Update

SEPTEMBER 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 (09-20-21)

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.

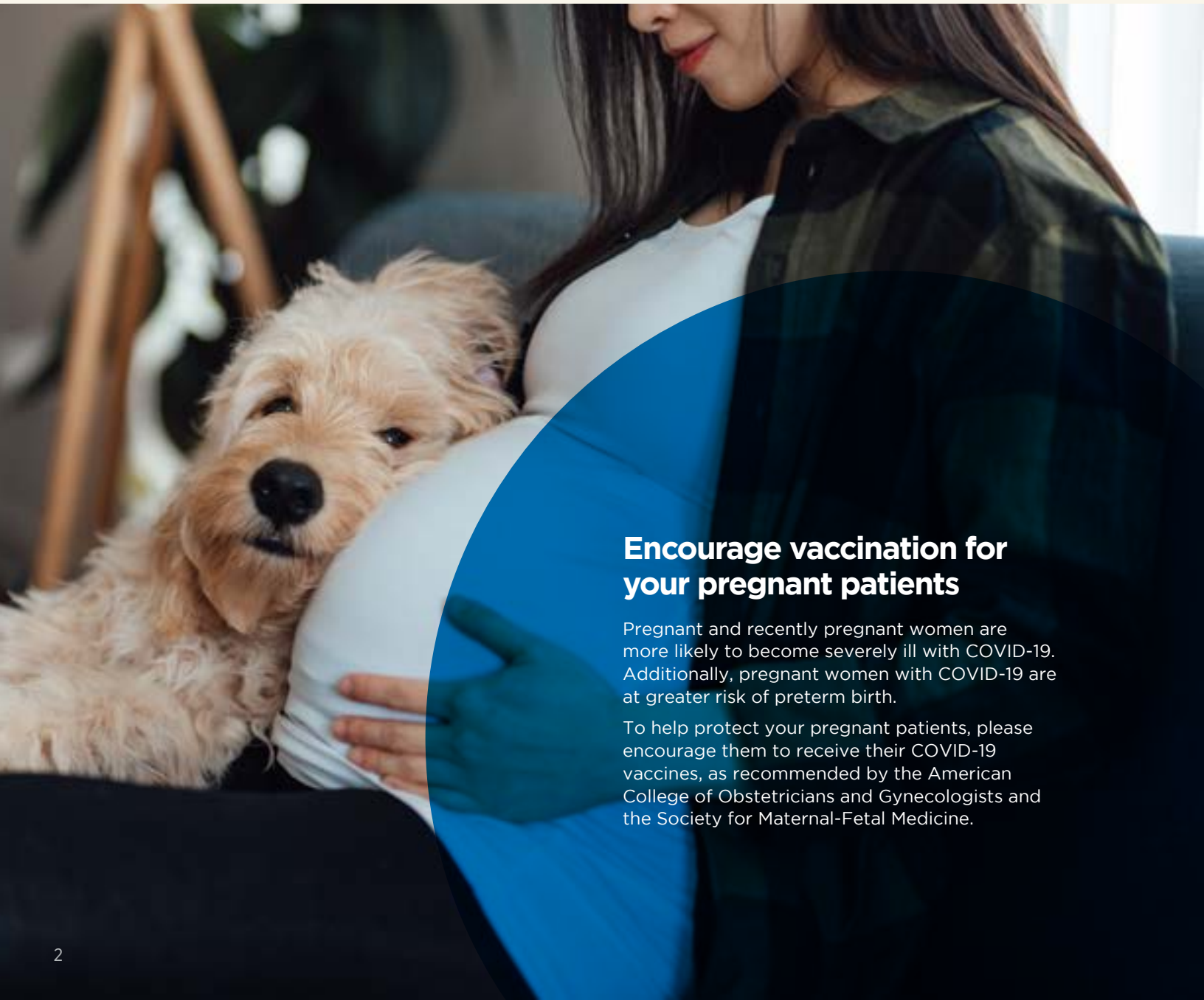
Change to Accreditation Requirements

You previously received notice from BCBSNE of the requirements for accreditation we planned to implement in 2023. After further internal and external discussions, we have decided to rescind the accreditation requirements and work with the Nebraska Hospital Association (NHA) to implement a new process.

