

# update

A bimonthly newsletter produced for healthcare providers by the Health Network Management Services Department (HNS) at Blue Cross and Blue Shield of Nebraska.



Partnering with you for a healthier Nebraska

[www.bcbsneprovider.com](http://www.bcbsneprovider.com)

The *update* provider newsletter contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for healthcare providers.

**If you are a contracting BCBSNE healthcare provider, this newsletter serves as an amendment to your agreement with us. Therefore, it is your responsibility to comprehend and act upon all information that affects your contractual relationship with BCBSNE.**

**You are encouraged to file every issue of the update within your BCBSNE Policies and Procedures manual.**

As a service for BCBS members, we also send this newsletter to non-participating Nebraska providers.

We also publish each issue online at:

[www.bcbsne.com/update](http://www.bcbsne.com/update)

For permission to reprint material published in the update, e-mail the editor Marian Gramlich at:

[marian.gramlich@bcbsne.com](mailto:marian.gramlich@bcbsne.com)

## Recognition for Quality Initiative Nebraska Hospitals Receive Award

Blue Cross and Blue Shield of Nebraska (BCBSNE) in 2006 launched its Recognition for Quality Program to acknowledge and encourage improvements in the quality of medical care provided to Nebraskans. The goal of BCBSNE's program is to publicly recognize the health care providers and facilities that have participated in and achieved notable levels of performance in nationally established, evidence-based health care quality programs.

Recently BCBSNE awarded 13 Nebraska hospitals a plaque to commemorate the success of one or more of the following: Get With The Guidelines, 100,000 Lives Campaign, 5 Million Lives Mentor Hospitals and Blue Distinction Center. The plaques were presented to each hospital by its assigned BCBSNE Health Network Consultant.

In this *Update* edition we focus on the 5 Million Lives Campaign, a nationwide initiative sponsored by the Institute for Healthcare Improvement (IHI) to prevent mistakes and reduce pain in patient care. The 5 Million Lives Campaign builds upon the success of the 100,000 Lives Campaign which wrapped in June 2006. Approximately 3,100 hospitals avoided unnecessary deaths by implementing six evidence-based interventions, along with other worthy improvement initiatives. For complete details on the 5 Million Lives campaign, please visit the Institute for Healthcare Improvement at [www.ihl.org](http://www.ihl.org).

Watch for more Recognition for Quality announcements and events in future *Update* newsletters. For any questions please contact your Health Network Consultant. **HNS**

# The Blue Board

## Coding Changes for 2008

There are numerous changes, additions, and deletions to the 2008 CPT and HCPCS manuals. Pursuant to the HIPAA Regulations, providers and health plans must use current codes for claims processing. Please be sure to order your 2008 CPT and HCPCS manuals immediately and implement coding changes for dates of service January 1, 2008, and after using the new manuals. **HNS**

## Credentialing Process

Blue Cross and Blue Shield of Nebraska's credentialing program ensures all practitioners and providers in our networks meet or exceed established standards. Policies and procedures have been established in compliance with Nebraska state law and modeled after the National Committee on Quality Assurance (NCQA) and the American Accreditation Healthcare Commission/URAC standards. You will find the credentialing process outlined on:

[www.bcbsneprovider.com/  
providerlibrary/credentialing/](http://www.bcbsneprovider.com/providerlibrary/credentialing/).

**While you may download many of the items, Agreements are not available online and need to be requested.** To request your agreement, please e-mail your provider type and address to Jill Nolan. Be sure to click on the link above to view the credentialing process for professional providers; what you need to submit to be presented to the Credentialing Committee for consideration. **HNS**

## Legal Age of Dependents is 18

BCBSNE considers 18 years as the age of majority for purposes of PHI use and disclosure. **HNS**

## Acticoat Dressing

Acticoat dressings should be billed under E1399 with the size of the dressing indicated on the claim. The invoice should be sent along with the claim for proper pricing. **HNS**

## (MIST Therapy System 5.0) Wound Care Device

The FDA approved an expanded indication for a low-energy ultrasound wound treatment device (MIST Therapy System 5.0, made by Celleration, Inc.), on May 19, 2007. The use of this treatment device promotes wound healing through wound cleansing and maintenance of debridement by the removal of yellow slough, fibrin, tissue exudates, and bacteria.

