

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## August 2020

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 August 2020 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 on the [BCBSOK provider website](#).

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

## News & Updates

### Continuity of Care Extended During COVID-19 Pandemic

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will authorize any member who was receiving specialized health care treatments outside of Oklahoma prior to **March 15** to continue receiving care by transitioning to an in-network provider in the state, or we will cover the costs of seeing an out-of-network provider in Oklahoma at the in-network rate until **Aug. 31** (previously June 30).

[Read More](#)

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### Referrals Process for American Indians with Limited Cost-sharing Plans

American Indians and Alaska Natives (AI/ANs) can get medical care from Indian health care providers at Indian Health Services, Tribal and Urban Indian facilities (I/T/Us). However, there may be some services that are not available at I/T/Us. If they have a referral, AI/ANs with limited cost-sharing plans who need services they can't get from an Indian health care provider can see a different provider without paying anything out of pocket. \*

We have a [Claims Referral flier](#) to explain the claims referral process for limited cost-sharing plans. It gives Indian health care providers step-by-step instructions for submitting medical and pharmacy referrals to help their patients avoid paying out of pocket for appropriately referred services.

\* AI/AN members who receive services from an out-of-network provider may still incur additional charges.

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## Health Insurance for American Indians and Alaska Natives

The Affordable Care Act (ACA) is a law that changed the way people can get individual health insurance. People who don't have insurance through work can buy it on the Health Insurance Marketplace. American Indians and Alaska Natives (AI/ANs) can get care from Tribal and Urban Indian clinics and Indian Health Services (IHS) facilities. However, Indian health care is not health insurance. The Health Insurance Marketplace gives AI/ANs special help to sign up and pay for insurance:

### **Special Enrollment Periods (SEP):**

AI/ANs can enroll in the Health Insurance Marketplace throughout the year not just during the yearly Open Enrollment period. Non-tribal members applying on the same application as a tribal member can take advantage of the SEP.

### **AI/ANs with incomes between 100% and 300% of Federal Poverty Level (FPL):**

- May be able to enroll in a zero cost-sharing plan, which means no copays, deductibles or coinsurance when receiving care from Indian health care providers or when receiving Essential Health Benefits (EHBs) through a QHP.
- There is no need for a referral from an Indian health care provider when receiving EHBs through the QHP.

### **AI/ANs with incomes below 100% and above 300% FPL:**

- Can enroll in a limited cost-sharing plan, which means no copays, deductibles, or coinsurance when receiving care from Indian health care providers.
- Will need a referral from an Indian health care provider to avoid cost-sharing when receiving EHBs through a provider outside the Indian health system.

**AI/ANs can enroll in a zero cost-sharing or limited cost-sharing plan at any metal level, including less expensive bronze plans.**

AI/ANs who qualify for cost-sharing reductions are not exempt from premiums. However, they may qualify for Advance Premium Tax Credits depending on income.

All AI/ANs can apply for an exemption from the shared responsibility payment (tax penalty/fee) that others must pay when they file their taxes if they don't have health insurance.

Any applicable preauthorization requirements, balance billing or overage from out-of-network providers, and any maximum benefit limitations or exclusions still apply (Important to check member benefits at the time of service).

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## Colorectal Cancer Screening at Home

Consider screening our members who are 50 to 75 years old for colorectal cancer. Members in our Blue Advantage PPO<sup>SM</sup> and Blue Preferred (metallic plan) networks who have not been screened may qualify for a **Fecal Immunochemical Test (FIT) Kit** at no extra charge. We are working with Home Access Health

Corporation to provide in-home kits to encourage screening for our at-risk members. Screening with a FIT Kit may be a good option to close care gaps.

