Update
NOVEMBER 2018

BlueCross BlueShield Nebraska

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

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Update is a bimonthly provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers. It also offers important details about BlueCard providers and the Federal Employee Program. It is published by the Health Network Services (HNS) and Communications Departments.

If you are a contracting BCBSNE health care provider, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. You are encouraged to file every issue of the Update within your BCBSNE Policies and Procedures manual and reference it often. You may also view the current manual in the Provider section at **nebraskablue.com/providers**.

As a service for Blue Cross and Blue Shield members, we also make this newsletter available to nonparticipating Nebraska providers.

We also publish each issue online in the Provider section at: **nebraskablue.com/providers.**

You may print a copy of this Update to file within your BCBSNE Policies and Procedures Manual. To request permission to reprint the material published in this Update for any other purpose, you must email the editor, Michelle Tanga, at: **michelle.tanga@nebraskablue.com**

If you would like to receive an email each time a new issue of this newsletter is posted on the website, go to **bit.ly/updatenewslettersignup**. You can view the newsletter and request online notifications of special announcements about workshops, resources and other information from BCBSNE.

What's New

New benefit changes regarding hyaluronic acid injection products effective Jan. 1, 2019

As part of our effort to provide our members with quality and cost-effective health care coverage, we are making a change to benefits for hyaluronic acid injection products. Effective Jan. 1, 2019, in order for benefits to be available for hyaluronic acid injections, BCBSNE will require use of the preferred products GelOne and Orthovisc. Benefits for all other products will be denied.

Note: Medical policy I.196 for hyaluronic acid injections must still be followed.

High dollar reviews

When itemizations and/or medical records related to a high dollar review are needed, please submit via secure email to HDPR@nebraskablue.com. For additional information about the review process, please see Section 14 of the general policies and procedures manual, revision date Oct. 31, 2018.

2019 mental health coverage

Mental health coverage may be changing for 2019. Please check member benefits for plan coverage. Do not rely on how services have been paid in the past.

School place of service (03)

Effective Jan. 1, 2019, place of service 03 will be allowed for mental health services only. Please check member benefits for plan coverage.

In this issue → Click on the headline to jump to the article.

BlueCard Bulletin

Effective August 1, 2018 – Blue Cross and Blue Shield of Minnesota (BCBSMN) has entered into an agreement with eviCore Healthcare to support seven clinical programs for their fully-insured members.

Providers should submit prior authorization requests for the following services:

- Lab management (molecular and genetic testing)
- Medical oncology
- Radiation therapy
- Radiology
- Cardiology (advanced imaging and diagnostic services; implantable device services)
- Musculoskeletal (spine, large joint and interventional pain)
- Sleep management (sleep apnea testing; treatment with sleep-related DME)

Submit prior authorization requests via BCBSNE's provider portal (NaviNet). For BCBSMN members the standard electronic provider access flow will connect providers to BCBSMN's new prior authorization portal (Availity), developed to streamline the prior authorization process. The Availity portal is available 24/7 and is the quickest way to create pre-authorizations and check existing case status.

BCBSMN members who **do not require prior authorization** through eviCore are:

- Self-insured commercial business members
- Federal Employee Program (FEP) members
- Medicare/Medicaid members

Note: An approved prior authorization does not guarantee coverage under a member's benefit plan. Member benefit plans vary, and some plans may not provide coverage for certain services discussed in the medical policies.

BCBSNE and FEP transition to new platforms

Effective Jan. 1, 2019, BCBSNE will begin transitioning to a new claims processing platform called HealthRules, starting with our own employee and retiree plans. After BCBSNE employee and retiree plans are successfully transitioned, we will continue to move our other members to the new platform throughout 2019, with a scheduled completion date of early 2020.

Also, effective Jan. 1, 2019, the Federal Employee Program (FEP) is transitioning claims processing to CareFirst. The transition timeline will be similar to HealthRules; the number of members to be moved to CareFirst will start small on Jan. 1, 2019, and will gradually increase throughout the year.

For additional information please see the letter that was mailed the last week of October.

Health fairs

Effective Jan. 1, 2019, BCBSNE will **NOT** cover services administered in a health fair setting.

Introducing FEP Blue Focus

The Federal Employee Program (FEP) is introducing a new plan in addition to the existing Standard and Basic Option plans.

FEP Blue Focus offers low premiums and copays for everyday health care needs and covers preventive essentials (in-network only). These include:

- Two free virtual doctor's visits through Teladoc®
- First 10 primary care and specialist visits for $10 each
- Generic prescription drug coverage
- Rewards for getting an annual checkup

Mailing address for BCBSNE

All paper claims and other correspondence being mailed to BCBSNE should be mailed to:

Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180

Do **NOT** send paper claims and/or correspondence to:

P.O. Box 247039
Omaha, NE 68124

We encourage electronic claims submission.

