Update
MARCH 2019

BlueCross BlueShield Nebraska

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

nebraskablue.com/providers

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, Loraine Miller, at: **loraine.miller@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

Updated Reconsideration Request and Appeal Request Forms

Starting Jan. 25, 2019, we divided our appeal/reconsideration form into two forms. If you haven't been using the two new forms, please begin doing so right away. **Starting April 1, 2019, appeals or reconsiderations will be returned to you if they are submitted on the previous form.**

The reconsideration policy and process has also been separated from the appeal policy and process. Both are still located in Section 12 of the General Policy and Procedures.

Blue Cross and Blue Shield Nebraska (BCBSNE) reserves the right to determine a cost threshold for any reconsiderations requested to be cost effective for providers and members. Effective June 1, 2019, the threshold for calendar year 2019 is $25 per claim based on current costs of claims handling.

SCENARIOS:

Q If a BCBSNE error results in a claim being underpaid, does the $25 threshold apply?

Claim example: P-1234567801 was underpaid by $0.60 due to miscalculating the percentage discount on billed charges or not paying according to the contractual allowance

A No. If the claim was not reimbursed appropriately according to our rates, the threshold would not apply.

Q If I have an invoice that indicates I pay $12 more than the BCBSNE contractual amount, may I submit a reconsideration to be paid the difference?

A Yes. BCBSNE will review the claim and if paid appropriately according to our rates, the threshold would apply.

Q Will this policy be in effect starting with Jan. 1, 2019 dates of service or does it apply to all reconsiderations sent to us in 2019?

A This policy is for reconsiderations with dates of service on or after 6/1/19.

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Chiropractors and Physical Therapy - Maintenance Therapy (Amended)

BCBSNE and SecureCare wish to alert chiropractors and physical therapists that preventive/maintenance therapy is considered not medically necessary and is also a non-covered service in several member contracts. (Note: Federal Employee Program contracts may have different benefit elections than other plans.)

In accordance with BCBSNE's General Policies and Procedures Manual, Section 6: Member Benefits/ Responsibility and Cost-Share Information, subsection Therapy "maintenance therapy conducted by Chiropractors or Physical Therapists is not considered to be medically necessary, and is therefore not payable.

Maintenance therapy is defined as a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life; or therapy that is performed to maintain or prevent deterioration of a chronic condition. When further functional or restorative improvement no longer results from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy" even if the member has not reached their maximum number of covered therapy sessions per calendar year.

BCBSNE and SecureCare urge chiropractors and physical therapists to request that members sign an Advanced Beneficiary Notice (ABN) for preventive/ maintenance therapy. In addition, providers can use Healthcare Common Procedure Coding System (HCPCS) **code S8990 to bill for physical or manipulative therapy performed for maintenance rather than restoration. Note: BCBSNE does not carry coverage information for non-BCBSNE members. Therefore, BCBSNE does not know if this is a covered benefit for those members.**

If the claim is not filed in a timely manner, it will be provider liability. Note, providers are still to file claims on behalf of BCBSNE members; however, the members should not expect BCBSNE to pay for these services. Per the BCBSNE General Policies and Procedures Manual, if a BCBSNE member requests a claim be filed for a non-covered service, the provider must file the claim, whether it is for a covered benefit or not.

For additional information, please refer to BCBSNE's library of Policies and Procedures, Medical Policy, newsletters and other provider resources at https://www.nebraskablue.com/providers.

NEW BENEFIT CHANGES

Calcitonin Gene-Related Peptide (CGRP) receptor and certain Hepatitis C antiviral products

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 Calcitonin Gene-Related Peptide (CGRP) receptor and Hepatitis C antiviral products Epclusa (velpatasvir/sofosbuvir) and Harvoni (ledipasvir/sofosbuvir).

Starting March1, 2019, for benefits to be available for CGRP products, BCBSNE will require the use of preferred products Aimovig (erenumab-aooe) and Emgality (galcanezumab).

For benefits to be available for the Hepatitis C antiviral products Epclusa and Harvoni, BCBSNE will require the use of the newly approved authorized generic products velpatasvir/sofosbuvir and ledipasvir/sofosbuvir. For members with PDL 61 and 62 formulary benefits, this change is effective March 1, 2019. For members with PDL 10 formulary benefits, this change is effective April 1, 2019.

Featured

General Health Panel

Effective with dates of service beginning Jan. 1, 2019, General Health Panel CPT 80050 is a preventive service for BCBSNE members that may be covered 100% when services are obtained from a BCBSNE network provider. Please call BCBSNE to verify how this will be covered under your patient's plan.

