

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.

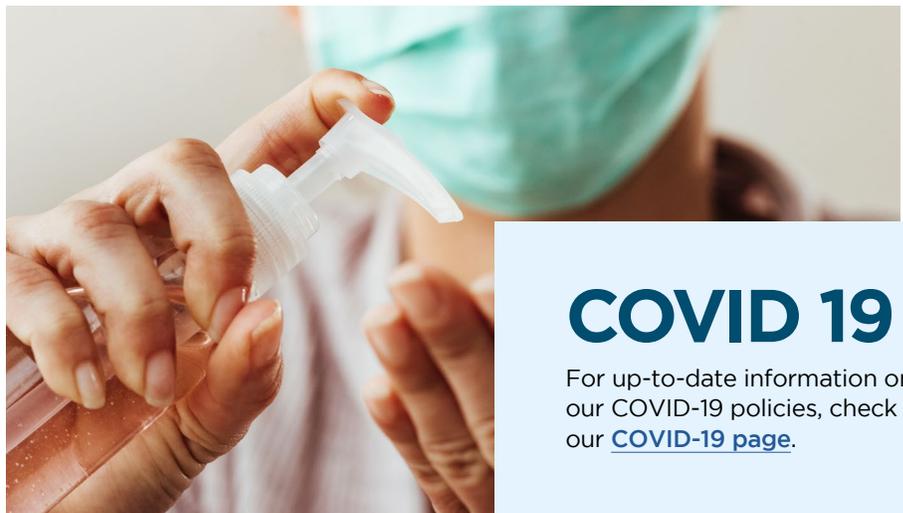
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What's New



Happening Now

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



COVID 19

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

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New Features



Out-of-State Members and Preauthorizations

Effective April 18, 2021, if a preauthorization is required but not obtained for an out-of-state member, contracting providers and providers who accept Medicare assignment will be held responsible for the denied charges. Prior to this change, the member was held responsible for all denied charges when preauthorization was not obtained. With this change, providers cannot hold out-of-state members responsible for charges that are denied when preauthorization is not obtained.

Risk Adjustment Data Validation Audit (RADV)

The Centers for Medicare and Medicaid Services (CMS) conducts an annual RADV audit. The RADV audit verifies diagnosis codes submitted for payment, along with corresponding medical records. BCBSNE began the medical record retrieval process this month. Under the terms of your contract with us, health care professionals and facilities agree to submit medical records requested by BCBSNE in a timely manner at no cost to the patient or BCBSNE. Patients have consented to release medical records to us. An additional release is not required for this audit. All information resulting from the review is confidential.

HEDIS® Medical Record Reviews Begin in February

Each year from February through May, BCBSNE performs medical record reviews to collect HEDIS measurement quality data. BCBSNE uses the vendor Centauri Health Solutions to collect data for commercial members. Centauri looks for clinical details that may not have been captured in claims data, such as blood pressure readings, HbA1c lab results and colorectal cancer screenings. Centauri may contact your clinic to schedule a HEDIS review or request that you fax necessary records to them. We appreciate your assistance with these important reviews. Your cooperation helps us meet our quality goals as we seek to improve the overall health of our members – your patients.

Multiple Surgery Claims

For us to process claims correctly for professional providers and ambulatory surgery centers, all surgical procedures performed during the same session must be submitted on one claim form. If additional procedures were performed on the same date of service but not submitted on the original claim, a corrected claim must be submitted.

When more than one surgeon treats a patient, claims must be submitted as one provider per claim with all surgical procedure codes performed.

Coverage Changes for Diabetic Supplies

Effective March 1, 2021, charges for diabetic supplies covered under the patient's pharmacy benefits but submitted as a medical claim will no longer be sent to Prime Therapeutics® to process as a manual claim under the patient's pharmacy benefits. These charges will be denied with the following message: "These services/supplies are not covered under medical benefits. Please submit to the member's prescription drug coverage."

Diabetic supply charges must be submitted to Prime Therapeutics, our pharmacy benefit manager, using BIN 610455 and PCN RXNEB.



Timely Filing and Medically Unlikely Edit (MUE) Denials

We require medical records for claims that are returned because the number of units billed exceeds the MUE value.

These claims are also subject to the timely filing guidelines detailed in your contract. Please make sure medical records are returned within the timely filing period.



Reminder: Coverage Changes for Intraocular Lens Implants

Effective March 1, 2021, BCBSNE will change coverage for intraocular lens implants. More information can be found in [Billing and Reimbursement Policies and Procedures, updated Dec. 18, 2020](#).

NaviNet **INSIDER**

Be in the know with
tips and time savers



NaviNet Tip

Enhanced Preauthorization Tool Now Available

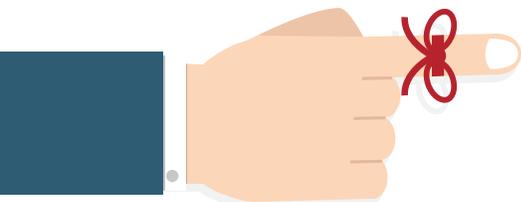
On Jan. 1, 2021, we rolled out our new, enhanced preauthorization tool. This new tool is available on [NaviNet](#) and provides a variety of benefits, including auto approvals. Please use the new tool to submit preauthorizations for the following:

- Inpatient precertification
- Inpatient extension or discharge
- Radiology/medical preauthorization, including medications for buy and bill drugs

BCBSNE does not require preauthorization for acute inpatient hospital admissions at this time. We ask that our hospital partners notify us of all admissions through the new tool, so we can assist with discharge planning and refer members to our care management programs.

Pharmacy preauthorizations continue to follow the same process used in 2020.

If you need help using the new tool, please contact your Provider Executive or email CollabProviderTeam@NebraskaBlue.com to request refresher training. Visit NebraskaBlue.com/Providers to find video demonstrations and step-by-step reference guides on how to effectively use the new tool.



REMINDER

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