

BLUE REVIEWSM

A Provider Publication

September 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 September 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 updates

News & Updates

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.

[Read More](#)

Licensed Marital and Family Therapists Can Now Join the BCBSOK Networks

Blue Cross and Blue Shield of Oklahoma (BCBSOK) contracts with physicians and other professional providers to form our provider networks, which are essential for delivering quality, accessible and cost-effective health care services to our members.

We are pleased to announce that Licensed Marital and Family Therapists can now join the BCBSOK networks. If you are interested in applying to join our provider networks please follow the steps on our website in the Provider section under "[How to Join](#)". If you have any questions please send an email to our [Provider Contract Support Unit](#) to request information.

Colorectal Cancer Screening at Home

Consider screening our members who are 50 to 75 years old for colorectal cancer. Members in our Blue Advantage PPOSM and Blue Preferred (metallic plan) networks who have not been screened may qualify for a **Fecal Immunochemical Test (FIT) Kit** at no extra charge. We're working with Home Access Health Corporation to provide in-home kits to encourage screening for our at-risk members. Screening with a FIT Kit may be a good option to close care gaps.

Why emphasize screening?

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

How it Works

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

How You Can Help

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

Other Benefits of the FIT Kit

- No need for anesthesia or prep
- Screen members at home who may be at risk during the COVID-19 pandemic
- The U.S. Multi-Society Task Force of Colorectal Cancer³ considers annual FIT testing and colonoscopy every 10 years the two cornerstones of screening for those of average risk.

If you have any questions, please contact your Blue Cross and Blue Shield of Oklahoma Provider Network Representative.

¹ [Basic Information About Colorectal Cancer](#) 

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

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

Home Access Health Corporation is an independent company that has contracted with Blue Cross and Blue Shield of Oklahoma to provide laboratory testing services for members with coverage through BCBSOK.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.

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Telehealth Visits — Medicare Advantage

Telehealth can help provide our members access to the care they need, including routine care, while helping to protect against the spread of viruses. Due to the COVID-19 Public Health Emergency, Blue Cross and Blue Shield of Oklahoma (BCBSOK) has expanded access to telehealth at no cost-share* for our Medicare Advantage members through Dec. 31, 2020. See our [FAQs for Medicare Providers](#) for more information.

The Centers for Medicare & Medicaid Services (CMS) is allowing providers to engage in telehealth services with new and established Medicare patients. Visit the CMS website for [telehealth guidance](#) and a [complete list of telehealth codes](#).

Telehealth Visits	CPT®/ HCPCS Codes ¹	Modifier/Place of Service (POS)
<p>Telehealth visits offer the same services that would be provided during an in-person visit.</p> <p>They are conducted with an interactive audio and video telecommunications system** that permits two-way, real-time communication,² including:</p> <p>HIPAA-approved telehealth platforms such as MDLIVE®</p> <p>Non-HIPAA-approved applications such as FaceTime and Skype</p> <p>Telehealth visits for in-network, medically necessary covered health care services are reimbursed at the same rate as in-person visits.</p>	<p>Common services include:</p> <p>99201-99215 (Office or other outpatient visit)</p> <p>G0438, G0439 (Medicare Annual Wellness Visit)</p> <p>G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</p> <p>G0406-G0408 (Follow-up inpatient telehealth consultations to beneficiaries in hospitals or skilled nursing facilities)</p>	<p>Report the POS code that would have been reported had the service been provided in person.</p> <p>Include CPT telehealth modifier 95</p> <p>You can also report POS 02 with no modifier</p>

*BCBSOK Medicare (not Part D) and Medicare Supplement members can access in-network telehealth services at no cost-share for medically necessary, covered services and treatments consistent with the terms of the member's benefit plan. Services available for telehealth may vary. Providers may call the number on the member ID card with questions.

**Providers can find the latest guidance on acceptable HIPAA-compliant remote technologies issued by the [U.S. Department of Health and Human Services' Office for Civil Rights in Action](#).

Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association

¹ Centers for Medicare and Medicaid Services (CMS) interim final rule and comment period (IFC), 136, <https://www.cms.gov/files/document/covid-final-ifc.pdf>

² CMS interim final rule and comment period (IFC), 49, <https://www.cms.gov/files/document/covid-final-ifc.pdf>

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

Submit Predetermination of Benefits Requests via Availity®

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is excited to introduce an electronic predetermination process via the Availity Portal using the Attachments tool. This new process is available to providers as of **July 30, 2020**, making it faster and easier to submit a predetermination request to BCBSOK.

A predetermination is a voluntary request for written verification of benefits prior to rendering services. BCBSOK recommends a predetermination if the service may be considered not medically necessary based on [BCBSOK Medical Policy](#) criteria.

You must be registered with Availity to use the new Attachments tool. You can sign up today at [Availity](#), at no charge. For registration help, call Availity Client Services at 800-282-4548.

***Note:** If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed [Predetermination Request Form](#) and pertinent medical documentation.*

How does the new online process work?

Submitting online predetermination requests through the Availity Attachments application is simple and convenient:

1. Log in to [Availity](#)
2. Select **Claims & Payments** from the navigation menu
3. Select **Attachments – New**
4. Within the tool, select **Send Attachment** then **Predetermination Attachment**
5. Download and complete the Predetermination Request Form
6. Complete the required data elements
7. Upload the completed form and attach supporting documentation
8. Select **Send Attachment(s)**

For More Information

If you need further help or customized training, contact our [Provider Education Consultants](#). Also refer to the new **Electronic Predetermination Request user guide** located in the [Provider Tools section](#) of our website.

The information in this notice does not apply to requests for Medicare Advantage members.

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

iExchange Deactivated on August 17, 2020

Our current electronic preauthorization, referral and predetermination of benefits request tool, iExchange, deactivated on August 17, 2020. All electronic preauthorization, referral and predetermination requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK) should now be submitted online via the Availity® Provider Portal.

How to Submit Online Preauthorization and Referral Requests

Preauthorization requests for inpatient admissions, select outpatient services and referrals handled by BCBSOK may be submitted online using **Availity's Authorizations & Referrals tool**. Refer to the educational [Availity Authorizations User Guide](#) and [Availity Referrals User Guide](#) located in the Provider Tools section of our website for help.

The process of submitting preauthorization requests to eviCore healthcare (eviCore) or other vendors has not changed.

Check the patient's eligibility and benefits online first to determine if the service requires preauthorization. For online help, refer to the [General Eligibility and Benefits Expanded User Guide](#).

How to Submit Online Predetermination of Benefits Requests

As of July 30, 2020, predetermination of benefits requests handled by BCBSOK may be submitted electronically using **Availity's Attachments tool**. Watch for the new Electronic Predetermination of Benefits user guide coming soon to the [Provider Tools](#) section. As a reminder, a predetermination of benefits is a voluntary request submitted to BCBSOK prior to rendering services. The purpose of a predetermination request is to determine whether a specific service is medically necessary based on the [medical policy](#) criteria. A predetermination is not a guarantee of benefits or a substitute for the preauthorization process.

If you don't have online access, you may continue to fax and/or mail predetermination of benefits requests along with a completed Predetermination Request Form and supporting medical documentation. If faxing supporting medical documentation for a previously submitted request, please include the request number.

Submitting predetermination of benefits via Availity does not apply to requests for Medicare Advantage members.

For More Information

You must be registered with Availity to use the Authorizations and Attachments tools. You can sign up today at [Availity](#), at no charge. For registration help, call Availity Client Services at 800-282-4548.

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

Please note that the fact that a service has been preauthorized/pre-notified, that a guideline is available for any given treatment or that a service or treatment has been predetermined 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. If you have any questions, call the number on the member's ID card.

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Obtain the Patient's ID Number Online via Availity®

Blue Cross and Blue Shield of Oklahoma (BCBSOK) understands that it can be challenging to obtain the BCBSOK member's identification number. To help you obtain this necessary information quickly, we recently implemented a new online tool called **Patient ID Finder** located in our BCBSOK-branded Payer Spaces section via the Availity Provider Portal.

