Update

JULY 2021

BlueCross BlueShield Nebraska

PARTNERING WITH YOU FOR A HEALTHIER 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.

60-117 (07-15-21)

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

New Features

Refunds check mailing address

For prompt handling of your refunds, please note that the mailing address has changed to:

BCBSNE
PO Box 30112
Omaha, NE 68103-1212

Only send *refunds* to the above post office box. **All other correspondence should continue to be sent to:**

BCBSNE
PO Box 3248
Omaha, NE 68180-0001

NaviNet INSIDER

Be in the know with tips and time savers

The July 2021 professional fee schedule is currently available in NaviNet. Providers affiliated with a physician hospital organization (PHO) will need to contact their PHO to obtain the July 2021 fee schedule.

Getting set up to view fee schedules

Before you can access fee schedules from BCBSNE, your NaviNet Security Officer must enable the Practice Documents feature for you, as well as the Financial Report document category. For more information, see Finding Your NaviNet Security Officer and Enabling Practice Documents.

Accessing fee schedules

To access your fee schedules, on the "Workflows" menu, click "Practice Documents."

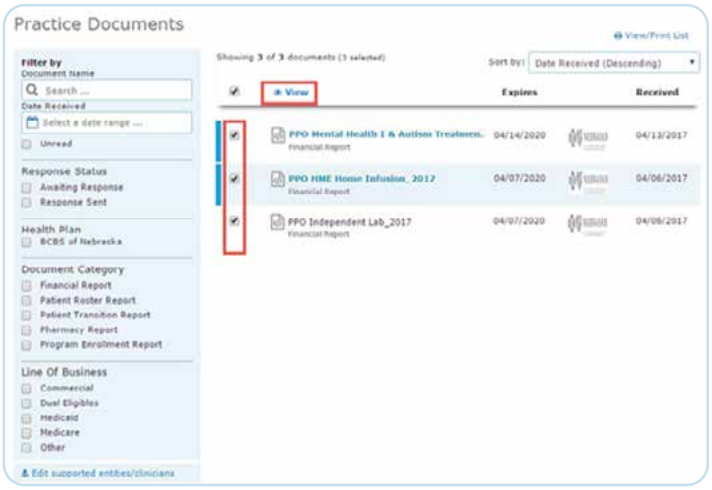
Using the practice documents screen

The Practice Documents screen shows a list of documents available to you, including those from BCBSNE. A blue bar and text indicate that a document is unread. Select a Practice Document row to open that document in the Practice Documents Viewer.

Fee schedules are in Excel format and cannot be previewed with the Practice Documents Viewer. Download the document to your computer by clicking the download icon in the upper right of the screen.

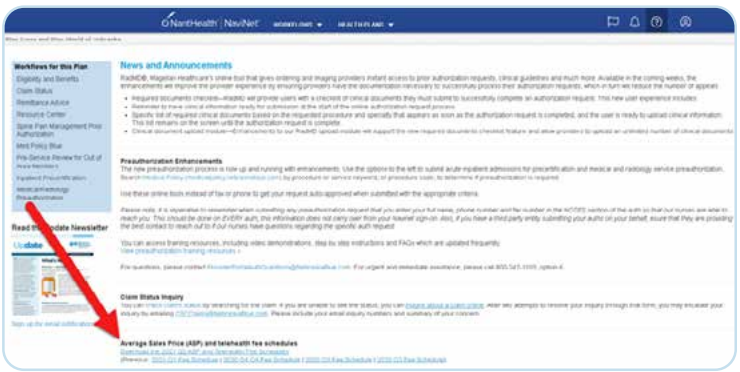
Tips

- Use the Google Chrome browser for best results.
- If you do not see Practice Documents in your Workflows menu, contact your Security Officer to enable this feature. Security Officers: to enable Practice Documents, see Enabling Practice Documents.
- If you are unable to see a particular document, clear any filters that may be excluding this document. If you still don't see your document, contact your Security Officer to make sure the proper document categories are enabled for you.
- If you do not see the download option on the Practice Document View toolbar, contact your Security Officer to enable this feature.
- When a Practice Document reaches its expiration date, the document is no longer available in the document list. If you need a permanent record of a document, download it before the expiration date.
- For more information, see the Help section or call NaviNet at 888-482-8057



Average sales price (ASP) fee schedules

The ASP fee schedule is updated quarterly and can be found on the BCBSNE landing page in NaviNet.



Ambulance de-credentialing

Effective June 1, 2021, ambulance providers (including air ambulances) no longer require credentialing. Ambulance providers will still need to contract with BCBSNE.

For new ambulance providers, submit the Extend-Transfer Existing Agreements form and select the "ADD" box. Forms should be submitted to HealthNetworkRequests@NebraskaBlue.com.