The compact and portable device produces a low-energy ultrasound-generated sterile saline mist, providing noncontact therapy that optimizes the wound bed for healing. The treatment can be performed in a few minutes and applied to acute, traumatic, chronic, dehisced, and other wounds.

Mist therapy should be billed under 97602. CPT code 97597 and 97598 are not valid codes for Mist Therapy. **HNS**

## New Universal COB Tool Online

Effective January 1, 2008 a new downloadable form, Universal COB, will be available at:

[www.bcbsneprovider.com/forms/  
download/](http://www.bcbsneprovider.com/forms/download/).

This new form should be given to patients to complete and send to the address on the back of their ID card. This will keep their other insurance information current and assist in the faster processing of claims when COBs are involved. **HNS**

## Reimbursement Schedule Effective Date Changes in 2008

Due to the late release of appropriate schedules by CMS, it is difficult to implement adjustments to Reimbursement Schedules effective January 1st. As a result, BCBSNE will perform a mid-year review of payment rates and formal notification of any changes will be mailed to you. **HNS**

## NPI Alert:

BCBSNE recommends all providers who have obtained an NPI to verify their information on the NPI registry.

Should you need to update your information with the NPI enumerator, please refer to the following website:

<https://nppes.cms.hhs.gov>

Follow the website instruction for updates.

- Please remember to change your systems to begin using your NPI on the 837 Claims transactions now. Remember to:
  - Include your legacy BCBSNE number as well. This is a requirement for claims until the May 22, 2008, deadline
  - Continue to put your BCBSNE number in the REF segment similar to the current format
  - Put the NPI in the NM109 segment with an 'XX' qualifier
  - Include the Tax ID in the REF segment with an 'EI' qualifier
  - Claims submitted on or after May 23, 2008, should contain your NPI and tax ID only (**ELECTRONIC claims will no longer require your legacy BCBSNE number.** PAPER claims will continue to need the legacy BCBSNE number.) **HNS**

## Waiver or Discounting Member Liability

Routine waiver or discounting of deductibles and coinsurance/copayments is unlawful as it results in false claims, violations of the anti-kickback statute and may result in excessive utilization of items and services.

Patients are discouraged from using healthcare services responsibly by the removal of the economic obligation of receiving care. This in turn indirectly raises the cost of healthcare to other covered persons.

Network providers, practitioners or suppliers who routinely waive or discount copayments or deductibles are misstating their actual charge and may represent a breach of your agreement with BCBSNE.

If a cash discount or payment is offered, that discount needs to be extended to all BCBS patients. The discounted amount must be submitted on the claim to BCBSNE. **HNS**

## Medical Policy Updates Effective September 12, 2007

[www.bcbsneprovider.com/providerlibrary/manuals/default.asp](http://www.bcbsneprovider.com/providerlibrary/manuals/default.asp)

### New Policy:

IV.75 ~ Whole Body Stir MRI

### Revised Policy:

IV.54 ~ Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)  
[Added Magnetoencephalography (MEG) to MSI policy]

III.162 ~ Bone Morphogenetic Protein (Bone Morphogenetic Protein is scientifically validated in the following indications:

[see bullet point #2 – in conjunction with lumbar fusion procedure in skeletally mature patients at up to three adjacent levels from L2 – S1.] **HNS**

## Medicare Advantage Private Fee for Service (MA PFFS)

If you are a Medicare participating provider, you might be seeing members from around the country who are insured under a Blue Cross and/or Blue Shield Medicare Advantage Private Fee for Service (MA PFFS) plan. They will carry a Blue Cross and/or Blue Shield ID card with this logo:

**MEDICARE | PFFS**  
**ADVANTAGE**

Make a note of the following key points related to MA PFFS, as this product varies from the other Blue products you might currently participate in:

- You can see and treat any Medicare Advantage PFFS member without having a contract with Blue Cross and Blue Shield of Nebraska (BCBSNE).
- If you do provide services, you will do so under the Terms and Conditions of that member's Blue Plan.

