

BLUE REVIEWSM

A Provider Publication

December 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 December 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 and update

News & Updates

Verify Multiple Patient's Eligibility and Benefits Coverage via Availity[®]

You should verify patient eligibility and benefits before every scheduled appointment. We encourage you to use the Availity Provider Portal or your preferred vendor for eligibility and benefits verification. The Availity Eligibility and Benefits Inquiry offers an **Add Multiple Patients** feature for providers to check real-time eligibility and coverage details for two to 50 patients in the same request. In the Availity Eligibility and Benefits response, a Patient Card will appear in the left-side Patient History list, for each patient requested. Patient Cards will be available for interpretation for 24 hours, at which time they will auto delete from the Patient History list.

Tips for Using the Add Multiple Patients Option:

- Enter each patient's information on a separate line
- Press Enter on your keyboard to start a new line
- Separate each piece of information on each line with a comma

- Make sure to enter the information that matches the search option you selected in the Patient Search Option field

This feature is available for Blue Cross and Blue Shield of Oklahoma (BCBSOK) commercial, Federal Employee Program[®] (FEP[®]) and on and off-exchange members. Start saving time and streamlining your eligibility and benefits inquiries by using the Add Multiple Patients option. Refer to the [Availity Eligibility and Benefits User Guide](#) for step-by-step instructions.

Please note that the Add Multiple Patients feature is currently unavailable for Medicare Advantage members.

Checking eligibility and/or benefit information 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 questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

New Electronic Duplicate Claim Rejections for Commercial Claims Coming in Dec. 2020

[In March](#) we announced that as of April 1, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) would start implementing new electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).*

Starting in December, duplicate claim validation edits will be implemented for commercial 837P and 837I transactions when submitted to BCBSOK. As of this date, you may see new duplicate claim rejection messages on the response files from your practice management system or clearinghouse vendor(s).

If you receive a duplicate claim rejection, the affected claim would not be found in our system, as we don't create claim numbers (document control numbers) for rejected claims. Providers can verify real-time status of the original claim number, at no cost, by

using the Search by Member option in the Availity[®] Claim Status tool. For navigational help, refer to the [Availity Claim Status user guide](#) found on our website.



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.

****This new duplicate rejection edit does not apply to Medicare Advantage electronic claim submissions.***

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Behavioral Health Tip Sheets

Two new **behavioral health tip sheets** have been added to help you provide quality care to our members. The tip sheets include **measurement requirements, best practices and billing codes**:

- [Metabolic Monitoring for Children and Adolescents on Antipsychotics](#) 
- [Use of Opioids from Multiple Providers](#) 

Metabolic Monitoring for Children and Adolescents on Antipsychotics Document **metabolic testing** for members ages **1 to 17** who were dispensed **two or more antipsychotic medications** within a year. If the medications are dispensed on different dates, even if it's the same medication, test **both** blood glucose **and** cholesterol levels.

Use of Opioids from Multiple Providers Members **18 years and older** who were dispensed an **opioid for 15 days or more** from multiple prescribers and/or pharmacies are at risk of overdose. We measure the proportion of members dispensed opioids from **four or more different prescribers, four or more different pharmacies** and from a **combination** of four or more different prescribers **and** four or more different pharmacies.

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.

Billing Reminders for Psychological and Neuropsychological Testing

Below are billing reminders for psychological and neuropsychological testing. Proper coding of the specific services provided can help **expedite claim processing and support accurate claim payment**. Blue Cross and Blue Shield of Oklahoma (BCBSOK) may reach out to you by phone or email when we note incorrect coding patterns.

