



September 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 Sept. 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

Your Feedback is Important

Blue Review strives to offer important information each month to our contracted providers. To deliver the content that's most relevant to you and your staff, Blue Cross and Blue Shield of Oklahoma (BCBSOK) [needs your feedback](#). Please take a few minutes to complete our brief survey. As a thank you for your time, we're providing an opportunity to win one of five, \$25 Amazon.com® gift certificates. **(Note: Government employees are not eligible.)**

Government Programs: Claims Rejecting as Duplicate Submissions

This notice applies to claims submitted by government programs providers for the following Blue Cross and Blue Shield of Oklahoma members:

- Blue Cross Medicare Advantage (PPO)SM (MA PPO)
- Blue Cross Medicare Advantage (HMO)SM (MA HMO)

Providers submitting electronic claims for any of the above-referenced government programs members may experience duplicate claim rejections if claims are resubmitted within 90 days of a previously processed claim that includes the exact data for the same patient and date(s) of service. However, duplicate claim rejections should not occur if the following elements are different on the resubmitted claim:

- Patient Control Number (Loop 2300 – CLM01 Data Element)
- Clearinghouse Trace Number (Loop 2300 – REF02 where REF01=D9)
- Line Item Control Number (Loop 2400 – REF02 where REF01=6R)

On April 13, 2017, an issue was identified where duplicate claim rejections occurred inaccurately for some electronically resubmitted government programs claims. This issue was resolved as of June 14, 2017, allowing these claims to process appropriately based on the elements referenced above. If you experienced this issue, the impacted claims may now be resubmitted for processing.

We apologize for any inconvenience this issue may have caused. If you use a billing service or clearinghouse, please share the above information with your vendor. As a reminder, providers should avoid submitting the same claim multiple times to avoid duplicate rejections.

Blue Cross Medicare AdvantageSM: Electronic Claim Submission Edits

On Sept. 16, 2017, Blue Cross and Blue Shield of Oklahoma (BCBSOK) implemented new electronic claim submission validation edits for Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Professional and Institutional claims (837P and 837I transactions). These claim edits are applied to claims during the pre-adjudication process to help increase efficiencies and to comply with Medicare data reporting requirements.

These validation edits impact Blue Cross Medicare Advantage claims throughout the claim adjudication process, as well as in post-adjudication encounter data reporting, which can result in claim rejects or denials for missing data elements. Providers submitting these claims electronically on or after Sept. 16, 2017, may see new edit messages on the response files from their practice management system or clearinghouse vendor(s) before the claim is adjudicated. These responses will specify if additional data elements are necessary. If you receive claim rejections, the affected claims must be corrected and resubmitted with the needed information as specified in the rejection message.

As a reminder, Blue Cross Medicare Advantage electronic claims that are submitted through AvailityTM must be submitted using Payer ID 66006. If these claims are submitted via direct data entry through the Availity Web portal, providers should select the drop-down payer option of “Blue Cross Medicare Advantage.” Providers who are not registered with Availity should contact their clearinghouses to confirm the appropriate Payer IDs to be used when submitting Blue Cross Medicare Advantage claims, as other clearinghouses may assign their own unique numbers.

If you have questions regarding an electronic claim rejection message, contact your practice management/hospital information system software vendor, billing service or clearinghouse for assistance. For additional information on electronic options, refer to the [Claims and Eligibility/Electronic Commerce section](#) of our Provider website.

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. Experian Health is an independent third party vendor and is solely responsible for its products and services. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors such as Availity and Experian Health. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Requesting predetermination of medical necessity

As a reminder, predetermination of medical necessity requests may be submitted electronically through iExchange®, which is accessible through the Availity™ Web portal. Providers also may verify status and/or obtain online approvals for submitted predetermination requests via iExchange. This tool is designed to help save you time by reducing the amount of calls and written inquiries submitted. Providers who need to submit written predetermination requests should send the patient's medical documentation using the Predetermination Request Form.

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is streamlining the predetermination of medical necessity review process to help facilitate more accurate processing of incoming requests. Beginning Dec. 1, 2017, written predetermination requests must be submitted using the Predetermination Request Form. If these written requests are sent to BCBSOK without the Predetermination Request Form starting Jan. 1, 2018, the inquiry will be returned to the submitting provider requesting that the predetermination be sent with the appropriate form. This form is available on our Provider website in the [Education and Reference Center/Forms](#) section at bcbsok.com/provider.

