

Important Notice: Blue Cross & Blue Shield of Mississippi 2019 Update

Published Date: Dec 12, 2018

Managing our Members' healthcare costs, improving the quality of their healthcare experience through best practices, and ensuring our Members' data security will continue to be our primary Network Provider focus as we move into 2019. In support of these priorities, please see below for more information regarding updates for 2019.

Professional Emergency Room Policy

A concern has evolved over the past year with our Members related to the level of care being billed specific to Emergency Room (ER) visits and associated care. To ensure appropriate reimbursement for emergency room visits, the visit levels (1-5) submitted on the claim will be reviewed to:

1. Evaluate and monitor the visit level of Network Professional Provider ER visit as compared to the Network Hospital ER visit level;
2. Ensure visit levels are aligned with the severity of the diagnosis code submitted on the ER claim.

During 2019, alignment of the Emergency Room Network Professional visit level to the severity of the diagnosis submitted will be implemented. This policy currently applies to Network Hospitals' Emergency Room visits. As with Network Hospitals, the level of care for the ER visit will be confirmed by utilizing diagnosis codes filed on the ER claim and assignment of a patient severity level. If the office visit level is not in alignment with the diagnosis severity, the payment for the office visit level will be adjusted to align with the diagnosis severity. Please stay tuned to *myBlue* Provider for the publication of the new Professional Emergency Room Policy.

Professional Fee Schedule Update

Medical Drug Coding

Beginning **January 1, 2019**, all professional medical claims submitted with drugs administered by professional providers, **including vaccines**, must be filed with the corresponding National Drug Code (NDC) number for the drug and dosage administered to the patient. Claims submitted without a valid drug code and NDC number combination will be rejected for re-filing. To assist you in confirming valid code combinations, the [NDC Crosswalk Table](#) is available in the Professional Allowance Inquiry tool on *myBlue* Provider. The NDC number will allow reimbursement to be aligned with national drug price updates. As a reminder, the following specifies the filing guidelines for submitting NDC information in the HIPAA EDI 837 transaction:

Loop 2410 Drug Identification of the 837 Claim Submission

- National Drug Code (NDC) – LIN03 must contain the complete 11-digit NDC, excluding the dashes.

Example: LIN**N4*01234567891~

- NDC Unit Price (optional) – CTP03 should contain the exact unit price.
- NDC Quantity – CTP04 must contain the exact quantity, including any applicable decimal point.
- Composite Unit of Measure (optional) – CTP05 should contain the appropriate unit of measurement code qualifier.

Example: CTP***1.15*2*UN~

Ancillary Services

BCBSMS has completed its annual review of the BCBSMS Professional Fee Schedule. As was shared with you last year, ancillary professional services continue to account for a significant

portion of our Members' healthcare costs. Unit cost comparison analysis across places of treatment indicates the professional clinic setting unit cost, in some instances, is higher than in a hospital setting – particularly in the laboratory and pathology code ranges. For imaging services, price alignment with industry standards and market costs is warranted to ensure healthcare costs remain affordable to our Members.

Effective **April 1, 2019**, BCBSMS will update certain Laboratory, Pathology and Imaging codes that are currently not in alignment with market and place of treatment settings. Additionally, updates will be made to all DME-related code ranges. These updates will be applicable for any claims with dates of service on or after April 1, 2019. Please stay tuned to *myBlue Provider* as you will be notified in 2019 when codes and their updated 2019 allowances may be reviewed via the Professional Allowance Inquiry tool.

Access to myBlue Provider

Secure access to patient information remains a critical priority. BCBSMS recognizes employees within a Network Provider's administrative offices may change; however, there is a need to ensure *myBlue Provider* user activity remains current with only active employees having access to information necessary for their roles and responsibilities. During 2019, BCBSMS will be verifying all Network Provider Super Users, along with active User IDs. You will be asked to validate and make any changes necessary to ensure appropriate access to your *myBlue Provider* account. Please stay tuned for more information as we move forward.

Updates to Network Provider Information

In order to ensure your Network Provider information is current for payment and Network Directory purposes, it is very important that you notify BCBSMS of any changes as they occur. To that end, BCBSMS will be implementing a new Provider Information Tool in *myBlue Provider* that will enable assigned Users to review and update Network Provider information more frequently as needed. You will also be prompted on a semi-annual basis to review and validate your existing Network Provider's information.

Please stay turned to *myBlue Provider* over the next few weeks for the most up-to-date information. You may contact us via Contact Blue if you have questions.