



December 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 Dec. 14, 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

Visit Our Website for New Claim Payment and Remittance Resources

Blue Cross and Blue Shield Oklahoma (BCBSOK) recently updated the Electronic Funds Transfer (EFT) / Electronic Remittance Advice (ERA) page in the Claims and Eligibility section of our Provider website. This section focuses on electronic transactions that may help increase administrative efficiencies for your office while also helping to make it easier for you to conduct business with BCBSOK.

Recent enhancements to the Claim Payment and Remittance page include resources to help you learn more about EFT and ERA. In addition to new EFT and ERA Online Enrollment Tip Sheets, the page includes links to updated 835 EFT/ERA Companion Guides and other pertinent information.

Electronic options offer health care providers a more efficient alternative to the traditional paper methods. Providers are encouraged to enroll for EFT and ERA through the AvailityTM Web Portal, which also permits users to make any necessary set-up changes online. Once an organization is enrolled for ERA, providers and billing services also gain access to the [Availity Remittance Viewer](#). This tool permits users to search, view, save and print remittance information, even if the ERA is delivered to a vendor and/or clearinghouse other than Availity.

Online EFT and ERA enrollment is available to registered Availity users. To register for Availity, simply go to availity.com and sign up today. There is no cost to register and become an Availity user. For providers who are unable to access Availity to complete the online EFT and ERA enrollment process, paper EFT and ERA enrollment forms are available in the Education and Reference Center/Forms section of our Provider website.

We encourage you to visit the [Electronic Funds Transfer \(EFT\) / Electronic Remittance Advice \(ERA\)](#) and other pages in the [Claims and Eligibility section](#) for additional information on electronic options. For assistance with EFT and ERA enrollment through Availity, or to learn more about how to use the remittance viewer tool, contact a BCBSOK Provider Education Consultant at ECommerceServices@bcbsok.com or 800-746-4614.

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 they provide. If you have any questions about the products or services offered by Availity, contact them directly.

BCBSOK Documentation Guidelines – Laboratory Audit/Review

Blue Cross and Blue Shield Oklahoma (BCBSOK) recently updated the Electronic Funds Transfer (EFT) / Electronic Remittance Advice (ERA) page in the Claims and Eligibility section of our Provider website. This section focuses on electronic transactions that may help increase administrative efficiencies. To assist in prompt payment of claims and to ensure payment integrity, Blue Cross and Blue Shield of Oklahoma (BCBSOK) may request medical record documentation to determine if the laboratory services billed are appropriately documented in the patient's medical records. For BCBSOK to consider services submitted for reimbursement, there must be sufficient documentation in the provider's or hospital's medical records to verify the services performed were appropriately documented, medically necessary and required the level of care billed. If there is insufficient, incomplete or illegible documentation, the services submitted for reimbursement will be denied. Additionally, claims that have already been adjudicated by BCBSOK are subject to recovery if documentation submitted does not support the services billed.

For every laboratory claim submitted to BCBSOK, the provider should have valid laboratory medical records documenting the services ordered and the results of the services performed on file. Laboratory medical records consist of a signed valid requisition and complete results of the tests performed. A valid requisition is one received from the patient's treating physician or qualified health care provider (i.e. the provider treating the patient and who will use the test results in the management of the patient's specific medical problem). Records should be complete, legible and include the following:

A valid requisition should contain the following:

- Patient identification
- Complete ordering provider identification (minimum full name and NPI#)
- Signature of ordering physician (must be legible) ("Signature on File", Signature Stamp, or photocopies of signature are not acceptable)
- Facility and location where sample collected is relevant (State, office, home, hospital, Residential Treatment Center (RTC))
- Type of sample (e.g. blood, serum, urine, oral swab)
- Date and time collected
- Date and time received in the lab
- Identity of individual who collected sample
- For urine testing, a temperature at time of collection may be relevant and aid in validity
- ICD-10-CM diagnosis codes received from ordering provider (specificity required)
- Identify specific tests ordered
- For drug testing, a current medication list may be relevant and aid in supporting medical necessity

- For drug testing Point of Care (POC) test results may be relevant and aid in supporting medical necessity

Additionally, lab results should contain the following information:

- Complete identification of performing entity (name, address, CLIA #)
- Identity of Patient (full name, DOB)
- Identity of ordering provider (name, NPI)
- Identity of facility if applicable
- Date sample collected
- Date sample received in lab
- Date test results reported
- Complete test results including validity testing if performed
- Type of sample (e.g. blood, serum, urine, oral swab)

BCBSOK may request records from an ordering provider to substantiate and provide supporting information during a laboratory claim audit/review. However, it should be noted that **the responsibility remains with the billing provider to provide the required documentation to validate the services billed are appropriately documented and are medically necessary.** If a medical record request is sent to the provider billing the laboratory services, they must supply the required documentation. Insufficient or a lack of supporting documentation will result in denial of the laboratory services billed.