- Please refer to the back of the member's ID card for information on accessing the Plan's Terms and Conditions. You may choose to render services to a MA PFFS member on an episode of care (claim-by-claim) basis.
- MA PFFS Terms and Conditions might vary for each Blue Cross and/or Blue Shield Plan and we advise that you review them before servicing MA PFFS members.
- For your convenience, effective January 1, 2008, you will be able to access the MA PFFS Terms and Conditions for all Blue Plans via our website simply by entering in the member's three-character alpha prefix.
- Submit your MA PFFS claims to BCBSNE.

If you have any questions, please contact your Health Network Consultant. **HNS**

## Attendance at Delivery Policy Change Effective January 1, 2008

Effective January 1, 2008, Attendance at Delivery when requested by delivering physician and initial stabilization of newborn (99436) will be reviewed for "medical necessity" based on the labor and delivery notes. If the notes do not document a

complication/situation that would warrant the attendance of the physician, the services will be considered not medically necessary and will be provider liability. **HNS**

# Preauthorization Requests

A preauthorization is a request for approval of benefits prior to the performance of certain services which require a medical decision (i.e., infertility, cardiac rehab). Responsibility for processing preauthorization requests was transferred to Health Service Programs at Blue Cross and Blue Shield of Nebraska as of October 1, 2007.

As part of this change, the fax number for faxing preauthorization requests was changed to: 402-392-4141 or 1-800-255-2838. Written requests for preauthorizations should be sent to:

Attention: Health Service Programs  
Blue Cross and Blue Shield of Nebraska  
PO Box 3248  
Omaha, NE 68180-0001

**All preauthorization requests must include the patient's name and the covered person's BCBSNE I.D. number, including alpha prefix.** To help us process your preauthorization request as quickly as possible, please utilize the Preauthorization Request forms on our website at:

[www.bcbsneprovider.com/forms/download/](http://www.bcbsneprovider.com/forms/download/)

The forms were updated to reflect the changes so please discard any previously printed or downloaded forms.

The average turn-around time to respond to a preauthorization is seven (7) days. Often medical record information is needed for the review determination. Submission

of supporting medical records with the preauthorization request will help us respond to your request as quickly as possible.

If there is a question whether a procedure or service is covered by BCBSNE, please search for that procedure/service first in the BCBSNE Medical Policy Manual at:

[www.bcbsneprovider.com/providerlibrary/manuals/default.asp](http://www.bcbsneprovider.com/providerlibrary/manuals/default.asp)

If a policy is not listed for that particular procedure or if you are not certain the member's condition meets the coverage guidelines, the care should be preauthorized.

Eligibility and benefit coverage should be verified prior to submitting a preauthorization by calling one of the following numbers:

- GABBI (Voice Response Unit for Eligibility and Claim Status) at 800-635-0579
- Provider Service at 402-390-1890 or 800-642-8516
- Provider Service for Federal Employees at 402-390-1879 or 800-223-5584

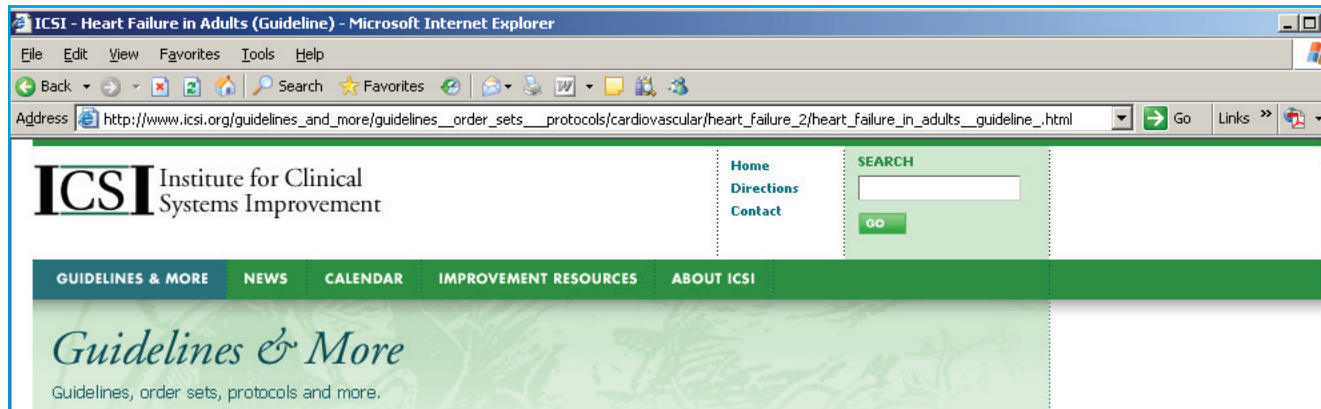
Once a service has been performed, preauthorization will have no effect on treatment decisions made by the provider, so retrospective preauthorizations will not be performed. Claims will be reviewed for benefits when received. **HNS**



