

BlueNewsSM

for Providers



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

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Providers Raise Awareness of Colorectal Cancer Prevention

Colorectal cancer is second only to lung cancer as the leading cause of cancer deaths in the United States, according to the American College of Gastroenterology (ACG). But, unlike many forms of cancer, colorectal cancer is highly preventable through routine screenings.

Still, ACG says one-third of adults between ages 50 and 75 — almost 23 million Americans — do not undergo the recommended tests. ACG recommends regular screenings beginning at age 50, or earlier for those with a family history of the disease or other risk factors. It recommends screenings starting at age 45 for African-Americans, who are more likely to be diagnosed with colorectal cancer than whites.

Health care experts hope to bring attention to the disease during March, which is National Colorectal Cancer Awareness Month. Health groups say many adults are too embarrassed to discuss screenings with their health care providers, while others avoid testing because they fear the procedure will be unpleasant.

The Love Your Colon campaign, an initiative that includes BlueCross BlueShield of South Carolina, the Center for Colon Cancer Research at the University of South Carolina, the S.C. Gastroenterology Association and other organizations, offers these tips to health care providers when counseling patients about screenings:

- Patients may better understand the term **colon cancer** than **colorectal cancer**.



- Patients may not be comfortable initiating this conversation, so health care providers may need to start the discussion and encourage patients' questions.
- Even patients who agree that screening is important may delay making their appointments and may need additional reminders.
- If referred to a gastroenterologist for these procedures, patients may not think to send information back to their primary care physician. Your staff may need to reach out to the specialist's office to ensure that appointments are made and results are received.
- It may be helpful to acknowledge your patients' fears about certain screening tests, especially as the day of the procedure approaches.

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- Patients may not know that colorectal cancer may be prevented through regular screenings, or that during a colonoscopy, precancerous polyps can be identified and removed.
- Patients may not be aware of how frequently they should repeat the screening.

While many physicians recommend screening to patients during annual checkups, Love Your Colon encourages providers to discuss the tests with patients during all types of visits. The group says there are other opportunities throughout the year to remind patients about screenings. For example:

- Send a Happy Birthday and reminder card, text or email on a patient's 50th birthday, or every 10 years, as needed.
- Create age-related preventive services checklists to keep in patients' charts. Give patients a copy of the checklist to increase their awareness.
- Send a message in March, which is Colorectal Cancer Awareness Month.
- Consider other reminders around holidays or events throughout the year, such as Christmas (give yourself a gift!) or Valentine's Day (a perfect day to love your colon!).
- Urge community organizations to send out additional reminders.

S.C. BlueCross Childhood Vaccination Rates Above National Average

Childhood vaccination rates in South Carolina were 77.8 percent among BlueCross BlueShield commercially insured members from 2010 through 2016, according to a new study of medical claims by the Blue Cross and Blue Shield Association. Nationally, 73.5 percent of young BlueCross members were up-to-date on their CDC-recommended vaccinations during the seven-year span.

In South Carolina, data show 75 percent of young BlueCross members born in 2010 were fully vaccinated by the age of 2 years and 3 months, compared to 80 percent of children born in 2013. Nationally, 69 percent of young BlueCross members born in 2010 were fully vaccinated, compared to 77 percent nationally of children born in 2013.

For children who are not completely vaccinated, missed well-child visits were the most common reason nationally for under-vaccination, accounting for 62 percent of under-vaccinated cases for children born in 2013.

Matthew Bartels, M.D., a board-certified pediatrician and chief medical officer at BlueCross BlueShield of South Carolina, said in a company news release that the study shows an encouraging trend.

"Childhood vaccinations have saved countless lives and have improved the health of millions of Americans," he said. "The results of this study demonstrate that South Carolina health care providers and families understand the benefits of childhood immunizations, with statewide vaccination rates that are surpassing national averages. These results are extremely favorable for the children in our state."



Getting to Know Provider Relations



In the upcoming issues of Blue News, we will introduce you to members of the BlueCross BlueShield of South Carolina Provider Relations staff. This month, we feature Teosha Harrison, a manager and a BlueCross employee for the past 20 years.

NAME: Teosha Shinn Harrison

WHERE WERE YOU BORN? Columbia, S.C.

TITLE/RESPONSIBILITIES: Manager, Provider Relations. I oversee external Provider Outreach.