Unlisted Procedure or Service

Unlisted procedure codes have been designated to report services or procedures that do not have a specific CPT/HCPCS code to identify the service/item provided.

When billing an unlisted code, the claim must include a description of the service or item. You will also need to include appropriate medical records (such as the operative report) for services and documentation of the item provided (including the make, model and manufacturer) along with an invoice for equipment, supplies and orthotics/prosthetics.

If you are billing an unlisted code for a drug/biologic, you must provide the full NDC number on the claim. When filing electronically, the NDC number must be submitted in loop 2410 and in the following format: xxxxx-xxxx-xx.

Billing for Unlisted Procedures or Services

Reimbursement for unlisted code is based on **AWP** or CMS ASP rates, or the cost shown on the cost invoice for a drug. Charges for covered items billed as unlisted are reimbursed at the lesser of the charge, 15% off retail or 35% above acquisition.

Since there is no code to bill a 3 ml vial of saline, you may bill the code for a 10 ml vial with your charge or bill the item unlisted with NDC number.

When billing a specific HCPCS code, units should be calculated using the nomenclature associated with the HCPCS code. If there is no valid HCPCS code that corresponds to the drug, then a J3490 miscellaneous code (along with an NDC number) should be used and the units calculated using the NDC unit of measure.

FOR EXAMPLE:

Cinvanti NDC 47426-0201-01, 130 mg. The below calculation should be used when determining the number of billable units.

- The amount of drug to be billed is 130 mg.
- NDC unit of measure is per milliliter (mL).
- According to the NDC description for 47426-0201-01, there is 130 mg of Cinvanti in 18 mL of solution (130 mg/18 mL).
- Take the amount to be billed (130 mg) divided by the number of MG in the description (130 mg) 130/130 = 1.
- Multiply the result (1) by the number of mL in the NDC description (18 mL) to obtain the correct number of billable NDC units 1 x 18 = 18 mL. This number (18) should be used in the unit field of the claim form to obtain proper reimbursement.

It is improper to bill an unlisted code if there is a designated CPT/HCPCS code available for the service.

Reminders

Preauthorization Forms

When submitting preauthorization forms, please follow these guidelines to ensure the timely handling of preauthorization requests.

- **Enter the provider's FULL NAME.** If the provider's full name is Michelle Brown, the name on the form should be submitted as "Michelle Brown." Please do not enter the name as "Dr. Brown" or the provider's preferred first name such as "Shelly Brown."
- **Enter the provider's COMPLETE ADDRESS.** In addition to the street address, please include the city, state and ZIP code.
- **Write legibly.** Handwritten forms should be written in a clear manner.

REMINDER

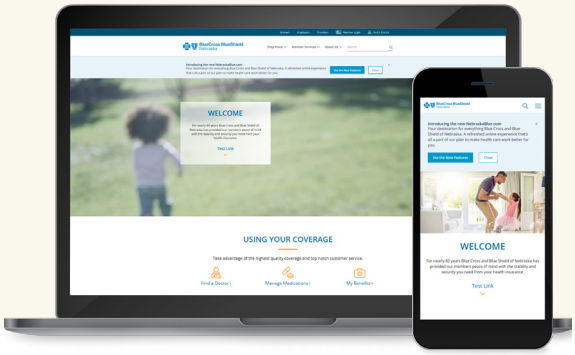
Medicare Advantage has it's own Update newsletter published on opposite months of this Update. To access the Medicare Advantage newsletter CLICK HERE.

New NebraskaBlue.com on March 27

To help ease your administrative burden and to allow you to focus more time and attention on patients, we're launching a new NebraskaBlue.com.

We're taking the best elements from the current site and making it easier than ever for you to find what you need. You will still have access to NaviNet and MedPolicy Blue to check claims and eligibility, submit preauthorizations, check claims status and more. However, the site will have a new look and feel and navigation for a refreshed online experience.

Check out the full site now before it goes live at https://SneakPeek.NebraskaBlue.com



BCBSNE LEARN *a latte*

2019 PROVIDER FORUM

RESCHEDULED FOR MAY 17

Due to recent flooding and for the safety of our attendees, the 2019 Provider Forum has been rescheduled for May 17. We apologize for any inconvenience this may have caused.

Already Registered: If you registered (and did not cancel) your registration remains for the May 17 Forum.

Register on Eventbrite: https://www.eventbrite.com/e/bcbsne-provider-forum-learn-a-latte-rescheduled-tickets-56650087938