## MedicareBlue PPO: Heart Failure in Adults Guideline Approved

The Regional Quality Improvement Committee of MedicareBlue PPO, comprised of Chief Medical Officers and Medical Directors of the participating Blue Cross and Blue Shield plans, has adopted the Heart Failure in Adults

scientific literature and subjected to an intensive review process that involves physicians and other healthcare professionals before they are made available for general use. The Heart Failure for Adults guideline can be accessed at:



Guideline published by the Institute for Clinical Systems Improvement (ICSI) for use by practitioners caring for enrollees in the Medicare Advantage PPO plan.

ICSI is a collaboration of healthcare organizations focused on healthcare quality and improved clinical practice. The guidelines ICSI develops are evidence-based, supported by

[http://www.icsi.org/guidelines\\_and\\_more/guidelines\\_order\\_sets\\_protocols/cardiovascular/heart\\_failure\\_2/heart\\_failure\\_in\\_adults\\_guideline\\_.html](http://www.icsi.org/guidelines_and_more/guidelines_order_sets_protocols/cardiovascular/heart_failure_2/heart_failure_in_adults_guideline_.html)

We encourage you to download this document and consider the recommended health services as are appropriate for this patient population. Upon request, Blue Cross and Blue Shield of Nebraska will also furnish a printed copy for your use by calling (402) 392-4294. **HNS**

## Drugs to be Avoided in the Elderly Project

The Regional Quality Improvement Committee of MedicareBlue PPO and the BCBSNE Quality Management Committee have approved the implementation of a project to assist practitioners in caring for enrollees who are over 65 years old and members of either the BCBSNE PPO or Medicare Advantage PPO plans.

The Drugs to be Avoided in the Elderly (DAE) project has been developed to help practitioners identify members who are currently filling prescriptions for medications known to have adverse effects on the elderly population. The list of medications used

in the DAE project is based on expert consensus developed through an extensive review by nationally recognized experts in geriatric care, clinical pharmacology and psychopharmacology. A laminated copy of the DAE list can be requested by contacting [BlueQ@bcbsne.com](mailto:BlueQ@bcbsne.com).

Practitioners with patients using a medication on the DAE list will receive a letter of notification with a list of patient names for their review in evaluating the medication regimen for their elderly patients. **HNS**

<sup>1</sup>National Committee for Quality Assurance (NCQA). Drugs to be avoided in the elderly (DAE). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington, DC.

# TRICARE:

## National Provider Identifier (NPI) Update

The Centers for Medicare and Medicaid (CMS) published guidance to the healthcare industry regarding National Provider Identifier (NPI) contingency planning on April 2, 2007. CMS' NPI contingency plan guidance allows providers, vendors, clearinghouses and health plans ("covered entities") that demonstrate "good faith efforts" a maximum of 12 additional months (i.e., May 23, 2008) to achieve NPI compliance without financial penalty.

CMS encouraged "covered entities" to assess the readiness of their communities and determine the need to implement contingency plans to maintain the flow of payments, while continuing to work toward compliance.

TRICARE, like the majority of other payers, will not deny claims for failure to include the provider's NPI on the HIPAA-standard electronic transaction before the compliance date. However, to facilitate the use of NPIs as a routine practice for the submission of HIPAA transactions, providers are strongly encouraged to use their NPIs as their primary provider identifier as soon as possible.