It should be noted that Medicare auditors also require a billing provider to assume responsibility for obtaining supporting documentation as needed from a referring physician's office. For more information, see the [Medicare Program Integrity Manual](#) on the Centers for Medicare & Medicaid Services (CMS) website.

The ordering provider's medical record must support the medical necessity for each service ordered. The record must be specific to an individual patient and not consist of "standing", "routine", "custom panels" or "orders per protocol". Such "one size fits all" ordering is not appropriate and does not support billing of the laboratory services.

Familiarity with BCBSOK medical policies regarding laboratory testing may prevent unexpected claim denials. Orders and documentation as described above do not ensure reimbursement. Medical policies, benefits, eligibility and medical record documentation are the additional determining factors for reimbursement. BCBSOK medical policies can be found by visiting the [Standards and Requirements](#) section of our website at bcbsok.com/provider. Individual benefit/coverage information may be found by contacting the customer service number on the back of the member's insurance card or utilizing your preferred web vendor for an online verification of benefits.

Providers ordering or performing drug testing should carefully review BCBSOK Medical policy # MED207.154. Medical policies are updated regularly so visit this site often for the most up-to-date medical policy information.

Services that do not meet BCBSOK documentation and/or medical necessity requirements will not be eligible for reimbursement. In addition to BCBSOK, it is useful to recall that Medicare will only pay for tests that are medically reasonable and necessary based on the clinical condition of each individual patient.

Laboratories also should be mindful of requests for testing received from in-patient and intensive out-patient behavioral health facilities as laboratory services are included in per diem rates paid to the entities and should not be “unbundled” and submitted for separate claim reimbursement. In those instances, separate reimbursement for laboratory services may be denied or disallowed as payment is included in the facility’s per diem payment.

Independent laboratory claims should be submitted to the state where the sample was obtained regardless of where the testing facility resides.

As a reminder BCBSOK does not allow pass through billing or under arrangement billing. If you have any questions, please contact your [Provider Network Representative](#).

New Additional Preauthorization Requirements in 2018

Beginning Jan.1, 2018, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will require preauthorization through BCBSOK or eviCore for certain procedures.

These new preauthorization requirements will apply to the fully insured members with Blue Choice PPOSM, Blue Advantage PPOSM, Blue Preferred PPOSM, Blue Options PPO<, Blue Traditional[®] and BlueLincsSM HMO plans.

Check eligibility through AvailityTM or your preferred web vendor prior to rendering services. This step will help you determine if preauthorization is required. Remember, providers should **ask to see the member's ID card for current information** and a photo ID to guard against medical identity theft.

To obtain benefit preauthorization through BCBSOK, you may continue to use iExchange[®]. This online tool is accessible to physicians, professional providers and facilities contracted with BCBSOK. For more information or to set up a new account, refer to the [iExchange page](#) in the Provider Tools section of our Provider website.

As a reminder, services performed without preauthorization that do not meet medical necessity criteria may be denied as not medically necessary.

The new additional 2018 Preauthorization Requirements are listed below:

Cardiology

- Lipid Apheresis

Musculoskeletal

Interventional Pain Management

- Percutaneous and Implanted Nerve Stimulation and Neuromodulation
- Surgical Deactivation of Headache Trigger Sites
- Occipital Nerve Stimulation
- Spinal Cord Stimulation

Orthopedic

- Orthopedic Applications of Stem-Cell Therapy

- Functional Neuromuscular Electrical Stimulation (FNMES)
- Femoroacetabular Impingement (FAI) Syndrome
- Meniscal Allografts and Other Meniscal Implants
- Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage Lesions
- Artificial Intervertebral Disc
- Lumbar Spinal Fusion

Neurology

- Sacral Nerve Neuromodulation/Stimulation
- Vagus Nerve Stimulation (VNS)
- Deep Brain Stimulation

Ear, Nose and Throat

- Nasal and Sinus Surgery
- Bone Conduction Hearing Aids
- Cochlear Implant

Outpatient Surgery

- Orthognathic Surgery (Face Reconstruction)
- Mastopexy (Breast Lift)
- Reduction Mammoplasty (Breast Reduction)

Gastroenterology

- Gastric Electrical Stimulation (GES)

Wound Care

- Hyperbaric Oxygen (HBO2) Therapy

In addition, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will provide health advocacy solutions (HAS) for self-funded Large Groups administered by BCBSOK.

