

Update is a bimonthly provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers. It also offers important details about BlueCard providers and the Federal Employee Program. 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 file every issue of the Update within your BCBSNE Policies and Procedures manual and reference it often. 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.

We also publish each issue online in the Provider section at: NebraskaBlue.com/Providers.

You may print a copy of this Update to file within your BCBSNE Policies and Procedures Manual. 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.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.



What's New

Site of care for medical infusions policy - effective Jan. 1, 2020

Blue Cross and Blue Shield of Nebraska (BCBSNE) is implementing a policy for medical infusion drug sites of care. This policy applies to where provider-administered medication can be given.

It's a little different for emergency care

- Costs for drug infusions are higher at a hospital's outpatient facility than other settings.
- We are working to help our members with complex medical conditions get the care they need in the most cost-effective way.

What you should know

- The policy includes medications ordered within select therapeutic categories, including immunoglobulin replacement, multiple sclerosis, and autoimmune disorders (e.g. gastrointestinal, musculoskeletal).
- Beginning Jan. 1, 2020, all new requests for the select medications will require a medical necessity review and a place of service review.
- You may search for medications at medicalpolicy.nebraskablue.com.
- Benefits for provider-administered medications will be limited to infusion services provided at non-hospital locations (non-hospital outpatient centers, physicians' offices, ambulatory centers and home infusion), unless the member is considered medically unstable or meets the medical policy criteria for continued administration in an outpatient setting.
- New requests for select medications will require a place of service review.

Important dates

- In early Sept. 2019, we mailed letters about this to:
 - Providers who treated a BCBSNE member within the last six months with an applicable medication.
 - Members who have received an applicable medication within the last six months.

In this issue → [Click on the headline to jump to the article.](#)

| | |
|---|-----|
| Site of care for medical infusions policy - effective Jan. 1, 2020 | 1 |
| Carpal Tunnel Payment Policy – effective Dec. 1, 2019 | 2 |
| Confidential Information | 2 |
| Happening Now | 3 |
| Featured: Member ID cards | 4 |
| Featured: ID cards/Plan code | 4 |
| Featured: Substance use disorder billing guidelines/claim submission policies | 4 |
| Featured: Hedis Measure: Acute bronchitis (AAB) | 4 |
| Reminder: Preauthorizations via fax | 6 |
| Reminder: Consults during an inpatient stay | 6 |
| Get to know your provider executive team | 7-8 |

Carpal Tunnel Payment Policy – effective Dec. 1, 2019

BCBSNE will implement a new payment policy for carpal tunnel surgeries on Dec. 1, 2019. Carpal tunnel surgery and bilateral carpal tunnel surgery are covered benefits for BCBSNE members.

Key Takeaways:

Bilateral carpal tunnel surgery can be performed simultaneously on the same date of service or consecutively, depending on physician and patient preference.

Simultaneous:

Literature supports simultaneous carpal tunnel surgery since patients tolerate the procedure well, OR time is decreased, patients need less time off work to recover and patients only have one copay/co-insurance payment. However, there is not consensus that simultaneous carpal tunnel surgery should be recommended as the surgery of choice.

Consecutive:

For this reason, if a patient needs bilateral carpal tunnel surgery, they may decide to have the surgeries done on separate dates of service. Appropriate time should be taken between surgical procedures for healing and function assessment when the consecutive approach is chosen.

As such, BCBSNE will cover consecutive carpal tunnel surgeries only when they are performed at least 10 days apart in order to provide for optimal recovery time for the patient. Consecutive procedures done less than 10 days apart will be denied as provider liability per payment policy.

Confidential information

The protection of confidential information has been, and will continue to be, a priority for Blue Cross Blue Shield Licensees. In March 2018, the Blue Cross Blue Shield Association (BCBSA) updated its policies regarding the access, use and transfer of BCBSA and/or another Blue Cross Blue Shield Licensee's confidential information, including data. As a BCBSA Licensee, BCBSNE is required to adhere to these policies and their provisions. Pursuant to these policies, BCBSNE must, at a minimum, execute an agreement with its participating providers that addresses the following:

- The precise purpose for how the confidential information/data will be used,
- Prohibitions on reselling the released confidential information/data,
- The destruction or return of the released confidential information/data,
- Notifications to BCBSNE if the receiving party's ownership changes,
- BCBSNE's audit rights,
- Prohibitions on commingling the released confidential information/data with other employer or third-party information and
- Prohibitions on disaggregating the released information, when applicable.