TriWest is committed to supporting our provider community in the successful implementation of NPI on or before the compliance date of May 23, 2008. We recognize that the implementation of NPI can present both administrative and technical hurdles that could disrupt the flow of payments. Check out these NPI tips to help overcome some of these hurdles:

### Get It

Obtain your NPIs from the National Plan and Provider Enumeration System (NPPES) at:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

for electronic issuance or to obtain a copy of the paper application.

### Share It

Share your NPIs (both individual and corporate) with all your payers, including your area's inpatient/outpatient facilities, other physicians that you deal with regularly and pharmacies. Go to [www.triwest.com/Provider Connection/Your NPI Connection](http://www.triwest.com/Provider Connection/Your NPI Connection) to learn how to share your NPI with TriWest.

### Use It

Use your NPIs in all standard electronic transactions. If you need more information on how to use your NPI in a TriWest transaction, or you would like to send test transactions, contact our EDI consultants at (800) 782-2680.

### Check It

Check with your practice management system vendor and your clearinghouse or billing service to determine if they are NPI ready.

If you have any questions regarding NPI for TRICARE, please contact our EDI consultants at (800) 782-2680. **HNS**

## Notes from Provider Service: Vaccinations

**Influenza Vaccinations:** Both injections and flu mist are covered benefits of most of our plans if the member had routine benefits.

**HPV (human papillomavirus) Vaccination:** This is covered from age 9 through age 26 if the member has routine benefits.

**Pediatric Immunizations:** Nebraska Law mandates immunizations are required by law for

children age six and under and are payable with application of coinsurance only, and NOT subject to deductible. Self-insured employer groups can elect NOT to provide this benefit. Some groups have elected a different age limit other than six for pediatric immunizations.

For questions about this or other issues, please call Provider Services at 390-1890 (800-642-8516). **HNS**



# BlueCross BlueShield of Nebraska

An Independent Licensee of the Blue Cross and Blue Shield Association.

PO Box 3248  
Omaha, NE 68180-0001

If you would like to receive an e-mail each time we post a new issue of this newsletter on the provider website, please go to: [www.bcbsne.com/update](http://www.bcbsne.com/update) and fill out the form provided. You will also receive news about special announcements such as workshops, online resources, and other information from BCBSNE's Health Network Management Services Department!

**The offices of Blue Cross and Blue Shield of Nebraska will be closed on Tuesday, December 25, 2007 and Tuesday, January 1, 2008. Happy holidays!**

## Highlights from Recent Issues Online:

[www.bcbsneprovider.com/providerlibrary/newsletters/update/archive/Archive.asp](http://www.bcbsneprovider.com/providerlibrary/newsletters/update/archive/Archive.asp)

**1500: The Importance of Box 31**  
October 2007

**Lee Handke Assumes New Management Role**  
August 2007

**BlueCard Bulletin: What you should know about CDHPs!**  
June 2007

**NPI Update**  
June 2007

**BCBSNE Welcomes William Minier as Medical Director**  
April 2007

## Inside December update ...

Recognition for Quality Initiative: Nebraska Hospitals Receive Award.....	1
BlueBoard: Coding Changes for 2008.....	2
BlueBoard: Credentialing Process .....	2
BlueBoard: (Mist Therapy system 5.0) Wound Care Device .....	2
BlueBoard: Legal Age of Dependents is 18 .....	2
BlueBoard: Acticoat Dressing.....	2
BlueBoard: New Universal COB Tool Online .....	2
BlueBoard: Reimbursement Schedule Effective Date Changes in 2008.....	2
NPI Alert: .....	3
Waiver or Discounting Member Liability.....	3
Medical Policy Updates:	
Effective September 12, 2007:.....	3
BlueCard® Bulletin: Medicare Advantage Private Fee for Service (MA PFFS).....	4
Attendance at Delivery Policy Changes	
Effective January 1, 2008: .....	4
Preauthorization Requests.....	5
Medicare Blue PPO: Heart Failure in Adults	
Guideline Approved .....	6
Drugs to be Avoided in the Elderly Project.....	6
TRICARE: National Provider Identifier (NPI) Update .....	7
Notes from Provider Service: Vaccinations .....	7