### Why emphasize screening?

Colorectal cancer is the second-leading cause of cancer deaths in the United States.<sup>1</sup> About one-third of adults 50 years and older have not received the recommended screening.<sup>2</sup>

### How it Works

- We notify members that they will receive the test kit and that using it is voluntary
- The member submits the test for processing to Home Access Health Corporation by Nov. 30, 2020
- Home Access Health Corporation sends the results in three to four weeks to the member and the provider they specify

### How You Can Help

- Discuss the importance of screening and healthy lifestyle choices with our member
- If our member receives a FIT Kit and calls your office with questions, discuss which screening test would be the best option for them
- Document any test results in the patient's medical record and discuss the results with our member

### Other Benefits of the FIT Kit

- No need for anesthesia or prep
- Screen members at home who may be at risk during the COVID-19 pandemic
- The U.S. Multi-Society Task Force of Colorectal Cancer<sup>3</sup>
- considers annual FIT testing and colonoscopy every 10 years the two cornerstones of screening for those of average risk.

Home Access Health Corporation is an independent company that provides laboratory testing services for Blue Cross and Blue Shield of Oklahoma.

1 [Basic Information About Colorectal Cancer](#) 

2 [Screen for Life: National Colorectal Cancer Action Campaign](#) 

3 [Colorectal Cancer Screening: Recommendations for Physicians and Patients From the U.S. Multi-Society Task Force on Colorectal Cancer](#) 

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## Overpayment Recovery Process for Contracted Providers

Blue Cross and Blue Shield of Oklahoma (BCBSOK) payment processes were updated on Jan. 1, 2020. You may have noticed changes in the number of payments you receive from us and in our overpayment recovery process.

### What has changed?

Multiple payments: You may be used to receiving a consolidated payment from BCBSOK that addresses multiple claims for members who belong to different employer groups. Now our employer groups have the choice to not participate in this type of reimbursement. This means that **you may now be receiving** reimbursements from us in **multiple payments**.

Overpayment recovery: Employer groups may also choose not to participate in offsetting overpayments from consolidated payments that address multiple claims from members who belong to different employer groups. This means that when we attempt to recover overpayments, you may have to **send in a check for certain overpayments**. Instructions for submitting a refund will be in the request letter we send you.

More information

If you have any questions, please call our Financial Operations at (844) 866-2583.

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## Are you submitting claims correctly for medications that come in additional packaging?

Submitting claims with the appropriate National Drug Code (NDC) information can help with claims processing and help you spend less time troubleshooting a rejected claim line.

A [common question](#) is, "If a medication comes with additional packaging, like a box with multiple vials, which NDC information should be submitted on the claim? Is it the NDC number on the box (outer packaging), or the NDC number on the individual vial?"

In these cases, the best option is to use the NDC number on the box (outer packaging), along with the appropriate NDC unit of measure and NDC units. You should do this whenever possible to help improve claims processing and to have fewer unnecessary claim rejections. Not all NDC numbers on vials have manufacturer pricing to support an allowance, so outer packaging NDC numbers are the preferred method of NDC claim submission.

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## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 — Part 1

### DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Oct. 1, 2020, are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will be published closer to the October 1 effective date.

**Please note: The drug list changes listed below do not apply to BCBSOK members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2021.**

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2020			
Non-Preferred Brand <sup>1</sup>	Drug Class/ Condition Used For	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists Revisions</b>			
APRISO (mesalamine cap er 24hr 0.375 gm)	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DEPEN TITRATABS (penicillamine tab 250 mg)	Wilson's Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
FIRAZYR (icatibant acetate inj 30 mg/3 ml (base equivalent))	Hereditary Angioedema (HAE)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition</i>	
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ORFADIN (nitisinone cap 2 mg, 5 mg, 10 mg)	Hereditary Tyrosinemia Type 1 (HT-1)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Basic and Multi-Tier Basic Drug Lists Revisions</b>			
AFINITOR (everolimus tab 2.5 mg, 5 mg, 7 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	C00.0-96.Z and D00.00-49.9	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition</i>	
<b>Drug <sup>1</sup></b>	<b>Drug Class/Condition Used For</b>	<b>Preferred Alternative(s) <sup>1,2</sup></b>	