The following are common Current Procedural Terminology (CPT®) codes for billing psychological and neuropsychological testing services:

Code	Service
96127	BRIEF EMOTIONAL/BEHAV ASSMT
96130 +96131	PSYCL TST EVAL PHYS/QHP 1 ST +PSYCL TST EVAL PHYS/QHP EA
96132 +96133	NRPSYC TST EVAL PHYS/QHP 1 ST +NRPSYC TST EVAL PHYS/QHP EA
96136 +96137	PSYCL/NRPSYC TST PHY/QHP 1 ST +PSYCL/NRPSYC TST PHY/QHP EA
96138 +96139	PSYCL/NRPSYC TECH 1 ST +PSYCL/NRPSYC TST TECH EA
96146	PSYCL/NRPSYC TST AUTO RESULT

Billing Reminders

- According to CPT guidelines, codes **96130-96133** and **96136-96139** are for a **psychological or neuropsychological assessment**. BCBSOK doesn't recognize these codes for brief screenings or assessments to monitor patient progress during routine therapy sessions or psychiatric follow-up visits unless followed by a comprehensive assessment. CPT guidelines provide specific brief screening codes for these purposes.
- **Base codes** (96130, 96132, 96136, 96138) may be used only **once per testing episode**. If testing occurs across multiple days, the base code may be used one time at the start of testing.
- Determine whether the testing is **mainly psychological or neuropsychological**. Psychological and neuropsychological evaluation codes shouldn't be applied to the same episode of service.
- **Time-based CPT codes** billed by one servicing provider **shouldn't overlap**. For example, if a Beck Depression Inventory is administered during a 60-minute therapy session, a 60-minute therapy code and a brief behavioral assessment code may be billed. An additional half-hour or one hour of testing shouldn't be billed since only 60 minutes was spent with the member.

To learn more about Psychological and Neuropsychological Testing, refer to the [Clinical Payment and Coding Policy](#) on our website.

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This material is for informational/educational purposes only and is not intended to be a substitute for the independent medical judgment of a physician or a definitive source for coding claims. The reference to any particular brand, type or method of testing is solely for informational purposes and is not, and should not be, construed as an endorsement, representation or recommendation for any particular test. 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. 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.

Updated: HCPCS Codes to Specialty Medication Administration Site of Care Policy, Effective Jan. 1, 2021

The **Specialty Medication Administration Site of Care** Policy, effective March 15, 2020, will be updated to add these HCPCS codes: **J0791, Q5121, J0584, J3060, J0223, J0638, J3245, J3397, J0222, J3241, J1746, J1303, J3032 and J1558.**

An updated [RX501.096 Medical Policy](#) will be posted prior to Jan. 1, 2021, to assist providers in determining when to apply benefit preauthorization requirements for these codes.

It's critical to check eligibility and benefits first, prior to rendering care and services, to confirm coverage, network status and other important details.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized/pre-notified for benefits 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. Regardless of benefits, the final decision about any medication is between the member and their health care provider. If you have questions, contact the number on the member's ID card.

View, Download and Print the BCBSOK Member's ID Card Online via the Availity[®] Provider Portal

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is excited to offer providers the ability to view, download and print the member's medical ID card online via the Availity Eligibility and Benefit Inquiry results (271 transaction). This new and more convenient option will be available for medical ID cards issued to BCBSOK members in December 2020, making it easier to obtain the member's ID card for your records. Please note that Federal Employee Program[®] (FEP[®]) member ID cards are not currently available in the Availity eligibility and benefits results.

How do you view the member ID card via Availity?

Viewing and printing the member ID card online is easy and consists of only five steps:

1. Log into [Availity](#)
2. Select Patient Registration from the navigation menu

3. Select Eligibility and Benefit Inquiry, then complete and submit request
4. Select the View Member ID Card from the top of the results screen, if available*
5. View, download and print the BCBSOK ID card

**The online ID card is a courtesy feature offered to help you. There may be instances when the BCBSOK member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.*

Providers not yet registered with Availity can sign up today for free at [Availity](#). For registration help, call Availity Client Services at 800-282-4548.

For More Information

Refer to the Availity Eligibility & Benefits User Guide for navigational online assistance. If you need further assistance or customized training, contact our Provider Education Consultants.

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, call the number on the member's ID card.

