MARCH 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 March 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**.**

You can find the *Blue Review* online at bcbsok.com/provider/news and updates

News & Updates

New Authorizations and Referrals Tool via Availity® Provider Portal Available as of Feb. 17, 2020

We're pleased to announce that the Availity Authorizations & Referrals tool (HIPAA-standard 278 transaction) is available as of **Feb. 17, 2020** for submission of preauthorization and referral requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK). This includes preauthorization requests for inpatient admissions, select outpatient services and referrals.

For Federal Employee Program® (FEP®) members and behavioral health services, you should continue using your current preauthorization process until this new tool becomes available in the near future.

Important Reminders:

- If you haven't registered with Availity, you can sign up for free on the Availity website. For help, contact Availity Client Services at 800-282-4548.
- Our current electronic preauthorization submission tool, iExchange®, will be deactivated on **April 15, 2020**. As of this date, all electronic prior authorization and referral requests handled by BCBSOK should be submitted using the Availity Authorizations & Referrals tool.
- The process of submitting preauthorization requests through eviCore healthcare (eviCore) or other vendors is not changing.

- Medical and surgical predetermination of benefits requests should be submitted via fax or mail using the Predetermination Request Form, along with the pertinent medical documentation.

Training and Support

If you have questions or need customized training: Contact our Provider Education Consultants. Refer to the Provider Tools section of our website to view the new Availity Authorizations User Guide and Availity Referrals User Guide.

Please note that the fact that a service has been preauthorized/pre-notified 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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Behavioral Health Program Changes for BlueLincs HMO℠

This means that for dates of service beginning on or after June 1, 2020 for BlueLincs HMO members:

- Behavioral health claims must be submitted to BCBSOK for reimbursement.
- Eligibility, prior authorization and claims inquiries should be directed to BCBSOK. Please call the number on the member ID card.

We'll notify BlueLincs HMO members before the transition date. Some members will receive new BCBSOK ID cards as part of this transition.

We don't expect member benefits to be affected by this change. It's important to use the Availity Provider Portal or your preferred vendor to check eligibility and benefits for all of our members prior to service. This will help you confirm coverage details and other important information, including any prior authorization and pre-notification requirements.

BCBSOK will continue to contract with Magellan Healthcare, Inc. ("Magellan"), an independent company, until May 31, 2020, to administer behavioral health benefits for BCBSOK.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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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Reimbursement Rate Update for Infliximab Products Beginning April 1, 2020

Effective April 1, 2020, the following infliximab pharmaceutical products will be recategorized as group C products instead of multi-source products. This will affect the reimbursement rate on these medications.

Code	Drug Name
J1745	REMICADE 100MG Solution Reconstituted
Q5103	INFLECTRA 100MG Solution Reconstituted

If you have additional questions, email provider inquiries or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

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Two New ClaimsXten™ Rules to be Implemented in April 2020

We will soon update our ClaimsXten software database to better align coding with the reimbursement of claim submissions.

Update Schedule

On April 20, 2020, we will update two rules:

- Bilateral Services for Professional Claims
- Modifier to Procedure Validation

Bilateral Services for Professional Claims	This rule identifies claim lines where the submitted procedure code was already billed with a modifier –50 for the same date of service.

	The same service performed bilaterally should not be billed twice when reimbursement guidelines require the code to be billed once with a bilateral modifier The rule denies the second submission. **Reminder:** Modifier 50 is used to report bilateral procedures that are performed during the same operative session. The use of modifier 50 is applicable only to services and/or procedures performed on identical anatomic sites, aspects, or organs. This modifier can be used for diagnostic, radiology, and surgical procedures. Modifier 50 should not be used when the code descriptor indicates unilateral or bilateral and should not be used when RT and LT would be applicable to the services. For correct billing, enter the bilateral procedure code with modifier 50 on one line with one (1) unit of service.
Modifier to Procedure Validation	This rule identifies claim lines with an invalid modifier to procedure code combination. It denies procedure codes when billed with a modifier that is not likely or appropriate for the procedure code billed. When multiple modifiers are submitted on a line, all are evaluated and if at least one is found invalid with the procedure code, the line is denied.

To determine how coding combinations may be evaluated during claim adjudication, log into Availity® to access the Clear Claim ConnectionTM (C3) tool. Refer to the Clear Claim Connection page for answers to frequently asked questions about ClaimsXten and details on how to gain access to C3.

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Two New ClaimsXten™ Rules to be Implemented June 2020

On or after **June 15, 2020**, we will update two rules within the ClaimsXten software database to better align coding with the reimbursement of claim submissions.

