Update

BlueCross
BlueShield
Nebraska

NebraskaBlue.com/Providers

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 review every issue of the Update and reference it often, in addition to the Policies and Procedures Manual. 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 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**.

In this Issue

Pharmacy Update

New specialty and home delivery pharmacies – effective July 1, 2021

What is changing?

- Blue Cross and Blue Shield of Nebraska's (BCBSNE) specialty drug pharmacy will change from AllianceRx Walgreens Prime® to Accredo

- The home delivery pharmacy will change from AllianceRx Walgreens Prime to Express Scripts® Pharmacy

Why is BCBSNE making these changes?

These changes will allow BCBSNE to continue to manage pharmacy costs and improve the member experience.

When will these changes be effective?

July 1, 2021
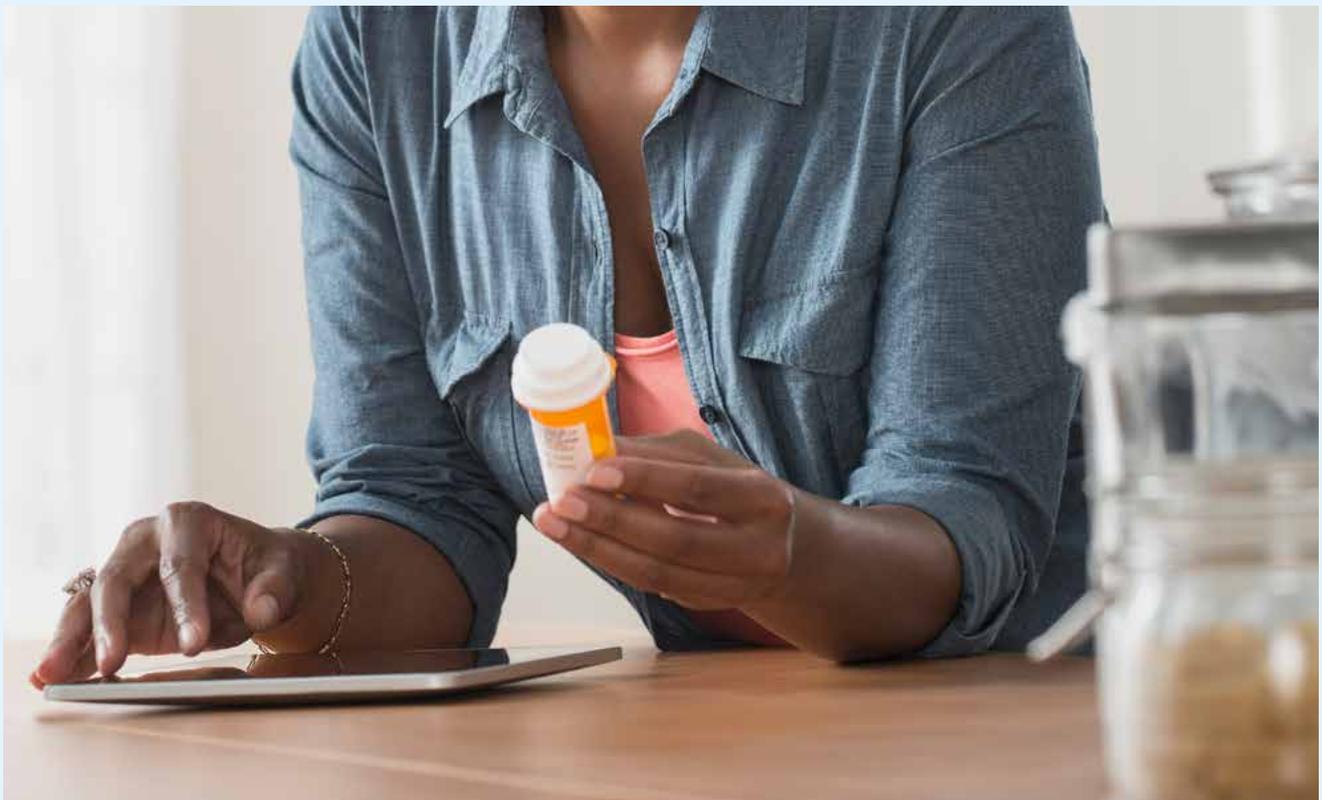
Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for BCBSNE. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company. Express Scripts Pharmacy is a pharmacy that is contracted to provide home delivery services to members of Blue Cross and Blue Shield of Nebraska. Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Nebraska. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Security Corner:
Lost or Stolen Devices

Protect devices so that sensitive information is less likely to be accessible if the device is lost or stolen. Here's how:

• Require complex passwords

• Use multi-factor authentication

• Limit login attempts

• Encrypt devices

❯ Get the details and download resources from the Federal Trade Commission.