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, call the number on the member's ID card.

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 — Part 1

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PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Oklahoma (BCBSOK) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2021. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network. Based on claims data, members impacted by these changes will receive letters from BCBSOK to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their preferred choice.

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 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 Jan. 1, 2021, are outlined below.**

You can view a preview of the January drug lists on our Member Services website. The final lists will be available on both the [Member Services website](#) and Pharmacy Program section of our website closer to the Jan. 1 effective date.

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

Please Note: If you have patients with an individual benefit plan offered on/off the Oklahoma Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our [Member Services website](#).

Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2021			
Non-Preferred Brand¹	Drug Class/ Condition Used For	Preferred Generic Alternatives¹	Preferred Brand Alternatives^{1, 2}
Basic, Multi-Tier Basic, Enhanced, and Multi-Tier Enhanced Drug Lists			
DARAPRIM (pyrimethamine tab 25 mg)	Malaria, Parasitic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

JADENU (deferasirox tab 180 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>	
KOMBIGLYZE XR (saxagliptin- metformin hcl tab er 24hr 2.5-1000 mg, 24hr 5-500 mg, 24hr 5-1000 mg)	Diabetes		Janumet XR
ONGLYZA (saxagliptin hcl tab 2.5 mg, 5 mg (base equiv))	Diabetes		Januvia
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Asthma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Asthma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg, 240 mg)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release starter pack 120 mg & 240 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate 120 mg, dimethyl fumarate 240 mg	
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Relapsing Multiple Sclerosis		Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia
VUMERITY (diroximel fumarate capsule delayed release)	Relapsing Multiple Sclerosis		Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, Glatopa, Mavenclad,

starter bottle 231 mg)			Plegridy, Rebif, Zeposia
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Basic and Multi-Tier Basic Drug List Revisions

MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
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NEXIUM (esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg)	Gastroesophageal Reflux Disease (GERD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
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Drug¹	Drug Class/Condition Used For	Generic Alternatives^{1, 2}	Brand Alternatives^{1, 2}
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Balanced, Performance and Performance Select Drug List Revisions

CARBINOXAMINE MALEATE (carbinoxamine maleate tab 4 mg)	Allergic Conditions	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
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CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 500 mg)	Malaria	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DIDANOSINE (didanosine delayed release capsule 250 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ERYTHROMYCIN (erythromycin w/ delayed release particles cap 250 mg)	Infections	erythromycin tablet	

Balanced Drug List Revisions

NAFTIFINE HCL (naftifine hcl cream 1%)	Fungal Infections (Topical)	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
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Drug¹	Drug Class/Condition Used For	Generic Alternatives^{1, 2}	Brand Alternatives^{1, 2}
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Balanced, Performance and Performance Select Drug List Exclusions

BELVIQ (lorcaserin hcl tab 10 mg)	Weight Loss	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BELVIQ XR (lorcaserin hcl tab er 24hr 20 mg)	Weight Loss	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CONCERTA (methylphenidate hcl tab er osmotic release 18 mg, 27 mg, 36 mg, 54 mg)	Attention-Deficit Hyperactivity Disorder (ADHD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DARAPRIM (pyrimethamine tab 25 mg)	Malaria, Parasitic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
JADENU (deferasirox tab 180 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>	
KOMBIGLYZE XR (saxagliptin-metformin hcl tab sr 24hr 2.5-1000 mg, 24hr 5-500 mg, 24hr 5-1000 mg)	Diabetes		Janumet tablet, Janumet XR tablet

NEXIUM (esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg)	Gastroesophageal Reflux Disease (GERD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ONGLYZA (saxagliptin hcl tab 2.5 mg, 5 mg (base equiv))	Diabetes		Janumet tablet
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Asthma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROAIR RESPICLICK (albuterol sulfate aer powder 108 mcg/act (90 mcg base equiv))	Asthma	generic ProAir HFA, generic Proventil HFA	Ventolin
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ranitidine capsules	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	

ranitidine syrup	Gastroesophageal Reflux Disease (GERD)	famotidine suspension 40 mg/5 ml	
ranitidine tablets	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	
ranitidine capsules	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	
SAMSCA (tolvaptan tab 30 mg)	Kidney Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg, 240 mg)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release starter pack 120 mg & 240 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate 120 mg, dimethyl fumarate 240 mg	

