

BLUE REVIEWSM

A Provider Publication

June 2019

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 June 2019 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

In-home Colorectal Cancer Screening Test Provided to Select Members

The Centers for Disease Control and Prevention says one-third of adults age 50 or older have not been screened for colorectal cancer as recommended.¹ Together, we can help our members at the greatest risk of developing colorectal cancer get the screening they need by making it easier. Some of your patients in our Blue Advantage PPOSM and Blue Preferred PPOSM (metallic plan) network who are 51 to 75 years old and have not had a screening, may receive a Fecal Immunochemical Test (FIT) Kit. The FIT Kit is a convenient option for our members to be screened in the comfort and privacy of their homes at no additional charge.

Members send their completed test kits to Home Access Health Corporation, an independent company specializing in in-home diagnostic testing. Home Access Health Corporation will process the tests and send results to the member and their Primary Care Provider.

We let our members know they will receive the test and that taking the test is voluntary. Members have until Nov. 15, 2019, to complete and submit their test for processing.

How You Can Help:

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices that promote wellness with your patients.
- If your patients receive a FIT Kit and call your office with questions, please encourage them to participate and complete the kit as soon as possible.
- You may receive a test result from Home Access Health Corporation. Please include it in your patient's medical record, then discuss the results with your patient.

If you have any questions, please contact your Blue Cross and Blue Shield of Oklahoma Provider Network Representative.

¹CDC, Screen for Life: National Colorectal Cancer Action Campaign, October 29, 2018, <https://www.cdc.gov/cancer/colorectal/sfl/index.htm>
Home Access Health Corporation is an independent company that provides laboratory testing services for Blue Cross and Blue Shield of Oklahoma.

2019 HHS-Risk Adjustment Data Validation Program (RADV)

In 2019, the Centers for Medicare and Medicaid Services (CMS) will conduct another Initial Validation Audit (IVA), now known as Department of Health and Human Services (HHS) Risk Adjustment Data Validation Program (RADV), to validate the data used when assessing the payment transfers for the Affordable Care Act (ACA). Your role is essential to the success of the HHS-RADV audit. Therefore, if any of your patients are selected to be included in the audit, Blue Cross and Blue Shield of Oklahoma (BCBSOK) is asking for your cooperation and participation to fulfilling the requirements of the HHS-RADV.

The HHS-RADV is expected to begin in June of 2019. As BCBSOK providers, you are required to provide medical records to validate diagnosis codes used in the ACA Risk Adjustment risk score calculation. If you are selected to participate in the HHS-RADV audit you will be notified by mail and receive a follow-up phone call from our network representatives.

Please respond to these requests in a timely manner. It is important to have a successful audit to improve the healthcare delivery system.

Medical Record Submission Standards for the HHS-RADV program Must include the following documents for **ALL visits for the 2018 year**:

- Demographic/Face sheet, ER notes, history and physical, progress notes, discharge summary, consultation reports, anesthesia reports, radiology reports, interventional radiology reports, and operative/procedure notes. Nephrology providers must include DIALYSIS notes.
- Pathology reports, physician orders, medication list and radiology may substantiate a diagnosis and be submitted, but only in conjunction with other medical documentation

The requested medical records must be signed and credentialed within 180 days of the date of service. **Please Note:** If the credentialed signature is missing or is ineligible if handwritten, BCBSOK will contact you for a Signature Statement Attestation.

HHS-RADV will be performed on a sample of members enrolled in ACA-compliant individual and small group plans, both on and off-exchange. The HHS-RADV team will validate medical claims of the sampled members from the previous calendar year. We are requesting ALL medical records tied to the 2018 calendar year for the selected members. For example, this HHS-RADV will be conducted in 2019, but will review claims with dates of service in 2018.

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 BCBSOK and deliver the requested medical record(s) in a timely manner.

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

Imaging Studies for Low Back Pain

We are committed to offering support and resources to physicians to achieve the highest level of care possible for your patients. Thank you for your dedication to ensure that your patients receive exceptional care.

