

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## May 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 May 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](http://bcbsok.com/provider).**

You can find the [Blue Review](#) online at [bcbsok.com/provider/news](http://bcbsok.com/provider/news) and updates

## News & Updates

### Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Medicare Advantage Claims

***This notice applies to providers submitting electronic claims for the following Blue Cross and Blue Shield of Oklahoma (BCBSOK) members:***

- ***Blue Cross Medicare Advantage (HMO)<sup>SM</sup>***
- ***Blue Cross Medicare Advantage (PPO)<sup>SM</sup>***

Effective April 11, 2019, payer response reports for the above-referenced electronic government programs claims will identify invalid National Drug Codes (NDCs) that are causing the claim to reject. Submitters will continue to receive:

- Health Care Claim Status Category Status Code A8: *Acknowledgement/Rejected for relational field in error*; and
- Health Care Claim Status Code 218: *NDC number*.

The 277CA – Health Care Claim Acknowledgement will include the invalid NDC that caused the claim to reject in data element 2200D, STC12. This will help you quickly identify and correct the invalid NDC that is causing the claim to reject. All NDCs present are compared against the Medi-Span<sup>®</sup> NDC list and must be active relative to the Date of Service (DOS) on the service line. If they are not, the claim will reject. If the claim was a paper submission, you will receive a letter from BCBSOK notifying you of the claim rejection. After making the appropriate correction, you may immediately resubmit the claim electronically to help avoid processing/payment delays.

**Please share this notice with your practice management/hospital information system software vendor, billing service or clearinghouse, if applicable, to help ensure they will be able to process/display the additional data element (2200D, STC12).** Providers who use Availity® services for electronic claim submission do not need to confirm this process with them, as Availity will display this additional data element in their payer response reports.

If you have any questions, please contact your assigned Provider Network Representative.

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 provided by third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Check Your Patients' Behavioral Health Preauthorization Requirements

Beginning July 15, 2019, we will be updating our internal claims review process for behavioral health services that require benefit preauthorization. Your process for requesting preauthorization are not changing. The services requiring preauthorization are also not changing.

As a reminder, the following services may require preauthorization:

- Services provided in the following settings:
  - Inpatient acute facilities (*Requires preauthorization*)
  - Residential treatment facilities (*Requires preauthorization*)
  - Partial hospitalization
  - Intensive outpatient therapy
  - Focused outpatient management
- Psychological or neuropsychological testing
- Applied behavior analysis

For more information, visit [bcbsok.com/provider](http://bcbsok.com/provider).

- Behavioral health [preauthorization requirements](#)
- Behavioral health [request \(preauthorization\) forms](#)

You should always check eligibility and benefits for each member before treatment. This step will help you confirm applicable preauthorization requirements. You may check eligibility and benefits online for BCBSOK, out-of-area Blue Plan and Federal Employee Program® (FEP®) members via the Availity® Provider Portal or your preferred vendor portal.

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## Save Time by Using eviCore Web Portal for Preauthorization Requests

Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with eviCore healthcare (eviCore), an independent specialty medical benefits management company, for outpatient specialty preauthorizations.

After you use Availity® or your preferred vendor and determine the service for your member requires preauthorization through eviCore, you can save a lot of time by submitting preauthorization requests through [eviCore's provider portal](#). eviCore recently made several improvements to make requests even easier.

Submitting a request through the portal helps make sure the request is submitted correctly and includes the needed information, which will help smooth the approval process. Using the eviCore provider portal to submit requests for preauthorization will also allow you to:

- **Review clinical criteria** – review guidelines to see what's required, prior to submitting your request
- **Save time** – online benefit preauthorization requests are three times faster than phone requests
- **Access requests 24/7** – submit requests and check their progress when it is convenient

**Stop and start as needed** – save your benefit preauthorization request and return to it later, without the need to start over

- **View and print results** – see case numbers and approval details online
- **Show you which procedure codes/diagnoses are impacted** – see codes for applicable categories/members
- **Upload member's medical records** – use the portal to respond quickly with clinical information necessary to support medical necessity of the service/procedure
- **Schedule consultations online** – set up a Clinical Consultation through the portal if you have questions.

To begin managing authorizations online, go to [eviCore.com](#) and register. Training sessions are available through the [eviCore training center](#). For provider portal help, email [portal.support@evicore.com](mailto:portal.support@evicore.com) or call 800-646-0418 and select option 2.

