

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 for BlueCard® providers and about 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.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

What's New Happening Now



Please check our [Happening Now](#) page for current information and updates.

Recent articles include:

- Claim Submission Responses (EDI) – updated May 15, 2020
- Medical Claim Status Questions & Backlog Updates – updated April 30, 2020
- OA 16/CO 16 Remark Codes – updated April 24, 2020
- Medicare Supplement CO 45 Remark Code – updated April 24, 2020
- Corrected Claim Submission – updated April 23, 2020
- ASC - Modifier SG – updated April 15, 2020



COVID-19

For up-to-date information on our COVID-19 policies and procedures, check our [COVID-19 page](#).

Recent articles include:

- Preauthorizations Affected by COVID-19 – updated May 22, 2020
- Extension of Rx Prior Authorizations and 'Refill Too Soon' Waiver – updated May 8, 2020
- Cost Share Waiver for COVID-19 Medication Treatment – added April 29, 2020
- Albuterol Inhaler Update – added April 14, 2020
- Federal Employee Program and Telehealth – added April 10, 2020
- Timely Filing Deadline Extension – added April 8, 2020

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Taxonomy Required on All Claims

BCBSNE introduced the requirement for taxonomy codes on electronic claims in 2019. On March 16, 2020, we began requiring providers to submit both electronic and paper claims with taxonomy codes.

Our system now rejects electronic claims where the taxonomy code is missing. We began processing and returning paper claims on March 16, 2020.

For additional information, please see the [May 2019 Update newsletter](#) and [Claims FAQs](#).



Medical Claim Status Questions

During these uncertain times, we are prioritizing calls to Customer Service to better serve you and our members.

We are focusing on calls related to processed claims, pre-authorizations and appeals. If you are calling about claims status, please call 800-635-0579 to access the automated voice response system or use [NaviNet®](#) until further notice.

Customer Service will continue to take claims questions from medical providers on:

- Adjustments
- Appeals
- Reconsiderations
- Refunds
- Returned claims

At this time, we are taking 10 member IDs, instead of the usual 20, while on calls to lessen hold times and improve our availability.

We understand checking claims status is time consuming and are working to reduce our backlog.

Please continue to watch [Happening Now](#) and our [Provider Updates](#) for future communications.

NaviNet® is a healthcare provider portal providing services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association.



Modifier 25

As you are aware, BCBSNE enhanced our claims system for all products in January. The enhanced system has more sophisticated capabilities, and we are now able to implement standard billing edits consistent with the Centers for Medicare & Medicaid Services and National Correct Coding Initiative Edits (NCCI). As such, the standard billing guidelines for Modifier 25 are as follows:

- Modifier 25 is defined as a significant, separately identifiable Evaluation and Management (E/M) service by the same physician or other qualified health care professional on the same day of a procedure or other service.
- Modifier 25 can be used with the appropriate level of E/M service when an E/M service occurs on the same day as a procedure.
- Medicare allows payment when documentation supports Modifier 25, provided the procedure performed has a global period listed on the Medicare Fee Schedule Relative Value File.

If a claim with Modifier 25 is denied and there is disagreement with the denial, please file a [Reconsideration Request form](#) with documentation to support the modifier usage.

Immediate Family Members

As a reminder, in-network providers may not bill BCBSNE for health care services for themselves or their immediate family members nor cause BCBSNE to be billed for health care services ordered for themselves or their immediate family members.

For more information, please review the [General Policies and Procedures Manual](#).



Medicare Advantage Prior Authorization Update

Beginning July 1, 2020, prior authorization will be required in accordance with CMS guidelines for the following services for BCBSNE Medicare Advantage members:

- Acupuncture
- Lower extremity prosthesis
- Power mobility devices
- Pressure reducing support surfaces - group 2
- Vein ablation
- Botulinum toxin
- Cosmetic/reconstructive surgery
 - Blepharoplasty
 - Panniculectomy
 - Rhinoplasty

Policies and procedures on these and existing prior authorizations can be found at NebraskaBlue.com/MA-Manual.

Providers should contact BCBSNE Medicare Advantage to obtain an authorization before scheduling or performing any of the above services.