<p>VUMERITY (diroximel fumarate capsule delayed release 231 mg)</p>	<p>Relapsing Multiple Sclerosis</p>	<p>dimethyl fumarate</p>	<p>Aubagio, Avonex, Betaseron , Copaxone , Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia</p>
<p>VUMERITY (diroximel fumarate capsule delayed release starter bottle 231 mg)</p>	<p>Relapsing Multiple Sclerosis</p>	<p>dimethyl fumarate</p>	<p>Aubagio, Avonex, Betaseron , Copaxone , Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia</p>
<p>Various Injection Devices such as AUTOPEN and HUMAPEN LUXURA HD</p>	<p>Injection Device</p>	<p><i>Members should talk to their doctor or pharmacist about product(s) available for their condition.</i></p>	

Various Respiratory Devices such as Nebulizers and Peak flow meters	Respiratory Therapy Supplies and Devices	<i>Members should talk to their doctor or pharmacist about product(s) available for their condition.</i>	
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Balanced and Performance Select Drug List Exclusions

MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	dihydroergotamine injection solution	
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Various Prenatal Vitamins such as AZESCHEW CHW 13-1 MG, AZESCO TAB 13-1 MG, PREGENNA TAB, PRENARA CAP, TRINAZ TAB 12-1 MG, ZALVIT TAB 13-1 MG	Prenatal Vitamin	<i>Members should talk to their doctor or pharmacist about product(s) available for their condition.</i>	
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Performance Drug List Exclusions

butalbital/acetaminophen/caffeine 50-300-40 mg	Pain	butalbital/acetaminophen/caffeine 50-325-40 mg tablet	
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Balanced Drug List Exclusions

buprenorphine td patch weekly 7.5 mcg/hr	Malaria, Parasitic Infections		Belbuca film
GIALAX (polyethylene glycol 3350 - kit)	Constipation, Colonoscopy Prep	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PCP 100 (mag cit-bisacodyl-petrolat-peg-metoclopramide-electrol kit)	Constipation	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
RIOMET (metformin hcl oral soln 500 mg/5 ml)	Diabetes	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Performance Select Drug List Exclusions			
minocycline hcl tab er 24hr 55 mg, 24hr 65 mg, 24hr 80 mg, 24hr 105 mg, 24hr 115 mg	Acne, Infections	<i>minocycline capsules</i>	
olopatadine hcl ophth soln 0.2% (base equivalent)	Ophthalmic Allergic Conditions	<i>Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.</i>	

¹Third-party brand names are the property of their respective owner.

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

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2021

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2021. Members may pay more for these drugs.

Drug ¹	Drug Class/Condition Used For
Multi-Tier Basic, Multi-Tier Enhanced, Balanced, Performance and Performance Select Drug Lists	
acebutolol hcl cap 200 mg, 400 mg	Hypertension, Arrhythmia
bisoprolol fumarate tab 5 mg	Hypertension
diltiazem hcl cap er 24hr 120 mg	Hypertension
fluoxetine hcl solution 20 mg/5 ml	Depression
flurbiprofen sodium ophth soln 0.03%	Ophthalmic Pain/Anti-Inflammatory

hydrocodone w/ homatropine tab 5-1.5 mg	Cough
theophylline tab er 12hr 100 mg	Asthma, Bronchitis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD)
thyroid tab 60 mg (1 grain)	Hypothyroidism

¹Third-party brand names are the property of their respective owner

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.**

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.