Expanded requirements for genetic and molecular testing

Beginning Sept. 1, 2021, BCBSNE will expand requirements for billing of genetic and molecular testing. All providers billing for genetic and molecular testing services will be required to adhere to the coding recommendation in the Concert Genetics portal, in accordance with the Reimbursement Policy for Genetic/Molecular Test Coding, which will soon be available at NebraskaBlue.com.

The quality and billing integrity requirements in the reimbursement policy will be facilitated by Concert Genetics, a software and managed services company that promotes health by providing the digital infrastructure for reliable and efficient management of genetic testing and precision medicine.

What does this mean for our laboratory partners?

If you're one of our laboratory partners, we ask that you:

- Register with Concert Genetics
- Self-report on quality metrics in a common framework supplied by Concert Genetics
- Verify accuracy of test catalog and view coding recommendations and fee schedule
- Utilize Concert Genetic's recommended codes when billing for genetic and molecular tests

Thank you for your support and continued partnership in providing our members with access to high-quality health care at an affordable price.

Pharmacy

New benefit changes for multiple sclerosis medications

Effective July 1, 2021, BCBSNE updated the multiple sclerosis (MS) Agents Preauthorization program criteria. MS medications Tecfidera and Copaxone have cost-effective generic alternatives available (dimethyl fumarate and glatiramer). Patients who are currently on Tecfidera or Copaxone will need to switch to dimethyl fumarate or glatiramer, respectively. Patients that are new to MS therapy will be required to use a generic disease-modifying agent prior to the use of brand-name agents.

Medications added to the outpatient drug exclusion list

Benefits for certain prescription drugs administered in an outpatient setting are available only under the BCBSNE prescription drug plan and are not available under the medical plan. Benefits for the drugs included on the list are only available if they are purchased through a specialty or in-network pharmacy. Additional medications were added to this list, effective July 1, 2021. A complete list of medications that are required to be purchased through a specialty or in-network pharmacy can be found at Nebraskablue.com/Providers/Pharmacy-Management under "View Drug Formulary."

Precertification and preauthorizations

We encourage your office to use our new preauthorization tool available in NaviNet. This new tool, launched earlier this year, gives you access to your own dashboard to check the status and progress of your preauthorization and precertification requests.

To use the new tool, you must have a NaviNet account. Request a free account at NaviNet.Secure.Force.com for any team member in your office submitting authorizations on behalf of the practice.

You can find resources and information about our new online tool at NebraskaBlue.com/Providers/Webinars-and-Presentations under "New Preauthorization Tool Training."

Tips for using the tool

It's important to include your phone number and fax number on every authorization submitted by entering this information in the NOTES section. This will help ensure our nurses can reach you with any questions and that you receive a faxed copy of the authorization decision. If you are using a third party to submit authorizations, please have them include your preferred office contact name, phone and fax number.

If you have any questions, feedback or would like a refresher training, please contact us at ProviderPortalAuthQuestions@NebraskaBlue.com.

If you need immediate assistance with the tool, you can reach us by calling 800-247-1103, option 5.