Ambulatory Surgery Center (ASC) Claims Billing

There are two acceptable claim formats for ASC claims:

- Paper CMS-1500 claim form
- 837P electronic claim transaction

Please note that the "SG" modifier must be appended to ALL lines on the claim.

ASCs and Medical-Surgical Supplies

BCBSNE will deny codes in the categories of medical-surgical supplies (A codes) as content of service when billed with an ASC place of service.

As these codes have been allowed in the ASC setting in error, ASC providers will begin to see these codes denied for content of service. BCBSNE will not pursue refunds on A codes that were previously paid when billed by an ASC.

For more information on services or items that deny as content of service when billed in an ASC setting, please see the topic of Third-Party Providers in the Billing and Reimbursement Manual.

Credentialing for Licensed Medical Nutrition Therapists (LMNT)

Starting April 1, 2021, LMNTs will be accepted for credentialing.

LMNTs are required to be licensed by the state of Nebraska.

For more information, please check out these resources on NebraskaBlue.com/Providers/Credentialing:

- Credentialing requirements
- Credentialing application

Peer-to-peer calls

Please read the following tips to help maximize the value of peer-to-peer calls:

Scheduling calls:

- Peer-to-peer calls are always performed by a medical director from BCBSNE. To ensure efficient use of your time, our peer-to-peer calls are scheduled in dedicated 30-minute blocks to allow for uninterrupted conversations. These appointments are offered at limited times and are available on a first-come, first-served basis. If you need to reschedule due to an emergency, please call BCBSNE immediately to allow for an alternate appointment. If your appointment passes without contact, the peer-to-peer is considered complete and cannot be rescheduled.

- In general, peer-to-peer appointment times are 8 to 9 a.m. and 1 to 4 p.m., Monday through Friday, in 30-minute blocks.

- Need to gather medical information from other providers? You may schedule the peer-to-peer call several days out to allow your office staff time to obtain required information and submit for a second look. The information that is missing will be listed in the denial letter.

- When scheduling a peer-to-peer conversation, provide the best number to reach you to avoid delayed or missed calls.

Preparing for the conversation:

- Check your initial denial letter. Often, a single document or test result is all that is preventing an approval. This can be submitted before the peer-to-peer call for a second look by our medical directors.

- Applicable medical policy will be referenced as well and can be reviewed on BCBSNE's **medical policy website.**
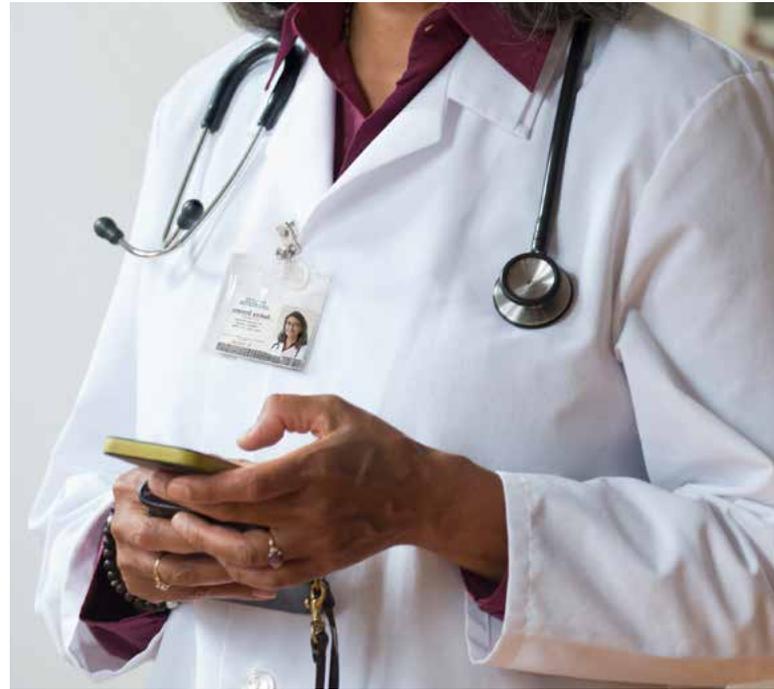
Best practices and next steps:

- Peer-to-peer calls are a dialogue between professionals to facilitate the best care for our members while being good stewards of all our resources. Please be respectful, even if the decision is not your preferred outcome. You still retain the right to appeal following the call.

- Peer-to-peer calls are NOT part of the denial process. These calls are separate from your right to appeal a decision. If the call does not result in an approval, you then have the option to submit an appeal. If you have provided all of the relevant information and do not feel a phone call will change the outcome, you may go directly to the appeals process.

