



BLUE REVIEWSM

For Providers

June 2024

NEWS & UPDATES

Reminder: Provider Satisfaction Survey 2024

The survey measures your satisfaction with Blue Cross and Blue Shield of Oklahoma and identifies areas where we can improve.

[Learn More](#)

The Importance of Updating Provider Demographics

Directory information must be verified every 90 days under federal law, even if your data hasn't changed.

[Learn More](#)

Pharmacy Program Quarterly Update Changes Effective July 1, 2024 — Part 1

Don't miss these pharmacy changes for the third quarter.

[Learn More](#) 📄

ClaimsXten™ Quarterly Update Effective Aug. 19, 2024

Code updates may include additions, deletions and revisions to Current Procedural Terminology and/or Healthcare Common Procedure Coding System codes.

[Learn More](#)

Behavioral Health Consultations During Hospitalization Can Improve Outcomes

We encourage hospital staff/attending providers to consider consultations and follow-up care coordination when appropriate.

[Learn More](#)

Helping Our Members Manage Diabetes

You play an important role in supporting our members with diabetes through regular screenings, tests and office visits.

[Learn More](#)

Medical Records Reminder for Group Medicare Advantage (PPO) Members

If we need medical records for members of **Blue Cross Group Medicare Advantage (PPO)SM**, you will receive requests from Blue Cross and Blue Shield of Oklahoma or our vendor, Advantmed, as part of the Blue Cross and Blue Shield [National Coordination of Care program](#). Please respond promptly to our requests so that we may provide timely service to those Medicare Advantage members.

Updated PEAQSM Methodology Is Now Available

The methodology explains how PEAQ evaluates physician performance.

[Learn More](#)

Location requests now only accepted through the Demographic Change Form

Please note this change when you need to make an additional location request.

[Learn More](#)



Reminder

[Use New Mailing Address for Paper Commercial Claims to Avoid Mail Delays](#)

Starting Oct. 1, 2024, paper commercial claims and inquiries sent to our previous address will be forwarded through the postal service to our new address.

New: Access MCG Care Guidelines Clinical Criteria via Availity®

Clinical rationale outlined in provider correspondence and in some Clinical Payment and Coding Policies will guide you to the specific guidelines, when applicable.

[Learn More](#)

Update: Our Revised Clinical Payment and Coding Policy for Anesthesia Services now Effective Aug. 14, 2024

This change will impact reimbursement with P codes when appended to anesthesia services.

[Learn More](#)

WEB CHANGES

- Posted: [May Blue Review](#) to Education and Reference Center/News and Updates/Blue Review webpage.
- Posted: [Follow-up Care for Mental Health](#) to Education and Reference Center/News and


Updates webpage.

- Posted: [Avoiding the Inappropriate Use of Antipsychotic Medication in Anxiety Disorders](#) to Education and Reference Center/News and Updates webpage.
- Posted: [Federal Employee Program® Updates to Prior Approval Requirements and Benefits](#) to Education and Reference Center/News and Updates webpage.

CODING AND CLAIMS

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology and Healthcare Common Procedure Coding System codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Oklahoma will normally load this additional data to the BCBSOK claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the Provider website.

To help determine how some coding combinations on a particular claim to be evaluated during the claim adjudication process, you can continue to use Clear Claim Connection™. C3 is a free, online reference tool. Refer to the [Clear Claim Connection](#) page on our website for more information on gaining access to C3, as well as answers to [frequently asked questions](#)  about ClaimsXten. Updates to be included in future issues of the [Blue Review](#). Note: C3 does not contain all of the claim edits and processes used by BCBSOK in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSOK. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.



Stay Informed!

Watch [News and Updates](#) for important announcements.



Provider Training


For dates, times and online registration, visit the [Provider Training](#) page.



Online Provider Orientation

The [Online Provider Orientation](#) is a convenient and helpful way to learn about the online resources available to you.

On-demand Training

An [eRM tutorial](#) is available to show you how to navigate the features of the eRM tool. [Log in](#)  at your convenience to complete the tutorial and use it as a reference when needed.



Medical Policy Reminder

Approved new or revised medical policies at BCBSOK and their effective dates are posted on our website the first and fifteenth day of each month. These policies impact your reimbursement and your patients' benefits. You can view all active and pending policies or view draft Medical Policies and provide comments. These can be accessed on the [Standards and Requirements](#) page of our website.


While some information on new or revised medical policies occasionally be published for your convenience, please visit bcbsok.com/provider for access to the most complete and up-to-date information.

Clinical Payment and Coding Policies

New or revised clinical payment and coding policies can be found on our website. These policies provide billing, coding, and documentation guidelines that you may find useful in your practice or facility. Please visit this site regularly to ensure you are up to date on any changes or new policies. These policies can be accessed on the [Clinical Payment and Coding Policies](#) page of our website.




We Want Your Feedback

Do you have a helpful suggestion or feedback about our website? Fill out our [Feedback Survey](#) .

bcbsok.com/provider

at [adobe.com](#) .

 By clicking this link, you will go to a website/app ("site"). The site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. Some sites may require you to agree to their terms of use and privacy policy.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSOK.

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