Effective Sept. 7, 2020:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Risdiplam	
Evrysdi for solution 0.75 mg/mL*	8 mL per day (3 bottles per 30 days)

¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Effective Jan. 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Alternative Dosage Form	
Indocin 50 mg suppositories	120 suppositories per 30 days
Foot Baths and Soaks	
Ciclopirox 0.77% cream	180 grams per 30 days
Ciclopirox 0.77% gel	180 grams per 30 days
Ciclopirox 0.77% topical suspension	180 mL per 30 days
Erythromycin 2% gel	180 grams per 30 days
Erythromycin 2% solution	180 mL per 30 days
Ketoconazole 2% cream	180 grams per 30 days

Ketoconazole 2% foam	100 grams per 30 days
Ketoconazole 2% gel	45 grams per 30 days
Insulin Pump	
Omnipod*	30 pods per 30 days
Omnipod DASH*	30 pods per 30 das
Omnipod DASH Kit*	1 kit per 4 years
V-Go 20 Kit*	1 kit per 30 days
V-Go 30 Kit*	1 kit per 30 days
V-Go 40 Kit*	1 kit per 30 days
Substrate Reduction Therapy	
Zavesca*	90 capsules per 30 days
Basic, Enhanced and Performance Drug Lists	
Therapeutic Alternatives	

Brimonidine Sol 0.15%	5 mL per 20 days
Ketoprofen 200 mg ER capsules	30 capsules per 30 days
Oxiconazole Nitrate Cream 1%	180 grams per 30 days

Basic and Enhanced Drug Lists

Bempedoic Acid

Nexletol 180 mg tablet	30 tablets per 30 days
Nexlizet 180-10 mg tablet	30 tablets per 30 days

Isturisa

Isturisa 1 mg	240 tablets per 30 days
Isturisa 5 mg	300 tablets per 30 days
Isturisa 10 mg	180 tablets per 30 days

Balanced, Performance and Performance Select Drug Lists

Fintepla

Fintepla 2.2 mg/mL*	360 mL per 30 days
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¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective Sept. 7, 2020, the Risdiplam Specialty Prior Authorization (PA) program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Evrysdi.
- Effective Jan. 1, 2021, the following changes will be applied:
 - Select target drugs of the Glaucoma ST program will be recategorized into a separate program:
 - Rocklatan and Rhopressa will be included in the new Rho Kinase Inhibitor ST program. This program will be added to the Balanced and Performance Select Drug Lists. This program will also apply to the Basic and Enhanced Drug Lists. Grandfathering is in place. Members with a drug regimen history will not be impacted.
 - Tecfidera Brand and Vumerity will be added as targets to the Multiple Sclerosis Specialty ST Program, which applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists. Grandfathering is in place. Members with a drug regimen history will not be impacted.
 - The Orilissa PA program will change its name to Elagolix. A new target, Oriahnn will be added. This program applies to the Balanced, Performance and Performance Select Drug Lists.*
 - The Fintepla Specialty PA program and target drug Fintepla will be added to the Balanced, Performance and Performance Select Drug Lists.*
 - The Dojolvi Specialty PA program and target drug Dojolvi will be added to the Balanced, Performance and Performance Select Drug Lists.*
 - The Insulin Pump PA program and target drugs Omnipod, Omnipod Dash and V-Go will be added to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*

- The Cerdelga Specialty PA program will change its name to Substrate Reduction Therapy. A new target, Zavesca will be added. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*
- The following targets will be added to the Hemophilia Factor VIII Specialty PA Program: Advate, Helixate, Hemofil M, Koate/Koate DVI, Kogenate FS, Kovaltry, Monoclate-P, NovoEight, Nuwiq, Recombinate, Xyntha/Xyntha Solofuse. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*
- The following targets will be added to the Hemophilia Factor IX Specialty PA Program: Alphanine SD, Bebulin, BeneFIX, Ixinity, Mononine, Profilnine SD, Rixubis. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*

** Not all members may have been notified due to limited utilization.*

Members were notified about the PA and ST standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2021:

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Bempedoic Acid	Nexleto [*]
Isturisa	Isturisa [*]

¹*Third-party brand names are the property of their respective owner.*

** Not all members may have been notified due to limited utilization.*

Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2021:

Drug Category	Targeted Medication(s)¹
Basic and Enhanced Drug Lists	
Oral Tetracycline Derivatives	minocycline generic
Therapeutic Alternatives	Alphagan-P 0.15%, Bethkis nebs 300 mg/4 mL, Ketoprofen ER 200 mg caps, Oxistat 1% cream and lotion, Rytary caps, TOBI nebs 300 mg/5 mL
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	Indocin suppositories

¹Third-party brand names are the property of their respective owner.

** Not all members may have been notified due to limited utilization.*

Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2021:

Drug Category	Targeted Medication(s)¹
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Basic and Enhanced Drug Lists

DPP-4	Jentadueto*, Jentadueto XR*, Kazano*, Kombiglyze XR*, Nesina*, Onglyza*, Oseni*, Tradjenta*
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¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, prior authorization program and step therapy 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 and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Split Fill Program Available to Select Members BCBSOK offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The specialty medicines included in the Split Fill Program are often intolerable for patients. This program allows members to decide if they can tolerate the medicine and any potential side effects before continuing ongoing therapy.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. The specific list of drugs is

subject to change at any time. You will be able to view a current list of drugs in the Split Fill Program on the Specialty Program section of our Provider website.

Members must use AllianceRx Walgreens Prime Specialty Pharmacy or an in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member's pharmacy benefit plan.

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

Appropriate Use of Opioids Program Update – Adding Liquid Opioid Medicines

BCBSOK is making a change to the Appropriate Use of Opioids Program.* On Jan. 1, 2021, oral liquid formulations will be included in the review of members' prescription orders for any opioid medication (e.g., tablet, capsule or liquid forms) at the pharmacy as a safety check before they may be filled.

This change impacts a small population of members who have prescription drug benefits administered by Prime Therapeutics. Patients and their prescribing physician will be notified of this change in November.

This safety check is a review of the daily morphine equivalent dose (MED), which is calculated across the submitted claim and select prior claims. This point of sale edit rejects claims for an opioid medication (in any form) when the total MED is greater than or equal to 200 mg per day for 30 days in a row.

Prior authorization is required for members to fill an opioid prescription at the pharmacy if they exceed the program limit. Prescribing physicians can find the authorization request form on the Prior Authorization/Step Therapy Programs section of our provider website at bcbsok.com/provider.

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

As a reminder, the Appropriate Use of Opioids Program was implemented in August 2018. It is meant to encourage the appropriate use of opioids and support patient safety.

* Changes to be implemented for all members effective Jan. 1, 2021, regardless of plan renewal dates. The changes listed here do not apply to members with Medicare Part D or Medicaid coverage.

Select Injection, Respiratory and Other Devices Removed from Pharmacy Benefit Coverage

Starting on Jan. 1, 2021, certain injection, respiratory and other devices will be excluded from coverage on the pharmacy benefit for all drug lists. This change impacts BCBSOK members who have prescription drug benefits administered by Prime Therapeutics. Impacted members will be notified of this change in November.

These devices may be covered under the medical benefit, depending on the member's benefit plan. The amount a member pays for a device may change, based on the terms of the plan.

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

Common examples of injection devices are HUMAPEN LUXURA HD and AUTOPEN.¹ Common examples of respiratory devices are nebulizers and peak flow meters. Please talk to your patient about other products that may be available.

¹ All brand names are the property of their respective owners.

Change in Benefit Coverage for Select High-Cost Products

Starting Jan. 1, 2021, several high-cost products with lower-cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSOK members who have prescription drug benefits administered by Prime Therapeutics.

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

Members will be notified about these excluded high-cost products with lower-cost alternatives listed in the table below. Please talk to your patient about other products that may be available.