Further information will be forthcoming about this collaboration with NHA.

Thank you for your patience and input as we strive to support you in providing the highest-quality medical care for our members.

In this Issue



Encourage vaccination for your pregnant patients

Pregnant and recently pregnant women are more likely to become severely ill with COVID-19. Additionally, pregnant women with COVID-19 are at greater risk of preterm birth.

To help protect your pregnant patients, please encourage them to receive their COVID-19 vaccines, as recommended by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine.

Voluntary recall of Philips Respironics brands

On June 14, 2021, Philips Respironics issued a voluntary recall on specific brands of its bi-level positive airway pressure (Bi-PAP) machines, continuous positive airway pressure (CPAP) machines and mechanical ventilators used to treat obstructive sleep apnea due to issues related to sound abatement foam used in some devices. Philips Respironics has established a registration process that allows patients or caregivers to look up their device's serial number and initiate a claim if their unit is affected.

We encourage our members and providers to follow the processes and reminders as outlined by Philips Respironics. Because this is a manufacturer's recall, Philips is responsible for any replacement services. Costs associated with this recall are not the responsibility of the member or BCBSNE.

Supporting our members using these devices

Members should follow Philips' established process to determine if their device is impacted. They can look up their device serial number and begin a claim if their device is affected.

An impacted member will need to work with their durable medical equipment (DME) provider (who will work with Philips) to receive a replacement device, when applicable. The member should speak to their physician who ordered their device about any risks or benefits of continuing to use it or their options while waiting for a new device.

Members may also call Philips Respironics at 1-877-907-7508 with questions. We highly recommend that devices be registered to appropriately identify all recalled units and so that impacted patients and caregivers receive the most up-to-date information from Philips Respironics.

What should DME providers do?

- Mail the Philips recall notification letter to the patient (our member).
- Register all recalled devices with Philips Respironics.
- Increase community recall awareness via phone messaging, staff messaging, email, text, websites and social media where possible.
- Help members with recall information and registering their devices, whenever possible.

If you are a DME provider, distributor or medical institution, you should start the registration process to be part of Philips' repair and replacement program. Providers may receive a letter from Philips with login information. If you haven't received a letter, visit the Phillips' website to get started.

Additional Information:

For	
PAP devices **less than** five years old	• Members do not need to obtain a new prescription from their doctor. As part of any recall, it's standard practice for the manufacturer to repair or replace a device at no additional cost. • Register the member's device and instruct them to register their own device with Philips, so you both receive email updates and notifications on the progress of the recall. • The DME provider will work with the manufacturer to provide a replacement device and will schedule the setup with the member.
Devices **more than** five years old	• The member is eligible for health plan coverage of a new device. Authorization is required, per BCBSNE Medical Policy VIII.8 – Noninvasive Positive Airway Pressure Devices and Oral Appliances. Note: For coverage of a new device, follow the normal process, including checking the member's benefits and eligibility and getting authorization for coverage. On your authorization request, please indicate that it's a new device you are requesting coverage for due to the older device being part of the recall.
Rental devices (not considered purchased)	• DME providers should determine if members are using devices on or after June 14, 2021 (date of the recall). • **If the member is not using their device,** hold your billing because of the recall. • **If the member is using their device,** you can resume billing for the remaining rental months up to the purchase price. Use of the device may extend beyond the normal 10 consecutive rental months, but we will only pay up to our listed purchase price for the device. • BCBSNE understands that some physicians may recommend the continued use of the recalled device where the risk of not using the device is significant. Members should consult with their providers.
PAP supplies for devices associated with the recall	• DME providers should not automatically dispense supplies based on your agreement with BCBSNE. • If the member is using a recalled device and the member requests supplies, providers should dispense the supplies. • If an ongoing PAP request for supplies does not meet criteria for coverage approval because the device was discontinued due to the recall, please indicate this in your authorization request. BCBSNE can make an approval exception in this case (such as where the provider has determined the risk of not using the recalled device is greater than the risk of not using a device at all).

Resources

- Philips Respironics Recall Site
- Philips Respironics Home Page
- U.S. Food and Drug Administration Safety Communication
- Noridian Healthcare Solutions DME JD - Philips Respironics Respiratory Products Recall
- American Academy of Sleep Medicine - Guidance in Response to Philips Recall

Questions

If you have additional questions, please contact your Provider Executive.