HAS is an innovative product that takes a holistic, high-touch, tailored approach to enriching a member's health care journey and reducing health care costs. There are dedicated health advocates who will deliver personalized communication and educational resources to help members make informed decisions concerning their health care. Participation in this product will be indicated on the back of the member's ID card.

HAS may have some specific preauthorization requirements. Please verify eligibility and benefits to determine if preauthorization is required through Availity, BCBSOK or eviCore.

Our goal is to provide our members with access to quality, cost-effective health care. If you have any questions, please contact your Provider Network Representative.

The new 2018 Preauthorization Requirements for HAS are listed below:

Primary

- Molecular and Genomic Testing (eviCore)
- Radiation Therapy (eviCore)
- Advanced Radiology Imaging (Notification Only – eviCore)

Advanced

- Molecular and Genomic Testing (eviCore)
- Radiation Therapy (eviCore)
- Sleep Studies and Sleep DME (eviCore)
- Advanced Radiology Imaging (eviCore)

Premier

- Molecular and Genomic Testing (eviCore)
- Radiation Therapy (eviCore)
- Sleep Studies and Sleep DME (eviCore)
- Advanced Radiology Imaging (eviCore)
- Cardiology
- Ear Nose and Throat
- Gastroenterology
- Musculoskeletal
- Neurology
- Non-Emergent Air Ambulance
- Outpatient Surgery
 - Orthognathic Surgery
 - Mastopexy
 - Reduction Mammoplasty
 - Bunionectomy
 - Cardiac Catherization
 - Carpal Tunnel Repair
 - Inguinal Hernia Repair
 - Lithotripsy
- Specialty Pharmacy
- Wound Care

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or 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 services were rendered. If you have questions, contact the number on the member's ID card.

iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers.

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 endorsements, representations or warranties regarding any products or services provided by third party vendors such as Availity and Medecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Blue Cross and Blue Shield of Oklahoma has contracted with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to provide preauthorization for expanded outpatient and specialty utilization management.

Flucelvax Quadrivalent Billing Update

The American Medical Association (AMA) has released Current Procedural Terminology (CPT®) code 90756 effective for claims processed with dates of service (DOS) on or after 1/1/18.

CPT code 90756-Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use -may be used to best describe preservative containing Flucelvax Quadrivalent vials which received FDA approval 07/07/2017 for the 2017-2018 flu season.

For claims prior to 1/1/18 doses using preservative containing Flucelvax Quadrivalent 2017-2018 NDCs may be submitted with 90749-Unlisted vaccine/toxoid or Q2039-Influenza virus vaccine, not otherwise specified.

90674-Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use-may continue to be used to best describe **preservative and antibiotic free** Flucelvax Quadrivalent pre-filled syringes.

*When billing flu vaccines code descriptions may be specific to dosage, formulations such as trivalent vs quadrivalent, preservative vs preservative free, or other distinctive features (ie split virus, recombinant DNA, cell cultures, intradermal, or intramuscular).

BCBSOK to Require Adherence to Vaccine Guidelines

Timely vaccines protect the health of children and adults, saving lives and ensuring the safest, most effective disease prevention possible. To help keep Blue Cross and Blue Shield of Oklahoma (BCBSOK) members safe, doctors treating them should adhere to guidelines recommended by the U.S. Food and Drug Administration (FDA) and Advisory Committee on Immunization Practices (ACIP).

We have identified two categories of vaccines that may have been administered in a manner that doesn't align with FDA and ACIP guidelines.

