

BlueNewsSM

for Providers



BlueCross BlueShield of South Carolina and
BlueChoice[®] HealthPlan of South Carolina

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National Drug Code (NDC) Claim Edits Effective Oct. 1, 2017

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan require providers to file a valid NDC with the unit of measure and quantity for all professional and outpatient administered drug claims. This applies to institutional outpatient and professional services billed.

This requirement has been in place since March 2015. We will begin applying claim edits effective Oct. 1, 2017, to applicable services that have been filed without the corresponding NDC.

What does this mean for you?

Beginning Oct. 1, 2017, the NDC must be submitted for all professional and outpatient administered drug claims. If the NDC is missing, incomplete or invalid, the charges will be denied.

What is the NDC?

The NDC is a universal number that identifies a drug. The NDC consists of 11 digits in a 5-4-2 format. The Food and Drug Administration (FDA) assigns the first five digits, which identify the manufacturer of the drug. The manufacturer assigns the remaining digits, which identify the specific product and package size. Some packages will display 10 digits for the NDC. This needs to be converted to an 11-digit NDC. Refer to the "How do I bill the NDC?" section to determine how to convert a 10-byte NDC to an 11-byte NDC.

You'll find the NDC on the drug container (vial, bottle or tube). The NDC you submit to us must be the actual NDC number on the container from which you administered the medication. If a drug is administered from a vial, for example, you should use the NDC on the vial. Do not bill for one manufacturer's product and dispense another. Do not bill using invalid or obsolete NDC numbers.

How do I bill the NDC?

Submitted NDCs must be valid and have 11 digits following the 5-4-2 format. If the package or container list an NDC with 10 digits, this must be converted to an 11-digit NDC. To do this, first determine the format of your 10-digit NDC by examining the package information and counting the numbers separated by dashes. Once you have identified the format as either 4-4-2, 5-3-2 or 5-4-1, insert a zero according to this table:

10-Digit Format		Add a zero in ...		Report NDC as ...
4-4-2	*###-####-##	1 st position	0###-####-##	0#####
5-3-2	####-*##-##	6 th position	####-0##-##	####0####
5-4-1	####-####-*#	10 th position	####-####-0##	#####0##

Note: Asterisk (*) denotes missing digit in 11-digit (5-4-2) format.

Read more about the NDC filing requirements [here](#). If you have any questions about the NDC, please contact Provider Education at **803-264-4730** or submit your question using the [Provider Education Contact Form](#).

Sleep on This!

Human beings need sleep to survive. And while there is no record of a human dying from sleep deprivation, animal research strongly suggests it could happen. The seemingly simple act of slumber actually involves a complex choreography of biochemical and physiological processes that keep us functioning.

While You Sleep

At bedtime, your cortisol hormone level dips significantly (it slowly increases through the night so you are alert come morning). Your heart rate and breathing slow. As you sleep, your blood pressure plunges, and your body temperature drops. You pump out growth hormones and regulate your hunger hormones. And your brain cleans house.

You are not in a deep sleep most of the night. You cycle through stages all night long, even waking for a second before each cycle begins again. You probably don't even realize you wake up. While your body rests during sleep, your brain remains active, controlling body functions — like breathing — even as it rejuvenates.

There are two sleep states — rapid eye movement, or REM, where dreams occur, and non-rapid eye movement, or NREM. REM sleep is active sleep. You dream, your breathing and heart rate increase and become irregular, your muscles relax and your eyes flutter. NREM sleep has four stages, going from drowsiness to deep sleep. The restorative effects of sleep

Benefits of Sleep

While you sleep, your brain recharges, your cells repair themselves and your body releases important hormones that heal and rejuvenate. A restful night's sleep helps keep your brain sharp, your immune system strong, your waistline trim and your skin healthy. It also lowers your risk for depression, diabetes, obesity, high blood pressure and heart disease.

While sleep won't actually help you shed unwanted pounds, regular restful nights can prevent weight gain. How, you wonder? Insufficient sleep increases secretion of a hormone called ghrelin, which signals hunger. Along with this, there is a decrease in the hormone leptin, which transmits the feeling of fullness. And the lack of sleep can actually diminish your capacity to fight the urge for junk food — because that is just what your body will crave.

Getting enough quality sleep protects your mental health, physical health, quality of life and safety. Sleep helps keep you happy, which in turn bolsters all your relationships. It can prevent headaches. It lowers your risk of a car crash. A good night's sleep even raises your pain threshold. Quality sleep is essential to your good health. Perhaps that's why it's called "golden slumber."

BlueCross BlueShield of South Carolina Communique. (Aug. 14, 2017). Sleep on This! Retrieved from <https://mye-work.bcbssc.com>.





