Update

JULY 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 nebraskablue.com/update. You can view the newsletter and request online notifications of special announcements about workshops, resources and other information from BCBSNE.

What's New

New out-of-network facility in Millard

Note: In early August, we will inform our brokers and group leaders of the following. We will ask our group leaders to inform their employees as they see fit.

Millard Family Hospital, LLC and Millard Emergency Physicians, PLLC have constructed a 24-hour hospital facility and emergency room (ER) at 144th Street and Stony Brook Boulevard in Omaha. The doctors and hospital/ER have requested to remain outside the Blue Cross and Blue Shield of Nebraska (BCBSNE) network.

Their out-of-network status means there are no negotiated reimbursement rates with BCBSNE.

The facility and doctors may bill BCBSNE members for any amount they choose. BCBSNE members seeking non-emergency services at the facility will be responsible for the full amount charged by the hospital and doctors. Instead of reimbursing the hospital or doctors, BCBSNE will reimburse members directly – at the out-of-network rate. Members are then responsible for paying the hospital or doctor the full amount they charge, which may be more than what BCBSNE reimburses the member.

It's a little different for emergency care

The Affordable Care Act requires insurance carriers to cover emergency care as if it's in network, regardless of whether the emergency care is obtained at an in-network or an out-of-network facility. BCBSNE will reimburse members for emergency care received at Millard Family Hospital at the in-network level of benefits. The facility can still bill BCBSNE members for charges beyond the BCBSNE payment.

To find in-network providers, BCBSNE members may access their myNebraskaBlue.com account or visit NebraskaBlue.com/Find-a-Doctor. There are in-network hospitals and doctors within 10 minutes of the new out-of-network facility.

In this issue

Click on the headline to jump to the article.

General Updates

New approval requirements for self-administered oncology medications

As part of our effort to provide our members with quality and cost-effective health care coverage, we require that benefits for certain prescription drugs meet FDA-approved diagnosis criteria. Effective July 1, 2019, benefits for self-administered oral oncology agents will require preauthorization. This change will only affect patients that are new to therapy with the prescribed oncology agent. Patients that are currently using oral oncology medications will be able to continue filling prescriptions without issue.

Preauthorization requests can be completed online at: www.nebraskablue.com/providers/preauthorization.

Here are a few tips to help improve your experience:

- Search by medication name. Make sure you click on the keyword button before selecting "Search."
- Make sure you choose the correct policy – Policy X.124 (self-administered oncology agents).
- Attaching medical records will help avoid additional requests

Laser treatment billing

There are Current Procedural Terminology (CPT) codes exclusively reserved for the laser treatment of psoriatic skin lesions. Per the American Medical Association (AMA), "when the physician's choice of treatment is using an excimer laser to treat psoriatic plaque, certain CPT Codes are appropriate." Billing these CPT codes for any other treatment, including any non-psoriatic laser treatment, is not appropriate. Please ensure the laser treatment procedure codes billed to BCBSNE are appropriate per the coding guidelines established by the AMA and the Centers for Medicare & Medicaid Services (CMS).

Sinus surgery and debridement

Debridement after endoscopic sinus surgery or other sinus surgery may be addressed by several codes.

BCBSNE monitors routine and complex sinus debridement for the required documentation that forceps or scalpel was used when performing complex debridement. Appropriate documentation is required for payment of complex nasal/sinus endoscopic debridement.

Cold Laser Therapy

Effective June 1, 2019, cold laser therapy will be a non-covered service for most Blue Cross and Blue Shield of Nebraska (BCBSNE) members. Light therapy is listed as a non-covered service in Section 15: Non-Covered Services of the BCBSNE General Policies and Procedures Manual. BCBSNE's medical policy for low-level laser therapy (also known as cold laser therapy or photobiomodulation therapy) states it may be considered medically necessary for the prevention of oral mucositis in patients undergoing cancer treatments, but is considered investigational for all other indications, including but not limited to:

- **carpal tunnel syndrome**
- **neck pain**
- **subacromial impingement**
- **adhesive capsulitis**
- **temporomandibular joint pain**
- **low back pain**
- **osteoarthritis knee pain**
- **heel pain (Achilles tendinopathy, plantar fasciitis)**
- **rheumatoid arthritis**
- **Bell's palsy**
- **wound healing**
- **lymphedema**

The policy specifies that the service should be billed using Healthcare Common Procedure Coding System (HCPCS) code S8948 – low-level laser treatment, 15 minutes. SecureCare Corp (Nebraska Chiropractic Physicians Association) notified Nebraska chiropractors that cold laser therapy can no longer be billed with Current Procedural Terminology (CPT) code 97139 – unlisted procedure code.

