

**Update** is an online newsletter containing up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers. 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 every other month.

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, you may view the Policies and Procedures Manual in the Provider section at [NebraskaBlue.com/Providers](https://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 at [NebraskaBlue.com/Providers](https://NebraskaBlue.com/Providers).

To request permission to reprint the material published in this Update for any purpose, you must email the editor, Loraine Miller, at: [Loraine.Miller@NebraskaBlue.com](mailto: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](https://NebraskaBlue.com/Update). You can view the newsletter and request online notifications about workshops, resources and other information from BCBSNE.

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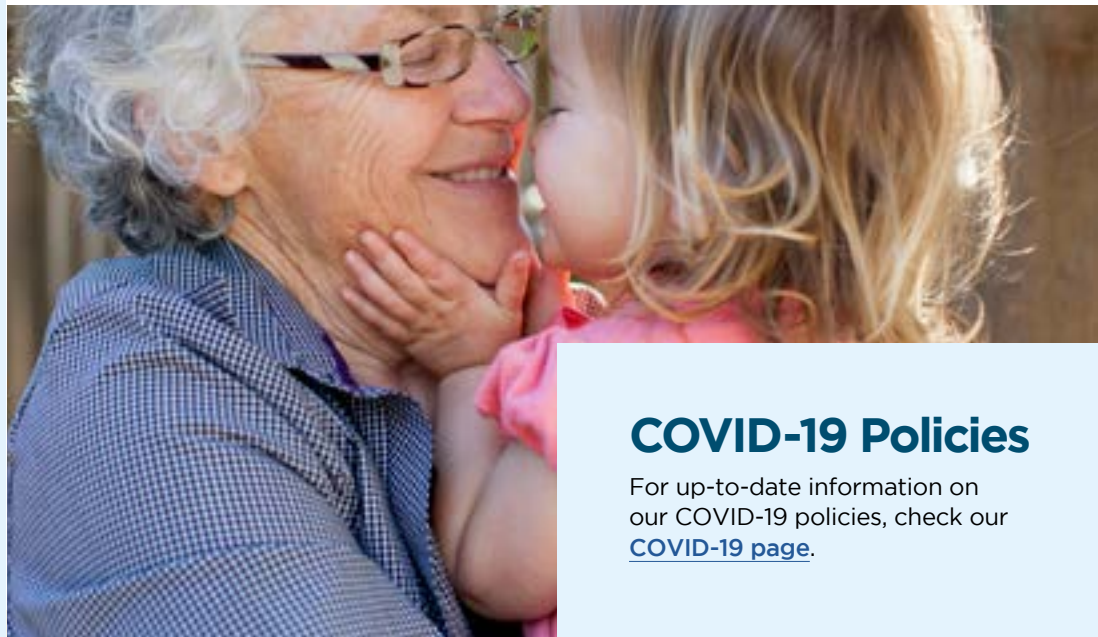
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## What's New



### Happening Now

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



### COVID-19 Policies

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

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QR Code is a registered trademark of DENSO WAVE INCORPORATED.


## New ID Cards with QR Codes


To comply with the ID card mandates in the 2021 Consolidated Appropriations Act, and to make it easier for members and providers to find information about covered benefits, new ID cards with Quick Response (QR) Codes on the front will be issued to our members throughout 2022.


Please note:

- The QR code will link to the member’s specific Schedule of Benefits Summary. By scanning the QR code, both the member and provider can access information about in-network and out-of-network deductibles and out-of-pocket maximums.
- The cards will also include a phone number and website URL for member service.
- Current member ID numbers will not change.

Here is a sample of our new ID card. Please scan or click on the QR Code to see a sample Schedule of Benefits Summary.



Member Name <b>JOHN DOE</b>	<b>Network BLUE</b> <b>Network BLUE Dental</b>
ID <b>XYZ123456789</b>	
Medical and Rx Benefits RxBIN <b>610455</b> RxPCN <b>RxNEB</b>	Copays may apply <div style="text-align: center; margin-top: 10px;">  </div>
<b>Issued 04/2020</b>	<b>PPO</b>



File all claims with local Blue Cross and Blue Shield Plan/Licensee in whose Service Area the Member received services.	<b>www.nebraskablue.com</b>														
Admission Certification required prior to inpatient admission. Penalties may apply.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Member Services:</td> <td style="text-align: right;"><b>844-201-0763</b></td> </tr> <tr> <td>Admission Certification:</td> <td style="text-align: right;"><b>800-247-1103</b></td> </tr> <tr> <td>Provider Locator:</td> <td style="text-align: right;"><b>800-810-2583</b></td> </tr> <tr> <td>NE Provider Services:</td> <td style="text-align: right;"><b>800-635-0579</b></td> </tr> <tr> <td>Provider Outside NE:</td> <td style="text-align: right;"><b>800-676-2583</b></td> </tr> <tr> <td>Pharmacy Help Desk:</td> <td style="text-align: right;"><b>800-821-4795</b></td> </tr> <tr> <td>Telehealth Services:</td> <td style="text-align: right;"><b>855-818-3627</b></td> </tr> </table>	Member Services:	<b>844-201-0763</b>	Admission Certification:	<b>800-247-1103</b>	Provider Locator:	<b>800-810-2583</b>	NE Provider Services:	<b>800-635-0579</b>	Provider Outside NE:	<b>800-676-2583</b>	Pharmacy Help Desk:	<b>800-821-4795</b>	Telehealth Services:	<b>855-818-3627</b>
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Dental GRID / GRID+	<b>nebraskablue.com/telehealth</b> <small>Service Key: BCBSNE</small>														
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## Durable Medical Equipment (DME) Billing Revisions

Beginning Jan. 1, 2022, BCBSNE will require that the ordering or referring provider's name and National Provider Identifier (NPI) be listed in boxes 17 and 17b of the CMS-1500 for all claims submitted with the items noted in the [Master List](#). Claims will be returned if they are submitted without boxes 17 and 17b populated.