For further information on the recall notice, including a complete list of impacted products and potential health risks, view Philips Respironics' press release at Philips Sleep and Respiratory Care Update. You can also view the FDA's announcement.

New out-of-network facility in Papillion

Papillion Family Hospital has constructed a 24-hour hospital facility and emergency room at 529 Pinnacle Drive in Papillion, NE.

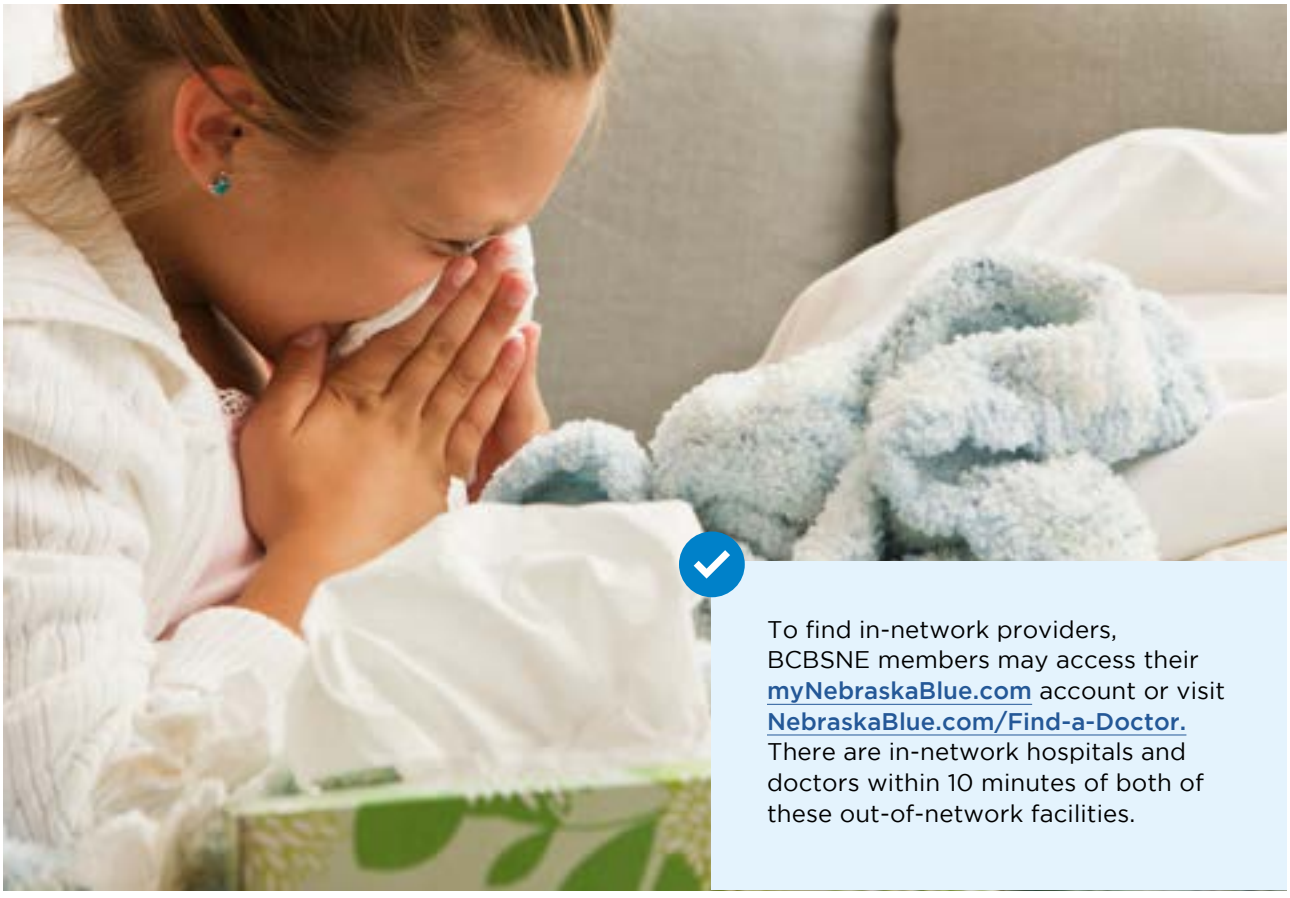
Papillion Family Hospital and Family Hospital at Millard are part of Family Hospital Systems based in Texas. Both of these hospitals are out of network for BCBSNE members.