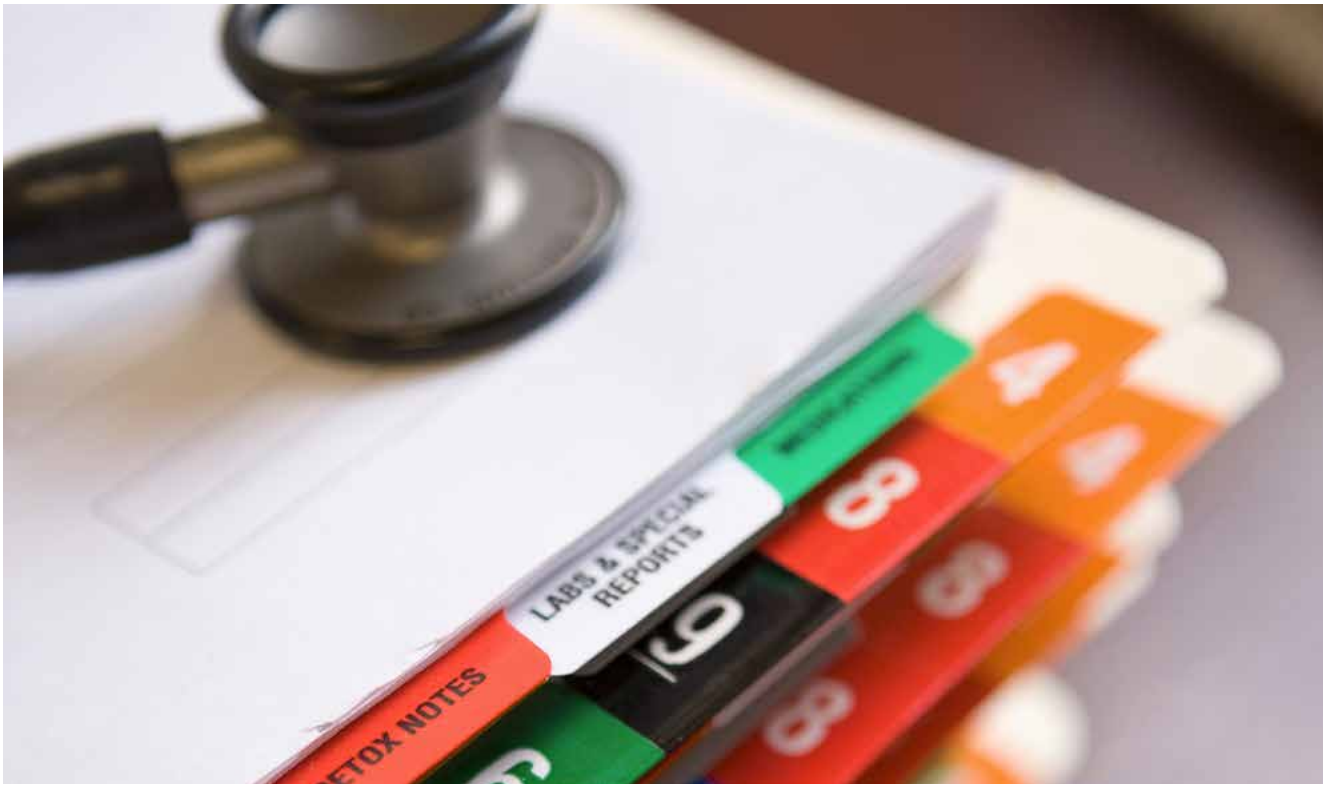
Preauthorization turn-around time

If your patient meets urgent criteria and you have submitted a request as URGENT, we will have a decision on the request within 72 hours. For all nonurgent requests, we will have a decision within 15 calendar days. We do not prioritize our requests on the anticipated date of service – preauthorization requests are handled in received date order of request. Please plan to allow 15 calendar days before scheduling services.

If the standard time period (15 calendar days) for a decision could seriously jeopardize the life or health of your patient or subject them to severe pain that cannot be adequately managed without the requested treatment, then your request should indicate URGENT.

Request for medical records: risk adjustment data validation audit

The Centers for Medicare & Medicaid Services (CMS) conducts Risk Adjustment Data Validation (RADV) audits annually. The purpose of the RADV audit is to verify diagnosis codes submitted for payment on claims along with corresponding medical records. Each year, BCBSNE is responsible for retrieving medical records and submitting them to CMS for the audit. The medical record retrieval process began in May 2021.



How your office can help:

- Please notify your medical records department, health information management, third-party vendors or any personnel who handle medical records at your facility and make them aware of the BCBSNE RADV medical record request letter that will be arriving in the next few weeks.
- After receiving the medical record request, please note the deadline and submit medical records to BCBSNE in a timely manner.

Under contract terms with BCBSNE, health care professionals and facilities have agreed to submit medical records requested at no cost to the patient or BCBSNE. There is no additional release of information required for this yearly audit and as always, all information resulting from the RADV audit is completely confidential.

If your office has additional questions, please contact your **Provider Executive**.

Documenting and coding for depression

You should see patients with depression at least once a year to manage their condition and monitor for potential medication side effects. It's important to document a thorough medication reconciliation at every visit.

The **Patient Health Questionnaire** from the National Council for Mental Wellbeing is an effective self-reporting tool to help you objectively determine if a patient is experiencing mild, moderate or severe depression.

Under ICD-10, only a major depressive disorder that's documented and coded as severe falls into a Hierarchal Condition Category (HCC) for risk adjustment. The following guidelines can help you identify when to diagnosis a patient with a major depressive disorder.

Diagnosing

When is it appropriate to diagnose major depressive disorder?

