

# BlueNews<sup>SM</sup> for Providers



BlueCross BlueShield of South Carolina and  
BlueChoice<sup>®</sup> HealthPlan of South Carolina

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Get Your M.D. Checkup  
AMA New Modifiers

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Sending Status Requests

## 2018 BlueCross Provider Summit a Success

Approximately 1,000 representatives from provider offices and facilities attended the BlueCross BlueShield of South Carolina 2018 Annual Provider Summit to network, enjoy good food and learn about BlueCross' and BlueChoice HealthPlan's benefit and administrative changes for the coming year.

Provider office staff members who attended one of the three daylong meetings at the Columbia Metropolitan Convention Center Dec. 12-14 participated in break-out sessions focused on benefit updates, obtaining prior authorizations,

BlueCard<sup>®</sup>, claims, BlueCross' new Medicare Advantage/Prescription Drug plans (MAPD), laboratory management services and more. Between sessions, summit-goers enjoyed a catered lunch, competed in a holiday sweater contest and heard uplifting stories from honorees of BlueCross' "Live Fearless" campaign.

Hundreds attended half-day, abbreviated workshops in Greenville Dec. 18, and other provider office staffers logged in for online sessions in late December.

The annual Provider Summit is a must-attend event hosted by the BlueCross and BlueChoice<sup>®</sup> Provider Relations and Education team. Representatives of the health plans' business partners and support areas are available during the events to speak with the provider staff, ensuring providers are equipped with the latest information and resources as we begin each new year.

Providers seemed to enjoy the 2018 edition of the annual event:

*"I've been doing this for almost 40 years and, yes, I still learned new things and found useful tools. Everyone was eager to help with issues."*

*"This has been one of the best informational workshops I have been to in many years."*

*"This is my first summit; it was a great experience."*

*"Comfortable setting, nice prizes and food, knowledgeable presenters."*





## New Medicare Advantage Plans Effective Jan. 1, 2018

BlueCross' new Medicare Advantage plans became effective this month, with beneficiaries in 23 South Carolina counties enrolled in PPO and HMO products.

The PPO plan, known as BlueCross Total<sup>SM</sup>, is available to Medicare-eligible residents in Aiken, Anderson, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Dorchester, Fairfield, Florence, Georgetown, Greenville, Horry, Kershaw, Lexington, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter and York counties. BlueCross Total members have access to a large, statewide preferred provider network, and have the option of receiving care from out-of-network providers with increased cost-sharing.

The lower-cost HMO option — BlueCross Secure<sup>SM</sup> — is available in Richland and Greenville counties, with provider networks featuring Palmetto Health System and Greenville Health System, respectively. Out-of-network services are not available for HMO members, except during emergencies, when urgent care is needed while traveling and for other limited exceptions.

All plans include prescription drug coverage, low copayments for primary care and a variety of services, including lab tests, X-rays, inpatient care, outpatient surgery, specialist visits and urgent care. Members are also eligible for a dental and vision allowance, diabetic supplies and wellness benefits from national companies.

BlueCross re-entered the Medicare Advantage market after not offering the plans since 2014.

“We kept our customers top of mind and took the approach that if it matters to you, it matters to us,” said Don Edwards, an assistant vice president for BlueCross Medicare Advantage. “We wanted to ensure we had a provider network that was dedicated to high-quality, coordinated care for our members, and that we could offer a wide range of benefits while being as sensitive to price as possible. We are excited about what we can offer our friends and neighbors.”



## Program Offers Support to Members With Type 2 Diabetes

BlueCross is working with Onduo, a new diabetes-management company created by Verily (an Alphabet company) and Sanofi, on a pilot program that will provide eligible members with access to personalized and convenient diabetes care management. The program is designed to measure Type 2 diabetes outcomes, including those related to clinical improvement, cost and member experience.

