

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## February 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 February 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 at [bcbsok.com/provider](http://bcbsok.com/provider).

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

## News & Updates

### Introducing a New Preauthorization and Referral Submission Tool via Availity<sup>®</sup> Provider Portal

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is *excited* to introduce a *brand-new* online prior authorization application via the Availity Portal, called Authorizations (HIPAA-standard 278 transaction). This new and more convenient functionality will be available to providers in the near future, making it faster and easier to submit and receive confirmation from BCBSOK.

**Note:** For Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>), providers should continue to use their current prior authorization process until the new application is enabled.

#### What does this mean?

BCBSOK's current electronic preauthorization tool, iExchange<sup>®</sup>, will be deactivated on April 15, 2020, and all electronic prior authorization requests and referrals should be submitted using this new capability. This includes inpatient admissions, select outpatient services, behavioral health services and referral requests handled by BCBSOK.

The process of submitting prior authorization requests to eviCore is not changing.

Medical and surgical predetermination of benefits requests should be submitted via fax or mail by using the [Predetermination Request Form](#), along with the pertinent medical documentation.

#### What should you do?

During the transition period, providers should migrate from iExchange to the new *five-step* Availity

Authorization application. Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance, call Availity Client Services at 800-282-4548.

Submitting online prior authorization requests using Availity's Authorizations application is easy and consists of only five steps:

- Log into [Availity](#)
- Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations\*
- Select Payer BCBSOK, then choose your organization
- Select Inpatient Authorization or Outpatient Authorization
- Review and submit your authorization

*\*Choose Referrals instead of Authorizations if you are submitting a referral request.*

This new online option will increase administrative efficiencies for your organization by also allowing providers to:

- Access and verify status of requests
- Upload clinical medical records
- Edit and/or extend requests
- Obtain printable confirmation number for your records

### **Training**

BCBSOK is hosting a free webinar for providers to learn how to use this new online preauthorization submission application. Click on one of the links below to register.

- [Feb. 13, 2020 – 10 a.m. to 11 a.m.](#)

### **For More Information**

Refer to the new **Availity Authorizations & Referral tip sheets**, located in the [Provider Tools section](#) of our website.

If you need further help or customized training, contact our [Provider Education Consultants](#).

iExchange is a trademark of Meddecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. eviCore is wholly responsible for its own products and services. Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as eviCore and Availity. If you have any

questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Behavioral Health Tip Sheets

We've created behavioral health tip sheets to help ensure our members receive appropriate care. The following tip sheets include documentation recommendations, best practices and billing codes:

### Follow-Up Care for Children Prescribed ADHD Medication

- Children ages 6 to 12
- Newly<sup>1</sup> filled attention-deficit hyperactivity disorder (ADHD) medication
- Prescribed in the ambulatory setting

### Antidepressant Medication Management

- Members ages 18 and older
- Diagnosed with major depression
- Newly<sup>2</sup> filled antidepressant medication

### Diabetes Screening for Members Taking Antipsychotics

- Members ages 18 to 64
- Diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder
- Received an antipsychotic medication at any time during the year

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.

<sup>1</sup>Defined as no ADHD medication filled in past 120 days

<sup>2</sup>Defined as no antidepressant medication filled in past 105 days

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## Prior Authorization Changes for ID Prefixes BBE, BHP, BNK, BRG and BYR

**Effective March 1, 2020**, some Blue Cross and Blue Shield of Illinois (BCBSIL) members in Oklahoma will have new prior authorization requirements through **eviCore healthcare (eviCore)**. The members have the following ID prefixes:

- BBE
- BHP

- BNK
- BRG
- BYR

### Services Requiring Prior Authorization

The new requirements apply to the following outpatient services:

- Advanced Imaging
- Cardiology
- Genetic Testing
- Joint and Spine Surgery
- Pain Management
- Radiation Therapy
- Sleep Studies

### eviCore Instructions

There are two ways to secure a prior authorization through eviCore:

- **Online** – The [eviCore web portal](#) is the quickest way to open a case, check status, review guidelines and more.
- **By phone** – Call eviCore at 855-252-1117 between 7 a.m. and 7 p.m. (CT), Monday through Friday.

### Requirements Vary by Member

Prior authorization requirements are specific to each member based on their benefit plan. Check eligibility and benefits before rendering services. Submitting an electronic 270 transaction via the Availity® Provider Portal or your preferred vendor portal provides information about:

- Coverage
- Network status
- Prior authorization requirements
- Other important details

*Obtaining benefit prior authorization is not a substitute for checking eligibility and benefits. We will not pay for services performed without required benefit prior authorization. Providers may not seek reimbursement from BCBSOK members. If you have any questions, contact 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. eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or eviCore. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Feature Tip

### Upcoming Changes to the Provider Paper Enrollment Forms

**Beginning April 15, 2020**, Blue Cross and Blue Shield of Oklahoma (BCBSOK) won't accept the following paper forms for provider enrollment into the BCBSOK networks.

Submissions with these forms after April 15, 2020 will be rejected.

- Group Provider Record/Contracting Packet
- Professional Provider Record/Contracting Packet
- Primary Care Physician Solo Provider Record/ Contracting Packet
- Specialist Physician Solo Provider Record/ Contracting Packet
- Mid-level Solo Provider Record/ Contracting Packet

BCBSOK is streamlining the provider enrollment process, which will allow more accurate and faster processing. The easiest way to join the BCBSOK network is through the online enrollment process, [How to Join Our Networks](#).

If paper submissions are necessary, please use the following forms, which can be found on our website under the [Education and Reference Center / Forms](#).

- [Group/Clinic Provider Enrollment Form](#)
- [Solo Provider Enrollment Form](#)

For more information, [email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

**Please Note:** *Submission of the application does NOT mean that you are a participating provider or that a contract will be offered. Until you are credentialed and contracted with an effective date, your claims will process as out-of-network. A welcome letter will be sent once you are loaded into the BCBSOK provider database as a contracted provider. If you don't receive approval to contract with BCBSOK, you will receive a notification.*

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### Provider Data and Directory Updates

Maintaining accurate provider data and directories are an important part of providing Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with the information they need to manage their health. Our online provider directory, [Provider Finder®](#) helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in [Provider Finder](#) to ensure it's correct. To update your directory information or other information such as tax identification numbers, supervising physician information, hospital privileges, etc., please visit the [Information Change Request](#) section on the BCBSOK provider website.

All changes should be submitted at least 30 days in advance of the effective date of the change. For more information, please contact your BCBSOK [Provider Network Representative](#).

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## Web Changes

- Posted [January Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Posted Reminder: [New Online Enrollment Process for 835 EFT and ERA through the Availity® Provider Portal](#) to Education and Reference Center/News and Updates.
- Posted [Pricing update for Visco-Supplements Beginning Jan. 1, 2020](#) 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.

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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](https://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**

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