Non-emergency care

BCBSNE members seeking non-emergency services at the facility will be responsible for the full amount charged by the hospital. Instead of reimbursing the hospital, BCBSNE will reimburse members directly –at the out-of-network rate. Members are then responsible for paying the hospital the full amount they charge, which may be more than what BCBSNE reimburses the member.

It's a little different for emergency care

When emergency care is obtained at either facility, payment will be made to the facility; however, providers in Nebraska may no longer balance bill patients for medical care received from out-of-network providers or facilities in emergency situations. The recently passed Legislative Bill 997 (LB997), also known as the Out-of-Network Emergency Medical Care Act, keeps consumers from getting surprise bills from out-of-network providers or facilities for medical emergencies. Facilities are defined as a general acute hospital, satellite emergency department or ambulatory surgical center licensed pursuant to the Health Care Facility Licensure Act.



To find in-network providers, BCBSNE members may access their myNebraskaBlue.com account or visit NebraskaBlue.com/Find-a-Doctor. There are in-network hospitals and doctors within 10 minutes of both of these out-of-network facilities.

NaviNet INSIDER

Be in the know with tips and time-savers

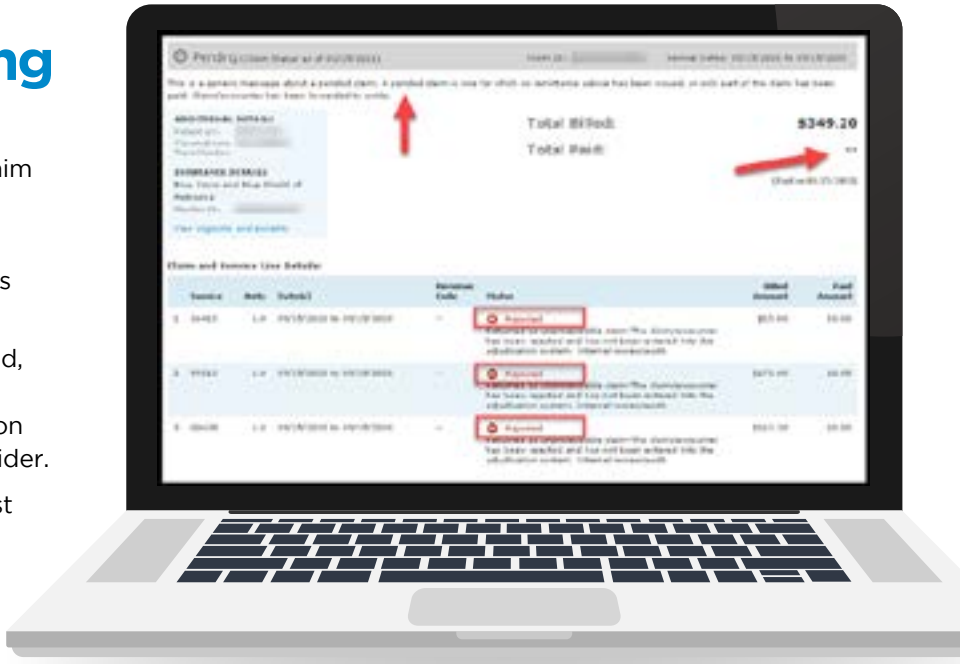
Claim Status: Pending

For details on claims with a pending status on the Search Results page, click on the claim number for more details.

In the example below, the Total Paid field shows "—" which indicates that nothing was paid on the claim.

- In the Claim and Service Line Details field, "Rejected" indicates that the claim was returned. A letter that explains the reason for the return has been sent to the provider.

NOTE: Claims that have been returned must be submitted according to the timely filing language in the provider agreement.



Claims reminders

Returned claims and timely filing

Claims that are returned must be submitted with corrections made within the timely filing period from the provider's agreement. Corrections to returned claims that are not made in the timely filing period will be denied.