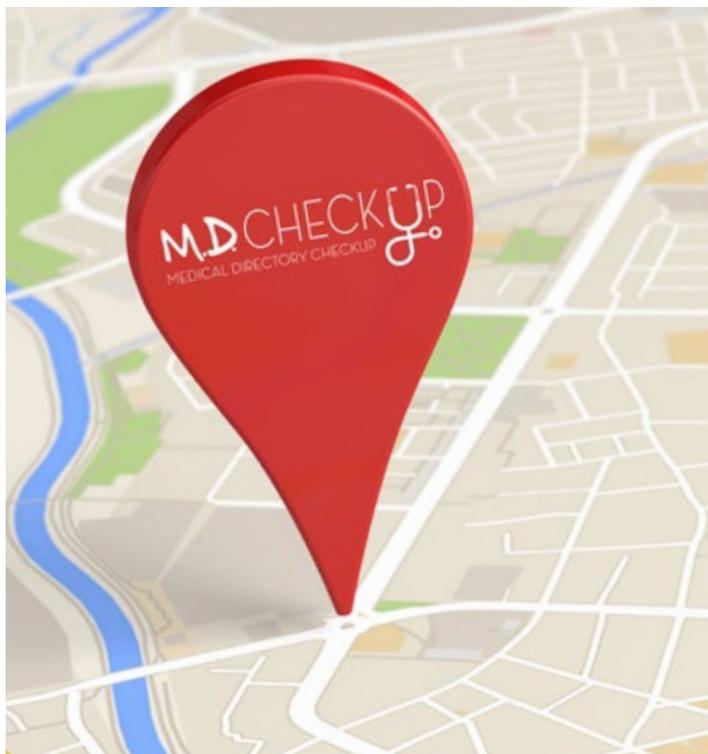
For the 2018 pilot, members from several BlueCross employer groups will be invited to participate.

The Onduo platform integrates hardware and software to provide access to personalized care management. Participating BlueCross members will be matched to clinically appropriate interventions, including wirelessly connected continuous glucose-monitoring devices, lifestyle support, medication review and a team of Onduo health care experts. In collaboration with the members' local doctor, the program aims to provide care and support to members when and where they want it. In this way, the Onduo platform will extend physicians' support by providing guidance and continual support to members between doctor visits.

The Onduo pilot will have no impact on diabetes health-coaching programs currently in place. This is a pilot program to learn if/how this approach might improve outcomes. The pilot could be expanded, depending on outcomes and the demand for the service by our members and employers.

Diabetes ranks third nationally for its impact on the quality of life and cost for the commercially insured population among more than 200 common diseases and health conditions, according to the **Blue Cross and Blue Shield Health Index**. The "health impact" of a specific condition reflects the prevalence and severity of that condition, as well as the years of life lost due to disability and risk of premature death.

*Onduo is an independent company that provides a diabetes management program on behalf of BlueCross BlueShield of South Carolina for its eligible members.*



## Help Patients Find You With “M.D. Checkup”

If you are a BlueCross or BlueChoice network provider, our members are looking for you. You can help make their search easier by ensuring the information about you that appears in our provider directories is accurate and up-to-date.

Each quarter, our providers receive an M.D. Checkup request via an email from [Provider.Directory@bcssc.com](mailto:Provider.Directory@bcssc.com). Providers are asked to review the information for their practice or facility, including office hours, telephone numbers and address. If updates are needed, we will make the changes and let our members know.

Providers who respond to the request are entered into a drawing for prizes for their entire office.

## New Modifiers Differentiate Between Habilitative, Rehabilitative Services

The American Medical Association has created two new modifiers that will differentiate between habilitative and rehabilitative services.

Providers should file the appropriate modifier — modifier 96 for habilitative services and modifier 97 for rehabilitative services — for dates of service on or after Jan. 1, 2018.

The two new modifiers were created to identify services as habilitative or rehabilitative, as follows (appearing in the 2018 CPT Book):

- **Modifier 96 - Habilitative Services:** When a service or procedure that may either be habilitative in nature or rehabilitative in nature is provided for habilitative purposes, the physician or other qualified health care professional may add modifier 96 to the service or procedure code to indicate that the service or procedure provided was habilitative. Such services help an individual learn skills and functioning for daily living that the individual has not yet developed, and then keep or improve those learned

skills. Habilitative services also help an individual keep, learn or improve skills and functioning for daily living.

