BLUE CROSS MINUTES
July 21, 2014 RIC/RAC Meeting

BCBS REPRESENTATIVES PRESENT:
Ms. Jennifer Nelson
Mr. Michael Lombardo
Mr. Phillip Cayce
Ms. Ginna White

FACILITATORS PRESENT:
Ms. Margaret Whatley
Ms. Karen Northcutt

MS. WHATLEY: From Blue Cross today we have Jennifer Nelson, Michael Lombardo, Phillip Cayce and also Ginna White. We appreciate you coming and helping us out here. We'll start by going over the questions and then you have a little presentation.

1. **Can a hospital ED MD write observation services ordered, additional orders and manage these patients (keep in mind they do not have admitting privileges) as observation patients while in a distinct unit within the ED? Or would the care have to be turned over to another physician for patient management when observation services are ordered?**

   Response: Yes, to the first question. On the second, no, as far as Blue Cross Blue Shield of Alabama is concerned, any physician can write the orders and manage the patient's care.

2. **In lieu of the HITECH/HIPAA rules, providers should be able to process a patient as self-pay when requested by patient. Does this rule take precedence over BCBS contract with the provider?**

   Response: Yes, you are allowed to treat the patient as self-pay when requested by the patient, we do recommend having the patient sign a waiver. Attached is a copy of a waiver you can use. The waiver is also available in the facility manual online at www.alabamablue.com/providers.

3. **According to the April 2011 Provider Facts "Providers are encouraged to obtain a predetermination form before using anesthesia services for routine gastrointestinal Endoscopy". Does this apply to hospitals GI labs or should the hospital just follow the medical policy #470?**

   Response: Yes, you would need to obtain a predetermination for your anesthesiologist's claim to process. The hospital should follow medical policy 470.

Discussion at meeting

MS. NELSON: So if you're going to be dropping a claim for your anesthesiologist, then you're going to need that predetermination for that claim to process.

MS. NORTHCUTT: That form comes to you, or you get a number or how do you handle that?

MS. NELSON: You do it online, on the website. And yes, it creates a number within our system for the claim to match up to at processing.

MS. NORTHCUTT: And they'll put it on 1500?

MS. NELSON: Yes, it would be on 1500.

MS. WHATLEY: Does anyone else have any questions?

THE SPEAKER: I didn't ask this question, but I'm wondering, in prior days, we used to use IV sedation and then they started using Propofol, I think, that is the drug name…

MS. NELSON: That Michael Jackson drug.

THE SPEAKER: Michael Jackson drug. Thank you. Then Blue Cross didn't pay all that. And I think that's what the issue was on that. So they can go ahead and get it precerted for the use of that drug?

MS. NELSON: Right. What it is, is the payment for anesthesia. And those procedures are already calculated in the gastro's payment. And so if you're going to do that type of MAC anesthesia where you're going to have an anesthesiologist there, that's where it changes things. And so it would need to be medically necessary in order for that to be payable.

If you want to render that, if it's not medically necessary, then you can tell that patient that you can have this type of anesthesia, but you'll be responsible for it and have them sign the non-covered waiver and let them know up front.

4. **Please provide insight for ICD-10 testing opportunities.**

   Response: We will continue external testing on a monthly schedule from June 2014 thru December 2014, a bi-weekly schedule from January 2015 thru September 2015. External testing will also continue in support of the volume we receive from providers. See attachment for Front-End testing instructions.

   Contact our EDI Services about End-to-End testing at 205-220-6899 or Ask-EDI@bcbsal.org.

Below is a link to ICD-10 information on our website.
https://www.bcbsal.org/providers/iCD10.cfm

Discussion at meeting

MS. NELSON: So if you want to send a claim just to see if it will come in on the front end, I attached those directions. The end-to-end testing, you would have to contact our EDI services. And I put their phone number and their e-mail address within the questions as well.