Healthcare Effectiveness Data and Information Set® (HEDIS) was developed and is maintained by the National Committee for Quality Assurance (NCQA) to standardize and measure quality for all patients. The Office of Personnel Management reviews HEDIS performance of certain measures for Federal Employee Program® members.

One of these measures looks at using imaging studies for uncomplicated lower back pain. The intent is to evaluate the appropriate use of all diagnostic imaging studies, including X-rays, for uncomplicated new onset lower back pain.

Generally, patients with new onset low back pain diagnosis should not receive any imaging within the first 30 days of diagnosis, but rather receive conservative medical treatment with prescription-strength analgesics and physical therapy.

NCQA realizes that each patient's presentation is unique and that imaging may be required. So, NCQA has added a vast number of medical conditions where imaging could be considered medically necessary on initial patient presentation. If you have such a situation and simply provide that additional diagnosis in your medical evaluation, then your patient with low back pain is excluded from your HEDIS metric, and it doesn't hurt your performance for NCQA.

Below we have provided a chart for your review and easy access to use during your low back pain patient visits. We hope this gives you one less step to evaluate your patients.

DESCRIPTION	ICD-10 CODE
Cancer (active)	All ICD10 "C" codes
Cancer (personal history)	All ICD10 "Z" codes
HIV	B20; Z21
IV Drug Abuse	All ICD10 "F" codes

Kidney transplant	OTY00Z0-OTY00Z2; OTY10Z0-OTY10Z2
Major Organ Transplant, other than kidney	Heart, Small intestine, Large intestine, Liver, Pancreas islets, Ovaries, Face, Head, Thymus, Spleen, Lungs, Esophagus, Stomach
Neurologic Impairment	G83.4
Spinal Infection, Osteomyelitis, and Discitis	A17.81, G06.1, M46.25-M46.28, M46.35-M46.38, M46.46-M46.48
Trauma/Fractures	All ICD10 "S" codes

Note: The above list is not all inclusive. For more information visit NCQA.org.

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Feature Tip

BCBSOK Now Offers a Choice in Pharmacies for Specialty Medications

We are pleased to let you know that both Accredo and AllianceRx Walgreens Prime are now in-network pharmacies for specialty medications covered under the medical benefit for the 2019 calendar year.

Please note: This only applies to specialty medications that are covered under a medical benefit plan and are administered by a provider and does not apply to self-administered drugs covered under a pharmacy benefit. Additionally, certain new-to-market or limited distribution drugs may require an alternative specialty pharmacy. Please call the number on the members’ ID card to verify coverage, or for questions about their benefits.

Specialty medication coverage is based on the member’s benefit plan. This network update does not impact specialty medications that are covered under the pharmacy benefit plan. Members may need to meet select prior authorization criteria before coverage consideration is approved. Providers can find referral forms and additional information at bcbsok.com/provider.

The relationship between BCBSOK and specialty pharmacies is that of independent contractors. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy. BCBSOK contracts with Prime Therapeutics 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 Therapeutics.

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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. Our online provider directory, [Provider Finder](#)[®] helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in [Provider Finder](#) to ensure it's correct. To update your directory information or other information such as tax identification numbers, supervising physician information, hospital privileges, etc., please visit the [Information Change Request](#) section on the BCBSOK provider website.

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

Web Changes

- Posted [May Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [change in Reject Notification for Invalid National Drug Codes \(NDCs\) Used on Electronic Medicare Advantage Claims](#) to Education and Reference Center/News and Updates
- Posted [Check Your Patients' Behavioral Health Preauthorization Requirements](#) to Education and Reference Center/News and Updates

Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

Provider Training

For dates, times and online registration, visit the [Provider Training page](#).

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT[®]) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Oklahoma (BCBSOK) will normally load this additional data to the BCBSOK claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSOK Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSOK Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to use Clear Claim Connection™(C3). C3 is a free, online

reference tool. Refer to the [Clear Claim Connection](#) page on our website for more information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). Note: C3 does not contain all of the claim edits and processes used by BCBSOK in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSOK. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.
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Making the Health Care System WorkSM

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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