

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.

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.

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

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 about workshops, resources and other information from BCBSNE.

As we reflect on the last year, we want to thank you for the commitment and kindness you have shown to your patients, our members. We are very grateful to partner with you.

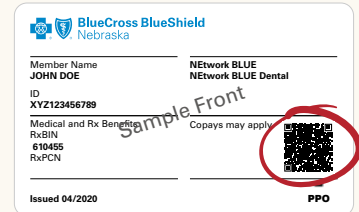
Best wishes in 2022!

Happening Now

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

Reminder

New ID cards are being issued this month and throughout 2022. For more information, please see the [November 2021 Update](#).



COVID-19 Policies

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

What's coming in 2022:

Look for more provider webinars throughout 2022. Our first webinar is scheduled for early January! More information will follow.

In this Issue

Happening Now	1
COVID-19 Policies	1
Reminder: New BCBSNE ID Cards	1
What's Coming in 2022	1
What's new on NebraskaBlue.com	2
Amazon Pharmacy and MedsYourWay™, a new home delivery option	2
New diabetes solutions coming for 2022	3
Preferred Centers	4
Remits: Understanding recoupments and adjustments	5
Changes to 835 and EOP	5
Avastin billing	5
Continuous glucose monitors	5
Diabetic supplies and equipment coverage	5
Step therapy	6
Modifier 25	6
Skin tag removal	6
Case management letters	6
Risk Adjustment: Asthma coding and documentation	7
Multiple surgeries	8
High-dollar prepayment review	8
No Surprises Act and LB997	9



What's new on NebraskaBlue.com

The new [Provider Resources](#) page contains resources on coding, billing, claims and more.

The new Current Quick Tip feature will be updated often and past tips are available from this page. The Current Quick Tip provides information about rejected or returned claims.

Reminder: The following information is also available on this page:

- Current Quick Tip: Rejected or returned claims on NaviNet®
- Legislative Updates
 - Transparency in Coverage Rule/2021 Consolidated Appropriations Act
 - BCBSNE and State Mandate LB487
 - BCBSNE's Response to LB997
- Resources
 - Healthy Blue Nebraska Medicaid
 - Centers for Medicare and Medicaid Services (CMS)
 - Nebraska Medical Association (NMA)
 - Coding and Billing

NaviNet® is a healthcare provider portal providing services for Blue Cross and Blue Shield of Nebraska.



Amazon Pharmacy and MedsYourWay™, a new home delivery option

Beginning Jan. 1, 2022, BCBSNE members will have the option to use Amazon Pharmacy as a home delivery pharmacy for their maintenance medications.

Amazon Pharmacy makes it easy for members to sign up and shop for their medications via their existing Amazon account. Members can order and manage their prescriptions through the easy-to-use shopping experience, including low-cost options with built-in MedsYourWay pricing.

This program is in addition to the current home delivery pharmacy, Express Scripts® Pharmacy, giving members more choices.

Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.

MedsYourWay drug discount card administered by Inside Rx. MedsYourWay drug discount card and Inside Rx are not insurance. Limitations apply. Members are responsible for the cost of prescription(s) when using the card. MedsYourWay is a trademark of Prime Therapeutics. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska. Express Scripts Pharmacy®, a trademark of Express Scripts Strategic Development, Inc., is contracted to provide mail pharmacy services to Blue Cross and Blue Shield of Nebraska.

New diabetes solutions coming for 2022

Beginning Jan. 1, 2022, BCBSNE members may use the Virta type 2 diabetes reversal program at no cost. Virta is a provider-led, research-backed treatment program that can help reverse type 2 diabetes. Patients can lower their blood sugar and A1c, all while reducing the need for diabetes medications and losing weight. Virta's proven results include:

- 1.0% reduction in HbA1C
- 5% weight loss
- 40% cost reduction in diabetes medications



► How Virta works

Virta uses nutritional ketosis to naturally lower blood sugar and turn the body into a fat-burning machine. There is NO surgery, required exercise or calorie counting with Virta.