- **Modifier 97 - Rehabilitative Services:** When a service or procedure that may be either habilitative or rehabilitative in nature is provided for rehabilitative purposes, the physician or other qualified health care professional may add modifier 97 to the service or procedure code to indicate that the service or procedure provided was rehabilitative. Rehabilitative services help an individual keep, get back or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt or disabled.

These two modifiers are intended to be reported with services that are identified as being either habilitative or rehabilitative in nature, such as physical medicine and rehabilitation codes, allowing the payer the ability to differentiate habilitative from rehabilitative services. This differentiation is required by the Patient Protection and Affordable Care Act (PPACA).



## Keys to New Year's Resolutions: Be Specific, Realistic

Just a few weeks into 2018, many of our New Year's resolutions to exercise, eat healthier and take better care of ourselves already have ended in failure, leaving us guilt-ridden and dejected until Jan. 1, 2019, when we resolve to try, try again.

Experts say the overwhelming majority of our resolutions — 90 percent or better, some suggest — are never realized. Many of them fail before February. But why? The reasons are as numerous as the self-help authors and motivational strategists who study such matters. A couple of factors that most experts agree on, however: Many of our goals for the new year are neither specific nor realistic.

Beverly D. Flaxington, a professor at Suffolk University, wrote in "Psychology Today" that unrealistic resolutions are often doomed within the first few days of a new year.

"Taking on too much will only exhaust and dishearten you, making you more likely to give up," she wrote. " 'I will go to the gym every day no matter what,' 'I will lose 30 pounds in 30 days,' 'I will quit all my bad habits for good, and I will do it all at the same time' is just not going to happen.

"... It's important to also realize that fulfilling some resolutions takes a long time and you will not be able to see the results right away, so be prepared for this investment of time and stay motivated until you have reached your goals."

Other experts say that being too vague with resolutions often results in failure and frustration. Setting specific, measurable goals is a better route. For instance:

- Instead of "Get in shape," try, "I will go to the gym three days each week."
- Instead of "Eat healthier," try, "I will eat five servings of fruits and vegetables a day and limit fast food to once a week."
- Instead of "Lose weight," try, "I will fit into a smaller size (be specific) by June 1."
- Instead of "Get organized," try, "I will begin each day by listing tasks and arranging them by priority."





## 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](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) regularly to stay informed of these changes and to read any policy in its entirety.

### **CAM 181**

#### **Eteplirsen for Duchenne Muscular Dystrophy**

New Policy

### **CAM 10120**

#### **Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid**

Updates policy verbiage significantly to include reformatted medical necessity criteria and criteria to allow for coverage for Type 2 diabetes

### **CAM 204124**

#### **Genetic Testing for Acute Myeloid Leukemia**

Updates to policy with 2018 coding

### **CAM 20445**

#### **Testing for Targeted Therapy of Non-Small-Cell Lung Cancer**

Updates to expand medically necessary indications

### **CAM 20416**

#### **Diagnosis of Vaginitis Including Multi-Target PCR Testing**

Major revision to all aspects of the policy for clarity and expanded testing criteria

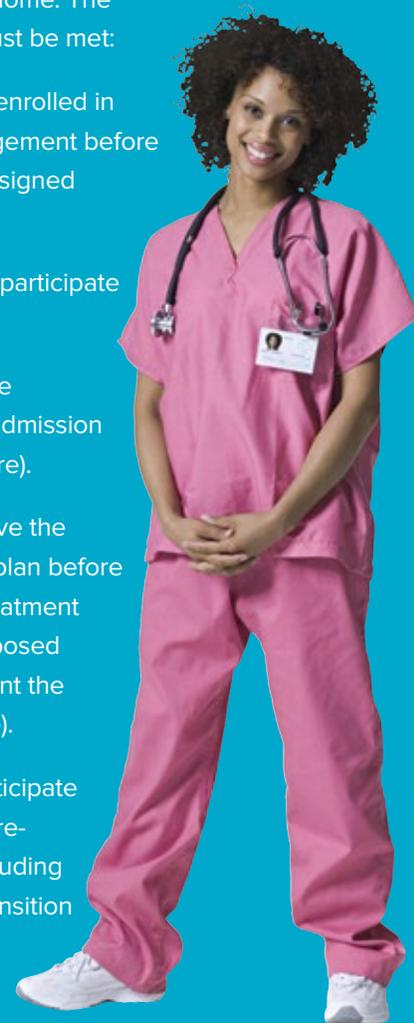
## SNF Benefits Available for FEP Standard Option Members