Happening Now

For up-to-date information on what's happening at BCBSNE, check out the **Happening Now** button at NebraskaBlue.com/Providers.

Providers

As our partners in health, we want to give you information you need to help your patients. You can find everything you need ranging from contract changes to downloading forms.

 [Launch MedPolicy Blue](#)

 [Launch NaviNet](#)

[Happening Now](#)



Featured topics available under **Happening Now** include:

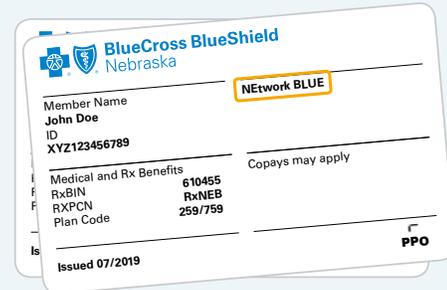
- Claims system transition
- Federal Employee Plan (FEP) migration reminder
- Copayment discrepancy
- Recoupment

Featured

Member ID cards

As you may be aware, we are transitioning to a new claims processing platform called HealthRules.

As our group and Medicare Supplement clients are moved to the new system, we recommend that you obtain a copy of your patients' member ID cards at every visit to ensure you have the most up-to-date coverage information.



ID cards/Plan code

- BCBSNE members will receive new ID cards in 2019 and 2020 when they transition to our new system.
 - The volume of patients with new ID cards will increase as the year progresses.
 - Please note, the prefix on the new cards may change, but some may stay the same.
 - Please ensure you get a copy of the new cards, so you may file claims using the correct ID number.
- You may see a **new plan code on ID cards 259/759**.
 - This new plan code identifies members that have already transitioned to HealthRules.
 - **Note:** You will still see ID cards with the current plan codes (263/763). These are members that have not transitioned yet.
 - Plan codes may be referenced in the Policies and Procedures manuals as well as future newsletters. Please be sure to note this information to determine if the message applies to your patient.

Substance use disorder billing guidelines/claim submission policies

All providers who submit claims that contain Patient Identifying Information (PII) subject to 42 C.F.R. Part 2 (Confidentiality of Substance Use Disorder Patient Records) must comply with BCBSNE's Part 2 billing. For BCBSNE members, the consent should name BCBSNE and the patient's self-funded health plan, if applicable. For other Blue Plan members, the consent should name BCBSNE, the Blue Plan through which the patient receives health coverage and the patient's self-funded health plan, if applicable.

In addition, providers must include a Part 2 Disclaimer with any claim (or other record) that contains PII when submitting the claim (or other records) to BCBSNE.

The Part 2 Disclaimer is "42 CFR part 2 prohibits unauthorized disclosure of these records."

Specifically, providers shall include the Part 2 Disclaimer with claims it submits to BCBSNE in the following manner:

- Professional Claims
 - In Electronic Format (ASC X12N 837P): Provider shall include the Part 2 Disclaimer in Loop 2300 ("Claim Information") Data Element NTE ("Claim Note").
 - In Paper Format (CMS-1500): Provider shall include the Part 2 Disclaimer in Field 19 ("Additional Claim Information").
- Institutional Claims
 - In Electronic Format (ASC X12N 837P), Providers shall include the Part 2 Disclaimer in Loop 2300 ("Claim Information") Data Element NTE ("Claim Note").
 - In Paper Format (UB-04 CMS-1450), Providers shall include the Part 2 Disclaimer in Field 80 ("Remarks").
 - include the Part 2 Disclaimer in Field 19 ("Additional Claim Information").

We reserve the right to deny payment of any claim (and the right to refuse to process other information) if the provider fails to include the Part 2 Disclaimer in a communication containing PII.