NOTE: Peer-to-peer requests are only available for prospective and concurrent reviews. Peer-to-peer reviews are not an option once a claim has processed.

Coding Corner

When to use Modifier 59

Modifier 59 is used to identify services not normally reported together. To help clarify the use of Modifier 59, let's look at the dos don'ts:

✔ USE when:

- A defined separate procedure is performed independently and is not integral to another procedure
- Different anatomic sites are seen during the same encounter (i.e., different organs, regions, non-contiguous lesions, etc.)
- Different encounters for services are on the same day
- Different timed sessions are performed sequentially
- Diagnostic procedures precede and help determine the need for a therapeutic procedure; OR unexpectedly occur after a completed therapeutic procedure
- Documentation in the medical record supports the applicability of the modifier

✔ DO NOT use:

- On any E/M level code
- On overlapping procedures
- To bypass an NCCI edit; Column One (reimbursable) with Column Two code (non-payable)
- If a diagnostic procedure is an inherent component of a surgical procedure
- If a more specific, descriptive modifier is applicable (ex. LT, RT, 76, 91, etc.)

The above does not override contract language, the Policies and Procedures Manual or the Billing and Reimbursement Manual. This is meant as a general, quick overview of Modifier 59. For further information and applicability, along with examples, please reference the following resources from the Centers for Medicare & Medicaid Services (CMS):

- MLN Matters article
- National Correct Coding Initiative

Coding for Diagnostic Radiology and Lab Tests

It may seem that diagnosis coding for diagnostic radiology and lab testing is straightforward, but it can be quite challenging. In many cases, the only information available is the order from the health care provider. The documentation that must be reviewed prior to assigning a diagnosis code may be unavailable, unclear or contradictory.

Use the following guidelines to select the proper ICD-10 codes to include on lab and radiology claims.

1. Use codes that describe symptoms and signs, as opposed to a diagnosis, when a diagnosis has not been established. Symptoms are defined as what the member describes to the health care provider and signs are what the provider observes as part of the examination.

2. Always code to the greatest specificity.

3. Diagnoses that are documented as: probable, possible, suspected, questionable, rule-out or working diagnosis should not be coded as though they exist; rather, they should be coded to the highest degree of certainty for the encounter using codes for signs, symptoms, abnormal test results or exposure to disease.

4. Once the provider has made an official diagnosis, the ICD-10 code selected should best describe the condition for any future lab or diagnostic tests.

Social Support: Assessing Patients' Needs

A survey from the Commonwealth Fund found more than 30% of U.S. adults reported being negatively impacted economically by COVID-19. The pandemic's effects include being unable to pay for necessities, such as food, heat and rent. Now, more than ever, clinical practices should consider Social Determinants of Health (SDOH) and how financial security, transportation, food insecurities and other determinants influence a patient's ability to access care. Screening for areas of need can be integrated into the practice management workflow and performed using a team approach.

Several screening instruments are available online that can aid clinics in identifying SDOH in a primary care setting:

1. **Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences:** This tool from the National Association of Community Health Centers includes 15 core screening questions and five supplemental questions. Data from the tool can be directly uploaded into many electronic health records as structured data. The screening can be administered by clinical or nonclinical staff during a patient's appointment, or a patient can complete a paper version of the screening.

2. **Social Needs Screening Tool:** Provided by the American Academy of Family Physicians, this screening tool is available in English and Spanish and includes 11 questions that can be self-administered by patients or by clinical or nonclinical staff.

3. **Health-Related Social Needs Screening Tool:** From the CMS this 10-question screening tool is meant to be self-administered.

If you need assistance connecting patients in need with support, please consider the following resources:

- **The United Way of the Midlands 2-1-1 Helpline:** A 24/7 free and confidential helpline connecting persons in Nebraska and Iowa to nearby services

- **The Neighborhood Navigator:** An interactive tool that can help you connect patients with resources by zip code

- **Step-by-step guides** from the Rural Health Information Hub, which can help you build effective community health. Resources and examples are drawn from evidence-based and promising programs. By learning from programs that are known to be effective, you can make the best use of limited funding and resources.

- **This list of rural health organizations** in Nebraska.

- **The Community Resource Link:** created by Health Blue, this link enables users to search for free and reduced cost services, such as medical care, food, job training and more by zip code.
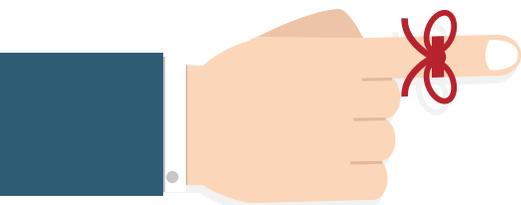
REMINDER

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