Update

MARCH 2022

BlueCross BlueShield Nebraska

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

NebraskaBlue.com/Providers

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.

60-117 (02-15-22)

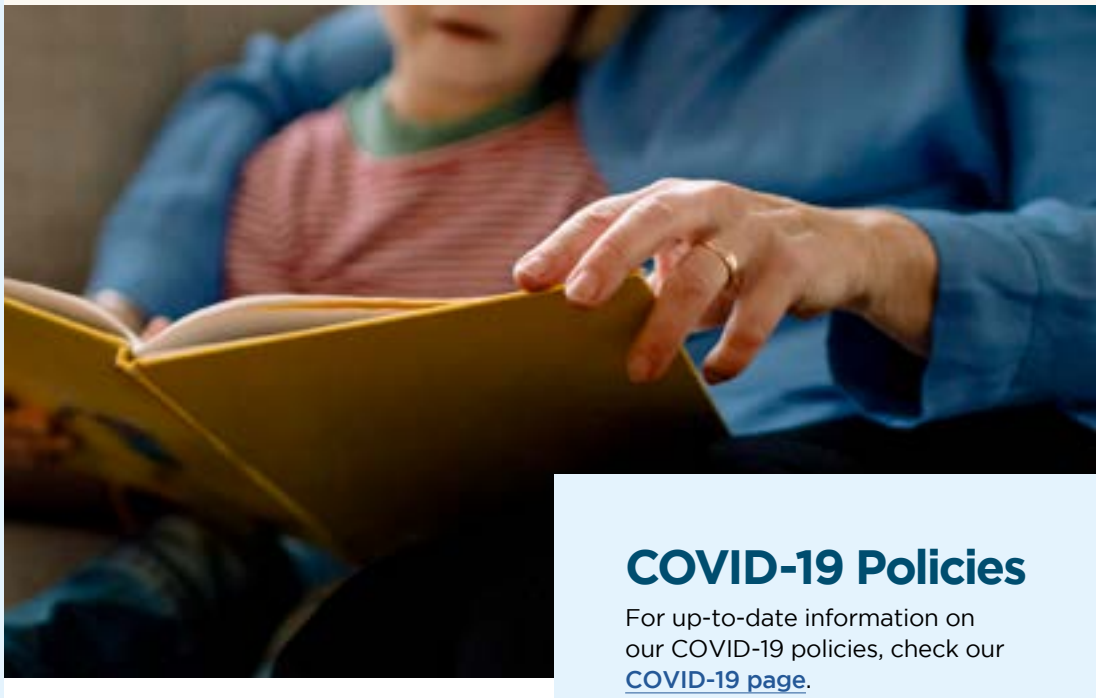
Happening Now

Please continue to check our Happening Now page for current information and updates.

Reminder: New ID cards for BCBSNE members

We have issued new ID cards to many Blue Cross and Blue Shield of Nebraska (BCBSNE) members beginning in January 2022 and will continue throughout 2022. For more information, please see the November 2021 Update. Please ask for the member's ID card at every visit.

Please ask for the member's ID card at every visit, regardless of whether they are a BCBSNE or an out-of-state member.



COVID-19 Policies

For up-to-date information on our COVID-19 policies, check our COVID-19 page.

In this Issue

New Features

Telehealth and new place of service code (POS) effective April 1, 2022

Starting April 1, 2022, place of service code 10 (telehealth provided in patient's home) or 02 (telehealth provided other than in patient's home). Modifier 95 must be billed when billing with place of service code 10 or 02.

Only place of service 02 and modifier 95 should be submitted for all telehealth locations through March 31, 2022.

Medical policy updates

Great news! Medical policy updates can be found online starting March 1, 2022. Medical policy updates will no longer be mailed to providers.

