

Update is a provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers that is published online every other month. It also offers important details about BlueCard® providers and the Federal Employee Program (FEP). 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.

Find each issue online in the Provider section at: NebraskaBlue.com/Providers.

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.

Coronavirus (COVID-19): We're here to help

At BCBSNE, our top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local and federal health officials regarding the impact of the coronavirus (COVID-19). Please be assured that we have an action plan in place to enable us to continue to provide quality service to our members and providers, while protecting the health of our employees.

For the most up-to-date information about COVID-19, visit CDC.gov/Coronavirus.

The Nebraska Department of Health and Human Services is keeping track of COVID-19's impact on Nebraska. Visit DHHS.NE.gov.

BCBSNE is here if you have concerns or need assistance. Please go to NebraskaBlue.com or contact to your Provider Executive and they will be willing to assist.

Telehealth

After much consideration, from March 13-June 30, 2020, BCBSNE will be allowing telehealth services from any credentialed provider with no video component required. Providers may bill using E&M codes, therapy codes or telehealth codes and must use the modifier 95 and POS 02 for reimbursement. All codes will be covered at 100% of the provider's existing fee schedule. Notice of termination of this policy will be given in writing at least 60 days prior to termination. However, we will review and consider an extension of this policy as needed.

These changes are specific to BCBSNE members; please check benefits for FEP or out-of-state Blue Cross and Blue Shield members. Our members may seek telehealth services through their

current physician/provider, or they can receive services through AmWell. This information has been communicated separately to our members.

There is a new page on our website dedicated to COVID-19 and how it relates to Providers. To see these updates, please go to NebraskaBlue.com/Providers/COVID-19.

Thank you for the care that is provided to our members throughout the year and especially in this time of crisis.

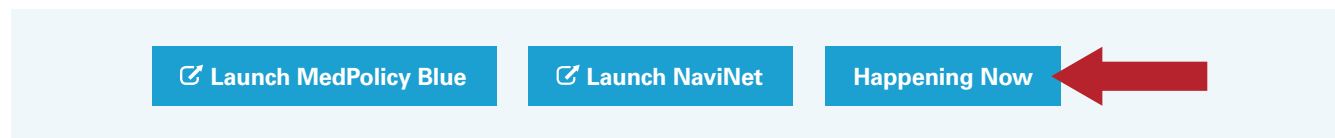
For more information on billing for telehealth, please reference the topic of Telehealth in the General Provider Manual at Nebraskablue.com/Providers/Policies-and-Procedures.

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HAPPENING NOW:

For the most up-to-date information about what’s happening at BCBSNE, check out the **Happening Now** button at NebraskaBlue.com/Providers. All updates regarding the Coronavirus have been moved to NebraskaBlue.com/Providers/COVID-19.



This site is routinely updated with topics. The most recent topics include:

- Locating EFTs/Checks on NaviNet
- Medical Claim Status Questions
- NaviNet Fee Schedules Restored

Federal Employee Program (FEP) and COVID-19

FEP will waive prior authorizations for diagnostic tests and covered services that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19. FEP will also make dedicated clinical staff available to address inquiries related to medical services, ensuring timeliness of responses related to COVID-19.

Similarly, FEP will waive any copays or deductibles for diagnostic tests or treatments that are medically necessary and consistent with CDC guidance for members diagnosed with COVID-19. FEP will cover, with no cost share to the member, appropriate, medically necessary diagnostic testing for COVID-19, where it is not covered as part of the Public Health Service response. FEP will waive any copays or deductibles for treatment, eliminating barriers to treatment and reducing the risk of spreading the virus further.

FEP will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance

medications (consistent with the member’s benefit plan) when a formulary alternative is not available. FEP will also encourage members to use the 90-day mail order benefit. FEP will ensure formulary flexibility if there are shortages or access issues. Patients will not be liable for the additional charges that stem from obtaining a non-preferred medication when a formulary drug is not available due to shortage or access issues.

For prescription COVID-19 treatment, FEP will pay for any member cost share for up to a 14-day supply. Eliminating barriers for members will help with member recovery and reduce the risk of spreading the virus.

FEP will waive copays for telehealth related to COVID-19. Given the nature of the COVID-19 pandemic, seeking in-person medical care may lead to further spreading of the virus. Plans will encourage the use of virtual care and will also facilitate member access and use of nurse/provider hotlines.

Bilateral Procedure Billing - Effective June 1, 2020

Effective for claims received June 1, 2020, and after, procedures performed bilaterally must be billed on one line with modifier “-50” appended to the appropriate code.

Modifiers “LT” and “RT” should not be used to report a bilateral procedure. BCBSNE will return claims submitted incorrectly. If a claim is returned, you will need to correct the claim and resubmit it.



Therapy Policy Updated Feb. 14, 2020

BCBSNE reimburses contracted therapists for all medically necessary covered physical therapy, occupational therapy and speech therapy services when provided in a non-facility setting, according to the member’s contract/benefit plan.