Featured

Emergency Department Utilization (EDU): Reducing potentially preventable emergency department (ED) visits

Unnecessary ED visits can lead to uncoordinated care, poor patient experience and wasteful spending for the health care system and the patient. Providers that practice in a culture that is patient-centered can improve the patient's experience, decrease ED use and drive down health care costs.

The HEDIS® EDU measure assesses the ED use of health plan members 18 years or older through an observed to expected ratio based upon the members' health risk and other factors.

Focus areas to prevent unnecessary ED use:

Access to care:

- Offer evening or weekend hours
- Evaluate processes in place when patient calls for same day appointment
- Develop protocols for urgent medical conditions that can be seen same day
- Collaborate with local urgent care to establish a mutual referral partnership

Patient education:

- Educate patients regarding the clinic triage process for same-day visits and after-hours calls. Education can occur during check-in, by displaying a poster in the office or a by providing a new patient letter to the patient.
- Direct patients to make the clinic the first point of contact when a non-emergency occurs.
- Develop actions plans for common chronic illnesses

Care coordination:

- Create a proactive care plan for patients with complex medical needs
- Link patients to community resources
- Collaborate with local urgent care centers and hospitals to determine a detailed process to share patient information
- Support during transitions of care

Access the ED Toolkit to attain more ideas to help limit unnecessary ED utilization.

For more information about HEDIS® www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures.aspx

[1] Source: Bertakis, K. D., & Azari, R. (2011). Patient-centered care is associated with decreased health care utilization. J Am Board Fam Med, 24(3), 229-239.

Reminders

Provider Customer Service hours

7:30 a.m. – 5 p.m. CT, 800-635-0579

In order to give the best service possible to all our providers and minimize wait times, up to 20 ID numbers can be taken per call.

Self-service information, including the Interactive Voice Response (IVR) and other provider resources, are available at www.nebraskablue.com/providers.

In addition to the above, online inquiries to Customer Service may be submitted any time at www.nebraskablue.com/Providers/Eligibility-and-Claims under 'Check Claims Status'. Our standard response time is three business days.

Critical access hospital interim rate letters

Please submit interim rate letters to maratelettersubmission@nebraskablue.com.

Preauthorization vs urgent preauthorization

- **Preauthorizations** may take up to 15 **calendar days** before a decision is reached.
  - We strive for faster turn-around time, however, during high volume periods, we can and do take up to the full 15 days due to higher incoming requests and backlogs.
  - Nothing that is scheduled 15 days or later should be marked urgent.
- **Urgent preauthorizations** may take up to 72 **hours** before a decision is reached.
  - We strive for faster turn-around time, however, during high volume periods, we can and do take up to the full 72 hours.
  - You must mark the box as urgent – or write the word "Urgent" on the paper preauth, as well as any clinical records.
- We prioritize our incoming requests based on the **received date of the preauth**, we do not prioritize by the anticipated date of service.
  - Urgent is defined as cases involving urgent care as determined by the Department of Labor and defined as such;

Any request for a utilization management determination with respect to which the application of the time periods for making non-urgent care determinations:

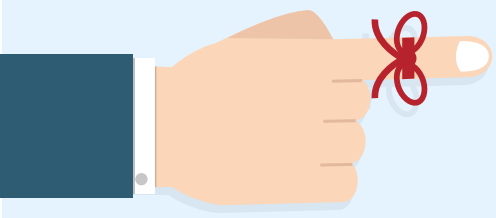
a. could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or

b. in the opinion of a physician with knowledge of the consumers' medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

- Do not schedule your patient's visit less than 15 calendar days out. Members get very frustrated when they have to reschedule their appointments.
- Because preauthorizations are worked in date order of receipt, we will not honor phone calls to request a rush

Consults during an inpatient stay

- The first time a physician sees a patient in consultation, the initial hospital care code (99221-99223) should only be billed by the admitting physician.
- This rule follows CMS and industry standard.
- This will be reimbursed to the first claim that is processed.
- Providers who are not the admitting physician should bill the appropriate CPT code.



REMINDER

Medicare Advantage has its own Update newsletter, published on opposite months of this Update.
To access the Medicare Advantage newsletter, CLICK HERE.