



PLANNING FOR 2022 Q & A

Are there issues with determining reimbursement for J1599, Panzyga?

Please provide the full NDC number and description on the claim for any unlisted code. When filing electronically, the NDC number must be submitted in loop 2410 and in the following format XXXXX-XXXX-XX.

As unlisted codes are manually priced, if the amount is incorrect, it could be a mistake. For any pricing dispute, please submit a Reconsideration Request form with an invoice.

Is there coverage for nutrition counseling via telehealth?

There are multiple provider types and specialties that can bill for telehealth services: medical doctors, doctors of osteopathy, physician assistants, nurse practitioners, behavioral health providers, and occupational, physical and speech therapists.

As Blue Cross and Blue Shield of Nebraska (BCBSNE) does not credential dietitians, those providers cannot bill for services, including services rendered via telehealth.

Licensed Medical Nutrition Therapist (LMNT) is a provider specialty that BCBSNE has credentialed since April 2021. However, LMNTs are not on the list of provider types that can bill for services via telehealth. BCBSNE is actively working on updating our system to

allow for LMNTs to bill for medical nutrition counseling via telehealth. The anticipated effective date for this change is the 2nd quarter of 2022. This effective date will not be backdated.

Updates to this change will be communicated via [Happening Now](#), the monthly provider email blast, and an upcoming newsletter.

For more information on telehealth, please see the topic of "Telehealth" in the [General Provider Manual](#).

Is there a way to find a BCBSNE member's ID number using only a social security number?

NaviNet has recently been updated so that providers can search for BCBSNE members using the patient's social security number, or the patient's name and date of birth.

The ID number will be required if the patient's coverage is through an out-of-state Blues plan or if the member has more than one BCBSNE policy.

With the Medicare Advantage plans, we only bill 1 unit for the month for the E0601 and receive an MUE (Medically Unlikely Edit). Is there some reason these claims deny?

Claims with 1 unit of E0601 were being returned in error. This issue has been fixed.

When will you have a portal available for online reconsiderations?

BCBSNE is actively working on making additional changes with NaviNet to increase provider experience.

On the eligibility and benefits patient search screen, providers can now search for BCBSNE members without needing to enter the ID number. This option is not available for out-of-state members or BCBSNE members with more than one BCBSNE policy.

Additional enhancements planned for 2022 include:

- Access and view claim action needed letters (return letters)
- Submit attachments for claim reconsiderations, timely filing override requests and appeals
- Access a copy of the BCBSNE member's current ID card
- Access additional benefit and claim status details not currently available in NaviNet or through the IVR (interactive voice response unit – 800-635-0579).
- Submit claim questions
 - This process will replace the current process of submitting an inquiry to Customer Service via email
- Access and view additional BCBSNE communications

Updates to this change will be communicated via [Happening Now](#), the monthly provider email blast, and upcoming newsletters.

How can we see end dates in NaviNet?

This is another enhancement that we are currently working on for NaviNet. More details will be shared as soon as they become available.

Is there a known issue with the NDC for 90680 Rotavirus vaccine? We have several denials and the NDC has not changed.

NDC number 00006-4047-01 is not valid and has not been since Aug. 20, 2021.

Please use a valid NDC number for Rotateq.

Any returned claims will need to be submitted as new claims, not as corrected claims.

For the plans that transitioned to Highmark, is there a reason the new ID numbers aren't being shown to us on NaviNet?

Highmark ID numbers are now being displayed in NaviNet.

What diagnosis codes qualify as preventive services under the ACA?

The BCBSNE [Preventive Care](#) page includes general information on preventive services, but a list of specific codes is not available.

Please refer to the U.S. Preventive Services Task Force (USPSTF) A & B Recommendations for descriptions of services.

For CPAP repair, should each replacement part be billed separately, or grouped together under E1399?

Under policy, VIII.14 Durable Medical Equipment and Home Medical Equipment, E1399 does not require preauthorization. E1399 claims that are submitted without an approved preauthorization on file will be reviewed.

Replacement CPAPs require preauthorization under medicalpolicy.nebraskablue.com/policy/178/7.

Will the fee schedule be changed to allow for rural and non-rural reimbursement, similar to Medicare?

BCBSNE will continue to reimburse based on the CMS rates published the prior year. For example, the rates that take effect July 1, 2022, will be based on the CMS rates from January 2021.

Why do incontinence supplies deny as needing an invoice when they are not a covered service? It requires time on both ends when a denial of not covered is just what is needed for the secondary insurance to pay.

Incontinence supply code claims were returned incorrectly for needing an invoice. Incontinence supplies do not require an invoice and should deny as a plan or policy exclusion for BCBSNE members.

When a patient is seen for an ear wax removal and an unrelated issue, why are services still being denied?

When billing an earwax removal in addition to an E & M service, the ear wax removal will be denied as content to the E & M code. Ear wax cleaning is reimbursable in the absence of an E & M service with appropriate coding. If both ears are cleaned, bill as a bilateral service on one line with modifier 50.

How do I know if a provider is in network? Is it possible to be in-network with all plans?

To find out which networks a provider is in, select the "Find a Doctor" button in the top right corner of NebraskaBlue.com. Select "Search as a Guest," choose the location, and search by provider name.

You may also email ProviderExecs@NebraskaBlue.com to request the network information.

In addition to the statewide PPO network, NNetwork BLUE, there are other networks that require a separate agreement or addendum: Medicare Advantage, Blueprint Health and Premier Select BlueChoice.

At this time, only mental health providers in Douglas and Sarpy counties are considered for Premier Select BlueChoice. Providers who are interested in Blueprint Health should contact CHI/UniNet to request a Blueprint Health addendum. Providers who are interested in becoming a provider in the Medicare Advantage network should contact ProviderExecs@NebraskaBlue.com to request the Medicare Advantage agreement.