- BCBSNE covers short-term rehabilitation services to meet the functional needs of patients suffering from physical impairment due to disease, trauma or prior therapeutic intervention.
- BCBSNE only covers physical therapy and occupational therapy for one-on-one services.
- BCBSNE does not provide coverage for group therapy sessions.

General benefit information and subsequent payment are based on the member’s benefit plan and the provider’s agreement.

- A therapist/clinician must not merely supervise but also actively participate in the treatment of the patient during each Progress Report Period.
- In addition, a therapist’s skills may be documented, for example, by the clinician’s descriptions of their skilled treatment, the changes made to the treatment due to a clinician’s assessment of the patient’s needs on a treatment day or changes due to progress the clinician judged sufficient to modify the treatment toward the next more complex or difficult task. Beneficiary’s diagnosis is not the sole factor in determining coverage. The key is that the skills of the therapist were needed to treat the illness or injury.
- Amount, frequency and duration must be reasonable under accepted standards of practice.
- A patient may have up to four units of physical therapy, four units of occupational therapy and four units of speech therapy daily.

For therapy services rendered on and after June 1, 2020, four units of a modality should be submitted on the claim as one unit per line.

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Consistent with Centers for Medicare & Medicaid Services

- Unattended electrical stimulation will not be considered for reimbursement; the appropriate codes should be used for wound healing of stage III and IV pressure ulcers.
- Electrical stimulation when using G0281 and G0282 for wound treatment and G0283 for electrical stimulation is covered. All codes are subject to the modality limit.
- Electrical stimulation for all other conditions is considered inclusive.

Therapy Policy (cont.)

Hot or cold packs: This service does not require the provider to have one-to-one patient contact. The application of this modality is an integral part of a service or visit by Centers for Medicare & Medicaid Services (CMS). Therefore, the service for the application of hot or cold packs is a status B (bundled) code on the Medicare Fee Schedule Data Base (MFSDDB). **Separate payment is not allowed for this service.**

BCBSNE does not reimburse:

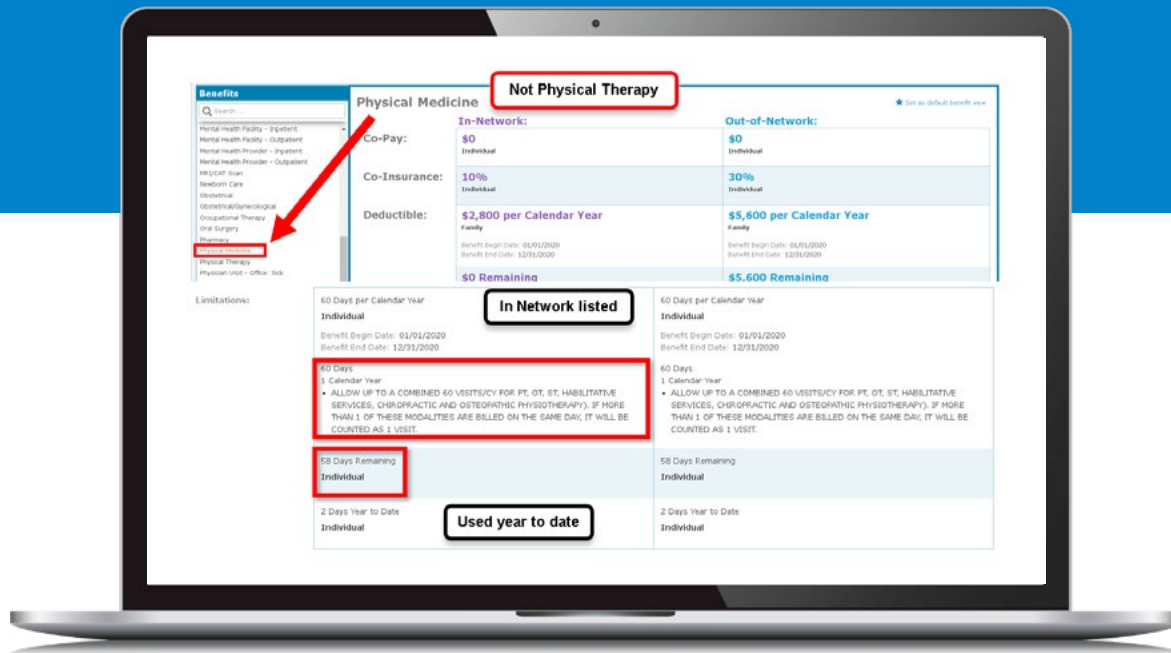
- Dry hydrotherapy
- More than four modalities or units per therapist on a single date of service
- More than three modalities in addition to a PT or OT re-evaluation service
- Application of hot or cold packs
- Iontophoresis
- Whirlpool



On Feb. 1, 2020, BCBSNE's Centers of Excellence were renamed Preferred Centers. This program is for total knee or hip replacement surgeries. The name change will minimize confusion with the Blue Cross and Blue Shield Association's Centers of Excellence Blue Distinction Center program. The member benefit will remain the same. For more information, visit NebraskaBlue.com/Preferred.