Balanced, Performance and Performance Select Drug Lists Revisions

CARBINOXAMINE MALEATE (carbinoxamine maleate soln 4 mg/5 ml)	Allergic Conditions	carbinoxamine tablet 4 mg
CLOZAPINE ODT (clozapine orally disintegrating tab 12.5 mg)	Schizophrenia	clozapine tablet
CROTAN (crotamiton lotion 10%)	Scabies	permethrin 5% cream
DIDANOSINE (didanosine delayed release capsule 200 mg, 400 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
DILT-XR (diltiazem hcl cap er 24hr 180 mg, 24hr 240 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil tablet
ERY (erythromycin pads 2%)	Acne	clindamycin topical solution, erythromycin gel
GAVILYTE-C (peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm)	Colonoscopy Prep/Laxative	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, peg 3350-kcl-sod bicarb-nacl for soln 420 gm
LEVOBUNOLOL HCL (levobunolol hcl ophth soln 0.5%)	Glaucoma	betaxolol ophth solution 0.5%, timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%
METHSCOPOLAMINE BROMIDE (methscopolamine bromide tab 2.5 mg, 5 mg)	Peptic Ulcers	glycopyrrolate tablet
NEVIRAPINE ER (nevirapine tab er 24hr 100 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition</i>
NITROGLYCERIN ER (nitroglycerin cap er 2.5 mg)	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
NITRO-TIME (nitroglycerin cap er 2.5 mg)	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
ONDANSETRON HCL (ondansetron hcl tab 24 mg)	Nausea/Vomiting	ondansetron orally disintegrating tablet, ondansetron 8 mg tablet

PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Parasitic Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
PROMETHEGAN (promethazine hcl suppos 50 mg)	Nausea/Vomiting	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TESTOSTERONE ENANTHATE (testosterone enanthate im inj in oil 200 mg/ml)	Low Testosterone	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE CR (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE ER (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE SR (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 200 mg)	Hypertension	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
<b>Balanced Drug List Revisions</b>		
LIDOCAINE HCL JELLY (lidocaine hcl urethral/mucosal gel 2%)	Pain, Numbing Agent	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>		
AFINITOR (everolimus tab 2.5 mg, 5 mg, 7.5 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about</i>

		<i>other medication(s) available for their condition.</i>
AMICAR (aminocaproic acid oral soln 0.25 gm/ml)	Hemorrhage, Hyperfibrinolysis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
APRISO (mesalamine cap er 24hr 0.375 gm)	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
DEPEN TITRATABS (penicillamine tab 250 mg)	Wilson's Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ISORDIL TITRADOSE (isosorbide dinitrate tab 40 mg)	Angina	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
K-TAB (potassium chloride tab er 20 meq (1500 mg))	Hypokalemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
NEBUPENT (pentamidine isethionate for nebulization soln 300 mg)	Fungal Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
OCTREOTIDE ACETATE (octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml))	Excess Growth Hormone	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>



ORFADIN (nitisinone cap 2 mg, 5 mg, 10 mg)	Hereditary Tyrosinemia Type 1 (HT-1)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Performance and Performance Select Drug Lists Exclusions		
brimonidine tartrate ophth soln 0.15%	Glaucoma, Ocular Hypertension	brimonidine tartrate ophth soln 0.2%
bupirone hcl tab 7.5 mg	Anxiety	bupirone 5 mg tablet, bupirone 15 mg tablet
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
DORAL (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
doxycycline monohydrate cap 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75 mg tablet, doxycycline monohydrate 150 mg tablet
fenofibrate micronized cap 130 mg	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
fluoxetine hcl tab 10 mg, 20 mg	Premenstrual Dysphoric Disorder (PMDD)	fluoxetine capsule
KETOPROFEN (ketoprofen cap 25 mg)	Pain, Inflammation	ibuprofen tablet, naproxen tablet
mefenamic acid cap 250 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet
naproxen susp 125 mg/5 ml	Pain, Inflammation	ibuprofen tablet, ibuprofen liquid (OTC), naproxen tablet
QUAZEPAM (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule

SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.25%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.25%
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.5%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.5%
ULESFIA (benzyl alcohol lotion 5%)	Lice	Natroba, Sklice

**Balanced and Performance Select Drug Lists Exclusions**

MOXEZA (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Ophthalmic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SILENOR (doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv))	Insomnia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Glaucoma, Ocular Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ZOHYDRO ER (hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg, 12hr abuse-deterrent 15 mg, 12hr abuse-deterrent 20 mg, 12hr abuse-deterrent 30 mg, 12hr abuse-deterrent 40 mg, 12hr abuse- deterrent 50 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

**Balanced Drug List Exclusions**

ACZONE (dapson gel 7.5%)	Acne	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen cap 50-300 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CARAFATE (sucralfate susp 1 gm/10 ml)	Ulcers	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
EVZIO (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose	Narcan nasal spray, naloxone auto-injector (authorized generic for Evzio)
NAFTIN (naftifine hcl gel 1%)	Fungal Infections	Narcan nasal spray, naloxone auto-injector (authorized generic for Evzio)
<b>Performance Select Drug List Exclusions</b>		
doxycycline hyclate tab 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75mg tablet, doxycycline monohydrate 150 mg tablet

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

**DISPENSING LIMIT CHANGES**

The BCBSOK prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below. Please note:** The dispensing limits listed below do not apply to BCBSOK members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021.

BCBSOK letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsok.com](http://bcbsok.com) and log in to Blue Access for MembersSM (BAMSM) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

### **Reminder: Drug Coupon Change**

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSOK members with a group health plan, though some exceptions may apply.

Letters were sent in July to members who have plans renewing in Q4 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

### **HSA Preventive Drug Program Updates**

Select members' Health Savings Account plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

### **HIV Pre-Exposure Prophylaxis (PrEP) Coverage Without Cost-Sharing**

Starting July 1, 2020, BCBSOK will be offering HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan. The Truvada® 200 mg/300 mg tablet will be available at \$0 if members are using the drug for PrEP. This addition is based on the United States Preventive Services Task Force recommendation.

Members using Truvada for pre-exposure prophylaxis (PrEP) will pay a \$0 cost share for Truvada when using a pharmacy or doctor in their health plan network. Members using Truvada for treatment of HIV will continue to pay their applicable cost share, based on the member's benefit.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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. [MyPrime.com](http://MyPrime.com) is an online resource offered by Prime Therapeutics.

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.

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## Imaging Studies for Low Back Pain

### Federal Employee Program® (FEP)® Members

The preferred **conservative medical treatment for uncomplicated** low back pain (LBP) is prescription-strength analgesics and physical therapy. **Evidence doesn't support** routine imaging for uncomplicated LBP. Severe LBP improves for most individuals within the first two weeks of onset. Imaging when not indicated may [expose members](#) to unnecessary radiation and expense.<sup>1</sup>

### When Not to Image

In general, members ages 18 to 50 should not undergo imaging studies for the first 28 days after LBP diagnosis if there is no prior diagnosis of LBP in the past six months.<sup>2</sup>

### Associated Medical Conditions

Imaging within 28 days after diagnosis may be necessary if the member has other medical concerns. Examples of medical conditions that may require early imaging studies are listed in the chart below. Document the medical condition and appropriate code when able to show the need for early imaging studies.