## Step Therapy

Nebraska Legislative Bill LB 337, Step Therapy, becomes effective Jan. 1, 2022.

The Nebraska Step Therapy Reform Act (LB337) allows health care providers to request a step therapy override exception, provides certain circumstances when a health care provider can override the step therapy protocol and establishes timelines for which an insurance company or pharmacy benefit manager must respond when a step therapy override exception request is submitted. Receipt of complete, clinically relevant written documentation supporting a step-therapy override exception will be required to support the review process.

## What is Step Therapy?

Step therapy encourages the use of medically appropriate and cost-effective preferred or generic treatments prior to the use of non-preferred brand treatments.

## 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.

## Cholesterol Blood Tests Reminder

Please remember: all orders for direct LDL tests and lipid panels must be medically necessary

In report A-09-19-03027, the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) identified that Medicare paid up to \$20 million over five years for medically unnecessary cholesterol blood tests. The review noted that billing for direct-measurement, low density lipoprotein (LDL) cholesterol tests (direct LDL tests) and lipid panels for the same patient on the same date of service should happen with "only limited frequency."





# Preauthorization REMINDERS

## ID Cards

When submitting a preauthorization request, always check the patient's insurance card to ensure the patient's full member ID number is used and the ID number is valid for the type of preauthorization requested. For example: if a patient has a dental-only ID card, preauthorization for medical care should not be submitted under the dental-only ID number.

## Duplicate Requests

To determine the status of your preauthorization request, please check your [provider dashboard](#) in the preauthorization tool. Handling will be delayed if duplicate requests are submitted, so please check your online resources first.



## Online Preauthorization Tool

Are you using our online preauthorization tool on [NaviNet®](#)? It's easy and gives you a dashboard to see all of your preauthorizations and precertifications. If you aren't using the tool, online training resources are available at [NebraskaBlue.com](#). If you would like virtual training, please reach out to your [Provider Executive](#).

The online preauthorization tool eliminates the need for faxing preauthorizations because it allows you to upload documents instead. You may also use the tool to check the status of authorizations instead of calling.

To submit questions about, or suggestions for, the tool, please send an email to [ProviderPortalAuthQuestions@NebraskaBlue.com](mailto:ProviderPortalAuthQuestions@NebraskaBlue.com).

## Faxes and Best Practices

If you do need to fax us documents, make sure you fax information for only one patient per fax and that patient's information is clearly listed. The information should include:

- Patient's full name
- Date of birth
- BCBSNE member ID number
- Any reference numbers

You will receive a fax confirmation. If it was successful, you do not need to call to verify receipt. Please allow 48 hours for us to process your request.

If you receive a notice that your fax had errors, you will need to resend all the pages until you receive a successful fax confirmation acknowledgment. We do not attempt to work faxes that errored out in transmission. Those faxes are purged and you will receive notice of the errors in transmission which is an indicator to resend the request.

## Kidney Health Evaluation for Patients with Diabetes

An estimated 37 million adults in the United States have kidney disease and about 90% remain unaware of the condition. Kidney disease has no detectable symptoms and often patients only find out they have the disease when their kidneys fail.\*

Clinical practice guidelines from the American Diabetes Association and the National Kidney Foundation recommend screening patients with diabetes for kidney disease every year using estimated Glomerular Filtration Rate (eGFR) and urine Albumin-to-Creatinine Ratio (uACR). Regular lab monitoring for patients with diabetes can lead to early diagnosis, improve management and prevent or delay further damage of chronic kidney disease.

BCBSNE uses HEDIS performance measures to collect quality data from our providers to measure and improve the quality of care our members receive.

### › What We Measure

Kidney health evaluation for patients with diabetes measures evaluate the percentage of adults 18–85 years of age with type 1 and type 2 diabetes who receive the appropriate kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR). The uACR must contain both a quantitative urine albumin test and a urine creatinine test. [View the HEDIS Measures and Technical Resources page for details.](#)

### › Ways to Improve

- Complete pre-visit planning to identify all care gaps to be addressed during the scheduled appointment.
- Discuss the importance of regular kidney health evaluations with patients.
- Be persistent with reminders, track test results and follow up to ensure all diabetic patients have a minimum of two visits per year.
- Communicate with patients and other treating providers to ensure all tests are completed and documented results are shared with the team.



## Tools and Education

Check out this additional information for providers and patients:

- › [Kidney Health Toolkit - NCQA](#)
- › [Patient infographic](#)
- › [Are you at risk for kidney disease?](#)

\*Source: <https://www.kidney.org/news/national-kidney-foundation-and-labcop-data-show-millions-aren-t-tested-kidney-disease>, accessed Nov. 4, 2021.

HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance (NCQA).

## 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 888-505-2022 for assistance.**

## Questions?

**Please contact your [provider executive](#).**