HEDIS Measure: Acute bronchitis (AAB) Avoidance of antibiotic treatment in adults with acute bronchitis

The Centers for Disease Control and Prevention (CDC) estimates that up to 30% of antibiotic use may be inappropriate and most of the unnecessary use is for upper respiratory conditions like acute bronchitis. The unnecessary use of antibiotics increases the risk of negative effects to the patient that include adverse drug effects, drug resistance, emergency department use and financial strain. Reducing inappropriate antibiotic use is a national priority for patient safety.

The Healthcare Effectiveness Data and Information Set (HEDIS) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis measure evaluates adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Tips to improve antibiotic stewardship:

- Discuss appropriate antibiotic use with all your office staff to ensure consistent message delivery to your patients.
- When acute bronchitis is diagnosed with another competing diagnosis that requires an antibiotic, code for the competing diagnosis, too (e.g., sinusitis, UTI, COPD, malignancy).
- Use the term "chest cold" or "upper respiratory infection" when referring to the diagnosis to help decrease the patient's expectation for an antibiotic.
- Inform your patients that their cough can last up to three weeks.
- Offer alternative treatments to help alleviate their symptoms:
 - Antitussive medication (such as dextromethorphan, codeine, benzonatate).
 - Use a warm, moist humidifier.
 - Push fluids and avoid caffeine or alcohol.
 - Avoid irritants, such as smoking.

Reminders

Preauthorizations via fax

The most efficient way to expedite a preauthorization is to submit your request at navinet.net. However, if you submit a preauthorization request to us using the Preauthorization Request form at NebraskaBlue.com/Providers/Find-a-Form, please follow these guidelines:

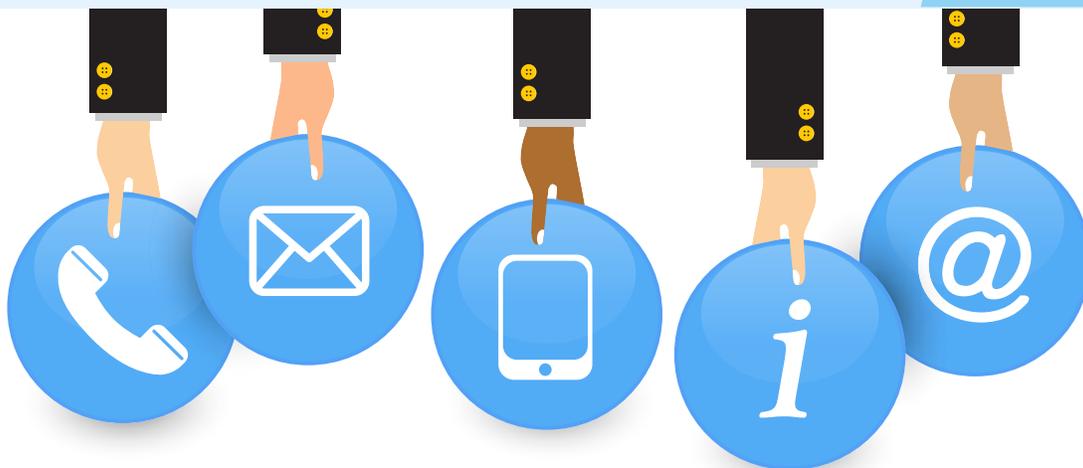
- The preauthorization request form must be the first page after the fax cover letter.
- Submit one patient per fax and make sure every page of the fax you are sending is for the same patient.
- Submit only one preauthorization request form per fax request.
- The ordering physician's name must be submitted with their full first and last name. We cannot accept names submitted such as "Dr. Smith."
- The full facility name must be spelled out without any abbreviations.
- Include the full street, city, state and ZIP code for the ordering physician, as well as the facility.
- Use the most updated preauthorization request form and send it to 402-392-4141 or 800-255-2838.
 - Include all supporting medical records that pertain to the request.
- Please remember non-urgent requests may take up to 15 calendar days to complete. Please schedule your requests accordingly.