Code	Drug Name
Lifetime Event	This rule audits claims to determine if a procedure code has been submitted more than the total number of times it is clinically possible or reasonable to perform a procedure on a single member. The Lifetime Event is the total number of times that a procedure may be submitted in a lifetime. After reaching the maximum number of times, additional submissions of the procedure are denied.
Multiple Medical Same Day Visits	This outpatient facility rule identifies and recommends the denial of claims with multiple Evaluation & Management (E&M) codes and other visit codes that are: Submitted on the same date of service, Performed at the same facility, Submitted with the same revenue code, and Where the second and subsequent E&M code submitted lacks the required modifier –27.

To determine how coding combinations may be evaluated during claim adjudication, log into Availity® to access the Clear Claim ConnectionTM (C3) tool. Refer to the Clear Claim Connection page for answers to frequently asked questions about ClaimsXten and details on how to gain access to C3.

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CMS Star Ratings Matter: Survey to Assess Medicare Advantage Members' Experiences

As a Medicare provider, you play an important role in an annual survey to assess our members' experiences with their health plans and prescription drug services. The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be sent to a random sample of members enrolled

in our Blue Cross Medicare Advantage℠ and/or prescription drug plans. The survey will be conducted from March through June 2020. If your patients receive a CAHPS survey, please encourage them to respond.

The CAHPS survey evaluates how our members interact with their health plan, including with you, their Medicare provider. Survey results identify opportunities to improve member satisfaction. Results also affect the Centers for Medicare & Medicaid Services (CMS) Star Ratings, which rate Medicare Advantage plans on a scale from one to five stars. More information on the Star Ratings is available on the CMS Medicare website.

CAHPS Survey Questions

The CAHPS survey asks members to rate their last six months of care. Examples of survey topics and questions include:

- Getting needed care – Did you receive the care you felt you needed quickly and were you able to get urgent appointments with a specialist if needed?
- Provider communication – Did your provider show respect, spend enough time and explain things in a way you could understand?
- Customer service – Did you receive helpful information from office staff?
- Care coordination – Was your provider informed and up-to-date about the care you received from other providers?
- Flu vaccination – Did your provider educate you on the benefits and importance of a yearly flu vaccination?
- Smoking cessation – Did your provider ask if you smoke or use tobacco and if so, advise you to quit and discuss medications and strategies?

How You Can Help Improve Members' Experiences

You and your staff can help improve members' experiences year-round. Questions to consider include:

- Do you or your office staff assist patients in scheduling appointments with specialists?
- Are urgent care walk-in appointments available in the morning and evening hours?
- Do you spend time explaining things to patients in a way they can easily understand?
- Do you provide patients with educational materials?
- Do you discuss treatment and medication options with patients?
- Do you educate patients about preventive illnesses?

Learn More
See this flier to learn more about the CAHPS survey and steps you can take to improve results. More information is available on the CMS website.

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

HMO plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO and PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and BlueLincs are Independent Licensee of the Blue Cross and Blue Shield Association. HCSC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and BlueLincs' plans depends on contract renewal.

Prescription drug plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 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 April 1, 2020 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the April 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 April 1, 2020

Non-Preferred Brand[1]	Drug Class/ Condition Used For	Preferred Generic Alternative(s)[2]	Preferred Brand Alternative(s)[1,2]
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists Revisions			

EPIPEN-JR 2-PAK (epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000))	Anaphylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	Pain	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
NOXAFIL (posaconazole tab delayed release 100 mg)	Fungal Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
TRACLEER (bosentan tab 62.5 mg, 125 mg)	Pulmonary Arterial Hypertension	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
Basic and Multi-Tier Basic Drug Lists Revisions		
DELZICOL (mesalamine cap dr 400 mg)	Ulcerative Colitis, Proctitis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Ocular Pain/Inflammation	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
LYRICA (pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg)	Diabetic Neuropathy, Neuropathic pain, Fibromyalgia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
LYRICA (pregabalin soln 20 mg/ml)	Diabetic Neuropathy, Neuropathic pain, Fibromyalgia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
Drug[1]	**Drug Class/Condition Used For**	**Preferred Alternative(s)[1,2]**