With Virta's personalized treatment plan, each patient gets medical supervision from a physician-led care team, a one-on-one health coach, diabetes testing supplies, educational tools like videos and recipes, and a private online support community.

Virta provides around-the-clock monitoring and care—there are no waiting rooms and no lines. With an easy-to-use mobile and desktop app, Virta can be done from anywhere.

► Technology-enabled continuous remote care

- Care team
- Data and analytics
- Electronic Medical Records (EMR) and population health

► Patient interactions

- Individualized nutrition protocol
 - No calorie counting
 - Eat until full
 - Maps to unique patient needs and preferences
- Patients average two to four interactions per day (vs. 15 minutes every 6 months with primary care provider (PCP))
- Biomarker logging with blood glucose normalizing rapidly
- Physician-led de-prescription and reporting outcomes to the member's PCP
- PCP receives notice within 14 days of patient's enrollment; then, receives monthly notices until patient is no longer enrolled

Preferred Centers

In 2018, BCBSNE introduced Preferred Centers for hip and knee replacements. Deductible and coinsurance is waived if a patient has a hip or knee replacement at one of our Preferred Centers.*

Beginning Jan. 1, 2022, spine procedures will be added to Preferred Centers.*

Please note, some patients may not be eligible for services at a Preferred Center due to medical comorbidities.

These facilities are part of our Preferred Centers program because they have met or exceeded our high quality of care and cost standards.

PREFERRED CENTERS		
Facility	SPINE (Eff. Jan. 1, 2022)	KNEE and HIP
Columbus Community Hospital		X
Kearney Regional Medical Center	X	X
Lincoln Surgical Hospital	X	X
Midwest Surgical Hospital, Omaha	X	X
Nebraska Spine Hospital, Omaha	X	
OrthoNebraska Hospital, Omaha	X	X

▶ Learn more about our Preferred Centers at NebraskaBlue.com/Preferred.



*Only the coinsurance will be waived for patients enrolled in a qualified high-deductible health plan.

Remits: Understanding recoupments and adjustments

Notification of recoupments and offsets are displayed in your 835 and Explanation of Payment (EOP).

Changes to 835 and EOP

- Recoupment offsets will display immediately.
- Recoupment offsets will not happen for a minimum of 30 days after notification.
- When money is deducted from a future payment, it will be important to reference the previous 835/EOP for details.
- Once a claim has been adjusted/voided, the adjustment/void and the offsetting of the recoupment will be reflected in the next 835 and/or EOP.
- Federal Employee Program claims will offset immediately.
- Partial recoupments will be taken.
- Recoupments will be taken on dental claims.



View this guide for help with adjustments/recoupments

It includes:

- Where to find the adjustments on the claim,
- An example of the new change where positives become negatives and negatives become positives,
- How to tell if the adjustment affects the claim, and
- An example of a message indicating the amount retracted from the adjusted claim.

Avastin billing

Effective Jan. 1, 2022, when billing for Avastin for ophthalmologic purposes (macular degeneration), HCPCS code C9257 should be used.

J9035 can be used; however, usage of J9035 will be subject to prior authorization requirements.

C9257 does not require prior authorization.

Continuous glucose monitors

Beginning Jan. 1, 2022, continuous glucose monitoring systems, sensors, transmitters and receivers will move from being covered under group medical benefits to group pharmacy benefits. These services will be covered as shown on the group's formulary (or prescription drug list). This change is applicable for all fully insured groups at their renewal. This change will be optional for self-funded groups.

Diabetic supplies and equipment coverage

BCBSNE covers some diabetic equipment and supplies as medical services and others as pharmacy benefits administered through Prime Therapeutics, depending on the health plan design and prescription drug list (PDL).

