

BLUE REVIEWSM

A Provider Publication

January 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 January 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

Blue Cross and Blue Shield of Oklahoma Provider Training

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is proud to offer complimentary educational webinar sessions to our provider community. BCBSOK is committed to providing personalized one-on-one education to our valued providers. You will experience the maximum result from our training effectiveness which will foster satisfaction with BCBSOK.

In offering a variety of education topics, providers can choose specific topics which focus on their own office or individual needs. Our provider education specialists are prepared and ready to provide the personalized attention you have come to expect from BCBSOK.

The education modules below are available for training:

[AvailityTM](#)

[iExchange](#)

[Remittance viewer](#)

Notification of Annual Benefit Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will be updating member files with annual benefit changes over the next several weeks. In addition, updates are in progress due to open

enrollment. As always, we encourage you to verify your patients' coverage first, using [Availity™](#) or your preferred vendor portal. In the event you are instructed to contact BCBSOK provider customer service, please recognize that hold times may be longer than normal. For patients who are not scheduled for appointments, deferring eligibility and benefit information requests to a later date is appreciated.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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 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.

Updated: 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 PPOSM, Blue Traditional[®] and BlueLincs HMOSM plans.

Check eligibility through Availity™ 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 for self-funded Large Groups administered by BCBSOK.

Health advocacy solutions is an innovative solution 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 will be indicated on the back of the member's ID card and 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 health advocacy solutions are listed below:

*Please note that a member penalty may also apply based on the benefit plan if preauthorization is not obtained.

Primary

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

Advanced

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

Premier

- Molecular and Genomic Testing (eviCore)
- Radiation Therapy (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.

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Effective Jan. 1, Sensipar® (cinacalcet) will no longer be separately reimbursable under Medicare Part D for ESRD

The change described in this article affects Members who are using Sensipar® (cinacalcet) to treat an ESRD condition. Effective Jan. 1, 2018, the Centers for Medicare and Medicaid Services (CMS) has determined the drug Sensipar will no longer be separately reimbursable under the Medicare Part D benefit when administered for hemodialysis. Instead, Members with End Stage Renal Disease (ESRD) may be able to continue Sensipar therapy from their dialysis center within the bundled hemodialysis payment.

Members who are receiving Sensipar as part of their hemodialysis treatment should be referred to their nephrologist and/or dialysis center to discuss treatment options. If a Member is not using Sensipar to treat an ESRD condition, the coverage change with Sensipar does not affect their approval; these members can continue receiving the drug at their pharmacy under their Part D coverage.

Skilled Nursing Facility (SNF) Benefit Change for Federal Employee Plan (FEP) Members

How do you treat a senior patient with an FEP Standard Option health plan who is not enrolled in Medicare Part A and needs rehabilitation that a nursing home does not offer? Starting Jan. 1, 2018, these patients will be covered for up to 30 days per benefit year of inpatient SNF care.

Here are some requirements that you need to know:

- The patient must be enrolled in Blue Cross and Blue Shield of Oklahoma (BCBSOK)'s case management program before being admitted to an SNF.
- Per the Federal Employee Health Benefit Plan, before pre-certifying the SNF admission, a patient's signed consent to be enrolled in the case management program must be filed with BCBSOK. When the patient transfers from an acute care facility, discharge staff will collaborate with the BCBSOK case manager to ensure this consent paperwork is completed by the patient or the patient's guardian.
- When applying for precertification, the requesting provider and discharging acute care facility must submit a detailed description of the patient's clinical status and proposed treatment plan to BCBSOK for review. The treatment plan includes:
 - Rationale for inpatient care
 - Estimated length of stay
 - Medical and rehabilitation therapies to be provided during the stay, including frequency
 - Preliminary short and long-term goals
 - Plan for discharge, including discharge location and ongoing care
- An SNF representative must provide BCBSOK with updates on the patient's status at least every seven days. Updates convey progress towards goals as well as changes to the treatment and the discharge plan.

- The SNF's attending physician must write the admission orders within 24 hours of a patient's admission.
- Within 12 hours of admission, patients on a ventilator must be seen by a pulmonologist. Respiratory therapy must always be available.
- Within 16 hours of admission, patients who are admitted primarily for rehabilitation must be seen by a physical therapist and have a treatment plan in place. These patients must get at least two hours of physical and occupational therapy, a minimum of five days per week. Documentation must be provided to BCBSOK.

For benefit approval, a patient's information can be faxed to BCBSOK at 877-404-6455.

The new utilization management guidelines for SNF services have been added to the FEP Medical Policy Manual. This manual will be available to members at www.fepblue.org after Jan. 1, 2018.

If you have any questions regarding this update or to verify a patient's eligibility, please call **FEP Customer Service at 800-972-8382**.

Feature Tips

Pharmacy Benefit Tips

For Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with prescription drug benefits administered by Prime Therapeutics, BCBSOK employs a number of industry-standard management strategies to ensure appropriate utilization of prescription drugs. These strategies can include drug list management, benefit design modeling, specialty pharmacy benefits, clinical programs, among others. You can help us achieve these goals by:

1. **Prescribing drugs listed on the drug list**

The BCBSOK drug lists are provided as a guide to help in the selection of cost-effective drug therapy. Every major drug class is covered, although many of the drug lists cover most generics and fewer brand name drugs. The lists also provide members with criteria for how drugs are selected, coverage considerations and dispensing limits. While these drug lists are a tool to help members maximize their prescription drug benefits, the final decision about what medications should be prescribed is between the health care provider and the patient.

BCBSOK drug lists are regularly updated and can be found on the Pharmacy Program section of our website at bcbsok.com/provider.

Note: For members with Medicare Part D coverage, the drug lists can be found on the plan's website:

- Blue Cross MedicareRx (PDP)SM: www.getblueok.com/pdp/druglist
- Blue Cross Medicare AdvantageSM: www.getblueok.com/mapd/druglist

2. Reminding patients of covered preventive medications

Many BCBSOK health plans include coverage at no cost to the member for certain prescription drugs, women's contraceptive products and OTC medicines used for preventive care services.*

- ACA \$0 Preventive Drug List: www.bcbsok.com/pdf/rx/rx-aca-prev-list-ok.pdf
- Women's Contraceptive Coverage List: www.bcbsok.com/pdf/rx/contraceptive-list-ok.pdf

*Not available for all plans. Members should call the customer service number on their ID card to help determine what benefits may be available, including any requirements, limitations or exclusions that apply. Please refer to the member's certificate of coverage and prescription drug list as there may be coverage for additional products beyond these lists.

3. Submitting necessary prior authorization requests

For some medications, the member's plan may require certain criteria to be met before prescription drug coverage may be approved. You will need to complete the necessary prior authorization request and submit it to BCBSOK. More information about these requirements can be found on the Pharmacy Program section of our website at bcbsok.com/provider.

4. Assisting members with drug list exceptions

If the medication you wish to prescribe is not on your patient's drug list or the preventive care lists, a drug list exception can be requested. You can call the customer service number on the member's ID card to start the process, or complete the online form at: www.myprime.com/en/coverage-exception-form.html.

Visit the Pharmacy Program section of our website at bcbsok.com/provider for more information.

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.

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 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 [December Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Notification of Annual Benefit Updates](#) to Education and Reference Center/News and Updates
- Updated [4th Quarter Pharmacy Changes](#) to the Pharmacy Program/Drug Formulary
- Posted [Holiday Schedule Reminders](#) (for 835 and 837 transitions) to 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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