

March 2015

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 on March 5, 2015 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

Diagnosis and Medical Management of Sleep Related Breathing Disorders – Revised Medical Policy Reminder

Recently, we announced a change to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Medical Policy for Diagnosis and Medical Management of Sleep Related Breathing Disorders (MED205.001) that will take effect for services rendered on or after May 1, 2015. This policy has been revised to establish new criteria and guidance for testing in the diagnosis of Obstructive Sleep Apnea (OSA). The revised policy is intended to align BCBSOK's Medical Policy with nationally recognized clinical criteria and current industry standards.

The revised policy establishes the criteria for when utilization of unsupervised home sleep apnea tests and supervised polysomnography (PSG) in the diagnosis of OSA will be considered medically necessary under the terms of the member's benefit plan. For adult patients with symptoms suggestive of OSA and without significant comorbidities, unsupervised home sleep apnea tests may be considered medically necessary. **PSG administered in a facility or lab will not be considered medically necessary for these patients unless one or more of the following criteria are met:**

- A previous home study was found to be technically inadequate.
- A previous home study failed to establish the diagnosis of OSA in a patient with a high pretest probability of OSA.
- A home study is contraindicated due to co-morbid health conditions that may decrease the accuracy of the study, including but not limited to, moderate to severe pulmonary disease, neuromuscular disease, congestive heart failure or hypo-ventilation syndrome.

PSG and facility-based sleep study tests related to OSA and this medical policy will be subject to medical necessity review under the revised BCBSOK Medical Policy criteria for services rendered on or after May 1, 2015. You are encouraged to obtain a medical necessity determination prior to services being rendered by submitting a benefit Predetermination Request Form. This form is available in the [Education and Reference Center/Forms](#) section of our website at bcbsok.com/provider.

To view the revised BCBSOK Medical Policy for Diagnosis and Medical Management of Sleep Related Breathing Disorders, visit the [Standards and Requirements/Medical Policy](#) section of our Provider website and look for the Pending Policies link. Pending policies are listed alphabetically — select the title of the policy you wish to view to open the document.

The BCBSOK Medical Policies are for informational purposes only and are not a replacement for the independent medical judgment of physicians. Physicians are to exercise their own clinical judgment based on each individual patient's health care needs. Some benefit plans administered by BCBSOK, such as some self-funded employer plans or government plans, may not utilize BCBSOK Medical Policy. Members should contact their local customer service representative for specific coverage information.

Tobacco Cessation Coverage Expanded to Include Approved Medications

Tobacco cessation counseling and screening for adult members who use tobacco products are covered benefits under the Affordable Care Act (ACA). As of Sept. 1, 2014, Blue Cross and Blue Shield of Oklahoma expanded coverage for eligible members to include two 90-day treatments for tobacco cessation medications per benefit period with no cost-sharing. This coverage includes certain U.S. Food and Drug Administration-approved tobacco cessation drugs. In order for benefits to be considered for coverage, the patient must present a prescription from an in-network provider according to the member's benefit plan. A prescription also is required for approved over-the-counter drugs.

[A new flier](#) is available to help educate our members about tobacco cessation preventive services under ACA. If you are interested in viewing or sharing this flier with your patients who use tobacco products, visit the [Standards and Requirements/Affordable Care Act/Patient Perspective section](#).

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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.

ClaimsXten™ Updates – First Quarter 2015

Blue Cross and Blue Shield of Oklahoma (BCBSOK) reviews new and revised Current Procedural Terminology (CPT®) and HCPCS codes on a quarterly basis. Codes are periodically added to or deleted from the ClaimsXten software by McKesson and are not considered changes to the software version. BCBSOK will normally load this additional data to the BCBSOK claim processing system within 60 to 90 days after receipt from McKesson and will confirm the effective date on the BCBSOK provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) will continue to be posted on the BCBSOK provider website.

Beginning on or after April 20, 2015, BCBSOK will enhance the ClaimsXten code auditing tool by adding the first quarter 2015 codes and bundling logic into our claim processing system.

The ClaimsXten tool offers flexible, rules-based claims management with the capability of creating customized rules, as well as the ability to read historical claims data. ClaimsXten can automate claim review, code auditing and payment administration, which we believe results in improved performance of overall claims management.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSOK's code-auditing software. Refer to our website at bcbsok.com/provider for additional information on gaining access to C3. Information also may be published in upcoming issues of the *Blue Review*.