Correcting claims

Need to submit a corrected claim? To avoid any issues, please do not submit a corrected claim until the original claim has processed.

Changes in effect starting Jan. 1, 2022

Site of care policy – additional medications to be added

At BCBSNE, we help our members with complex medical conditions get the care they need in the most cost-effective way. Benefits for certain provider-administered medications are limited to infusion services provided at non-hospital locations unless the member is considered medically unstable or meets the medical policy coverage criteria for continued administration in an outpatient hospital setting. Included in this policy are medications ordered within select therapeutic categories, including immunoglobulin replacement, multiple sclerosis and autoimmune disorders (e.g., gastrointestinal, musculoskeletal). Medications within the site of care policy require a place of service review.

Additional medications will be added to this list, effective Jan. 1, 2022. A complete list of medications within this policy can be found in medical policy X.142 Site of Care at MedicalPolicy.NebraskaBlue.com.

Oncology biosimilar medication requirements

Effective Jan. 1, 2022, BCBSNE will implement oncology biosimilar criteria for certain brand name products. Oncology medications Avastin, Herceptin and Rituxan have cost-effective biosimilar alternatives available. Patients who are currently on Avastin, Herceptin and Rituxan will need to switch to BCBSNE preferred biosimilar products for all treatments. Patients that are new to therapy will also be required to use a preferred biosimilar agent prior to the use of brand name products.

Brand name product	Preferred biosimilar products
Avastin	Mvasi and Zirabev
Herceptin	Kanjinti and Trazimera
Rituxan	Ruxience and Truxima

Preferred infliximab products for treatment of autoimmune disorders

Effective Jan. 1, 2022, BCBSNE will add two infliximab biosimilars, Avsola and Inflectra, as preferred products for the treatment of autoimmune disorders, in addition to our current preferred product, Remicade. The addition of Avsola and Inflectra as preferred products will give providers more options to choose from, along with the ability to use a biosimilar in the place of the brand name product. There is no negative impact to members or providers, as Remicade will remain preferred.

Pegfilgrastim medical policy to be implemented

Beginning Jan. 1, 2022, pegfilgrastim (e.g., Fulphila, Neulasta, Udenyca) will require preauthorization. Patients will need to meet FDA-approved diagnosis and medical policy criteria for approval of pegfilgrastim products.

The medical policy for pegfilgrastim will be available on MedicalPolicy.NebraskaBlue.com on Jan. 1, 2022.

Skin tag removal

Effective for dates of service beginning Jan. 1, 2022, skin tag removal will be denied as a non-covered service.

Charges for non-covered services are member liability.

Inpatient Inclusive Billing Policy Update

Beginning Jan. 1, 2022, BCBSNE will implement the following addition to the Inpatient Inclusive Billing Policy:

All items and supplies, including DME and medications, that may be purchased over the counter are not separately billable.

Pharmacy

Preauthorization is required on all of the changes above prior to the date of service.

- Preauthorization should be done through the preauthorization tool available on NaviNet.

Prescriber reminder

Please remember to regularly review the Nebraska Prescription Drug Monitoring Program (PDMP) prior to prescribing Schedule II-V drugs to help reduce the misuse and diversion of controlled substances.

For more information on the Nebraska PDMP, please visit NEHII.org/Nebraska-Prescription-Drug-Monitoring-Program. We appreciate your help in keeping our members safe and healthy.

Billing for radiology services

Did you know that certain radiology services can be billed one of two ways? Some radiology codes can be billed globally or billed by separating the code using two different components: technical and professional. Let's explore this in further detail.

How do you know which way to bill?

The first step is reviewing the Medicare Physician Fee Schedule (PFS) Relative Value Unit (RVU) files. These files will give you a multitude of information related to your code. Once the code is found, it may be in one line or separated into three lines. When the code is listed in three rows, such as the example below, the code can be billed globally OR billed with the technical and professional component. The codes will also be listed with a professional component/technical component (PCTC) indicator of "1." This does not mean you can bill both ways.

