

BLUE REVIEWSM

A Provider Publication

November 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 November 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

In-home Colorectal Cancer Screening Test

Beginning in August, some Blue Advantage PPO and Blue Preferred (metallic plan) members will receive a Fecal Immunochemical Test (FIT) in-home test kit. Members identified for participation did not have a claim history for colorectal cancer screening. Identified members will receive a communication from Blue Cross and Blue Shield of Oklahoma (BCBSOK) about the test and will have the option to “opt out” of the program and decline participation.

BCBSOK is working with **Home Access Health Corporation**, an independent company that provides laboratory testing. Home Access Health Corporation will process the FIT sample and mail results to both the member and the Primary Care Provider (PCP) identified by the member. Our goal is to increase colorectal cancer screening by providing access to a test that may be completed in the comfort of the member’s home.

How You Can Help

- Discuss the importance of colorectal cancer screening and healthy lifestyle choices that will promote wellness.
- Should your patients call your office with questions, please encourage them to participate and complete the FIT kit as soon as possible.
- If you receive a FIT result from Home Access Health, please place it in the patient’s medical record and discuss the results with your patient.

If you have any questions or if you need additional information, please contact your BCBSOK Network Management Representative. Members can call Customer Service at the number listed on the back of their BCBSOK ID card.

Changes to Home-Based Sleep Study Benefit Prior Approval Requirements for Some FEP Members

In January 2017, benefit prior approval requirements for sleep studies performed outside the home were implemented for some Federal Employee Program[®] (FEP) members. Claims and appeals revealed that when outpatient facilities submitted claims for the equipment used for home-based sleep studies, our claims system presumed the services took place outside the home. For home-based sleep studies, this issue resulted in higher copayments and claim denials for FEP Basic Option members.

FEP made changes to correct this issue. Effective Sept. 4, 2018, the following unattended sleep study and portable test monitor procedure codes, when billed by outpatient facilities, are considered eligible home-based sleep studies that no longer require benefit prior approval:

- 95800
- 95801
- 95806
- G0398
- G0399
- G0400

Benefit prior approval continues to be required for all sleep studies performed outside the home. Please note, sleep apnea services are subject to medical policy guidelines.

As a reminder, it is important to check eligibility and benefits for all members. This step will help you verify membership and other important details, such as copayment, coinsurance, deductible amounts and whether benefit prior approval may be required for a member/service. We encourage you to check eligibility and benefits online using the [Availity[®] Provider Portal](#), or your preferred web vendor. If you do not have web access or you need to obtain benefits specific to sleep studies, you may call 800-722-3130 to check eligibility and benefits for FEP members.

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

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized or obtained benefit prior approval 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 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.

Preferred site of care claims processing issue for Blue Advantage PPOSM and Blue Preferred PPOSM members

We recently discovered that some Blue Advantage Bronze PPO and Blue Preferred Bronze PPO members had outpatient diagnostic claims underpaid. The affected claims were for diagnostic services such as labs, X-rays and high-tech radiology at professional settings between Jan. 1 and Sept. 17, 2018.

Blue Cross and Blue Shield of Oklahoma began reprocessing impacted claims on Sept. 17, 2018. Once the adjusted claims are finalized, patients will receive updated Explanation of Benefits statements. Providers may receive additional payments and updated Provider Claim Summary or Electronic Remittance Advice reports. Providers who collected coinsurance and copayments at the time of service may owe refunds to patients who paid too much out of pocket.

We thank you for your patience and apologize for any inconvenience.

The Importance of Sharing Discharge Summaries

It is important for a hospital patient's regular providers and practitioners to know details about the care a patient receives during an inpatient hospital stay. The hospital discharge summary is the key source for this information.

Studies have shown that providing timely, structured discharge summaries to Primary Care Providers (PCP) and other practitioners involved in the patient's care favorably impacts readmission rates, patient satisfaction and continuity of care. One study found that at discharge, approximately 40 percent of patients have test results pending and that 10 percent of those require action. PCPs and patients may be unaware of these results. ^{1,3}

A prospective cohort study found that one in five patients discharged from the hospital to their homes experienced an adverse event, defined as an injury resulting from issues with medical management rather than from the underlying disease, within three weeks of discharge. This study found 66 percent of these were drug-related adverse events. ^{2,3}

Key information that should be included in every discharge summary include:

- Discharge diagnoses
- course of treatment and response to treatment

- diagnostic test results – including test results pending at discharge
- follow-up plans
- discharge medications with reasons for changes/ medication reconciliation

Communication between the in-patient medical team and the PCP is critical to ensure a smooth and durable transition of the patient to the next level of care.

Blue Cross and Blue Shield of Oklahoma applauds practitioners who have adopted a structured approach to both aspects of clinical communication – composing/sending and receiving discharge summaries as this demonstrates best practice.

Sources

¹ Roy CL, Poon EG, Karson AS, et al. Patient safety concerns arising from test results that return after hospital discharge. *Ann Intern Med.* 2005;143(2):121–8.

² Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. *Ann Intern Med.* 2003;138(3):161–7.