Authorization requests can be submitted via fax at 866-422-5120 or by calling 877-399-1671, Monday through Friday, 8 a.m. to 4:30 p.m. CT.

For all prior authorization requests, the following information is required:

- Patient first and last name; member ID number and date of birth
- Ordering provider first and last name
- CPT code and the name of the services or treatment being requested
- Diagnostic code (ICD-10) or your patient's diagnosis
- Name and location of the facility where the exam will be performed



The following supporting information may also be required when appropriate:

- Reason for ordering the exam (i.e. what the provider is looking for or differential diagnosis)
- Physical exam findings
- Patient history (including prior surgeries or treatment)
- Prior service dates and results

Type of Request	Decision
Pre-service urgent/ concurrent	Within 72 hours of receipt of request
Pre-service non-urgent	Within 14 days of receipt of request
Post-service	Within 30 days of receipt of request

ASC Billing: Invoices

When an invoice contains multiple items reported on a claim, please clearly identify on the invoice which line item the implant refers to. If your claim is multiple pages, also include the claim page on the invoice.

Implant charges must be billed on the same claim as the related surgical procedure.

INVOICE EXAMPLE

QTY	Item Number	Description	Unit Price	Ext. Price
1	A-11-22-33	Locking plate screw, 3.5 x 18 mm	\$ 150.00	\$ 150.00
2	B-22-33-44	Wire, 1.4 mm	\$ 300.00	\$ 300.00
2	C-33-44-55	Locking plate screw, 3.5 x 14 mm	\$ 350.00	\$ 350.00

WRITE ON INVOICE



Page 1, line 6 – 1 unit used

Page 2, line 1 – 2 units used

Bilateral Procedure Billing – Effective June 1, 2020

Please note that this is a correction to the Bilateral Procedure Billing article published in the March 2020 Update.

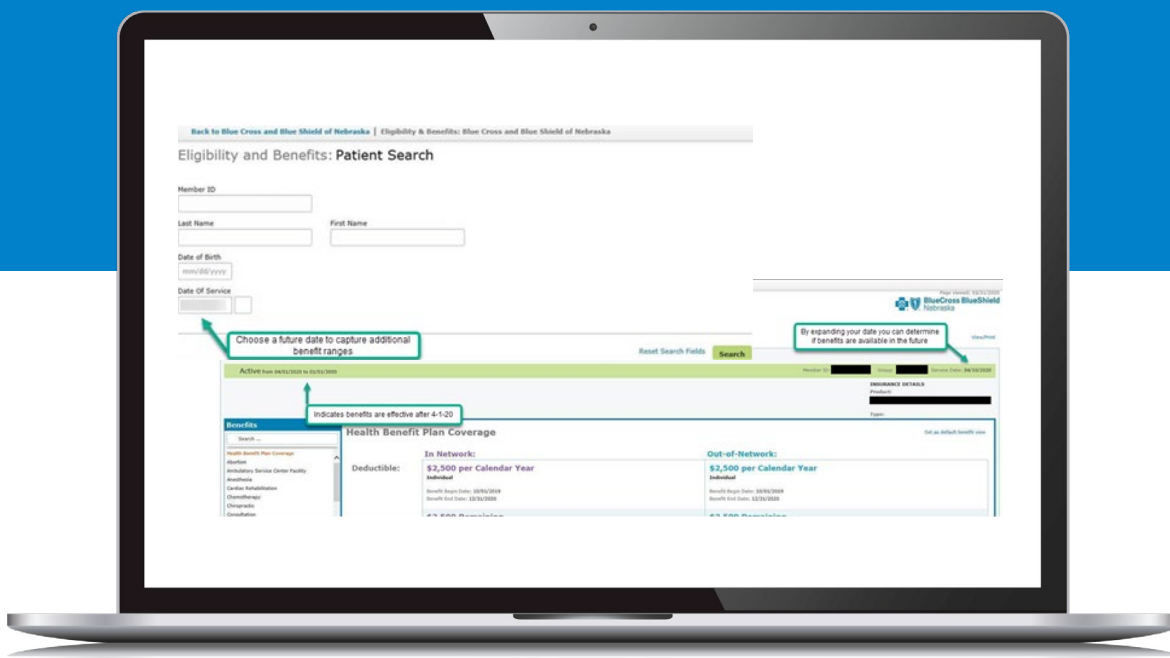
Effective for dates of service June 1, 2020, and after, providers will need to bill bilateral surgeries on one line with modifier 50 with one unit. Providers should not bill bilateral surgery codes on two lines and should not use modifiers LT or RT.

