#) we created to tell these stories.

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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