

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.

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What's New Happening Now



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

Articles published in June and July include:

- Claim Submission Responses (EDI)
- Bilateral Surgery Claims



COVID-19

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

Articles published in June and July include:

- COVID-19 and Telehealth
- Preauthorizations Affected by COVID-19 Extended

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Enhancements to Online Preauthorizations – Coming Fall 2020

New features for online preauthorizations are coming soon. You will still sign in to NaviNet, the provider online portal, to submit and manage preauthorizations. Within the system, new functionality, including auto-approvals and a single location for preauthorizations, will be powered by Altruista Health, a best-in-class system focused on streamlining provider workflows.

You will no longer need to use the Clear Coverage and MedPolicy Blue tools to submit preauthorizations when the new features are available. The enhancements will support inpatient, outpatient and pharmacy preauthorizations. Stay tuned for additional details and trainings this fall.

IMPROVING YOUR EXPERIENCE

You'll have a user-friendly dashboard and get faster, more consistent responses to your preauthorization requests. Knowing your coverage decisions are grounded in well-respected clinical guidelines helps to establish trust and better communication. Providers can add text and image documentation to support requests and are assured the patient's complete health picture has been factored into coverage decisions. You may view the status of your requests at any time.

REDUCING STAFF TIME SPENT ON ROUTINE REQUESTS

These enhancements simplify preauthorization requests and validate them against clinical guidelines. The system will be automated to instantly authorize routine requests and flag those that need further medical review. UM managers will receive supporting notes, documents and images in the initial request, eliminating the rounds of back-and-forth communication that extend turnaround times.

SPEED AND ACCURACY

This transition will allow us to improve speed and accuracy for preauthorizations, eliminating manual errors.

KEEPING YOU IN THE KNOW

With this change, you'll be able to conveniently search, view, sort, print and evaluate your preauthorization requests for improved transparency. Data is available in condensed or expanded views.



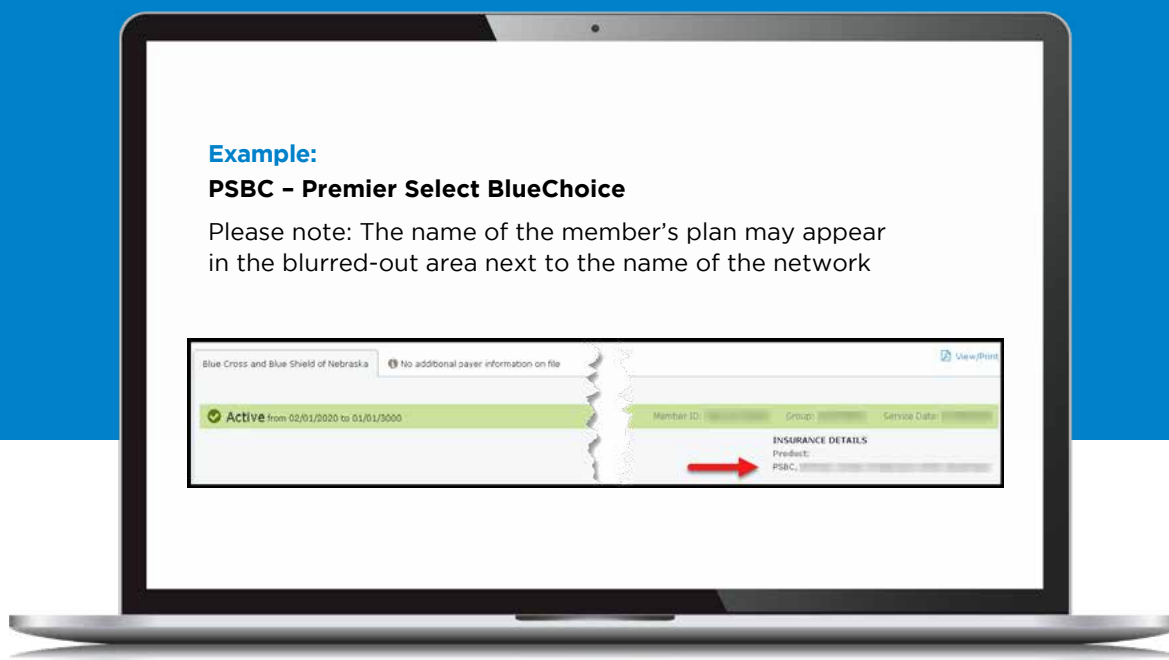
Site-specific Modifiers

To avoid unnecessary denials, we ask that providers append site-specific modifiers to claims when surgeries that can be done bilaterally or on different body parts are done within a global period. Global procedure codes billed by the same provider within a procedure's post-operative period will need site-specific modifiers (i.e., RT/LT) on each claim when different body areas are done.

For example, when a patient has cataract surgery performed on one eye and a week later has surgery on the other eye, appending the site-specific modifiers (RT or LT) is necessary to avoid a denial on one of the claims. If site-specific modifiers are not included, BCBSNE will request medical records to support the billing of the second procedure code in the global period of the first claim.

NaviNet **INSIDER**

Be in the know with
tips and time savers

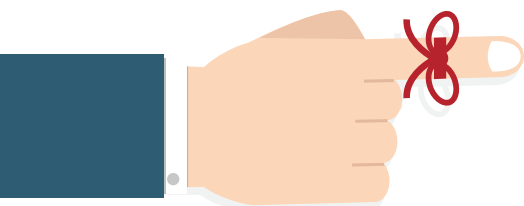


NaviNet Tip

Identifying the member's network

To identify a BCBSNE member's network in NaviNet, please follow these steps:

- Under **Eligibility and Benefits**, enter the patient's information as required.
 - The next screen will provide the eligibility and benefits information.
- Under **INSURANCE DETAILS** in the upper right of the screen, the name of the network can be identified as follows:
 - NB - NEtwork BLUE
 - BH - Blueprint Health
 - PSBC - Premier Select BlueChoice



REMINDER

Medicare Advantage has its own Update newsletter from BCBSNE, published on opposite months of this Update. Read the **Medicare Advantage** newsletter.