If Pharmacy Coverage and Medical Coverage are both checked, the member can choose to have the claims filed under either medical or pharmacy benefits, but they will not be covered under both. If a self-funded group uses a pharmacy benefit manager other than Prime Therapeutics, Medical Coverage could differ.

View the Diabetic Supplies and Equipment Coverage list at [NebraskaBlue.com/RxManagement](https://www.nebraskablue.com/RxManagement).

Please note: Supplies or services administered in the doctor's office or inpatient facility will be covered by the medical plan.

Step therapy

Nebraska Legislative Bill LB337, Step Therapy Reform Act, is effective Jan. 1, 2022.

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.

Modifier 25

The standard billing guidelines for Modifier 25 are as follows:

- Modifier 25 is defined as a significant, separately identifiable Evaluation and Management (E/M) service by the same physician or other qualified health care professional on the same day of a procedure or other service.
- Modifier 25 can be used with the appropriate level of E/M service when an E/M service occurs on the same day as a procedure.
- Medicare allows payment when documentation supports Modifier 25, provided the procedure performed has a global period listed on the Medicare Fee Schedule Relative Value File.

If a claim with Modifier 25 is denied and you disagree with the denial, please file a [Reconsideration Request form](#) and include documentation to support the modifier usage.

Skin tag removal

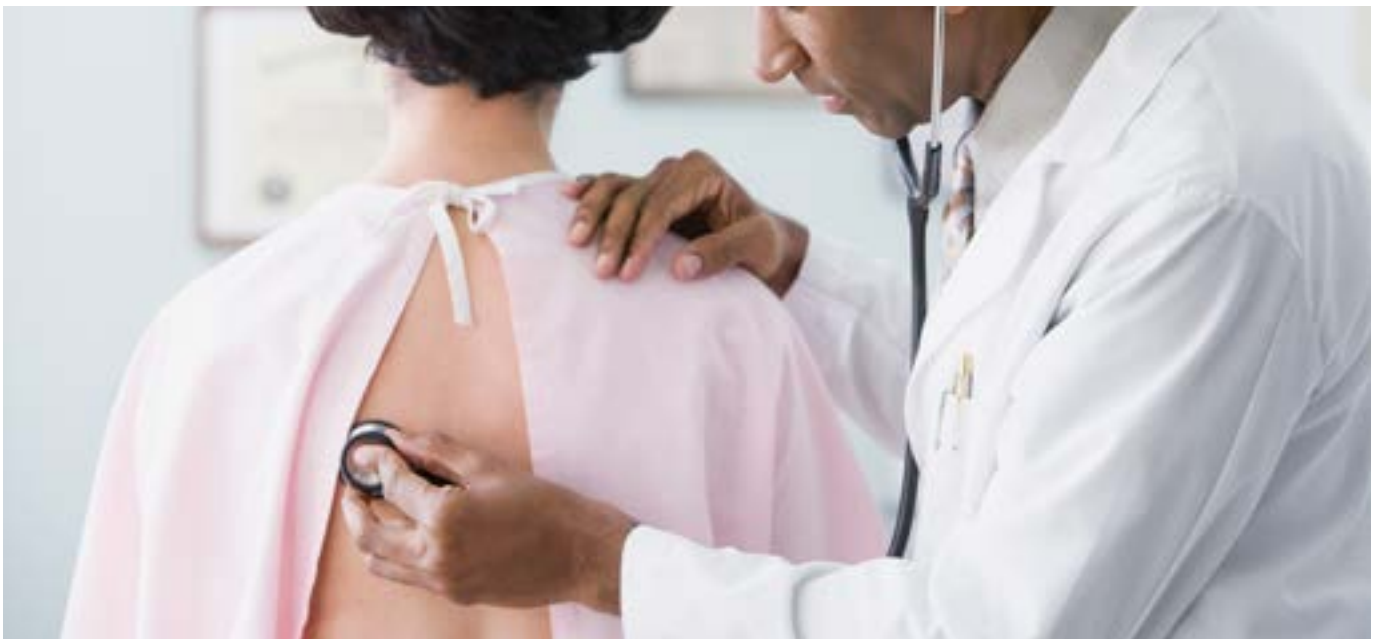
Effective for dates of service beginning Jan. 1, 2022, skin tag removal will be denied as a non-covered service.