Online verification of the patient's eligibility and benefits is strongly encouraged prior to submitting predetermination requests. A predetermination of medical necessity is not a guarantee of benefits. Real-time coverage status and benefit details may be obtained electronically through Availity, or your preferred web vendor.

To learn more about these and other electronic options, visit the [Provider Tools section](#) in our online Education and Reference Center. For personalized online training regarding electronic tools, contact our Provider Education Consultants at PECS@bcbsok.com.

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 back of 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. iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity or Medecision. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Prohibition on Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

[This article](#) pertains to all Medicare physicians, providers and suppliers, including those serving beneficiaries enrolled in Original Medicare or a Medicare Advantage (MA) plan.

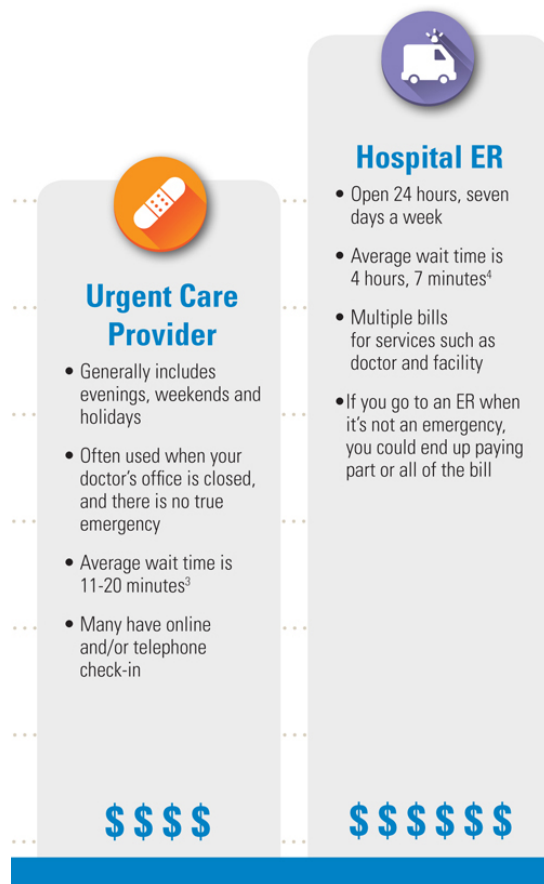
The QMB program is a State Medicaid benefit that covers Medicare premiums and deductibles, coinsurance, and copayments, subject to State payment limits. (States may limit their liability to providers for Medicare deductibles, coinsurance, and copayments under certain circumstances.)

Do your Patients know the difference between Urgent Care Centers and ERs

Do your patients know when they should go to an urgent care center instead of an ER? It can be confusing, but knowing the difference may save them money.

Let's say this right up front — **if your patients have a life-threatening emergency, their safest option is to go to the nearest hospital emergency room.**

But it's not always that clear. For example, where do your patients go if they have a fever or a sprained ankle? Your office is closed, and they notice there are both urgent care centers and ERs near them to choose from. Where should they go?



What are the differences?

The chart to the left shows the main differences between the different types of facilities.

How do your patients know which one to choose?

The chart below shows examples of what choice is best for different care needs.

Overall when it's not really an emergency, choosing an ER can cost your patients more money.

Help your patients avoid paying more than they need to.

As a rule, when your patients use in-network providers for their family's health care, they usually pay less for care. They can use the Provider Finder[®] online tool to search for in-network providers. To access Provider Finder, tell your patients to [log in](#) to Blue Access for MembersSM and click on the Find a Doctor or Hospital tab. They can also call the customer service number on their member ID card.

Stay in-network with Provider Finder.

Before your patients go for care, make sure they have a doctor or hospital in their health plan's network. These providers have agreed to work with Blue Cross and Blue Shield of Oklahoma (BCBSOK) to keep costs down.

If your patients visit a doctor outside of their network, they may have to pay more for their care. In some cases, patients may have to pay the full cost. For HMOs, if they

are referred to a specialist, make sure he or she is in the BCBSOK networks.