For those vaccine categories – one for HPV prevention and one for the prevention of shingles resulting from the herpes zoster virus – BCBSOK will:

- Continue to reimburse for claims that are medically necessary and supported by the FDA guidelines
- Consider vaccines administered outside of the FDA and ACIP recommendations experimental, investigational or unproven, and will periodically review such claims
- Recover reimbursements for these vaccines administered outside of the FDA and ACIP recommendations per our contracts

HPV vaccination guidelines

Gardasil, Gardasil 9 and Cervarix are vaccines for the prevention of HPV infections and associated diseases, including cancers. Administration of these vaccines is recommended for males and females between nine and 26 years old. Vaccination at age 11 or 12 is optimal. Since 2006, these vaccines have been administered in three doses, with the second dose at one or two months after the first and the

third dose six months after the first. In October 2016, for patients between nine and 14 years old, the ACIP recommendation was updated to two doses, with the second dose six to 12 months after the first. For patients between 15 and 26 years old, the three-dose regimen is still recommended.

Shingles vaccination guidelines

Zostavax is a vaccine that prevents shingles and its complications. Zostavax is recommended as a single dose by the FDA at age 50 or older and by the ACIP at age 60 or older.

BCBSOK considers the vaccine medically necessary for anyone age 50 or older in recognition of the FDA guidance.

Details on our complete, approved immunization schedule can be found on the BCBSOK Provider page under Standards & Requirements, Clinical Payment and Coding Policies, [“Preventative Services Policy CPCP006”](#).

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2017

SELECT PRODUCTS EXCLUDED FROM RX COVERAGE

Effective Oct. 1, 2017, select prescription drugs that are available over-the-counter (OTC) were added to the OTC equivalent exclusion drug list. Because these equivalent products with the same active ingredients in the same strength are available OTC without a prescription, the prescription versions of these medications are no longer covered under the prescription drug benefit.

Prescription Product Now Available OTC ¹	Condition Used For	OTC Equivalent Product Name ¹
Differin Gel 0.1%	Topical Acne	Differin Gel 0.1%
Rhinocort Aqua	Nasal Steroid	Rhinocort Allergy

MARKET WITHDRAWAL/PRODUCT RECALLS

On June 8, 2017, the [U.S. Food and Drug Administration \(FDA\) requested Endo Pharmaceuticals](#) remove its opioid pain medication, reformulated Opana ER (oxymorphone hydrochloride), from the market. Endo Pharmaceuticals voluntarily removed the product from the market and stopped all shipments to suppliers and pharmacies effective Sept. 1, 2017.* Members with a recent prescription claim for the medication, as well as their prescribing physician, were sent letters at the end of Aug. 2017 alerting them of this industry change. Effective Oct. 1, 2017, the product was removed from the BCBSOK prescription drug lists.

On Aug. 20, 2017, Leader Brand, Major Pharmaceuticals and Rugby Laboratories [voluntarily recalled all liquid medications manufactured by PharmaTech LLC](#) due to the possibility of contamination. Members with a recent prescription claim for the affected medications, as well as their prescribing physicians, were sent letters in Sept. 2017 to alert them of the recall and advised to stop taking the medication.

* "News Release." Endo Provides Update On OPANA® ER. Endo Pharmaceuticals, 6 July 2017. Web. 28 July 2017. Lombardo, Cara. "Endo Says Shipments of Opana ER Will End Sept. 1." The Wall Street Journal. Dow Jones & Company, 21 July 2017. Web. 28 July 2017.

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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists. Changes that were effective Oct. 1, 2017 are outlined below.

Drug List Updates (Coverage Additions) – As of Oct. 1, 2017

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard), Enhanced (formerly known as Generics Plus), Performance and Performance Select Drug Lists	
Afstyla	Hemophilia
Fluticasone Propionate/Salmeterol 113-14, 232-14, 55-14 mcg/act (authorized generic for AirDuo)	Asthma/COPD
Isentress HD	Antivirals/HIV
Kisqali/Femara Dose Pack	Cancer
Rydapt	Cancer
Tymlos	Osteoporosis
Zytiga 500 mg tab	Cancer
Basic (formerly known as Standard) and Enhanced (formerly known as Generics Plus) Drug Lists	
Granix	Colony Stimulating Factors
Ixinity 250 units, 2000 units, 3000 units	Hemophilia
Sulfadiazine	Anti-Infectives
Viberzi	Irritable Bowel Syndrome
Performance and Performance Select Drug Lists	