YEARS WITH BLUECROSS: 20

EDUCATION: B.A., Political Science, concentration in Women's Studies from College of Charleston

PART OF MY JOB I ENJOY MOST: Talking about our company with providers

FAMILY/PETS: Married to Edward for 16 years. Three boys — Landon, 15; Lleyton, 13; and Logan, 12

BEST VACATION I EVER HAD: Taking my boys to Disney World for the first time. Seeing the magic in their eyes as they met their favorite characters was unforgettable. Plus, there were awesome outlets nearby that made for killer shopping!

HOBBIES/INTERESTS: Shopping, following political commentary, volunteering within my community

FIRST CAR: 1986 Honda Accord

MOST RECENT APP YOU DOWNLOADED: SC Blue (Blue CareonDemand™ for telehealth services)

IF YOU COULD SWITCH JOBS WITH SOMEONE, WHO WOULD IT BE? A kindergarten teacher because I'm sure I know most of that curriculum. Five-year-olds are so doggone adorable and we would all still get a nap in the middle of the day!

Reminders for Filing a Corrected Claim

So you've filed your claim with BlueCross, taking care to include all appropriate diagnosis and procedure codes. Then you remember: You neglected to include the 59 modifier to indicate two services were provided to the patient separately and independently of each other.

No problem! Simply file a corrected claim with the modifier appended, so the claim can be paid correctly. If the claim is resubmitted, but not indicated as a corrected claim, then it could deny as a duplicate.

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

1. Frequency Code "7" (Adjustment) in CMS-1500 Box 22 (Resubmission Code).

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

22. RESUBMISSION CODE	7	ORIGINAL REF. NO.	6D2084558005
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CLM*436944*271***11:B:7*Y*A*Y*Y~

2. The BlueCross claim number ("ICN" or "DCN") of the previously paid claim in CMS-1500 Box 22 (Original Ref. No.).

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

22. RESUBMISSION CODE	7	ORIGINAL REF. NO.	6D2084558005
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REF*F8*6D2084558005~

3. A brief description of the reason for the adjustment (new service line, different tooth number, etc.) in CMS-1500 Box 19 (Additional Claim Information).

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	SERVICE LINE 1 - ADD MODIFIER 59
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This corresponds to an NTE segment in the 2300 Loop of the electronic claim file.

NTE*ADD*SERVICE LINE 1 – ADD MODIFIER 59~

To file a corrected claim through My Insurance Manager™, locate the Patient Care menu and choose Professional Claim Entry. The Plan Information page will list your profile information first. Select a plan, and indicate whether the plan is the primary payer. Select the billing location, rendering provider and/or referring provider when prompted. You can opt to choose a patient or manually enter the patient's information on the Patient Information page.

On the Claim Information page, select Replacement of Prior Claim from the Claim Type menu. Enter the prior claim number in the required field. Enter the information from the line of your claim. When you are done, select Continue. Confirm the claim information you entered. After reviewing your claim, select Submit.



Provider Education FAQs

Each month, we include a list of frequently asked questions submitted to Provider.Education@bcbssc.com. If you have a question, please email us, submit your question using the [Provider Education Contact Form](#) or call us at **803-264-4730**.

Your Question	Our Response
I recently changed banks. How do I change my current EFT and ERA enrollment?	The EFT and ERA Enrollment form can be located on our website at www.SouthCarolinaBlues.com under Forms. To update your enrollment, check "Change Enrollment" on the form.
How can I confirm timely filing limits?	Timely filing limits vary among different benefit plans. To ensure you do not encounter timely filing issues, we recommend that you file all claims within 90 days of the date of service.
Whom do I contact with questions about the medical policies?	Our Medical Affairs team can answer questions about the medical policies. Please visit our website at www.SouthCarolinaBlues.com and click "Medical Policies and Clinical Guidelines," which can be found under Education Center. To ask a question, click the "Contact us" feature. Please note that this form is not to be used for benefits, contract or precertification issues.
Why are my claims rejecting up front?	There are multiple reasons why claims could be rejecting at the gateway. To find a list of the most common edits, visit www.HIPAACriticalCenter.com . For further assistance with rejections, please email edi.services@bcbssc.com .
How can I check on the status of credentialing?	Please email provider.cert@bcbssc.com .

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 188 Cardiovascular Disease Risk Assessment

New Policy

The following policies have been archived and included in CAM 188: CAM 20465, Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease; CAM 20472, Gene Expression Testing to Predict Coronary Artery Disease; CAM 20432, Measurement of Lipoprotein-Associated Phospholipase A2 (Lp-PLA2) in the Assessment of Cardiovascular Risk; CAM 204100, Cardiovascular Risk Panels; CAM 20423, Homocysteine Testing in the Screening, Diagnosis and Management of Cardiovascular Disease and Venous Thromboembolic Disease; and CAM 20440, Measurement of Long-Chain Omega-3 Fatty Acids in Red Blood Cell Membranes as a Cardiac Risk Factor.