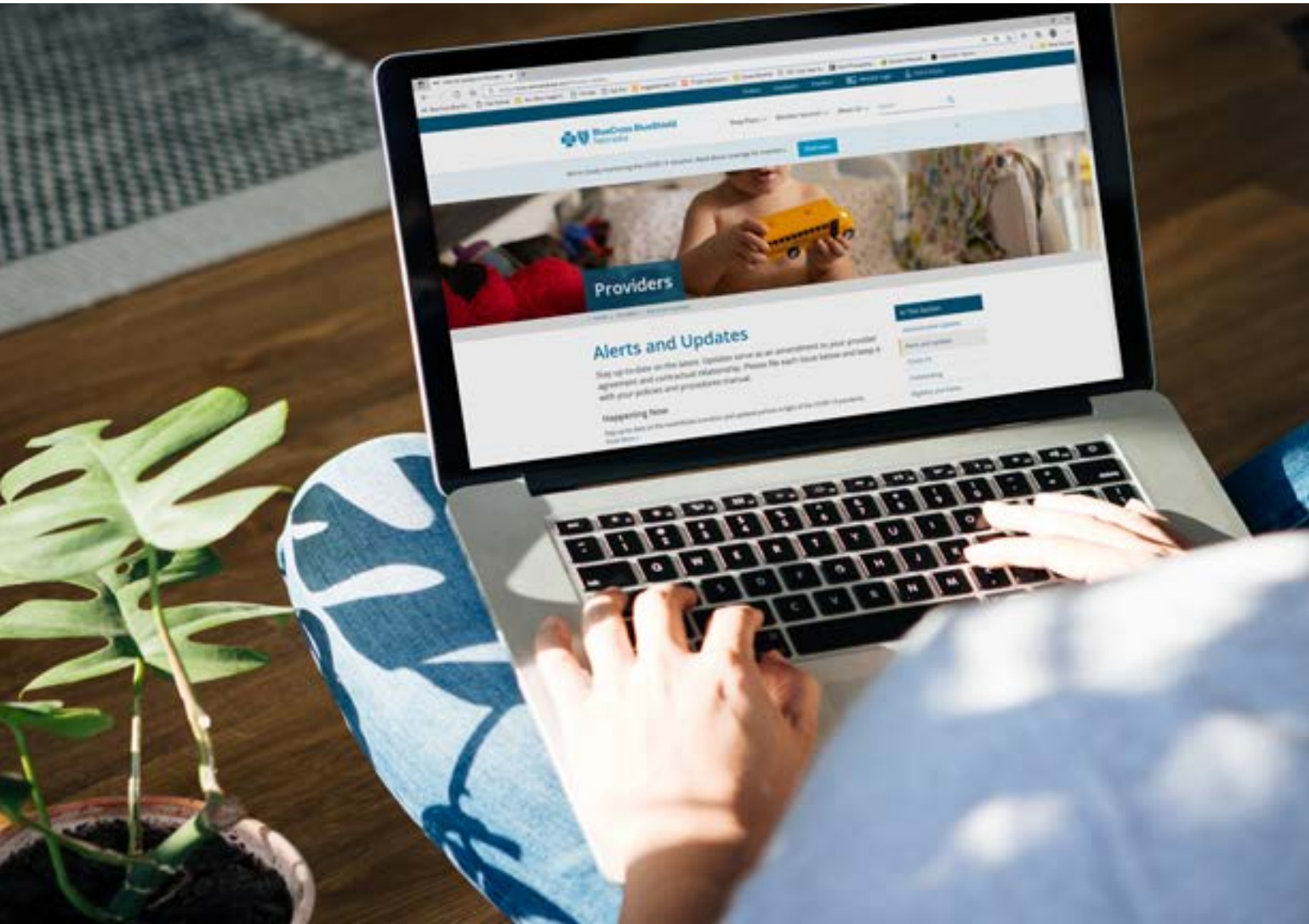
- Go to the Medical Policy Updates tab on the Alerts and Updates page to view updates and other important information.

Non-coverage of PLA codes

BCBSNE does not cover PLA CPT® codes submitted by providers not identified as approved laboratories by the American Medical Association (AMA).

PLA codes are only appropriate for utilization when the proprietary laboratory is being used. Alternative CPT codes may be available and are encouraged to be used in place of the PLA codes when appropriate. If you believe the denial is inappropriate, please submit an appeal with medical records that support the use of the proprietary laboratory.

For more information on PLA CPT Codes, visit FAQ: CPT® PLA | American Medical Association.



Reminder: DME Policy effective March 1, 2022

The fourth quarter 2021 medical policy update letter advised of several medical policy updates and new policies. For the full list of changes, please see the letter that was sent to you in early January 2022.

Medical Policy: VIII.14 Durable Medical Equipment
Effective: March 1, 2022
Preauthorization Recommended
Policy Statement

Durable medical equipment (DME) may be eligible for reimbursement consideration by BCBSNE when all the following criteria are met:

- The individual has the benefit for the item
- The item meets our definition of DME
- We do not consider the item to be experimental or investigational
- The item is considered medically necessary for the treatment of, or as an aid in the treatment of, a medical or surgical condition
- The item is ordered by an eligible qualified healthcare professional
- The item is provided by a DME provider or, in limited circumstances, by another eligible provider type as allowed by us

NaviNet changes coming soon!

To make it easier to work with us, new self-service features to our provider portal, NaviNet, will be available in 2022.

Throughout 2022, we will enhance eligibility, benefit and claim status information, as well as add new streamlined claim management processes. Our first release will include the ability to submit electronic attachments on previously submitted claims and view claim return letters in the portal.

Searching NaviNet without a member ID

Starting Feb. 23, 2022, entering the member ID number will always return the best match when performing an eligibility and benefits search in NaviNet. However, you may now also search for a BCBSNE or BCBSNE Medicare Supplement member without the member ID. Please note: This option is not available for out-of-state members.