Early Imaging Exclusions	ICD-10 Codes
Cancer (active)	C00.0-96.Z and D00.00-49.9
Cancer (personal history)	Z85-86.03
Corticosteroid Use (90 consecutive days)	During 12 months prior to diagnosis of LBP
HIV	B20; Z21
IV Drug Abuse	F11.10-15.29 (any time during 12 months prior to LBP diagnosis)
History of Kidney Transplant (Kidney Transplant)	Z94.0; (0TY00Z0-2, 0TY10Z0-2)
Organ Transplant Other Than Kidney	02YA0Z0-2, 07YM0Z0-2, 07YP0Z0-2, 0BYC0Z0-2, 0BYD0Z0-2, 0BYF0Z0-2, 0BYG0Z0-2, 0BYH0Z0-2, 0BYJ0Z0-2, 0BYK0Z0-2, 0BYL0Z0-2, 0BYM0Z0-2, 0DY50Z0-2, 0DY60Z0-2, 0DY80Z0-2, 0DYE0Z0-2, 0FY00Z0-2, 0FYG0Z0-2, 0UY00Z0-2, 0UY10Z0-2, 0UY90Z0-2, 0WY20Z0-1, 0XYJ0Z0-1, 0XYK0Z0-1, 3E030U1, 3E033U1, 3E0J3U1, 3E0J7U1, 3E0J8U1

Neurologic Impairment	G83.4 (any time during 12 months prior to LBP diagnosis)
Spinal Infection, Osteomyelitis, and Discitis	A17.81, G06.1, M46.25-46.28, M46.35-46.38, M46.46-46.48 (any time during 12 months prior to LBP diagnosis)
Trauma/Fractures	G89.11; "S" series (any time during 3 months prior to LBP diagnosis)

Whom can I contact with questions? If you have questions with your Federal Employee Program (FEP) members, please contact [Dr. Sonja Hughes](#).

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

By clicking this link, you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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## Feature Tip

### Behavioral Health Tip Sheets

We've created two new behavioral health tip sheets to help you provide quality care to our members. The following tip sheets include documentation recommendations, best practices and billing codes:

#### [Initiation and Engagement of Substance Abuse or Dependence Treatment](#)

- Members ages 13 and older
- New<sup>1</sup> diagnosis of alcohol or other drug (AOD) abuse or dependence
- Treatment may occur in the inpatient, residential, outpatient,<sup>2</sup> medication-assisted treatment (MAT) or telehealth setting

#### [Follow Up After Hospitalization for Mental Illness](#)

- Members ages 6 and older
- Discharged from an acute inpatient hospital stay
- Principal diagnosis at discharge is mental illness or intentional self-harm
- Outpatient follow-up visits must be with a mental health provider<sup>3</sup> (includes telehealth visits) or in certain outpatient settings

1 Defined as no diagnosis of AOD abuse or dependence in previous 60 days

2 Outpatient treatment includes an intensive outpatient or partial hospital program

3 Psychologist, Psychiatrist, Clinical Social Worker, Mental Health Occupational Therapist, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Neuropsychologist, Psychoanalyst, Professional Counselor, Marriage and Family Therapist

4 Community mental health center, electroconvulsive therapy, transitional care management services and includes intensive outpatient or partial hospital programs

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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## Provider Data and Directory Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is required by the Center for Medicare and Medicaid Services to contact our providers on a quarterly basis requesting verification of information, such as: Accepting new patients, street address, phone number and other changes that affect availability to patients. Maintaining accurate provider data and directories are an important part of providing 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 please visit our [Information Change Request](#) section on our website.

Please submit your changes at least 30 days ahead of the effective date. If you have any questions or if you need additional information, please [Email provider inquiries](#) or call the Provider Contract Support Unit at 800-722-3730, Option 2.

## Web Changes

- Posted: [July Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Updated [BCBSOK Further Expands Telemedicine to All In-Network Providers](#) to Education and Reference Center/News and Updates.
- Update [COVID-19 Initiatives Extended into August](#) to Education and Reference Center/News and Updates.
- Posted [Blue Cross Medicare Advantage Prior Authorization Updates effective Sept. 1, 2020](#) to Education and Reference Center/News and Updates.
- Posted [BlueLincs HMO–Licensed Professional Counselor Member Benefit Coverage](#) 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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## 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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