

BLUE REVIEWSM

A Provider Publication

March 2021

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 2021 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

Telemedicine Expansion for 2021

We are working to finalize the details and update our website with the following information as quickly as we can.

In support of our members and employer groups during the ongoing national public health emergency (PHE), and in line with the new administration's information that we expect the PHE to continue for the duration of 2021, we are **expanding the telemedicine services we'll cover through the end of 2021**. This means that we are no longer limiting coverage of telemedicine services to the Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA) permanent lists.

Instead, during 2021, **we will cover telemedicine services beyond the CMS and AMA** telemedicine lists. This includes, but is not limited to:

- Applied behavior analysis (ABA) services
- Intensive outpatient program (IOP) services
- Partial hospitalization programs (PHP)
- Physical therapy (PT)
- Occupational therapy (OT)
- Speech therapy (ST)

The details: The change will be **retroactive to Jan. 1, 2021**. It applies to our **fully insured** and self-funded group members. Self-funded groups may opt out of the expanded coverage. Always check eligibility and benefits to determine each member's options. **Member cost-share will still apply.**

Claims from Jan. 1, 2021 to now: We are working as quickly as possible to process new claims according to the expanded coverage and to adjudicate telemedicine claims that may have been denied since Jan. 1, 2021

CPT Category II Codes Can Help Close Care Gaps

Using the proper **Current Procedural Terminology (CPT®) Category II codes** when filing claims can help streamline your administrative processes and ensure gaps in care are closed.

Why it matters: CPT II codes are tracked for certain performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA). We use these measures to monitor and improve the quality of care our members receive.

How CPT II Codes Can Help: CPT II codes are more specific than CPT I codes. When submitted for services performed during office, lab or facility visits, CPT II codes can help:

- Provide more accurate medical data and decrease requests for members' records for review
- Identify and close gaps in care more accurately and quickly; this drives HEDIS measures and quality improvement initiatives
- Track member screenings to help you monitor care and avoid sending unnecessary reminders

How to Submit CPT II Codes: CPT II codes may be submitted on claims with other applicable codes. Category II CPT codes are reviewed and revised annually by the CPT/Health Care Professional Advisory Committee with input from NCQA for the HEDIS measures. See our [Claims and Eligibility](#) webpage for claims filing tips.

Here are examples of 2021 measurement year HEDIS measures and applicable codes.

CPT II Coding Quick Reference		
HEDIS Measure	Description	Applicable Codes
Controlling High Blood Pressure (CBP)	Members ages 18-85 with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89	Hypertension Diagnosis

	<p>mmHg or less during the measurement year A diagnosis of Essential Hypertension should be documented in the medical record. Last blood pressure reading in 2021</p>	<p>ICD-10-CM: I10, I11.9, I12.9, I13.10 (Essential Hypertension)</p> <p>CPT II: 3074F (systolic <130 mmHg) 3075F (systolic =130-139 mmHg) 3077F (systolic >140 mmHg) 3078F (diastolic <80 mmHg) 3079F (diastolic =80-89 mmHg) 3080F (diastolic > 90 mmHg)</p>
<p>Comprehensive Diabetes Care (CDC)</p>	<p>Members ages 18-75 diagnosed with diabetes who have documentation in their medical record indicating the date and result of a Hemoglobin A1c test in the measurement year Last A1c result in 2021</p>	<p>HbA1c level less than 7.0</p> <p>ICD-10-CM: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</p> <p>CPT II: 3044F</p> <p>HbA1c level Between 7.0-7.9</p> <p>ICD-10-CM: E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</p> <p>CPT II: 3051F</p>
<p>Prenatal and Postpartum Care (PPC)</p>	<p>Pregnant members who delivered live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year and received a prenatal care visit in</p>	<p>Prenatal Visits</p> <p>ICD-10-CM: Use appropriate code from "O" family; Z03.71-</p>

	the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.	Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36 CPT II: 0500F, 0501F, 0502F
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[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.

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.