At least five of these symptoms must be present for at least two weeks to diagnose major depressive disorder:

- Depressed mood
- Loss of interest in most or all activities
- Insomnia or hypersomnia
- Change in appetite or weight
- Psychomotor retardation or agitation
- Low energy
- Poor concentration
- Feeling of worthlessness or guilt
- Recurrent thoughts of death or suicide ideation

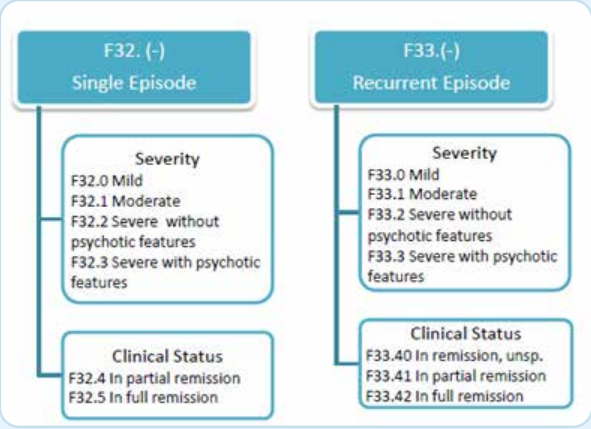
The episode shouldn't be attributed to physiological effects of a substance or another medical condition.

What if it isn't a major depressive disorder? What should I code?

Consider these:

- Dysthymia, when symptoms are intermittent, more mild and last more than two years in adults and one year in adolescents and children
- Unhappiness (R45.2; R45 section has multiple symptoms and signs involving emotional state)
- Adjustment disorders (F43.2- codes)
- Reaction to severe stress (also one of the F43 codes)

Major depressive disorder can't be coded with bipolar disorder (F31.-) or manic episode (F30.-).



ICD-10 requires detailed documentation

When documenting major depressive disorder, make sure to indicate:

- Episode: Single or recurrent
- Severity: Mild, moderate or severe (with or without psychotic features)
- Clinic status of the current: In partial or full remission

Avoid "suspected" and "probable"

Avoid using terms such as "suspected" or "probable." In an outpatient setting, if depression is suspected but not confirmed, code the symptoms only.

Remember 311, depression unspecified

Under ICD-10, when the term "depression" is used without supplementary details, the patient would be coded with F32.9, which is major depressive disorder, single episode, unspecified.

Medication reconciliation counts

A comprehensive medication reconciliation, including documentation of each medication's

- Indication
- Length of treatment
- Benefits
- Side effects
- Plan for continued treatment

is sufficient documentation for monitoring, evaluating, assessing or treating the corresponding condition to support coding it on a claim.

Billing for sepsis

Based on a recommendation from Sepsis-3 criteria, sepsis should be defined as life-threatening organ dysfunction caused by a dysregulated host response to infection. Patients are likely to have a prolonged hospital or ICU stay. As such, admissions with a diagnosis of sepsis but a stay of less than three days will be denied for improper diagnosis. It is likely these cases rule out sepsis and more likely dehydration, urinary tract infection or other diagnosis that should be more accurately submitted.

We will accept a sepsis diagnosis for patients who die or are transferred to other facilities or hospice with a diagnosis of sepsis resulting in a stay of less than three days.

Any disputes will need addressed via the appeal process. This policy will go into effect Sept. 1, 2021.

Please contact your Provider Executive if you have questions regarding this policy.

Sepsis diagnosis codes	A40, A400, A401, A403, A408, A409, A41, A410, A4101, A4102, A411, A412, A413, A414, A415, A4150, A4151, A4152, A4153, A4159, A418, A4181, A4189, A419, A427, A54.86

Blood pressure control

Nearly half of adults in the U.S. have hypertension, and only about one in four of those diagnosed have their condition under control, according to the Centers for Disease Control and Prevention.

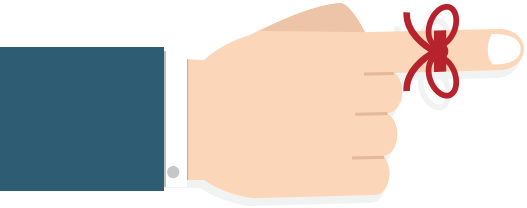
You can help your patients manage their hypertension using the following tips:

- Educate patients on the importance of blood pressure control and complications when blood pressure is not controlled.
- Encourage blood pressure monitoring at home and ask patients to bring a log of their readings to all office visits. Educate patients about how to properly measure blood pressure at home.
- Discuss the importance of medication adherence at every visit.
- Advise members not to discontinue blood pressure medication before contacting your office. If they experience side effects, another medication may be prescribed.
- If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.
- Encourage lifestyle changes, such as diet, exercise, smoking cessation and stress reduction.

Additionally, you can improve the Controlling Blood Pressure measure of the Healthcare Effectiveness Data and Information Set (HEDIS) results for your office by:

- Including blood pressure readings and the dates they were obtained in medical records. The last blood pressure reading of the year will be used for HEDIS compliance determination.
- Documenting exact readings; do not round blood pressure readings.
- Taking multiple readings during the same visit if a member's initial reading is elevated. The lowest diastolic and lowest systolic readings from the visit will be used to document the overall reading.

For additional information, view the Controlling Blood Pressure tip sheet.



REMINDER

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