And just a little side note is it's going to depend on our volume on the end-to-end testing, if we will continue to support that, for how long, until really the go live date for the ICD-10. Am I correct in that, Michael?

MR. LOMBARDO: Yes. We are monitoring daily to see which vendors are still testing. And right now we're not seeing a lot of activity. But if we notice an increase on the daily testing this schedule is subject to change.

But just to let you know, that Blue Cross is still open and willing to accept testing. Vendors are testing. It just does not seem to be the highest priority in the industry right now because of the deadline changing. However, just to let you know, that we are still open and willing and ready to accept test files.

MS. NELSON: Thank you, Michael. And then I also included a link to our website that's on ICD-10 as well within the answers.

5. **Does Blue Advantage require functional reporting HCPCS codes and modifiers for outpatient rehabilitation?**

Response: Medicare does require this information to be submitted and we are following the same guidelines.

Discussion at meeting

THE SPEAKER: Is that a new requirement?

MS. NELSON: Was it a new requirement with Medicare? I'm not that familiar with Medicare.

THE SPEAKER: Yes. The Medicare guidance didn't specify whether the Advantage plans had to submit the information. Recently, United HealthCare announced they'll be requiring it effective August 1st. To my knowledge, no other HMO plans require that submission.

MS. NELSON: I can ask that. But the Blue Advantage manager I spoke with said that we were going to follow the same guidelines. I can ask him what date we started it and follow back up with AlaHA with that.

THE SPEAKER: Thank you.

6. Does the Medicare fee for service inpatient "Two Midnight Rule" apply for Blue Advantage inpatient stays?

Response: Yes

Additional discussion at the meeting

THE SPEAKER: We recently had some claims that were paid and denied that were for ICD implantation. And we were trying to find more clarification on the policy that states the use of subcutaneous ICD does not meet Blue Cross and Blue Shield of Alabama's criteria for coverage and is considered noncovered and investigational for all indications.

When I tried to seek this information out, the reps were pretty much unfamiliar with the policies that they had to follow, and I wanted to bring that question to you. Who would I go to for interpretation of policies?

MS. NELSON: You would need to contact your provider rep, your external rep. So if you would get in touch with him, he would be able to get some clarification for you on that.

THE SPEAKER: All right. Thank you.

THE SPEAKER: As a follow-up on that, our billing department did follow up with our rep. And we were given a sample of a prior authorization letter for the SICD systems, which is in place, looks like. And then there, we pulled up all the FDA, you know, approval and all that kind of stuff.

This one particular patient with an SICD was denied, and they said that there would be no more appeal rights for that. And our question was since this was a medically necessary kind of situation where the patient could not have anything else other than this ICD, would it help to get the physician to do an appeal letter?

MS. NELSON: It's hard to tell you what to do without looking at what went on. Basically, a physician can appeal the claim. And really they get one appeal, and then it can go to peer-to-peer review. So that means it could go to a physician to review.

So I don't know what has happened and who has reviewed it to be able to tell you where you are to tell you what the next step would be.

THE SPEAKER: What happened was there were three cases. In two of those cases, there was an SICD and then there was a transvenous lead put in which took it to where they reviewed the whole thing, and asked us to go ahead and resubmit the bill on the two. But this particular one did not have any transvenous leads. It was just the SICD.

So I think what we were trying to get at is that can we use the physician's appeals process to reappeal. Not at the hospital, but from the physician side.

MS. NELSON: Most likely you can. That physician can request a peer-to-peer. Usually, typically, they can request a peer-to-peer, unless they've exhausted it already, which is possible. But I would talk back with your rep again on it because he can look and see what's been done and where it's at with medical review and what level it has been with medical review as well. It could be a physician has already looked at it and it's exhausted. And that's quite possible. So I would follow back up with him on it for sure.

THE SPEAKER: Thank you.

MS. WHATLEY: If no other questions or comments, I'll turn it over to you to do your presentation. Thank you for coming today.