Alunbrig	Cancer
atomoxetine hcl cap	ADHD
Austedo	Huntington's Disease
EPINEPHRINE (epinephrine solution auto-injector 0.15 mg/0.3 mL (1:2000) and 0.3 mg/0.3 mL (1:1000) mfg = Mylan	Anaphylaxis
Fluad, Fluarix Quadrivalent, Flublok, Flucelvax Quadrivalent, Flulaval Quadrivalent 2017-2018	Influenza Vaccine
Ingrezza	Tardive Dyskinesia
Jadenu Sprinkle	Iron Toxicity
melphalan tab 2 mg	Cancer
Menveo	Meningococcal Vaccine
mesalamine delayed release tab 1.2 gm	Ulcerative Colitis
Orencia 50 mg/0.4 mL, 87.5 mg/0.7 mL	Arthritis
Orenitram 5 mg	Pulmonary Hypertension
Rubraca 250 mg	Cancer
Selzentry 20 mg/mL	Antivirals/HIV
sevelamer carbonate	Hyperphosphatemia
Synjardy XR	Diabetes
testosterone td soln 30 mg/act	Low Testosterone
Xermelo	Cancer
Zejula	Cancer
Basic (formerly known as Standard) Drug List	
Synjardy XR	Diabetes

Enhanced (formerly known as Generics Plus) Drug List

Zarxio	Colony Stimulating Factors
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Performance Select Drug List

doxycycline hyclate tab 75 mg, 150 mg	Antibiotics
moxifloxacin ophth soln 0.5%	Ophthalmic Anti-Infectives
oloptadine ophth soln 0.2%	Ophthalmic Anti-Infectives

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2017

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
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Performance and Performance Select Drug List Revisions

fluoxetine delayed release 90 mg	Depression	fluoxetine hcl cap 10 mg, 20 mg, 40 mg	N/A
levofloxacin oral soln 25 mg/mL	Antibiotic	ciprofloxacin oral susp, ciprofloxacin hcl tab, levofloxacin tab	N/A
potassium chloride oral soln 20% (40 mEq/15 mL)	Hypokalemia	potassium chloride microencapsulated cr tab, potassium chloride oral soln 10% (10 mEq/15 mL), potassium chloride powder packet 20 mEq	N/A

Performance and Performance Select Drug Lists Exclusions

COREG CR	Hypertension	atenolol tab, carvedilol tab (immediate release), metoprolol tartrate tab, metoprolol succinate tab SR 24hr	N/A
DOXEPIN HYDROCHLORIDE	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone	N/A

		acetonide cream, triamcinolone acetonide oint	
MILLIPRED (prednisolone sod phosphate oral soln 10 mg/ 5 mL)	Oral Steroid	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
MINASTRIN 24 FE (norethindrone ace- eth estradiol-fe chew tab 1 mg-20 mcg)	Oral Contraceptives	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PRISTIQ (desvenlafaxine succinate tab SR 24hr)	Depression	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PRUDOXIN (doxepin hcl cream 5%)	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
QUARTETTE (levonor- eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg)	Oral Contraceptives	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TAZORAC (tazarotene cream 0.1%)	Acne	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRICOR (fenofibrate tab 145 mg)	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
VERIPRED 20 (prednisolone sod phosphate oral soln 20 mg/5 mL)	Oral Steroid	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZONALON (doxepin	Dermatitis	betamethasone valerate cream,	N/A

hcl cream 5%)		betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	
Performance Select Drug List Exclusions			
clindamycin phosphate-tretinoin gel 1.2-0.025%	Acne	clindamycin phosphate gel 1%, tretinoin gel	N/A

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.

Effective Oct. 1, 2017:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic (formerly known as Standard), Performance and Performance Select Drug List Changes	
Therapeutic Alternatives	
Azelex cream 20%	30 grams per 30 days
Noritate cream 1%	60 grams per 30 days
URAT1 Inhibitor	
Zurampic 200 mg tablet	30 tablets per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective Oct. 1, 2017**, the following changes will be applied:
 - Several drug categories and/or targeted medications will be added to current prior authorization (PA) programs for standard pharmacy benefit plans, upon renewal for most members. *As a reminder*, please review your patient’s drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply.

Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2017

Drug Category	Targeted Medication(s) ¹
Basic (Standard,) Performance and Performance Select Drug Lists	
URAT ¹ Inhibitor	Zurampic

Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2017

Drug Category	Targeted Medication(s) ¹
Basic (Standard) and Performance Drug Lists	
Therapeutic Alternatives	Azelex, Noritate

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

¹Third party brand names are the property of their respective owners

²These lists are not all inclusive. Other medications may be available in this drug class.

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.

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.