The Patient ID Finder tool allows you to receive the member ID number and group number by entering patient-specific data elements. This new and exciting tool is now available for BCBSOK commercial, Federal Employee Program® (FEP®) and on and off-exchange members, making it easier to obtain the member ID number for your records.

Please note the Patient ID Finder tool is currently unavailable for Medicare Advantage members.

How do you use the Patient ID Finder via Availity?

1. Log into [Availity](#)
2. Select Payer Spaces from the navigation menu
3. Select Patient ID Finder from the Applications tab, then complete and submit the request
4. Patient ID and group numbers are returned

Note: This tool does not reflect the member's eligibility or benefits. Refer to the General Eligibility and Benefits Expanded User Guide for assistance with obtaining real-time eligibility and benefits information via Availity.

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

For More Information

Watch for the new Patient ID Finder User Guide coming soon to the Provider Tools section of our website. 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.

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In the Community

Winners announced for virtual Champions of Health Awards featuring Keynote Speaker Terry Bradshaw



Pro Football Hall of Famer and sports analyst Terry Bradshaw will serve as keynote speaker for the virtual Champions of Health Awards, accessible to the public at championsofhealth.org from 4-5 p.m. on Tuesday, Sept. 29, 2020.

Presented by [Blue Cross and Blue Shield of Oklahoma](#) (BCBSOK), the 17th annual Champions of Health Awards will honor individuals and organizations working to improve the health of Oklahomans. All [sponsorship](#) proceeds from the virtual event benefit [The Oklahoma Caring Foundation, Inc.](#), a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge through its Caring Van program.

[Calm Waters Center for Children and Families](#), an Oklahoma City-based non-profit organization that helps children and families in their grief journey caused by death, divorce, or other significant loss, is the recipient of the Dr. Rodney L. Huey Memorial Champion of Oklahoma Health, the highest honor of the Champions of Health Awards. Calm Waters is being honored for its annual [Camp Courage program](#), which provides a safe and healing environment for children to express their feelings of loss through art.

As the overall winner, Calm Waters will receive a \$15,000 grant, and winners in remaining categories receive a \$5,000 grant. Additional winners and finalists include:

Champion of Children's Health Winner: [Tulsa CASA, Inc.](#) *Finalist:* [Pivot, A Turning Point for Youth](#)

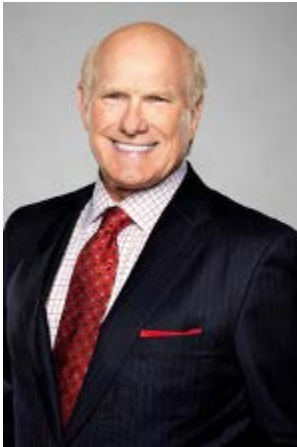
Champion of Senior Health Winner: [Oklahoma City Indian Clinic's Elder's Health Program](#) *Finalist:* [RSVP of Central Oklahoma](#)

Champion of the Uninsured Winner: [Oklahoma Dental Foundation](#) *Finalist:* [Health Alliance for the Uninsured](#)

Community Health Champion Winner: [NewView Oklahoma's Veteran Independence Through Adaptive Living \(VITAL\) Program](#) *Finalist:* Samantha McGee ([Choctaw Nation's](#) Addressing Opioid Overdose Deaths Program)

Corporate Health Champion Winner: [Jackson County Memorial Hospital*](#) *Finalist:* [Goodwill Industries of Central Oklahoma's Employee First Culture Program](#)

*The Corporate Health Champion is ineligible to receive grant funds.



About the Keynote Speaker:

Terry Bradshaw is a four-time Super Bowl champion and Pro Football Hall of Fame inductee, award-winning sports broadcaster and the only Professional Football Player with a star on the Hollywood Walk of Fame. The actor, singer and author will star with his family in the upcoming comedic docuseries, "The Bradshaw Bunch," which will give viewers a peek into their country lifestyle on their Oklahoma ranch.

About Champions of Health:

The Champions of Health Awards is presented by Blue Cross and Blue Shield of Oklahoma, in partnership with the Oklahoma Association of Optometric Physicians, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma Primary Care Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association.