If the BCBSNE member has more than one BCBSNE ID number:

- No search results will be returned and an error message will display
- The ID number must be included in order to see results
- The member's Social Security number may continue to be used in the ID number field as an additional way to search

Medicare Advantage policies: Who to call

Please keep this information handy to know which phone numbers to call for assistance.

ID cards that begin with a prefix of Y2M or YMA

Provider customer service (eligibility, benefits and claims)	Prior authorization	Claims mailing address
888-505-2022	Prior authorization: 877-399-1671 Prior authorization status: 888-505-2022 For high tech radiology, cardiac imaging, radiation therapy and interventional pain management: Submit prior authorization via the AIM portal at **ProviderPortal.com** or by calling 866-745-3265.	Blue Cross and Blue Shield of Nebraska P.O. Box 3248 Omaha, NE 68180-0001

Out-of-state Medicare Advantage plans

Out-of-state Medicare Advantage policies are considered BlueCard® claims, so please be sure to use this contact information for Medicare Advantage:

Eligibility and benefits	Provider customer service (claims)	Claims mailing address
Call the phone number on the back of the member's ID card.	800-635-0579	Blue Cross and Blue Shield of Nebraska P.O. Box 3248 Omaha, NE 68180-0001

Reconsideration requests

When providers incur a supply cost above the contracted amount, there must be at least a $25 differential per claim in order for the reconsideration request to be considered.

Reconsideration requests that do not meet the $25 threshold will be returned.

For example: If the difference in supply cost is $25 or more per claim, please send us the invoice showing the cost difference.

If the difference in supply cost is less than $25 per claim, the threshold would apply and a reconsideration would not be made.

TIP:

Submitting reconsiderations for CPT 29823 denials? Appending modifier -59 to this code will suppress the unbundled pairs edit which eliminates the need to submit a reconsideration with medical records.

Claim number formats

The format of claim numbers can vary as shown below.

Insurer	Claim number format	Adjusted claim numbers
BCBSNE (commercial policy and Medicare Supplement claims)	First four digits: Year claim is received (2022) 14 digits long	Adjustments are made to the same claim number Suffixes are not appended
Federal Employee Program (FEP)	First two digits: Year claim is received (22) Sixth character will be an alpha character: Institutional – C Dental – D Professional – S 11 digits long	Adjusted claims end with an "X"
Medicare Advantage (Y2M and YMA prefixes)	First two digits: Year claim is received (22) 12 digits long	Adjustments are made to the same claim number Suffixes are not appended

NOTE: In some situations, claims will be processed under a new claim number.

Prior authorization reminders

Inpatient precertification

- When calling to request an inpatient surgical admission, please remember that the surgical code may need to be preauthorized before the precertification. To determine if the surgical code needs to be preauthorized, visit MedicalPolicy.NebraskaBlue.com.
- After the surgical procedure has been preauthorized, request inpatient surgical admission by calling our precertification line at 800-247-1103 or if you are a contracting provider, you may submit these requests electronically using NaviNet.

Medical and pharmacy preauthorization reminders

- The Medical Preauthorization form and all the Pharmacy Preauthorization forms have been updated. Please make sure you are using the most recent fax form when submitting to us.
- To avoid delays, please make sure to include the complete address of the physician on the forms.
- If you receive a failed notice when faxing documents to us, please refax the entire document.
- Only one request is needed per patient for submissions relating to Dexcom G6.

If you are a contracting provider, for more timely responses, please use NaviNet to submit your online preauthorization requests instead of using fax forms.

NaviNet preauthorization provider portal reminder

- Our online preauthorization and precertification tool is the most efficient method for submitting requests.
- Go to NebraskaBlue.com/Provider-Training to learn how to use our preauthorization tool.
- Please remember to include your phone number and fax number in the “Notes” section of each authorization you submit.

HEDIS medical record reviews began in February

Each year from February through May, we perform medical record reviews to collect HEDIS measurement quality data.

We use the vendor Centauri Health Solutions to collect data for commercial members. Centauri looks for clinical details that may not have been captured in claims data, such as blood pressure readings, HbA1c lab results and colorectal cancer screenings. Centauri may contact your clinic to schedule a HEDIS review or ask you to fax necessary records to them. We appreciate your assistance with these important reviews. Your cooperation helps us meet our quality goals as we seek to improve the overall health of our members – your patients.

As a reminder, per your contract with us, requests for medical records must be provided at no cost to us or our members. Please inform your vendors of this obligation.

For more information, please see the Medical Records Standards in the General Policies and Procedures manual.

Centauri is an independent company that collects medical records used for HEDIS measurement quality data for Blue Cross and Blue Shield of Nebraska.