CAM 185 Balloon Dilation of the Eustachian Tube

New Policy

CAM 186 Eye Movement Desensitization and Reprocessing (EMDR) Therapy

New Policy

CAM 187 Sacroiliac Joint Fusion or Stabilization

New Policy

CAM 40117 Surgical Interruption of Pelvic Nerve Pathways for Primary and Secondary Dysmenorrhea

Annual review. No change to policy intent. Updated background, description, regulatory status, rationale and references.

CAM 70147 Bariatric Surgery

Annual review. Updated the investigational statement on endoscopic procedures for clarity, and added aspiration therapy device to the investigational statement. Added a statement regarding the investigational status of surgical treatment of preadolescent children. Updated background, description, guidelines, regulatory status, rationale and references.

CAM 70148 Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions

Annual review. No change to policy intent. Updated policy verbiage, removing language regarding matrix induced implantation with a revision of the rationale to focus on available products. Also updated background, description, regulatory status and references.

CAM 70172 Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty

Annual review. No change to policy intent. Updated title, background, description, regulatory status, guidelines, rationale and references. Verbiage updated to be consistent with new title.

CAM 70306 Liver Transplant and Combined Liver-Kidney Transplant

Annual review. Updated title to include liver-kidney transplantation. Policy updated to include liver-kidney transplantation with medical necessity criteria. Updated background, description, guidelines, rationale and references.

CAM 70118 Automated Percutaneous and Percutaneous Endoscopic Discectomy

Annual review. No change to policy intent. Updated title, background, description, regulatory status, rationale and references.

CAM 80202 Plasma Exchange (Plasmapheresis)

Annual review. Added medical necessity for: N-methyl-D-aspartate receptor antibody encephalitis and progressive multifocal leukoencephalopathy associated with natalizumab. Also updated background, description, rationale and references.

CAM 162 Homocystinuria

Annual review. Expanded medical necessity coverage for some newborn issues. Added criteria for pyridoxine challenge testing. Added criteria for testing for suspected CBS deficiency.

Continued on Page 6.

CAM 10110 Continuous Passive Motion (CPM) in the Home Setting

Annual review. Removed “intra” from the second bullet point relating to articular cartilage. Updated background, description, rationale and references.

CAM 10124 Interferential Current Stimulation

Annual review. No change to policy intent. Updated guidelines, rationale and references.

CAM 20470 Genetic Testing for Lipoprotein(a) Variant(s) as a Decision Aid for Aspirin Treatment

Annual review. No change to policy intent. Updated background, description, guidelines (with coding), rationale and references.

CAM 20483 Genetic Testing for FMR1 mutations (including Fragile X Syndrome)

Annual review. Reformatted policy verbiage for clarity. Updated background, description, guidelines, rationale and references.

CAM 20486 Genetic Testing for Duchenne and Becker Muscular Dystrophy

Annual review. No change to policy intent. Updated background, description, rationale and references.

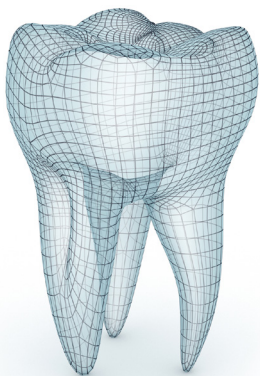
CAM 60123 Diagnosis and Non-Surgical Treatment of Sacroiliac Joint Pain

Interim review. Updated title to indicate this policy relates to non-surgical treatment of SI joint pain, as a new policy title, Sacroiliac Joint Fusion of Stabilization, is being published. Removed surgical treatment from multiple areas of the policy. No change to the intent of diagnosis and non-surgical treatment of SI joint pain.



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” page of our provider websites. You can also reach our Provider Education department by emailing Provider.Education@bcbssc.com or by calling **803-264-4730**.



FEP Dental Physical Address Changes

Some dental providers continue to send correspondence related to the Federal Employee Program (FEP) Blue DentalSM plan to a former address. The mailing address for FEP Dental has changed, effective Oct. 17, 2017.

Providers are reminded to please send dental plan-related correspondence to the current address:

**4400 Leeds Ave.
Suite 100
North Charleston, SC 29405**

The address change does not impact medical providers.



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

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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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