Overpayment Recovery for Multiple Surgical Procedures

Blue Cross and Blue Shield of Oklahoma has identified the need to review claims and past payments for multiple surgical procedures, to ensure alignment with our applicable reimbursement policy.

Reminder: Our payment policy states that when multiple procedures are performed by the same physician or physician group on the same patient at the same operative session, only the **primary procedure will pay at 100%** of the allowed amount. Please see our Clinical payment and coding policy titled Multiple Surgical Procedures Policy Number: [CPCP015](#) for further details. This policy also states multiple procedures should be submitted on a single claim.

What this means: If we overpaid you, we'll request a refund and may **recoup** the amount overpaid against future claims according to the provisions of your provider agreement. This could also **impact member cost-share**, so you may need to reimburse members. You will receive an updated provider claim summary with the adjudication details that include the new patient share.

Reimbursement Details: When two or more surgical procedures are performed on the same date of service by the same professional provider, the following pricing methodology is used:

- Primary Procedure: Eligible at 100% of the fee schedule or billed amount, whichever is less
- Secondary and Subsequent Procedures: Eligible at 50% of the fee schedule or billed amount, whichever is less

Bilateral procedures: If the procedure for either side is the highest allowed amount then one procedure will pay at 100% and the second at 50%, all secondary procedures will be reimbursed at 50%. If another procedure is the highest allowed amount, then the bilateral procedure (both sides combined) will be reimbursed at 75% and all secondary procedures will be reimbursed at 50%.

Claims involved: To be considered for multiple surgical procedure reductions, these services must be performed:

- on the same date of service,
- within the same operative session,
- by the same provider, and
- at the same place of treatment.

Exclusions: Claims for members with Medicare benefit plans are excluded from this policy.

More information: If you have any questions, please call the number on the back of the member's ID card or call the Provider Contract Support Unit at 800-722-3730, Option 2.

Single Access Point for 835 EFT and ERA Enrollments

Starting May 3, 2021, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will offer a single access point for enrollment in Electronic Funds Transfer (835 EFT) and/or Electronic Remittance Advice (835 ERA). As of this date, faxed or mailed EFT or ERA enrollment applications including change/cancel requests will be returned and redirected to the electronic option.

Electronic enrollment remains an opt-in arrangement. If you currently receive paper checks and/or provider claim summaries you can continue to do so. However, enrolling will increase efficiencies within your provider organization, allows for more convenience, and heightens security of patient and provider information.

Education and Training

While the electronic enrollment process is easily followed, BCBSOK is hosting complementary webinar trainings for you to learn how to enroll online via Availity[®]. To register for a session, select your preferred date and time below:

- [March 15, 2021 – 1 to 2 p.m.](#)
- [March 16, 2021 – 10 to 11 a.m.](#)
- [March 17, 2021 – 2 to 3 p.m.](#)
- [March 18, 2021 – 9 to 10 a.m.](#)
- [March 19, 2021 – 3 to 4 p.m.](#)

If these dates and times are not convenient for your office, you may contact [Electronic Commerce Services](#) for training.

Already enrolled for 835 EFT and ERA delivery from BCBSOK?®

- You do not need to enroll again.
- Availity's Transaction Enrollment tool should also be used to change and/or cancel your existing EFT or ERA delivery.

Refer to the [EFT and ERA Enrollment User Guide](#) for online enrollment assistance, which is located on the [Electronic Funds Transfer/Electronic Remittance Advice page](#) of our Provider website.

If your provider organization feels they should be exempt from the online enrollment process, email our [Electronic Commerce 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 Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 – 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, 2021 are outlined below.**

[View Changes](#) 

In the Community

Blue Cross and Blue Shield of Oklahoma awards non-profits across the state

Blue Cross and Blue Shield of Oklahoma (BCBSOK) has selected 15 501(c)(3) organizations to receive grant funding from the [Healthy Kids, Healthy Families](#) (HKHF) initiative, managed and coordinated by BCBSOK.