Medical Forms Resource Center: A Better Way to Request Precertification

We are excited to announce a new tool that will make initiating prior authorization requests more efficient. The Medical Forms Resource Center (MFRC) will be available online at www.SouthCarolinaBlues.com and www.BlueChoiceSC.com for providers to use beginning Sept. 19, 2017.

The MFRC is a web-based tool created to allow you to electronically submit your precertification requests for some services. The system is fast, secure and accurate. It also cuts down on follow-up calls, as all the required information is outlined on the form. It's a perfect alternative to using My Insurance Manager for precertification requests for services that pend approval. Take a look at some of its key features:

- Information is transmitted to our private network through a server that has the highest security certificate available for secure communications.
- The electronic format ensures we receive your data and that it is clearly legible, eliminating the need for faxes that don't transmit or print properly.
- Requests submitted using the MFRC receive priority processing.

Read the full announcement about this new way of requesting prior authorization online by visiting the Provider News pages of our websites. For a demonstration of how to use the MFRC, go to the Provider Training page to register.

Latest Medical Policy Updates

We frequently revise the medical policies we use to make clinical determinations for a member's coverage. Here are recent medical policies that have been reviewed, updated or newly added. Please visit the Medical Policies and Clinical Guidelines pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com regularly to stay informed of these changes and to read any policy in its entirety.

- **CAM Policy 60118 – Scintimammography and Gamma Imaging of the Breast and Axilla**
Medical necessity statement included with regard to localization of sentinel lymph nodes.
- **CAM Policy 132 – Lipid Panels**
Medical necessity criteria has been expanded to clarify risk factors.
- **CAM Policy 204122 – Chromosomal Microarray Analysis for the Evaluation of Pregnancy Loss**
Investigational statement related to testing that does not meet criteria specified was added.
- **CAM Policy 70178 – Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions**
Policy verbiage has been expanded for clarification of the use of allograft plugs and discs to be investigational.
- **CAM Policy 80113 – Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early-State Breast Cancer**
Policy verbiage updated for breast width criterion removed from first policy statement; bullet point on age of at least 50 years added to AWBI statement; and clarification of technically clear surgical margins for AWBI.
- **CAM Policy 80127 – Hematopoietic Cell Transplantation for Breast Cancer**
Policy updated to remove the word “stem” as it relates to transplant in accordance with NCCN terminology.

Answering Your Questions About Telemedicine

These are questions providers have asked about telemedicine, and our responses. We regularly highlight frequently asked questions (FAQs) in our monthly newsletter, but the best place to view the entire list of FAQs is on the Education Center pages of our provider websites, www.SouthCarolinaBlues.com and www.BlueChoiceSC.com.

Your Question	Our Response
Is telemedicine the same as telehealth? What's the difference?	Although the terms have been used interchangeably, telemedicine is generally considered the clinical application of technology. Telehealth encompasses a broader definition — it's a collection of means of methods, not a specific clinical service, to enhance care delivery and education.
Do all BlueCross and BlueChoice® plans cover both telemedicine and telehealth?	BlueCross and BlueChoice cover consultations between referring and consulting physicians via telemedicine. Blue CareOnDemand™ — a telehealth service that allows members to see a doctor by video via computer or mobile device — is not included in all BlueCross and BlueChoice health plans.
What are some examples of eligible telemedicine services?	<ul style="list-style-type: none"> • Consultation for acute stroke treatment • Pharmacologic management and psychiatric diagnostic interview examination and testing • Emergency room to emergency room consultations • Specialty consultations provided to hospitalized inpatients
What is the medical policy associated with telemedicine?	CAM Policy 032 gives complete information about our telemedicine program.
How are telemedicine claims processed?	Reimbursement to the consulting physician delivering the medical service is the same as the current fee schedule amount for the service provided. Consulting physicians will submit claims for telemedicine or telepsychiatry services using the appropriate CPT code for the professional service along with the telemedicine modifier GT, via interactive audio and video telecommunications systems (e.g., 99243 GT). By coding and billing the "GT" modifier with a covered telemedicine procedure code, the consulting physician is certifying that the member/beneficiary was present at the referring physician site when the telemedicine service was furnished. Telemedicine services are subject to any coinsurance or copayment requirements.
Which plans require a referral to see a specialist?	<p>The ACA/Exchange plans do not require a referral to see a specialist.</p> <p>Some other plans do, so be sure to verify eligibility and benefits before rendering services.</p>



BlueChoice HealthPlan Medicaid's Provider Workshops Are Heading Your Way

Every year, the Provider Relations team of BlueChoice HealthPlan Medicaid⁺ offers educational meetings for its providers. These meetings are helpful to you, as they share information, changes in provider networks; Department of Health and Human Services (DHHS) updates; quality initiatives; claims-filing tips; and fraud, waste and abuse reminders. It is also an opportunity for you to meet with other providers in your region. Dates and locations are listed below.