Balanced, Performance and Performance Select Drug Lists Revisions		
ALENDRONATE SODIUM (alendronate sodium tab 5 mg)	Osteoporosis	alendronate 35 mg tablet, ibandronate tablet, risedronate tablet
CHLOROTHIAZIDE (chlorothiazide tab 500 mg)	Edema, Heart Failure, Hypertension	chlorthalidone tablet, hydrochlorothiazide tablet
NITROGLYCERIN ER (nitroglycerin cap er 6.5 mg, 9 mg)	Angina, Heart Failure, Hypertension	isosorbide dinitrate tablet, isosorbide mononitrate tablet
NITRO-TIME (nitroglycerin cap er 6.5 mg, 9 mg)	Angina, Heart Failure, Hypertension	isosorbide dinitrate tablet, isosorbide mononitrate tablet
OXAZEPAM (oxazepam cap 15 mg)	Anxiety	lorazepam tablet, temazepam capsule
OXYCODONE/ASPIRIN (oxycodone-aspirin tab 4.8355-325 mg)	Pain	oxycodone tablet, oxycodone/acetaminophen tablet
PROMETHAZINE/ DEXTROMETHORPHAN (promethazine-dm syrup 6.25-15 mg/5 ml)	Cough	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
PROMETHAZINE-DM (promethazine-dm syrup 6.25-15 mg/5 ml)	Cough	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
SELEGILINE HCL (selegiline hcl tab 5 mg)	Parkinson's Disease	selegiline capsule
THEOCHRON (theophylline tab er 12hr 100 mg, 12hr 200 mg)	Asthma, COPD, Emphysema, Bronchitis	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
THEOPHYLLINE ER (theophylline tab er 12hr 450 mg)	Asthma, COPD, Emphysema, Bronchitis	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
Balanced Drug List Revisions		

CARBINOXAMINE MALEATE (carbinoxamine maleate tab 6 mg)	Symptoms of Seasonal or Perennial Allergic Rhinitis	carbinoxamine 4 mg tablet
RYVENT (carbinoxamine maleate tab 6 mg)	Symptoms of Seasonal or Perennial Allergic Rhinitis	carbinoxamine 4 mg tablet
Balanced, Performance and Performance Select Drug Lists Exclusions		
DYRENIUM (triamterene cap 50 mg, 100 mg)	Heart Failure, Edema	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
FIRAZYR (icatibant acetate inj 30 mg/3 ml (base equivalent))	Hereditary Angioedema	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
LYRICA (pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg)	Diabetic Neuropathy, Fibromyalgia, Seizures	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
LYRICA (pregabalin soln 20 mg/ml)	Diabetic Neuropathy, Fibromyalgia, Seizures	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	Pain	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
NOXAFIL (posaconazole tab delayed release 100 mg)	Fungal Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*

TRANSDERM SCOP (scopolamine td patch 72hr 1 mg/3 days)	Nausea/Vomiting, Motion Sickness	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
Balanced and Performance Select Drug Lists Exclusions		
DICLEGIS (doxylamine-pyridoxine tab delayed release 10-10 mg)	Nausea/Vomiting of Pregnancy	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
EPIPEN-JR 2-PAK (epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000))	Anaphylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*
Performance and Performance Select Drug Lists Exclusions		
desoximetasone gel 0.05%	Dermatitis, Inflammatory Conditions	betamethasone dipropionate 0.05 % augmented cream, betamethasone dipropionate 0.05 % ointment
triamcinolone acetonide aerosol soln 0.147 mg/gm	Inflammatory Conditions	triamcinolone acetonide 0.1% ointment, triamcinolone acetonide 0.1% cream
Balanced Drug List Exclusions		
BUPRENORPHINE (buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Pain	Belbuca
buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Pain	Belbuca
BUTRANS (buprenorphine td patch weekly 7.5 mcg/hr)	Pain	Belbuca

HALOG (halcinonide cream 0.1%)	Dermatitis, Inflammatory Conditions	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*

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

[2]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.

Effective April 1, 2020:

Drug Class and Medication(s)[1]	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Androgens and Anabolic Steroids	
Android 10 mg	600 capsules per 30 days
Androxy 10 mg	120 tablets per 30 days
Methitest 10 mg	600 capsules per 30 days
Methyltestosterone 10 mg	600 capsules per 30 days
Testred 10 mg	600 capsules per 30 days
Biologic Immunomodulators	
Xeljanz 10 mg	224 tabs per 365 days
Basic and Enhanced Drug Lists	

Sunosi	
Sunosi 75 mg	30 tablets per 30 days
Sunosi 150 mg	30 tablets per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Nov. 15, 2019**, generic Elidel was added as a target to the Atopic Dermatitis Step Therapy Program, which applies to the Basic, Enhanced, Enhanced Annual and Performance Drug Lists.
- Effective **Jan. 1, 2020**, the Sunosi Prior Authorization (PA) program was added to the Balanced, Performance and Performance Select Drug Lists.* This program includes the target drug Sunosi.
- Effective **Feb. 1, 2020**, the following changes were applied:
  - The Idiopathic Pulmonary Fibrosis (IPF) PA program changed its name to Interstitial Lung Disease (ILD). This PA program includes the same targeted medications, Esbriet and Ofev. This program currently applies to the Basic, Enhanced, Enhanced Annual, Performance and Performance Select Drug Lists.
  - The hATTR Amyloidosis Neuropathy and the Tafamidis PA programs combined to form one new standard PA program. The new ATTR Amyloidosis PA program includes the same target drugs: Tegsedi, Vyndaqel and Vyndamax. This program currently applies to the Basic, Enhanced, Enhanced Annual, Performance and Performance Select Drug Lists.
- Effective **April 1, 2020**, several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans. *As a reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply, Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

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

Drug categories added to current pharmacy PA standard programs, effective April 1, 2020

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

[1]Third-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 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* and log in to Blue Access for Members℠ (BAM℠) or 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 January to members who 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.