Clarification to September's "colorectal cancer screenings" article

We provided the chart below in the September Update. The purpose of this chart was to demonstrate the clinical recommendations for a healthy adult with no prior or family history of colorectal cancer. This chart was **NOT** intended to advise of member benefits or what BCBSNE allows for covered services. For specific member benefits, please verify through your online tools.

TEST	INTERVAL
Screening colonoscopy	Every 10 years
Screening flexible sigmoidoscopy	Every 5 years
Screening CT colonography	Every 5 years
FIT DNA (i.e. Cologuard®)	Every 3 years
Fecal occult blood test (FOBT)	Every year

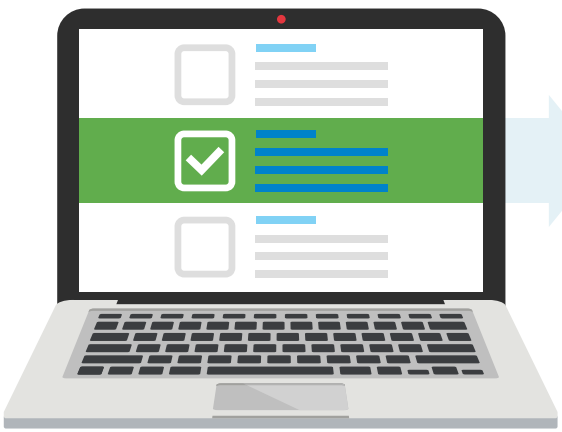
REMINDERS

Reimbursement policies

Two new reimbursement policies were added to the billing and reimbursement manual on Aug. 31, 2018: Drug reimbursement and inpatient/outpatient unbundling. Since their introduction, we have made the following clarifications and updates to these policies:

1. The effective date for both policies was changed to Nov. 1, 2018.
2. The inpatient/outpatient unbundling policy name was changed to inpatient/outpatient inclusive billing to more clearly reflect the intent of the policy.

For all other updates, please review the billing and reimbursement manual.



Preauthorization request

When requesting a preauthorization, please allow **15 calendar days** before scheduling an appointment for the service to be performed. We do not prioritize our incoming preauthorization requests based on the anticipated date of service. Submitting your medical records with the original request either via Medical Policy Blue or fax, will help ensure there are no additional delays in our medical review of the request.

If you are faxing your preauth request in, please consider your successful fax confirmation sheet your acknowledgment that we have successfully received it. There is no need to call and verify if we received your fax.

Centers of Excellence program

As part of our efforts to control health care costs on behalf of our members, Blue Cross and Blue Shield of Nebraska (BCBSNE) is introducing a new hip and knee replacement program beginning Jan. 1, 2019. Under this program, eligible patients who have hip or knee replacement procedures performed at the Centers of Excellence listed below will have deductible and coinsurance waived for facility charges.

The four Centers of Excellence facilities in Nebraska are: Kearney Regional Medical Center, Lincoln Surgical Hospital, Midwest Surgical Hospital and OrthoNebraska.

Please note that some patients may not be eligible for the Centers of Excellence program due to medical co-morbidities. Also, patients covered under a high deductible health plan (HDHP) are not eligible to have the deductible waived. For these patients, coinsurance only is waived.

The Centers of Excellence program is similar to—but not the same as—the Blue Distinction program. The Centers of Excellence program was developed by BCBSNE, while the Blue Distinction program is offered through the national Blue Cross and Blue Shield Association.

This program only applies to BCBSNE members.

For additional information about the Centers of Excellence program please visit nebraskablue.com.

Medical records and appeals requests

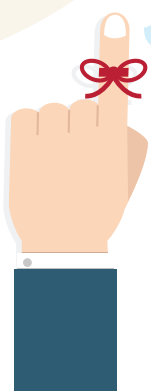
When faxing medical records, please make sure you are including the original request letter. **Only submit ONE patient per fax.**

If you are faxing in an appeals request, please indicate this CLEARLY on the first page of your fax. The fax should be sent to **1-800-991-7389** or **402-392-4111**. If this is an expedited appeal request, that needs to be clearly marked on the first page of the fax cover sheet addressed to the Appeals Department.

As identified on page 81 of the Provider Manual, "An appeal is expedited if the appeal pertains to a claim involving urgent care. All other appeals are standard appeals."

A claim involving urgent care is any claim for medical care or treatment where the application of the time periods for making non-urgent care determinations:

1. Could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum functions; or
2. In the opinion of a physician with knowledge of the patient's medical condition, would subject the patient to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim.



REMINDER

Medicare Advantage has it's own Update newsletter published on opposite months of this Update.
To access the Medicare Advantage newsletter CLICK HERE.