Help FEP Members Take In-home Colorectal Cancer Screening Test

Some Federal Employee Program® (FEP) members received the Fecal Immunochemical Test (FOBT/FIT) for colorectal cancer screening and Hemoglobin A1c in-home test kits at their homes in November 2017. Recipients received the kits based on claims data submitted to Blue Cross and Blue Shield of Oklahoma (BCBSOK). Members were identified for possible participation in this program if they had a diagnosis of diabetes and did not have a claim for Hemoglobin A1c testing and/or had no claim history of colorectal cancer screening.

FEP members received a letter in November 2017 from BCBSOK about the test kits and an option to opt out of the program and decline the test kits. If an FEP member did not opt out of the program, the following two tests were sent to the member:

- FIT test for colorectal cancer screenings

- A1C test for blood sugar control for diabetes

Once returned, the tests are processed by the Home Access Health Corporation. There is no additional cost to members to participate in this program.

Home Access Health Corporation will send results via mail to both the member and the member's primary care physician (PCP) indicated on the form sent back with the kit. BCBSOK's goal is to help make the process easier for members to complete these tests in the comfort of their own homes.

You can help by doing the following:

- Encourage your patients to take these tests if they receive the letter and advise your patients that, after taking the tests, they should return them in the prepaid postage envelope.
- Reiterate to your patients that they should provide your name and mailing address, along with their sample, so you will also receive the test results.
- Be on the lookout for these test results so you can place them into the members' records and be prepared to follow up on any alert values received from Home Access Health Corporation.

If you have any questions or if you need additional information, please contact your assigned BCBSOK [Provider Network Representative](#). Members may call the Customer Service number listed on their ID card to ask questions or obtain assistance.

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.

Home Access Health Corporation is an independent company that provides laboratory testing services for Blue Cross and Blue Shield of Oklahoma.

Behavioral Health Program Changes for Boeing Members, Effective Jan. 1, 2018

The Boeing Company (Boeing) has made the decision to change administrators for its Behavioral Health (Mental Health and Substance Abuse) benefits offered under Boeing-sponsored health care plans. The current administrator is Beacon Health Options.

Starting Jan. 1, 2018, Boeing plan members will have behavioral health benefits administered through Blue Cross and Blue Shield of Oklahoma (BCBSOK). Boeing members received notification of this transition beginning in August 2017 and will continue to receive communications on the topic through December 2017. Member ID cards are being updated to remove references to Beacon Health Options and new ID cards will be mailed to members in December 2017. Boeing members are being advised that they will need to utilize BCBSOK contracted providers, rather than Beacon Health Options network providers, effective Jan. 1, 2018.

If you treat patients who are Boeing members, please follow your normal process for checking eligibility and benefits, obtaining benefit preauthorization, using our Provider Finder[®] to assist with in-network referrals, and submitting claims for BCBSOK members. If you or your patients have questions, contact the number on the member ID card for assistance.

Beacon Health Options is an independent company that is contracted through Boeing. Beacon Health Options does not provide BCBSOK products or services. Beacon Health Options is solely responsible for the products and services it provides.

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, please call the number on the member's ID card.

Feature Tip

Virtual Visits

A virtual visit lets BCBSOK members have a live consultation with an independently contracted, board-certified MDLIVE doctor or therapist. This can happen 24 hours a day, seven days a week by mobile app, online video or phone.

Instead of going to the office, members can have a virtual visit while at home, work or many other places. And, a virtual visit can cost less than going to the urgent care clinic or emergency room.

Virtual Visits offer the following:

1. Non-emergency medical/behavioral consults available by phone and/or video 24/7/365
2. Behavioral health consults available by video only
3. Virtual Visits will utilize MDLIVE's network of physicians
4. MDLIVE will have both English and Spanish speaking physicians available

Members can find virtual visit providers by logging into [Blue Access for MembersSM](#)

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health service is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

MDLIVE, an independent company, operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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 [November Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [New Medical Record Retrieval Vendor for Out-of-Area Blue Plan Member Records](#) to the Education and Reference Center/News and Updates
- Updated [4th Quarter Pharmacy Changes](#) to the Pharmacy Program/Drug Formulary
- Posted [CMS Notifications for Blue Cross and Blue Shield Medicare Providers](#) to the Education and Reference Center/News and Updates
- Posted [MAO Coverage of Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease PAD](#) to the Education and Reference Center/News and Updates

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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