Insulin Aspart Covered on Select Drug Lists

Starting Dec. 15, 2019, Insulin Aspart vials and pens will be added to the preferred brand tier, the same tier as the brand Novolog, on the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists.** This change applies to BCBSOK members, who have prescription drug benefits administered by Prime Therapeutics. Insulin Aspart is also known as NovoLog® and NovoLog® Mix authorized generics or follow on brands.

Insulin Aspart will be excluded from coverage on the Balanced and Performance Select Drug Lists. The brand Novolog will remain covered on these drug lists. Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see a cost share reduction based on the authorized generic price.

**Insulin Aspart is covered as a non-preferred generic on the Health Insurance Marketplace Drug List.

Please call the number on the member's ID card to verify coverage.

Pharmaceutical Care Management

BCBSOK 's Pharmaceutical Care Management (PCM) team routinely reviews medication claims to identify members who may benefit from further review for possible drug therapy issue(s) or to address any cost concerns for members. This review service is part of the PCM program, which also provides members access to clinical pharmacists and other resource tools to help answer questions they may have about their prescriptions. The goal of the PCM program is to ensure patients' medications are safe, appropriate and effective.

If your patient is identified for this further review, you may receive a request from our PCM team to provide more clinical information for evaluation. You will also be engaged with your patient and one of our clinical pharmacists through each step of this review and the recommended action plan. We encourage you to please review the action plan and talk with your patient as you think appropriate to optimize therapy.

Additionally, PCM pharmacists and technicians may reach out to advise providers if patients may be affected by an upcoming drug list (formulary) change or if a medication has a new prior authorization requirement. Please Note: This type of support is based on the member's benefit plan and not available for all members.

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 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 se 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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New BCBSOK 837 Commercial Claim Validation Edits Effective April 1, 2020

Starting April 1, 2020, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will begin implementing enhancements to our electronic claim submission validation edits for commercial Professional and Institutional claims (837P and 837I transactions).* This enhancement will allow claim edits to be applied to claims during the pre-adjudication process to help increase efficiencies.

Currently, electronic claim submissions are accepted into the BCBSOK adjudication system for processing and then deny when needed data elements are not included. Providers submitting claims electronically on or after April 1, 2020, may see new edit messages on the response files from their practice management system or clearinghouse vendor(s) before the claim is adjudicated. These responses will specify if additional data elements are required. If you receive claim rejections, the affected claims must be corrected and resubmitted with the needed information as specified in the rejection message. By rejecting the claim submission during the pre-adjudication process, you will have the ability to identify errors earlier in the process and make necessary corrections more quickly.

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.

*These new validation edits do not apply to Medicare Advantage electronic claim submissions.

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Web Changes

- Posted February Blue Review to Education and Reference Center/News and Updates/Blue Review page.

- Posted Behavioral Health Quality Improvement Program 2019 Executive Summary and 2020 Goals to Clinical Resources/Behavioral Health Program

- Posted Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2020 – Part 2 to Education and Reference Center/News and Updates

- Posted Resolved: Electronic Payment and Remittance Delivery Delay 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.

BCBSOK Online Provider Orientation

The Online Provider Orientation is a convenient and helpful way for providers to learn about the online resources available to them.

Medical Policy Reminder

Approved new or revised BCBSOK medical policies and their effective dates are posted on the BCBSOK website the first day of each month. These policies may impact your reimbursement and your patients' benefits. You may view all active and pending policies, or view draft Medical Policies and provide comments. These can be accessed on the Standards and Requirements page of our provider website.

While some information on new or revised medical policies may occasionally be published for your convenience, please visit bcbsok.com/provider for access to the most complete and up-to-date information.

On-demand Training

An eRM tutorial is available to show you how to navigate the features of the eRM tool. Log in at your convenience to complete the tutorial and use it as a reference when needed.

We Want Your Feedback

Do you have a helpful suggestion or feedback about our website? Fill out our Feedback Survey.

 Like us on Facebook  Follow us on Twitter  Watch us on Youtube