### **Important Reminder: Always Check Eligibility and Benefits *First***

Benefits will vary based on the service being rendered and individual and group policy elections. It is critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization and any prenotifications that may be required. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity Provider Portal](#) or your preferred web vendor portal.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. 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 provided by third-party vendors such as eviCore, Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## The New Great Depression

More than 9 million commercially insured Americans have been diagnosed with depression - [a number that has climbed 33 percent](#) since 2013. In fact, 89 percent of American adults say that depression is a very serious or somewhat serious condition. However, 2 million of those diagnosed in 2016 did not seek treatment. As a growing number of pharmaceutical and behavioral therapeutic options become available, it's critical to connect people with the individualized treatment that works for them.

Encourage your Blue Cross and Blue Shield of Oklahoma patients to call us at the number on their card to learn about the behavioral health benefits available to them. Members may have coverage for office visits, therapy, medication or even virtual visits with behavioral health professionals.

\* Information above found within the Blue Cross Blue Shield, The Health Of America Report<sup>®</sup> examines U.S. commercially insured members diagnosed with major depressive disorder (major depression) and uses the breadth and depth of data available through the Blue Cross Blue Shield Health Index<sup>SM</sup>.

Blue Cross Blue Shield, The Health Of America Report<sup>®</sup> The Blue Cross Blue Shield (BCBS) Health Index is a unique health metric that provides a better understanding about which diseases and conditions most impact Americans' overall quality of life. The BCBS Health Index identifies more than 200 health conditions and quantifies how each condition affects Americans' health, life expectancy and well-being. Powered by data from more than 41 million BCBS commercially insured members per year from birth to age 64, this extensive resource brings an unmatched contribution to other available health data to support national and local discussions about how to improve health care in the United States. [Visit this link](#) for more information about the BCBS Health Index.

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## Feature Tip

### Did you know the [bcbsok.com](#) provider portal has a section called Provider Tools?

We've designed helpful tools for health care providers. Whether doing research or streamlining billing, these tools can help you evaluate costs, save time, improve service and more.

For example, the [Availity's Claim Research Tool](#) provides your office staff greater claims accuracy and increased office efficiency in managing your account receivables. Find more information on the Provider Tools section of the website including the CRT tip sheet and the link to log-in to Availity.

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## In the Community

### Nominations Open for 2019 Champions of Health Awards

#### Nominations Open for 2019 Champions of Health Awards

Individuals, groups and organizations that are working to positively change the health status of Oklahomans through unique and innovative programs are encouraged to apply for the 2019 [Champions of Health](#) awards. Nominations will be accepted [online](#) through May 24, and there is no cost to enter. Please help us identify eligible organizations and individuals by submitting nominations, or forwarding this information to others who might be interested.

All winners will be recognized at the Champions of Health gala on Thursday, Sept. 26, at Cox Business Center. The Champions of Health gala benefits the [Oklahoma Caring Foundation](#), a 501(c)(3) organization dedicated to providing Oklahomans access to preventive health services, including children's immunizations, via the Oklahoma Caring Vans.

The award categories include:

- Champion of Children's Health
- Champion of Senior Health
- Champion of the Uninsured
- Community Health Champion
- Corporate Health Champion

Nonprofit winners will receive a \$5,000 contribution toward their organization or program, and will be considered for the highest honor, the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, as well as receive a \$15,000 contribution.

The Champions of Health program is presented by Blue Cross and Blue Shield of Oklahoma, in partnership with the Office of the 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.

More details and nomination requirements can be found at [championsofhealth.org](#). The website also provides information about the Champions of Health coalition partners, [previous winners](#), [gala sponsorship](#) opportunities and program details.

The Oklahoma Caring Foundation, Inc. is a nonprofit 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.

## Making an Impact in Our Community

Blue Cross and Blue Shield of Oklahoma has a long history of commitment to provide access to quality, cost-effective health care for our members.

As a company, we're focused on making deeper connections with our members and providers in the communities where they live, work and play.

Here are a few examples where we are [Making an Impact](#) by strengthening our communities:

- Helping families eat, breathe and live better;
- Fighting lung disease and helping prevent blindness;
- Helping bridge gaps in preventive care through the Oklahoma Caring Van Program
- Bringing information and access to our tribal communities; and
- Fighting lung disease and helping prevent blindness.

[Making an Impact](#) tells the stories about how we're working to improve health and wellness in our communities. Check out the report to see how we're going deeper into our communities to improve the lives of others.

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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](#)<sup>®</sup> 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 [April Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Are you using these shared decision-making aids?](#) to Education and Reference Center/News and Updates
- Posted [Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2019](#) 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 Work<sup>SM</sup>

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](http://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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