NaviNet INSIDER

Be in the know with tips and time savers



NAVINET TIP

Locating Therapy Visits

For eligibility and benefit inquiries, BCBSNE encourages providers to use electronic resources, such as NaviNet and applicable HIPAA transactions, prior to calling BCBSNE Customer Service.

As part of a new feature to the Update, we are highlighting resources on NaviNet to help you quickly find the information you need.

Did you know that you can verify a member's therapy benefit and remaining visits through NaviNet?

By going to the Physical Medicine category, you can view the therapy maximum AND the number of therapy visits remaining.



2020 HEDIS[®] Medical Record Review

By now, many offices will have received requests from Centauri Health Solutions to collect BCBSNE members' medical records for the annual HEDIS (Healthcare Effectiveness Data and Information Set) reporting requirements.

HEDIS medical record reviews reflect the quality care patients receive that cannot be captured via the claims process. We appreciate your commitment to providing high-quality care to our members and look forward to working with you to complete this process.

As a reminder, your contract as a participating provider contains language around the provision

of sending the requested records to BCBSNE, at no charge, to capture the content of clinical encounters with our members.

We don't want to disrupt your office workflow any more than necessary, so the faster we obtain the requested records, the fewer follow-up contacts will be needed. Thank you in advance for your prompt response to our requests and for helping us successfully complete our HEDIS reporting.

For more information on HEDIS, visit [ncqa.org/HEDISQualityMeasurement](https://www.ncqa.org/HEDISQualityMeasurement).

Reminders

Credentialing Standards for Institutions and Facilities

BCBSNE's credentialing standards state that all facility and institutional provider standards must be met, as applicable, and maintained in order to be accepted or continue participation as a network provider.

Faxing Clinical Information or Medical Records

When faxing clinical information or medical records that have been requested by BCBSNE, please make sure you always include the patient's BCBSNE member ID number with the prefix, first and last name and date of birth. If this important information is not visible on the fax, the fax will be returned to the sender, which can cause a delay in your review.

Failed Fax Confirmation Notifications

If you receive a failed fax notification from BCBSNE, please check the number and re-fax the entire document.

If your confirmation sheet comes back as failed, the entire fax is considered failed and is shredded. Once you receive a successful fax confirmation acknowledgment, you can be sure we have successfully received your document. We will then enter your document into our systems and handle the matter as quickly as possible.

Peer-to-peer Scheduling Requests

When providers request a peer-to-peer conversation with our medical directors, it is important that they adhere to their scheduled timeslot. If your office has an emergency and your provider cannot be present for the peer-to-peer review, please call before the appointment time to reschedule. This will avoid forfeiting the option for a peer-to-peer review.

Please call our scheduling line at 800-424-7079 to reschedule prior to the appointment. If the appointment is missed due to an emergency, the next option is to file an appeal. Thank you for your consideration and understanding. We want to be respectful of the time of all individuals involved in the peer-to-peer review.

Please note that peer-to-peer conversations do not apply to post-service claims. For more information on peer-to-peer reviews, please reference the topic of **peer-to-peer discussion** in the General Policies and Procedure Manual at [NebraskaBlue.com/Providers/Policies-and-Procedures](https://www.nebraskaBlue.com/Providers/Policies-and-Procedures).



Get to Know Your Provider Executive Team



Patricia Cavanaugh
Provider Executive II

Meet Patricia (Pat) Cavanaugh, provider executive II.

Pat has 10 years of experience working as a provider relationship manager and provider executive.

In her role, Pat most enjoys visiting provider offices and educating providers and office staff on the new things happening at BCBSNE.

“The people I have had the pleasure of meeting and working with over the last 10 years have been very fulfilling,” Pat said. “I love to interact with people – this job is perfect for me.”

In her free time, Pat loves going to movies and sees a new movie every week. She has two loving daughters and sons-in-law.

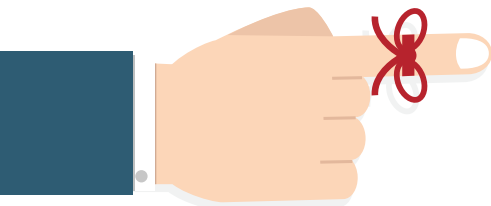
“I also have three of the most beautiful grandchildren you have ever seen,” Pat said.

Pat also cherishes her twin sister and two brothers, along with their spouses.

You may reach Pat at Patricia.Cavanaugh@NebraskaBlue.com.



PROVIDER CONFERENCE CALLS: Your provider executive is available by phone to address your concerns. If you are interested in discussing issues and concerns with your provider executive, please call or email them for scheduling. To find your provider executive, reference the [provider contact directory](#).



REMINDER

Medicare Advantage has its own Update newsletter from BCBSNE, published on opposite months of this Update. To access the Medicare Advantage newsletter, [CLICK HERE](#).