³ Snow, V., MD. (2009). Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. *Journal of Hospital Medicine*, 4(6), 364-370. doi:10.1002

Proper Documentation of Obstetrical Care

Communication between health care professionals during the course of a patient’s pre-pregnancy, pregnancy, and postpartum medical journey is important. It is recommended that when caring for the patient, the following be documented in the patient’s chart to ensure effective coordination and continuity of care:

- **Prenatal Visit in First Trimester:**
 - Prenatal risk assessment with counseling to include education, complete medical and obstetrical history, physical exam (e.g. ACOG Form)
 - Prenatal lab reports (OB panel/TORCH antibody panel/Rubella antibody test/ABO/ Rh)
 - Ultrasound, EDD
- **Detail of Prenatal Visits:**
 - Prenatal flow sheet (ACOG, EMR, or other)
 - All progress/visit notes for duration of pregnancy
 - Ultrasound reports and all consult reports
- **Delivery:**
 - Documents, such as hospital delivery records, verifying member had a live birth
 - If the patient had a non-live birth, records that document the non-live birth
- **Postpartum:**
 - Documentation of a postpartum visit on or between 21-56 days after delivery

- Postpartum office visit progress notation that documents an evaluation of weight, blood pressure, breast exam, abdominal exam, and pelvic exam

Thank you for your partnership with us in the care of Blue Cross and Blue Shield members.

Prepping for the 2018-2019 Flu Season

Flu season is upon us and we want to give you immunization updates to help you give your patients and our members the best possible care.

The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients ages six months and older without vaccine contraindication. Clinicians may administer any licensed, age-appropriate flu shot. The prefilled intranasal flu vaccine, not recommended the past two flu seasons, is recommended for this season. Please remember, it's vital to review the "[Table of Approved Vaccines](#)" on the CDC website for the most recent updates on newly available products and the approved age ranges.

FDA approval is expected for a new vaccine this flu season. Fluvad Quadrivalent Pediatric[®] with adjuvant MF59 is a preservative-free vaccine for those 6 to 23 months of age. After availability, claims for the new flu vaccine with date of service (DOS) prior to Jan. 1, 2019 may be submitted with the product's National Drug Code (NDC) along with the billing code 90749-Unlisted vaccine/toxoid OR Q2039-Influenza virus vaccine, not otherwise specified. For claims with DOS on or after Jan. 1, 2019, the Current Procedural Terminology (CPT) code that best describes Fluvad Quadrivalent Pediatric vaccine, 90689, will be available for use. Also, please file your claims with the accurate coding. The American Academy of Pediatrics (AAP) [coding chart](#) names which billing code to use based on the vaccine administered. (This chart is not a comprehensive list.) Code descriptions are specific to the vaccine product. These descriptions may include dosage amounts, trivalent vs. quadrivalent formulations, if preservative-free, or other distinctive features (i.e. split virus, recombinant DNA, cell cultures, or adjuvanted).

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

***Note:** Correct coding requires services to be reported with the most specific code available that appropriately describes the service.

Feature Tip

Network Provider Application Submission Reminder

As a reminder submission of the provider application does NOT mean that you are a participating provider or that a contract will be offered.

Until you are credentialed and contracted with an effective date, your claims will be processed as out-of-network. A separate welcome letter will be sent once you are loaded into the BCBSOK provider database as a contracted provider. If you do not receive approval to contract with BCBSOK, a separate notification will be sent.

Effective October 22, 2018, the [Onboarding Form](#) can be used to set up a provider record and request network participation. Providers can locate the new electronic Provider Onboarding Form on the BCBSOK provider website under Network Participation/How to Join. This form should be completed by:

- Individual providers that would be new to our networks
- Groups and clinics that would be new to our networks
- Existing contracted groups or clinics who are adding a new provider

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

In the Community

Oklahoma Champions of Health winners recognized at gala



The 15th annual [Champions of Health](#) Gala was held on Thursday, Sept. 27 at the [National Cowboy and Western Heritage Museum](#) in Oklahoma City. Six deserving Oklahoma organizations were honored, and actress Jamie Lee Curtis served as the keynote speaker.

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. The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma and 11 coalition partners.

[Positive Tomorrows](#) was named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the Champions of Health awards. The Oklahoma City-based non-profit organization is Oklahoma's only elementary school and social service agency specifically serving homeless children and their families. Positive Tomorrows focuses on both physical and mental health and teaches lifelong healthy habits to some of the community's most vulnerable kids. As the overall winner, Positive Tomorrows received a \$15,000 grant. In addition to the Dr. Rodney L. Huey

Memorial Champion of Oklahoma Health award, nonprofit winners in each category received a \$5,000 grant and finalists received a \$1,000 grant.

Additional winners included:

- **Champion of Children's Health** – [Infant Crisis Services' BabyMobile](#)
- **Champion of the Uninsured** – [Mental Health Association Oklahoma](#)
- **Champion of Senior Health** – [YMCA of Greater Tulsa](#)
- **Community Health Champion** – [Our Daily Bread Food & Resource Center](#)
- **Corporate Health Champion** – [Tulsa Health Department](#)

Congratulations to this year's winners! For more information about the event or how to nominate an individual or organization in the future, please visit championsofhealth.org.

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 [October Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Government Programs: Interpreting the 'PLB' Segment on the 835 Electronic Remittance Advice \(ERA\) for Medicare AdvantageSMNetworks](#) to Education and Reference Center/News and Updates

- Updated [Behavioral Health Clinical Practice Guidelines 2018-19](#) under Clinical Resources/Behavioral Health Management Program/Related Links
- Posted [BCBSOK Preauthorization Changes Beginning Jan. 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](#).

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.



[Like us on Facebook](#)



[Follow us on Twitter](#)



[Watch us on Youtube](#)