For	MOD	Description	PCTC IND
76100		X-ray exam of body section	1
76100	TC	X-ray exam of body section	1
76100	26	X-ray exam of body section	1

The technical component is represented by modifier "TC." The TC modifier is used to represent the facility costs for equipment, supplies and staffing used to perform the exam. Payment is made to the facility.

The professional component is represented by modifier "26." The 26 modifier is used to represent the physician providing the supervision, interpretation and report of the service. Payment is made to the physician.

Global billing includes both the TC and 26 components. NOTE: If a provider bills the procedure as global, this same code will not be paid for the technical or professional components for the same date of service and/or same or different provider.

To understand how to bill these services, it is important to know:

- What type of facility you bill for (i.e., hospital, free-standing clinic, etc.)
- Who owns the equipment performing the service
- How the interpreting physician is related to the facility (i.e., employed by facility, contracted by the facility, etc.)

Here are some examples to help you better understand:

Example 1:

An X-ray for body section, 76100, is performed in the hospital. The hospital owns the equipment and employs the technicians used to perform the service. The hospital contracts with a radiology group to read and interpret the exam. The hospital would bill 76100 TC for the technical component. The radiology group would bill 77012 26 for the professional component. Each will be paid a portion of the total cost of the exam.

Example 2:

An X-ray for body section, 76100, is performed at a physician's office. The equipment is owned by the office, and the exam is performed either by a physician or a tech employed by the office. The office would bill 76100 with no modifiers, because the office provided both the TC and 26 components of the service. This represents the global billing for the service. The office will be paid for both components of the service.

For more information, please see the following resources below.

- Medicare PFS RVU files
- Medicare Claims Processing Manual
- MLN Matters SE17023

HEDIS® results for measurement year 2020

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS is a tool used by most U.S. health plans to measure performance on important aspects of care and service. HEDIS is designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans.

Through HEDIS, BCBSNE is accountable for the timeliness and quality of health care services delivered to our members. We evaluate our performance in clinical quality by using the HEDIS performance measure reports on an annual basis. Our HEDIS results help us measure performance on several key quality indicators and are used to identify opportunities for improvement, monitor the success of quality improvement initiatives, track progress and provide a set of measurement standards that allow comparison over time.

The following subset of HEDIS measures provides a comparison based on services received in measurement year 2019 and 2020 as compared to the 2021 Quality Compass® national averages.

	Measure	Commercial measurement year 2019	Commercial measurement year 2020	**2021 Quality Compass National Average
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	31.10%	39.50%	43.87%
BCS	Breast Cancer Screening	75.58%	73.72%	69.54%
CCS	Cervical Cancer Screening	70.80%	75.67%	72.40%
CIS	Childhood Immunization Status			
	Combo 10 - MMR, Hep A, VZV, Influenza, RV, Hep B, IPV, HiB, DTap and PCV.	61.31%	47.93%	51.41%
COL	Colorectal Cancer Screening	56.50%	62.16%	60.66%
CDC	Comprehensive Diabetes Care			
	Eye Exam Preformed	47.50%	41.20%	46.86%
	*Poor Control <9.0%	44.00%	47.45%	43.86%
	HbA1c Control <8.0%	33.31%	45.56%	48.41%
SPD	Statin Therapy for Patients With Diabetes -			
	Received Statin Therapy	65.12%	66.26%	63.79%
	Statin Adherence 80%	77.46%	81.02%	76.51%
W30	Well-Child Visits in the First 15 Months of Life	81.98%	80.28%	78.46%

*Lower rates indicate better performance; **National Averages taken from NCQA's Quality Compass 2021. For additional information on HEDIS measures and technical specifications, please refer to NCQA.org/HEDIS/.

Welcome to BCBSNE!

We are happy to announce the addition of January Miller to the Provider Executive team.

January Miller

January started her career with BCBSNE in 2018 as a customer service representative and was recently promoted to a quality coordinator position. With January's experience using our claims system and building strong relationships, she will be a wonderful asset to the Provider Executive team. We are excited to have January on our team and have her as your partner.

Provider Executive changes

With January's addition to the Provider Executive team, more changes have been made to Provider Executive territories. The most up-to-date list is available at NebraskaBlue.com/Providers/Provider-Contacts.

REMINDER

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

For questions on Medicare Advantage claims, please call **888-488-9850** for assistance.