For sponsorship opportunities and to access the free virtual event, visit championsofhealth.org.

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Feature Tip

Improving Hypertension Management

Key Steps for Accurate Blood Pressure Measurements

Blue Cross and Blue Shield of Oklahoma's Quality Improvement (QI) team is here to help improve member education on hypertension and related medication compliance. Based on claims data in 2018, the QI team identified hypertension as the No. 1-ranked diagnosis by in-network health care professionals.

Accurate blood pressure (BP) measurements are important to improve the health of our members and your patients.

How can you help?

- Review the checklist below of key steps to take for accurate measurements.
- Provide our member/your patient their BP numbers and educate them on BP ranges and goals for their pressure.
- Educate our member/your patient on how to help manage high BP with diet, exercise, and overall healthy lifestyle.
- Provide education on self-monitoring and appropriate ways to measure at home.
- Discuss questions, concerns, problems at every visit.

For more information, please review our [clinical practice guidelines](#).

Key Steps for Proper BP Measurements	Specific Instructions
Step 1: Properly prepare the patient	<p>Have the patient relax, sitting in a chair (feet on floor, back supported) for >5 min.</p> <p>The patient should avoid caffeine, exercise, and smoking for at least 30 min before measurement.</p> <p>Ensure patient has emptied his/her bladder.</p> <p>Neither the patient nor the observer should talk during the rest period or during the measurement.</p> <p>Remove all clothing covering the location of cuff placement.</p> <p>Measurements made while the patient is sitting or lying on an examining table do not fulfill these criteria.</p>
Step 2: Use proper technique for BP measurements	<p>Use a BP measurement device that has been validated, and ensure that the device is calibrated periodically</p> <p>Support the patient's arm (eg, resting on a desk).</p> <p>Position the middle of the cuff on the patient's upper arm at the level of the right atrium (the midpoint of the sternum)</p> <p>Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used (Table 9).</p> <p>Either the stethoscope diaphragm or bell may be used for auscultatory readings.</p>
Step 3: Take the proper measurements needed for diagnosis and treatment of elevated BP/hypertension	<p>At the first visit, record BP in both arms. Use the arm that gives the higher reading for subsequent readings.</p> <p>Separate repeated measurements by 1-2 min.</p> <p>For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20– 30 mm Hg above this level for an auscultatory determination of the BP level.</p> <p>For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds</p>
Step 4: Properly document accurate BP readings	<p>Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number.</p> <p>Note the time of most recent BP medication taken before measurements.</p>
Step 5: Average the readings	<p>Use an average of 2 readings obtained on 2 occasions to estimate the individual's level of BP.</p>

Step 6: Provide BP readings to the patient	Provide patients the SBP/DBP readings both verbally and in writing.
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* American Heart Association 2017 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults.

BP Cuff size for Measurement of BP in Adults (Table 9).

Arm Circumference	Usual Cuff Size
22–26 cm	Small adult
27–34 cm	Adult
35–44 cm	Large adult
45–52 cm	Adult thigh

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Provider Data and Directory Updates

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is required by the Center for Medicare and Medicaid Services to contact our providers on a quarterly basis requesting verification of information, such as: Accepting new patients, street address, phone number and other changes that affect availability to patients. Maintaining accurate provider data and directories are an important part of providing BCBSOK members with the information they need to manage their health. Our online provider directory, [Provider Finder](#)[®] helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in [Provider Finder](#) to ensure it's correct. To update your directory information please visit our [Information Change Request](#) section on our website.

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

Web Changes

- Posted: [August Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Updated [BCBSOK Further Expands Telemedicine to All In-Network Providers](#) to Education and Reference Center/News and Updates.

- Posted [Physical Therapy Benefits to be Contained Within the IVR Phone System as of Sept. 8, 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.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSOK. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.

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BCBSOK Online Provider Orientation

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

Medical Policy Reminder

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

While some information on new or revised medical policies may occasionally be published for your convenience, please visit bcbsok.com/provider 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](#).



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