Reminder: ClaimsXten to Add Correct Coding Initiative Rule

The following reminder includes information from an announcement that was posted in the News and Updates on our Provider website in December 2015; this information also appeared in our January 2015 provider newsletter.

Beginning on or after March 23, 2015, BCBSOK will enhance the ClaimsXten code auditing tool by adding the CMS Correct Coding Initiative Rule into our claim processing system. The purpose of this new rule is to identify claims containing code pairs found to be unbundled according to the CMS NCCI. The CMS NCCI coding policies are based on coding conventions defined in the American Medical Association (AMA) CPT manual, national and local Medicare policies and edits, coding guidelines developed by national societies, standard medical and surgical practice and/or current coding practice.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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Medical Director's Minute: Colorectal Screenings

Colorectal cancer (CRC) is the second leading cause of cancer deaths in Oklahoma, according to data published by the American Cancer Society. Since most cases of colorectal cancer are diagnosed late in the disease process, the survival rates are quite low, according to cancer.org.

The American Cancer Society recommends cancer screenings as useful tools to look for disease in people who do not exhibit symptoms. Colon cancer is one of two cancers that can be prevented by early screening, but unfortunately, Oklahoma's screening rate is very poor compared to the rest of the nation. Blue Cross and Blue Shield of Oklahoma (BCBSOK) has pledged to support the National Colorectal Cancer Roundtable's "80 percent by 2018" campaign to improve Oklahoma screening rates.

According to the American Cancer society, CRC screenings often lead to finding colorectal cancers at an early stage and greatly improve treatment outcomes. CRC screenings also allow doctors to find and remove polyps that may become cancerous. By proper education of both members and providers in the BCBSOK network, we hope to increase participation of CRC screenings in Oklahoma.

Early detection and removal of precancerous polyps can potentially prevent most cases of CRC. The U.S. Preventive Services Task Force recommends three types of tests for CRC screening starting at age 50:

1. Colonoscopy
2. Stool tests (Guaiac Fecal Occult Blood Test – FOBT, or Fecal Immunochemical Test –FIT)
3. Flexible Sigmoidoscopy

Preventive screening tests are now covered by all BCBSOK plans, so effective CRC screenings can be performed with no out-of-pocket expenses. For more information, visit cancer.org, cdc.gov/screenforlife and bcbsok.com.

In Every Issue

Featured Tip: Notification of Annual Benefit Updates

BCBSOK will be continuing to update member files with annual benefit changes for the next several weeks. In addition, updates are in progress due to open enrollment, which closes Feb. 15, 2015. As a result, information for BCBSOK members may be temporarily unavailable when you are conducting online eligibility and benefits requests, and you may be instructed to contact Provider Customer Service instead. With the large number of policy changes underway, hold times may be longer than normal. Deferring eligibility and benefits information requests to a later date is encouraged for patients who are not scheduled for appointments. We appreciate your patience while we update our files.

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims

received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

Web Changes

- Added [Feb. 2015 Blue Review](#) newsletter to Education and Reference Center/News and Updates/Blue Review page.
- Updated [NDC Fee Schedule Request](#) form to Education and Reference Center/Forms page.
- Updated [iEXCHANGE Webinars](#) article to Education and Reference Center/News and Updates page.
- Updated [Remittance Viewer Webinars](#) article to Education and Reference Center/News and Updates page.
- Updated [Claim Research Tool Tip Sheet](#) to Claims and Eligibility/Claim Status page.
- Updated [Behavioral Health Flier](#) to the Clinical Resources/Behavioral Health Program page.
- Added [Blue Cross Medicare Advantage](#) page to Network Participation tab.
- Added [HEDIS® Annual Data Collection Reminder](#) article to Education and Reference Center/News and Updates page.
- Added [New Effective Date for Sleep Study Medical Policy](#) article to Education and Reference Center/News and Updates page.
- Added [Cardiovascular Disease](#) to Clinical Resources/Clinical Practice Guidelines page.
- Updated [Diabetes Mellitus](#) to Clinical Resources/Clinical Practice Guidelines page.
- Updated [Behavioral Health Clinical Practice Guidelines 2015-2016](#) to Clinical Resources/Behavioral Health/Clinical Practice Guidelines page.
- Added [BCBSOK Help Desk Videos](#) to YouTube. These videos are intended to educate BCBSOK members and potential members on frequently asked questions about the Affordable Care Act pertaining to open enrollment and onboarding matters.

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.