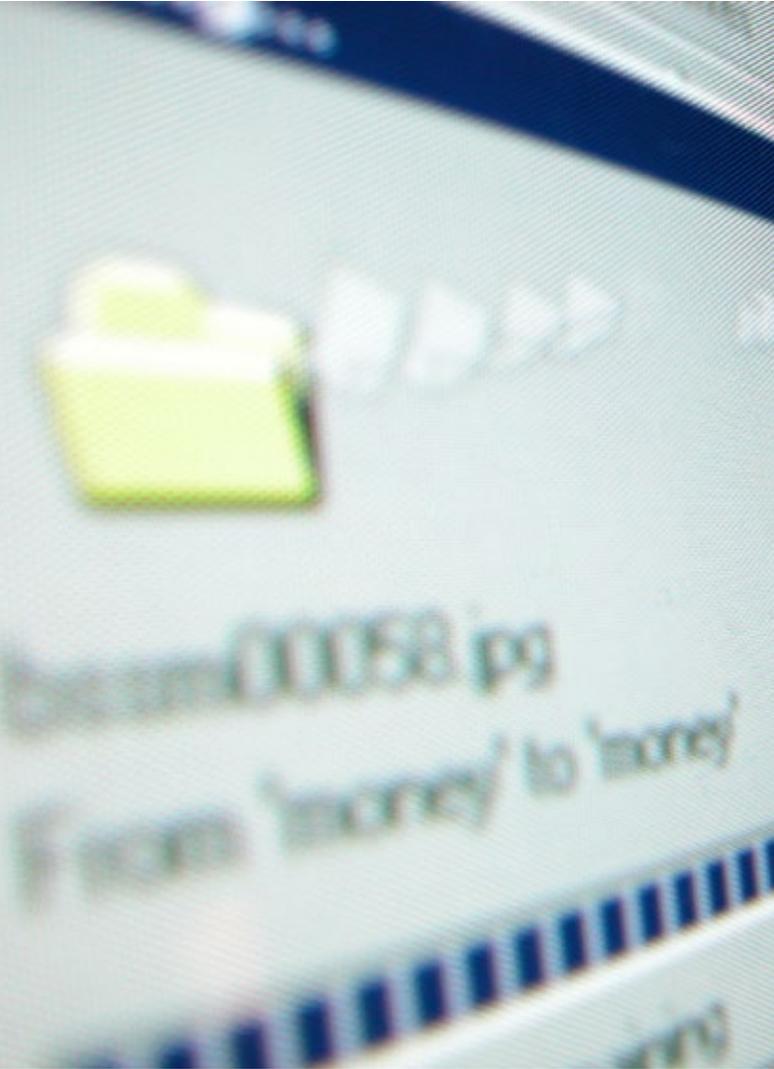
Effective Jan. 1, 2018, inpatient skilled nursing facility (SNF) benefits are available to BlueCross BlueShield of South Carolina Federal Employee Program Standard Option members who do not have Medicare Part A.

Previously, benefits were limited to Standard Option members with Medicare Part A primary coverage.

For Standard Option members who do not have Medicare Part A, SNF inpatient care is covered for a maximum of 30 days annually, when the member can be expected to benefit from short-term SNF services with a goal of returning home. The following criteria also must be met:

- The member must be enrolled in BlueCross case management before admission to the SNF (signed consent required).
- Member must actively participate in case management.
- Precertification must be obtained before SNF admission (including overseas care).
- BlueCross must approve the preliminary treatment plan before SNF admission (the treatment plan must include proposed therapies and document the need for inpatient care).
- The member must participate in all treatment and care-planning activities, including discharge planning/transition to home.