- **Oct. 17, 2017 / 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.**
Hyatt Place North Charleston
2455 Prospect Drive
North Charleston, SC 29406
- **Oct. 19, 2017 / 9 a.m. – 11 a.m.**
BlueCross BlueShield of South Carolina Auditorium Tower
I-20 @ Alpine Road
Columbia, SC 29219
- **Oct. 24, 2017 / 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.**
Florence-Darlington Technical College,
SiMT Center – Room 236
1951 Pisgah Road
Florence, SC 29501
- **Oct. 26, 2017 / 9 a.m. – 11 a.m.**
Hampton Inn of Rock Hill
2111 Tabor Drive
Rock Hill, SC 29730
- **Oct. 31, 2017 / 9 a.m. – 11 a.m. and 1 p.m. – 3 p.m.**
GHS Patewood Medical Campus
255 Enterprise Blvd., Room A/B
Greenville, SC 29615
- **Nov. 1, 2017 / 9 a.m. – 11 a.m.**
AnMed Health Women's & Children's Hospital
2000 E. Greenville St.
Anderson, SC 29621

Please email Marilyn.Muller@BlueChoiceSC.Com to register for a session at your earliest convenience to guarantee a seat, but no later than Friday, Oct. 13. Tell the registrar which location and session you would like to attend and the number of people in your group. If you are a DME provider, please contact your Provider Representative for your education needs. Seating is limited and will be on a first-come, first-served basis, so sign up soon!

⁺BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association. Healthy Connections is administered for BlueChoice HealthPlan by WellPoint Partnership Plan, LLC, an independent company.

Claims and Billing Minute: Filing an Institutional Claim Adjustment

If you need to adjust or correct a previously paid claim, the adjustment must contain the following three items:

1. Frequency Code "7" (Adjustment) as the third character of the Type of Bill (TOB) in UB-04 Form Locator 4.

4 TYPE OF BILL
137

This corresponds to the CLM05-3 segment in the 2300 Loop of the electronic claim file.

CLM*436944*271***13:B7*Y*A*Y*Y~

2. The BlueCross claim number (i.e., "ICN" or "DCN") of the previously paid claim in UB-04 Form Locator 64.

64 DOCUMENT CONTROL NUMBER
6E33005620000

This corresponds to an REF segment with an F8 qualifier in the 2300 Loop of the electronic claim file.

REF*F8*6D208455800005~

3. A brief description of the reason for the adjustment (new service line, different tooth number, etc.) in UB-04 Form Locator 80 (Remarks).

80 REMARKS
ADD SERVICE LINE 11
INTRAVITREAL AVASTIN 1.25 MG .05 ML

UB-04 CMS-1450

APPROVED OMB NO.

This corresponds to an NTE segment in the 2300 Loop of the electronic claim file.

NTE*ADD*ADD SERVICE LINE 11- INTRAVITREAL AVASTIN 1.25 MG .05 ML~

Coming Soon:

More information to come!





My Insurance Manager Tips

If your practice's tax ID is not loaded in our provider portal, you will need to create a web profile with limited access to the My Insurance Manager features. Call **855-229-5720** for assistance.

- Certain services yield the best results for benefits according to the type of eligibility view selected. For chiropractic, physical therapy, occupational therapy and preventive services, you should view Eligibility and Benefits by Service Type. Eligibility and Benefits by Procedure Code is the best method to request details for colonoscopy, bone density studies and office visits.
- Sometimes you can receive a missing/invalid information error response when attempting to submit a web claim. You should make sure an additional Claim Line Information field is not in an expanded view – the claim will not submit without this information or without collapsing the section. For example, if the Drug Information section has been expanded when entering Claim Line Information, but no prescription drug information was entered, you will receive an error response.
- If you're searching for a remittance that processed in our system at the end of the previous month (i.e., 30th or 31st), but it shows on your remittance as the beginning of the current month, it is best to use a date range search to locate the remittance. The remittances will have been entered as having processed in the previous month, and will not display in the current month.
- If you are not affiliated with the Primary Work Location NPI under the listed tax ID, email provider.education@bcbssc.com for assistance with updating this information.

Need to get in touch with Provider Relations and Education?

Provider advocates are always eager to assist you. If you have a training request, please contact your county's designated provider advocate by using the [Provider Advocate Training Request Form](#). For questions about an ongoing education initiative or a recent news bulletin, submit the [Provider Education Contact Form](#). These forms are located on the Contact Us/Provider Advocates pages of our provider websites. You can also reach our Provider Education department by emailing provider.education@bcbsc.com or by calling **803-264-4730**.



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Benefits Disclaimer: The information listed is general information and does not guarantee payment. Benefits are always subject to the terms and limitations of specific plans. No employee of BlueCross BlueShield of South Carolina or BlueChoice HealthPlan of South Carolina has authority to enlarge or expand the terms of the plan. The availability of benefits depends on the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

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