Created in 2011, HKHF supports nonprofit organizations that provide a variety of health-related services, with proven sustainable and measurable programs. The HKHF program provides funding for programs that reach children and their families in four key areas: nutrition, physical activity, preventing/managing disease and supporting safe environments. In 2021, grants were focused on organizations addressing behavioral health, child safety and domestic violence.

"While Oklahomans continue to weather the immediate impact of COVID-19, we seek to address issues that will impact our community long term," said Joseph R. Cunningham, M.D., president of BCBSOK. "We are pleased to invest in programs to offset challenges that may emerge as a result of the pandemic."

Some of the grant recipients include:

- [A Chance to Change Foundation](#), Oklahoma City: Investment in the "A Chance to SUCCEED" program which provides adolescents a safe place for group counseling and education on mental health and substance-related topics.
- [The Care Center](#), Oklahoma City: Support acquisition of a technology platform to expand the reach of the ROAR Program, a child abuse response and evaluation prevention educational program. The award-winning curriculum gives children the tools to identify and prevent child abuse.
- [Domestic Violence Intervention Services, Inc. \(DVIS\)](#), Tulsa: Provide a Family Nurse Practitioner at the emergency shelter to provide direct health care services to survivors of domestic and sexual violence and their children.
- [Family & Children's Services, Inc.](#), Tulsa: Acquire technology to expand Parent-Child Interaction Therapy (PCIT) rooms for at-risk children and their families.
- [La Luz Organization](#), Oklahoma City: Expand access to bilingual services for individuals facing domestic violence through a partnership with the new Family Justice Center in Canadian County.
- [Lilyfield, Inc., Edmond: Support the "Empower Foster Care Prevention" programs](#), designed to reduce the circumstances that lead families to be involved with the child welfare system and respond to the needs of children who have experienced or are at high risk of experiencing abuse or neglect.
- [Mental Health Association Oklahoma](#), Statewide: Provide a Mental Health Assistance and Education Coordinator for the Outreach, Prevention & Education team. The position will provide mental health system navigation and suicide prevention trainings for Oklahomans across the state.
- [Moore Youth & Family Services, Inc.](#), Moore: Support the acquisition and installation of the optimal safe environment equipment so the organization can continue to provide a safe, therapeutic environment for children and adolescents who have experienced trauma.

- [Morton Comprehensive Health Services](#), Inc., Tulsa: Expand bilingual behavioral health service at East Family Health Center. The grant will bridge the technology and outreach gaps between patients and behavioral health providers.
- [Oklahoma City Family Justice Center, Inc. aka: Palomar](#), Oklahoma City: Support the development of a curriculum for the peer support model, including research to guide the development of the curriculum, resources to launch the program in five communities and training volunteers to implement the model.
- [Potts Family Foundation](#), Statewide: Provide training in the ACE interface Master Trainer Program for communities that are participating in the Self-Healing in Communities Model.
- [Project: SAFE](#), Shawnee: In partnership with Youth and Family Resource Center (YFRC), employ a mental health professional specializing in trauma and victim services. This individual will be housed at Project: SAFE with clinical oversight through YFRC.
- [Parent Child Center of Tulsa \(PCCT\)](#), Tulsa: Support PCCT Youth Programs. This suite of programming is offered in schools and other community locations with the goal of keeping children safe through education and outreach.
- [The University of Tulsa](#), Tulsa: Expand The University of Tulsa's True Blue Neighbors Behavioral Health Clinic reach to serve individuals throughout the state of Oklahoma through offering high-quality behavioral health services through telehealth.
- [Youth & Family Resource Center](#), Inc., Shawnee: Support for a Nurse Practitioner/Medical Director position for the Hope House Center for Child Health and Family Well-Being.

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: [February Blue Review](#) to Education and Reference Center/News and Updates/Blue Review webpage.
- Posted: The [CAHPS[®] Survey: We All Play a Role](#) to Education and Reference Center/News and Updates.

Stay Informed!

Watch [News and Updates](#) 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 be evaluated during the claim adjudication process, you can 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 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.

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 impact your reimbursement and your patients' benefits. You 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 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](#).