## Status Requests

In an attempt to better serve you, we are asking that you refrain from sending in status requests. Continuing to request claim or medical record review statuses delays our ability to service your initial inquiries in a timely manner. A notification of receipt is given for all documentation received via fax, clinical attachment, UPS, Federal Express and certified mail. This notification serves as confirmation that your documentation has been received and is currently being worked by our office. Be assured that we have received your request if you have received confirmation from either our electronic systems or via hard-copy documentation.

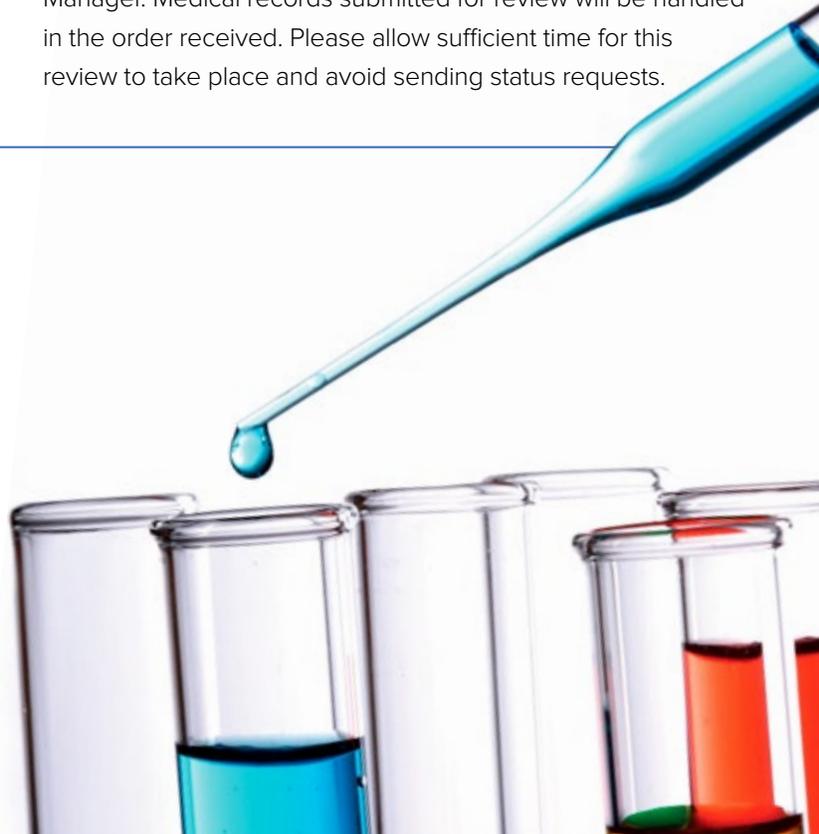
When a document is uploaded into our system using our Claims or Clinical Attachment process through My Insurance Manager<sup>SM</sup>, a confirmation notice is also given. You can take a screenshot of the message "Upload Successful" to keep as your confirmation.

**What you need to do:** To check the status of your claim, please use our Voice Response Unit (VRU) by dialing **800-868-2510** (South Carolina), **788-8562** (Columbia/Lexington area) or **800-334-2583** (out of state). You can also use the Claim Status option available through My Insurance Manager. Medical records submitted for review will be handled in the order received. Please allow sufficient time for this review to take place and avoid sending status requests.

## The South Carolina Provider Laboratory Reconsideration Form Is Here!

This form is intended for use by laboratory professionals in South Carolina. Use this form to request review of a laboratory claim if you have additional documentation that supports a reversal of the claim determination.

To begin using this form, visit the Provider Forms pages of [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).





## Need to get in contact 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 page of our provider websites. You can also reach our Provider Education department by emailing [provider.education@bcbsc.com](mailto: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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