March is National Colorectal Cancer Screening Month

Make screening a priority

Nebraska ranks 41st in screening rates according to the Nebraska Department of Health and Human Services. Regular colorectal cancer screening is one of the most powerful weapons against colorectal cancer (CRC).

Effective messaging is a key component to strengthen your colorectal cancer screening efforts. Studies suggest that the single most important influence on a patient's decision to get CRC screening is a recommendation from their medical provider. During National Colorectal Cancer Screening Month, and all year long, we encourage you to help close the gap for colorectal cancer screening and save more patient lives.

About one in every three adults ages 50 and older are not getting screened as recommended. To assist with improving CRC screening, the National Colorectal Cancer Round Table has developed the 80% in Every Community initiative with a focus on achieving 80% colorectal cancer screening rates nationally.

We are committed to working with you to improve the quality of care and health outcomes for our members, your patients. HEDIS is one tool we use to measure many aspects of performance.

HEDIS Measure Description

HEDIS Colorectal Cancer Screening quality measure evaluates the percentage of adults age 50-75 years who get the appropriate screening for colorectal cancer. It excludes patients with a history of colorectal cancer, a total colectomy or those in hospice.

Appropriate screening for colorectal cancer

Test	Interval
Screening colonoscopy	Every 10 Years
Screening flexible sigmoidoscopy	Every five years
Screening CT colonography	Every five years
FIT DNA (i.e., Cologuard®)	Every three years
Fecal occult blood test (FOBT)	Every year

Resources for improving colorectal cancer screening

The National Colorectal Cancer Round Table (NCCRT) Learning Center is a digital learning platform that features courses, tools and other resources on CRC screening, delivery and research. To find recommendations on how to educate, empower and mobilize those who are not getting screened for colorectal cancer, access the NCCRT Learning Center.

Atrial fibrillation diagnosis, treatment and coding

Several tests are used to diagnose atrial fibrillation (afib) including electrocardiogram (EKG), echocardiogram (ECG), Holter monitor, event recorder, stress test, chest X-ray or blood work.

Types of treatment may include medications, cardioversion therapy and surgery:

Medications

- Beta blockers
- Calcium channel blockers
- Antiarrhythmic medications
- Blood thinners
- Digoxin

Cardioversion therapy

- Electrical cardioversion—using electrical shocks to the heart through paddles or electrodes placed on the chest to reset the heart rhythm
- Drug cardioversion—medication used to reset the heart rhythm

Surgery

- Cardiac ablation--which uses heat or cold to create scars in your heart, blocking abnormal electrical signals and restoring a normal heartbeat

Coding afib

Afib may return after a cardiac ablation. Under these circumstances, lifelong blood thinners may be needed to prevent stroke. If a patient's heart arrhythmia is resolved by placement of a pacemaker, please report arrhythmia in addition to the pacemaker status.

An active afib diagnoses means afib exists and testing, treatment and/or monitoring is being done.

Code	Diagnosis description
I48.0	Paroxysmal-intermittent, stopping, starting by itself
I48.11	Long-standing persistent, lasting more than 7 days and subject to rhythm control strategy
I48.19	Other persistent, not documented as long-standing
I48.20	Chronic unspecified, less specified version of long-standing, persistent or permanent
I48.21	Permanent atrial fibrillation, long-standing without indication for cardioversion
I48.91	Afib unspecified type is not documented or known

Historical afib diagnoses means reserve and use "history of" afib once an ablation has been performed or when afib is **no longer** present or requires treatment.

Lantus (Insulin Glargine) biosimilar medication requirements effective April 1, 2022

The brand name insulin medication Lantus (Insulin Glargine) has two interchangeable biosimilar products (Insulin Glargine-yfgn; Semglee-yfgn) that have been approved by the FDA. Effective April 1, 2022, Lantus will be removed from all BCBSNE formularies. Your BCBSNE patients who are currently on Lantus will need to switch to one of the preferred biosimilar products, Insulin Glargine-yfgn or Semglee-yfgn. Your BCBSNE patients who are new to therapy will also be required to use a preferred Insulin Glargine biosimilar. Due to the interchangeability of these medications, prescriptions can automatically change over to a preferred Insulin Glargine product at the pharmacy level and should not require a new prescription from providers.

Get updates on our progress

We are actively working toward compliance with the provisions in the Transparency in Coverage Rule and the Consolidated Appropriations Act. As final regulations are released, we will furnish you with updates on our progress. Bookmark our updates page so you can refer to it often and learn how the legislation may impact you and your patients.

Security Corner: Business vendors

Your business vendors may have access to sensitive information as part of their job duties. Make sure those vendors are securing their own computers and networks, too. You can:

- **Put it in writing.** Include provisions for vendor security in your vendor contracts.
- **Verify compliance.** Establish processes so you can confirm that vendors follow your rules.

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.