However, modifiers LT and RT can still be used for radiology codes. Providers must submit claims correctly for BCBSNE to process them.



NaviNet *INSIDER*

Be in the know with
tips and time savers



NaviNet Tip

Checking eligibility and benefits with date of service

You can check a member's eligibility and benefits and obtain their current coverage information by entering the date of service in the field on NaviNet. To see additional coverage information beyond the date of service, you can enter a future date of service into the field.

In the example above, entering a future date, such as April 10, 2020, you can see if coverage is still active. Coverage may be inactive if member benefits were updated or employer changes were made.

Provider Executive Team Changes

With Deborah Synowicki retiring this month, Jessica Medura and Tawny Archer have assumed her responsibilities.

Please see the updated listing below for your representative's contact information. Your provider executive contact information is also available [here](#).

ZIP codes starting with 680 - John Larson

Additional Providers and Specialties: Boys Town National Research Hospital, Nebraska Methodist Hospital, Midwest Surgical Center, Remote Specialty Pharmacy, Nebraska Health Network (Methodist), remote DME and DME in ZIP codes starting with 680

PO Box 3248, Omaha, NE 68180-0001

Phone: 402-982-6455 or 877-435-7258

Email: John.Larson@NebraskaBlue.com

ZIP codes starting with 683-685 - Rhonda Bopp

Additional Providers and Specialties: Federal Employee Program, Veterans Administration, Select Specialty Hospital in Omaha and Lincoln, OneHealth Nebraska, Madonna and DME in ZIP codes starting with 683-685

PO Box 3248, Omaha, NE 68180-0001

Phone: 402-458-4806 or 877-435-7258

Fax: 402-477-2952

Email: Rhonda.Bopp@NebraskaBlue.com

ZIP codes starting with 686-687 - Tawny Archer

Additional Providers and Specialties: SecureCare, Nebraska Medicine, Nebraska Health Network (Nebraska Medicine), Home Infusion (statewide) and DME in ZIP codes starting with 686-687

PO Box 3248, Omaha, NE 68180-0001

Phone: 402-982-8419 or 877-435-7258

Email: Tawny.Archer@NebraskaBlue.com

ZIP codes starting with 681 - Patricia Cavanaugh

Additional Providers and Specialties: Children's Hospital & Medical Center, Think Whole Person Healthcare, National Laboratories and DME within ZIP codes starting with 681

PO Box 3248, Omaha, NE 68180-0001

Phone: 402-982-7639 or 877-435-7258

Fax: 402-343-3441

Email: Patricia.Cavanaugh@NebraskaBlue.com

ZIP codes starting with 692 - Jessica Medura

Additional Providers and Specialties: CHI Health, Ehrling Bergquist Hospital, ambulance (statewide) and DME in ZIP codes starting with 692

PO Box 3248, Omaha, NE 68180-0001

Phone: 402-982-7857 or 877-435-7258

Email: Jessica.Medura@NebraskaBlue.com

ZIP codes starting with 688-691 and 693 - Loraine Miller

Additional Providers and Specialties: Statewide dialysis, statewide hospice and DME in ZIP codes starting with 688-691 and 693

PO Box 3248, Omaha, NE 68180-0001

Phone: 402-982-8321 or 877-435-7258

Fax: 402-343-3404

Email: Loraine.Miller@NebraskaBlue.com

Dental Providers Statewide

Contact the Provider Executive assigned to your office
Phone: 877-435-7258.



BCBSNE Provider Weekly Email

In addition to the bimonthly online Update newsletter, BCBSNE is pleased to share timely information via a new Provider Weekly email!

The Provider Weekly email captures new information posted on Happening Now and NaviNet, as well as billing changes.

To sign up to receive the Provider Weekly email, please reach out to your [Provider Executive](#).



REMINDER

Medicare Advantage has its own Update newsletter from BCBSNE, published on opposite months of this Update. [VIEW](#) the Medicare Advantage newsletters.