Product(s) No Longer Covered¹	Condition Used For	Covered Alternative(s)^{1,2}
AZESCHEW CHW 13-1 MG [†]	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
AZESCO TAB 13-1 MG [†]	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
BUTAL/APAP/CAF CAP 50-325-40 MG	HEADACHE	BUTAL/APAP/CAF TAB 50-325-40
CHLORZOXAZONE TAB 250 MG	MUSCULOSKELETAL PAIN	BACLOFEN, CHLORZOXAZONE 500 MG
FENOPROFEN CALCIUM CAP 200 MG	PAIN	IBUPROFEN, MELOXICAM, NAPROXEN
HALOBETASOL AEROSOL FOAM 0.05%	PLAQUE PSORIASIS	CLOBETASOL FOAM AEROSOL
KETOPROFEN 25 MG CAP	PAIN	IBUPROFEN, MELOXICAM, NAPROXEN

PREGENNA TAB [†]	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
PRENARA CAP PRENATAL [†]	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
PRENATRIX TAB ^{**†}	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
TRINAZ TAB 12-1 MG [†]	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
VIVLODEX CAP 5 MG, 10 MG	PAIN	MELOXICAM
ZALVIT TAB 12-1 MG [†]	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
ZUPLENZ FILM 4 MG, 8 MG	NAUSEA AND VOMITING	ONDANSETRON ODT

¹ All brand names are the property of their respective owners.

² This list is not all-inclusive. Other products may be available.

* This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

** Not all members may have been notified due to limited utilization.

† The prenatal products also apply to members on the Balanced, Performance and Performance Select Drug Lists.

HDHP-HSA Preventive Drug Program Reminder

Select BCBSOK members' High Deductible Health Plan (with a Health Savings Account) 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.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSOK and contracting pharmacies is that of independent contractors. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

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.

Update: BCBSOK Moving Prior Authorization Duties from eviCore to AIM

Change happens Jan. 1, 2021, for some commercial plan members

What's changing?

[In October](#), we told you the utilization management vendor that processes prior authorization for some of our commercial members is changing. **Starting Jan. 1, 2021**, prior authorization requests for commercial Blue Cross and Blue Shield of Oklahoma (BCBSOK) members that are currently required to be submitted through eviCore healthcare (eviCore) will require prior authorization through **AIM Specialty Health® (AIM)**.

This update below includes: key dates to consider as we transition care for some members between eviCore and AIM; new contact information for AIM and hours of operation; and reminders on upcoming training dates.

Consider these Key Dates and Scenarios During the Transition of Care between eviCore and AIM

- AIM's Provider Portal will be open for you to begin submitting prior authorization requests on Dec. 21, 2020, for dates of service on or after Jan. 1, 2021.
- Do not submit prior authorization requests to eviCore for dates of service on or after Jan. 1, 2021.
- Continue to submit prior authorization requests to eviCore through Dec. 31, 2020, for dates of service before or on Dec. 31, 2020.

Join Us for A Webinar to Learn More

It's important to attend an online training session to learn how to use the AIM Provider Portal. [Click here to view and register for online training](#).

Learn more about prior authorization with BCBSOK on our website, including code lists for the services that require prior authorization. Remember code lists are updated periodically. Check eligibility and benefits first, through [Availity®](#) or your preferred vendor, to determine whether **prior authorization** is required. This step will help you confirm coverage and other important details.

How can you prepare?

Make sure you have an **account** with **AIM**. To **create** an account:

- Access [AIM Provider Portal](#), or
- **By Phone** – Call the **AIM Contact Center at 888-240-3085** Monday through Friday, 7 a.m. to 7 p.m., CT. If you are already registered with AIM, you do not need to register again.

How to submit a prior authorization request through AIM starting Jan. 1, 2021

Submit prior authorization requests to AIM in one of the following ways:

- **Online** – Submit requests via the [AIM Provider Portal](#) 24/7.
- **By Phone** – Call the **AIM Contact Center at 888-240-3085** Monday through Friday, 7 a.m. to 7 p.m., CT.