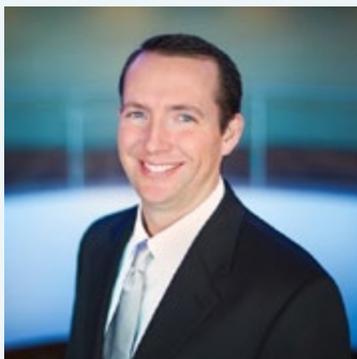
Consults during an inpatient stay

The first time a physician sees a patient in consultation, an initial hospital care code (99221-99223) should only be billed by the admitting physician.

- This rule is a CMS and industry standard.
- This will be reimbursed to the first claim that is processed.
- Providers that are not the admitting physician should bill the appropriate CPT code.



Get to know your provider executive team



John Larson

Provider Executive II

Meet John Larson, Provider Executive II.

John has been one of our provider executives for eight months but has been with BCBSNE for 18 years. He serves providers in the 680 ZIP code area, as well as Boys Town National Research Hospital, Methodist Health System, Ehrling Bergquist Clinic, Remote Specialty Pharmacy and DME providers.

John is married. He and his wife have two teenage daughters and two dogs. When he is not worrying about both of his daughters starting to drive, he enjoys relaxing on the beach, playing games and spending time with family and friends.

John can be reached at 402-982-6455 or 877-435-4258, as well as John.Larson@NebraskaBlue.com.

PROVIDER SITE VISITS

Our provider executives are available to visit your office to address any concerns you may have. Please contact your provider executive to schedule a visit.

Our provider executives are listed at NebraskaBlue.com/Providers.

Get to know your provider executive team

(continued)



Jessica Medura

Tawny Archer

In addition to our Provider Executive II team, another resource for providers is our Provider Executive I team. The Provider Executive I team is comprised of provider executives Tawny Archer and Jessica Medura. This team can be reached at 800-821-4787, option 4 or at ProviderExecs@NebraskaBlue.com. Tawny and Jessica will be happy to help you with Clear Coverage questions on system navigation, credentialing and application status questions, escalated claims inquiries, provider agreement inquiries and provider data changes.

Meet Tawny Archer, Provider Executive I. Tawny has been with BCBSNE for 11 years. Find out more about her.

How long have you been on the provider executive team and what was your previous role? I have been with the provider executive team for four years. Before that, I was on the credentialing team for seven years.

What is your favorite part of the job and/or BCBSNE? I work with amazing people and have a good team. They make it so easy to love coming into work! I love what I do and the new challenges it brings. We do not have boring days.

Tell us something fun about you. I was a professional clown and am a current collector of wigs. I also love 90s boy bands, Star Wars and Star Trek.

Tell us about your family. I have been married for 12 years and we welcomed our first child, a baby girl, last September. I also have three fur children, two Newfoundland dogs and a farm cat. I was raised with four brothers in Springfield, Nebraska.

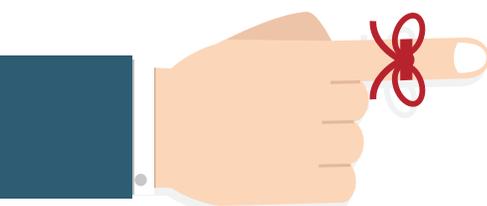
Meet Jessica Medura, Provider Executive I. Jessica has been with BCBSNE for three and one-half years. Learn more about her.

How long have you been on the provider executive team and what was your previous role? I have been with the provider executive team since January 2019. Previously, I was with Customer Service for nearly three years.

What is your favorite part of the job and/or BCBSNE? I love my provider executive team! We all contribute different skills and experience. BCBSNE has given me tools to better myself and my career goals.

Tell us something fun about you. I have wandered all over the country. One of my favorite travel experiences was hiking Angel's Landing in Zion National Park.

Tell us about your family. My fiancé and I just bought our first home. We are excited to welcome our new cat, Jubilee (aka Jubes), to the family. Jubes has been charged with the duty of wedding planning.



REMINDER

Medicare Advantage has its own Update newsletter, published on opposite months of this Update. To access the Medicare Advantage newsletter, [CLICK HERE](#).