Tell your patients to register or log in to Blue Access for Members, our secure member website, at bcbsok.com/member. They can click the Find a Doctor or Hospital tab to access the Provider Finder tool. They can find providers in their network, get information about providers and compare costs for certain services.

Deciding Where to Go – Doctor, Retail Clinic, Urgent Care or ER?

	Retail Health Clinic	Walk-in Doctor's Office or Student Health Center***	Urgent Care Center	Emergency Room
Who usually provides care	Physician assistant or nurse practitioner	Primary care doctor	Internal medicine, family practice, pediatric and ER doctors	<ul style="list-style-type: none"> • Any life-threatening or disabling condition • Sudden or unexplained loss of consciousness • Chest pain; numbness in the face, arm or leg; difficulty speaking • Not breathing; severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Choking, coughing up or vomiting blood • Cut or wound that won't stop bleeding • Major injuries • Possible broken bones or head injury • Domestic violence or sexual assault • Suspected poisoning or overdose
Sprains, strains			■	
Animal bites			■	
X-rays			■	
Stitches			■	
Mild asthma		■	■	
Minor headaches		■	■	
Back pain		■	■	
Nausea, vomiting, diarrhea	■	■	■	
Minor allergic reactions	■	■	■	
Coughs, sore throat	■	■	■	
Bumps, cuts, scrapes	■	■	■	
Rashes, minor burns	■	■	■	
Minor fevers, colds	■	■	■	
Ear or sinus pain	■	■	■	
Burning with urination	■	■	■	
Eye swelling, irritation, redness or pain	■	■	■	
Vaccinations	■	■	■	

***Student Health Center services may vary.

Sources: Urgent Care Benchmarking Study Results, *Journal of Urgent Care Medicine*, January 2012; Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care, Press Ganey Associates

Feature Tip

Colorectal Cancer Screening Options and Statistics – Get the Conversation Started Today

The second of a four-part series on Colorectal Cancer (CRC) Screenings Will You Commit?

In 2017, the American Cancer Society estimated there would be 135,430 new cases of colorectal cancer and 50,260 deaths nationwide. For Oklahoma alone, it was estimated that there would be 1,610 new cases of colorectal cancer with an estimated 710 deaths. The incidence of colorectal cancer from 2008-2012 was highest among non-Hispanic blacks followed by non-Hispanic white, American Indian, Alaska Natives and then Hispanics. The incidence rate of colorectal cancer is lowest among Asian and Pacific Islanders. Death rates from colorectal cancer are reflective of the incidence rates.¹

Colorectal cancer screenings are recommended for adults age 50 through 75 who are at average risk for colorectal cancer and who are asymptomatic. Some patients may need to be screened for colorectal cancer at an earlier age. Risk factors for colorectal cancer include older age, a personal history of colon cancer, polyps or inflammatory bowel diseases, family history of colon cancer or polyps, black adults and/or male.²

Even though some screening methods are not appropriate or feasible for all patients, having a conversation with your patients to encourage colorectal cancer screenings is most likely to result in your patients getting screened regardless of the method chosen. It is also important to be aware that some screening methods may not be covered and an out-of-pocket cost may result.

The American College of Gastroenterology recommends colonoscopy as the preferred cancer prevention screening method and Fecal Immunochemical Testing (FIT) as the preferred cancer detection option.³

Advantages of FIT include:

- PCPs may stock FIT tests in the office and dispense as appropriate following a brief discussion with their patients.
- Patients complete the test in the privacy of their own home.
- Depending on the FIT test brand, testing may be accomplished with a single specimen.²

Colorectal Cancer Screening Options:

1. **Colonoscopy**– Screening and diagnostic follow up of positive results can be done during the same exam. Screening interval is every 10 years.²
2. **Flexible sigmoidoscopy** – Patients screened by flexible sigmoidoscopy may still require a colonoscopy. Screening interval is every 5 years or every 10 years with yearly FIT.²
3. **Stool-based tests** – Positive test results require further screening by colonoscopy.⁴ This type of screening includes:
 - **FIT or immunologic Fecal Occult Blood Test (iFOBT)** – No dietary restrictions. FIT tests may be one or two sample tests. Screening interval is every year.²
 - **Guaiac-based stool tests or gFOBT** – Less sensitive than FIT testing and typically requires more samples and dietary restrictions. Screening interval is every year.
 - **Stool DNA with FIT testing, also known as Cologuard** – Exact Sciences (FDA approved).² Screening interval is every 1 or 3 years.²
4. **CT colonography** – Extra-colonic findings are common.² Screening interval is every 5 years.²
5. **Serology** – Methylated SEPT9 DNA is a new screening method. SEPT9 DNA has low sensitivity (48%) for detecting colorectal cancer. One test brand was FDA approved in April 2016.² The USPSTF does not give a screening interval for SEPT9 DNA testing.

According to the American Cancer Society, a stool specimen from a digital rectal exam tested “for blood with a gFOBT or FIT is **not** an acceptable way to screen for colorectal cancer.”⁵ Research has shown that a stool specimen obtained by digital rectal exam will miss more than 90 percent of colon abnormalities, including most cancers.²

Free Continuing Education

The Centers for Disease Control and Prevention provides **free continuing education** for PCPs, nurses, nurse practitioners and clinicians who perform colonoscopies. Access [Screening for Colorectal Cancer: Optimizing Quality](#) (CME), to download, print or watch the presentations on YouTube (expires March 10, 2019).

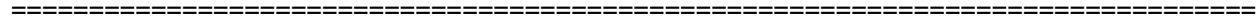
Start the Conversation!

Your recommendation that your patients get screened for colorectal cancer carries the greatest impact for colorectal cancer screening compliance.

Thank you for your continued support and interest in colorectal cancer screenings for our members. If you'd like, you can access the August 2017 *Blue Review* publication for first article titled, [Colon Cancer Screenings Goal: 80% Participation by 2018 – Will You Commit?](#)

References

1. (n.d.). American Cancer Society, [Cancer Facts & Statistics](#). Retrieved Dec. 9, 2016.
2. (n.d.). Home – U.S. Preventive Services Task Force. [Final Recommendation Statement: Colorectal Cancer: Screening - US Preventive Services Task Force](#). Retrieved Dec. 6, 2016. 3 American College of Gastroenterology. [Colorectal Cancer Screening](#). (n.d.). Retrieved Dec. 6, 2016
3. Force, U. P. (2016). [USPSTF Recommendation Statement: Screening for Colorectal Cancer](#). Retrieved Dec. 6, 2016.
4. [American Cancer Society Recommendations for Colorectal Cancer Early Detection](#). (n.d.). Retrieved Dec. 6, 2016.



In the Community



Champions of Health Gala set for September 28

The 14th annual [Champions of Health](#) gala will be held on Thursday, Sept. 28 at 6 p.m. at the [Cox Business Center](#) in Tulsa. The gala will honor six winners for making a difference and improving the health of Oklahomans. Award-winning journalist and host of “CBS Sunday Morning,” Jane Pauley, will be

the keynote speaker.

[Resonance Center for Women, Inc.](#) (Resonance) has been named the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the [Champions of Health](#) awards. Resonance, a Tulsa-based non-profit organization, offers substance abuse treatment as an alternative to incarceration and prison-to-community reentry services for those who have been incarcerated. As the overall winner, Resonance will receive a \$15,000 grant. In addition to the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health award, winners in each category will receive a \$5,000 grant and finalists will receive a \$1,000 grant.

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. Founded in 1994, the foundation is funded by community contributions and administered as an in-kind gift by Blue Cross and Blue Shield of Oklahoma.

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

Sponsorship packages are available for the gala. To learn more about the levels and packages, visit championsofhealth.org. Tickets to the Champions of Health gala are available for \$100 each and may be purchased through Sept. 20 by calling 855-628-8642.

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.

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 [August Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Code-Auditing Enhancement](#) to the Education and Reference Center/News and Updates
- Posted [Government Programs: Claims Rejection as Duplicate Submissions](#) to the Education and Reference Center/News and Updates
- Updated [Verifying Eligibility and Benefits for BCBSOK American Indian Members](#) 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.



[Like us
on Facebook](#)



[Follow us
on Twitter](#)



[Watch us
on Youtube](#)