Why it matters

If benefit prior authorization is required, services performed without prior authorization may be denied and the rendering provider may not seek reimbursement from the member.

Check Eligibility and Benefits

Use Availity[®] or your preferred vendor to:

- Check eligibility and benefits
- Determine if you're in-network for your patient
- Find out if the patient and services require prior authorization
- Learn whether prior authorization is required for a particular procedure code

Look for future News and Updates on upcoming training and FAQs that will provide all of the important information you need to successfully transition to AIM.

AIM Specialty Health (AIM) is an operating subsidiary of Anthem, Inc., an independent specialty medical benefits management company that provides utilization management services for BCBSOK.

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. eviCore is a trademark of eviCore healthcare, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSOK.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

COVID 19 Initiatives Extended®

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has taken steps to make access to the testing and treatment for our members easier and less expensive during this national health emergency. We have extended the duration of these measures to continue serving our members.

[Learn More](#)

Feature Tip


Coming Soon: Utilization Management - New Home for Prior Authorization Information

Beginning 2021, Prior authorization will be under Utilization Management in the Claims and Eligibility section on our website. Utilization management is at the heart of helping you determine medical necessity. It also helps our members get the right care, at the right place and at the right time. A utilization management review determines whether a service is medically necessary under the health plan using evidence-based clinical standards of care.

Utilization management includes:

- Prior Authorization
- Predeterminations
- Post-service reviews


Eligibility and Benefits Reminder: An eligibility and benefits inquiry should be completed first to confirm membership, verify coverage and determine whether or not pre-certification (also known as pre-notification or preauthorization) is required.

If you have questions, [Email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2. Please Note:** For Claims issues/inquiries, please call 1-800-722-3730 Option 1 or [verify claim status online](#) 

BCBSOK will update CPT[®] codes for some prior authorization services

On Jan. 1, 2021, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will update its list of Current Procedural Terminology (CPT) codes to comply with changes due to a BCBSOK system update and updates from the [American Medical Association \(AMA\)](#). These changes are the result of new, replaced or removed codes implemented by BCBSOK and the AMA.

What's New: On Jan. 1, 2021, we will update the procedure code list for services that require prior authorization.


More Information: For a revised list of codes effective Jan. 1, 2021, go to our website in the [prior authorization](#) section. Check the [AMA website](#)  for more information on CPT codes.

Check Eligibility and Benefits: To identify which members require prior authorization for services on the code list, check eligibility and benefits through Availity[®] or your preferred vendor.

CPT copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK.

The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

 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.

File is in portable document format (PDF). To view this file, you may need to install a PDF reader program. Most PDF readers are a free download. One option is Adobe[®] Reader[®] which has a built-in screen reader. Other Adobe accessibility tools and information can be downloaded at <http://access.adobe.com>.

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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: provider name, organization name, accepting new patients, street address, phone number, hospital affiliations 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](#) 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. If your information is correct as listed on our website no further action or response is needed.

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: [November Blue Review](#) to Education and Reference Center/News and Updates/Blue Review webpage.
- Updated: [Clinical Practice Guidelines](#) to the Clinical Resources/ Clinical Practice Guidelines webpage.
- Updated: [Preventive Care Guidelines](#) to the Clinical Resources/ Preventive Care Guidelines for Oklahoma Commercial, Marketplace and Medicare plans webpage.

Stay Informed!

Watch [News and Updates](#) for important announcements.

Provider Training

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

ClaimsXtenTM 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 July be evaluated during the claim adjudication process, you July 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 July 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 to learn about the online resources available to you.

Medical Policy Reminder

Approved new or revised BCBSOK medical policies and their effective dates are posted on the BCBSOK website the first and fifteenth day of each month. These policies July impact your reimbursement and your patients' benefits. You July 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 July 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.

We Want Your Feedback

Do you have a helpful suggestion or feedback about our website? Fill out our [Feedback Survey](#).