Charges for non-covered services are member liability.

Case management letters

Case management letters have been sent to the referring or primary care physician to advise that one of their patients was in case management.

Effective Jan. 1, 2022, BCBSNE will no longer send case management provider notification letters. Our case management program will continue.



Risk ADJUSTMENT

Asthma coding and documentation

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.

When documenting asthma in the member's record, healthcare providers should address:

- Severity: mild persistent, moderate persistent or severe persistent or intermittent
- Stability: uncomplicated, with exacerbation or status asthmaticus
- Cause: exercise-induced, cough variant asthma
- Testing: Spirometry
- Treatment: use of inhalers, steroids

It is important to note member comorbidities when asthma coexists with other conditions that affect breathing which can further complicate management.

As a healthcare provider when documenting in a member record, take what you are thinking clinically and write it in the note. For each condition a good rule of thumb is to think about what is being done to treat that condition.

- What is the diagnosis?
- What is the status?
- What is the plan?

When these three simple questions can be answered in written documentation it shows support of treating the condition.





Multiple surgeries

Effective for dates of service Dec. 1, 2021, and after, professional providers will be reimbursed for more than five surgeries subject to multiple surgery cutback. Those procedures (subject to multiple surgery cutback) will be reimbursed at 25% of the allowable amount for more than five surgeries.

Reimbursement effective Dec. 1, 2021:

- 100% of the allowable amount for the procedure with the highest RVU
- 50% of the allowable amount for the procedure with the next highest RVU
- 25% of the allowable amounts for all subsequent procedures

High-dollar prepayment review

The audit process for claims with allowed charges at \$100,000 and above billed charges can include a review of the itemized billing and a desk review of selected medical records, if received on or after Jan. 1, 2021. The audit criteria is dollar based, therefore, the itemized billing and selected medical records need to be submitted regardless of BCBSNE primacy.

Effective Jan. 1, 2022, the audit process will also include claims when the billed charges are less than allowed charges.

For more information on the high-dollar prepayment review process, please see the Prepayment Audit section of the [General Policies and Procedures Manual](#).

No Surprises ACT and LB997

▶ What is the No Surprises Act?

Effective Jan. 1, 2022, the No Surprises Act protects consumers from getting surprise bills from out-of-network providers or facilities for medical care received from out-of-network providers or facilities in emergency situations (to include emergency and related post-stabilization services), nonemergency services provided by a nonparticipating provider in a participating facility, and air ambulance services. This federal mandate applies to all individual policies, fully insured group health plans and both ERISA and non-ERISA self-funded groups, where the state law does not apply.

▶ What is LB997?

[Legislative Bill 997 \(LB997\)](#), also known as Nebraska's Out-of-Network Emergency Medical Care Act, keeps consumers from getting surprise bills from out-of-network providers or facilities for emergency medical services. Facilities are defined as a general acute hospital, satellite emergency department or ambulatory surgical center licensed pursuant to the Health Care Facility Licensure Act. Effective Jan. 1, 2021, providers in Nebraska may not balance bill patients for medical care received from out-of-network providers or facilities in emergency situations. This state mandate applies to all fully insured plans and non-ERISA groups.

▶ What can providers expect with this change?

Out-of-network providers will receive remits and payment for these claims. If your facility or office is in network with NETWORK BLUE, but out of network with one of the regional networks (Blueprint Health or Premier Select BlueChoice), a remit and payment will be directed to your office for emergency situations. Out-of-network providers cannot balance bill patients for covered services received resulting from a medical emergency.

Check the Legislative Updates section of our [Provider Resources](#) page for more information coming soon.



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](#).