

**BLUE CROSS MINUTES**  
**July 13, 2015 RIC/RAC Meeting**

**BCBS REPRESENTATIVES PRESENT:**

**Ms. Jennifer Nelson**  
**Mr. Michael Lombardo**

**FACILITATORS PRESENT:**

**Mr. Wesley Ashmore**  
**Ms. Karen Northcutt**

MR. ASHMORE: Okay. We'll go ahead and begin with BlueCross. I would like to welcome Jennifer Nelson and Michael Lombardo.

MS. NELSON: Thank you, yes.

1. Follow up to Question #2 from the March 2, 2015 RIC/RAC meeting.

- a) Does Blue Cross pay for drug wastage from a single use vial like Medicare does? Example given in March was for a Botox (J0585) injection of 155 units when two 100 unit vials are used with 45 units remainder of second vial wasted.

**Response:**      **We do not cover drug wastage. You would need to file only what is used.**

- b) Does this answer apply to both UB and 1500 claims?

**Response:**      **Yes It applies to both.**

**Discussion at meeting**

AUDIENCE MEMBER: Why? Why would you not pay for it when we bear the expense of that entire vial. So give me some logic.

MS. NELSON: I don't have any logic to share. I'm sorry. But that is our stance. We do not pay for the wastage.

AUDIENCE MEMBER: Okay. No pay. No logic. Okay.

MS. NELSON: Sometimes that's what it is.

2. Please provide updates on the timeframe for expanding the POF ASC fee schedule.

**Response:**      **BCBSAL previously communicated to our contracted facilities that, in addition to moving to the multiple per diem methodology, there would also be some changes to outpatient reimbursement in 2015. Based on feedback from our hospitals and the Alabama Hospital Association, *the decision has been made to make no changes to outpatient reimbursement methodology in 2015. However, beginning***

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***7/1/16 the plan is to move to a fixed reimbursement schedule for outpatient services. Blue Cross is in the process of evaluating outpatient payment methodologies and will provide more information as a decision is made.***

**Discussion at meeting**

AUDIENCE MEMBER: My question is about the inpatient having the separate per diem. Can you explain that and how that's going to work and when? For the new inpatient per diems that were supposed to take effect July 1st, did they go into effect July 1st?

MS. NELSON: They did. And it was only with contracts that were renewed July 1st. So as contracts renew, then they will be turned over to the new multiple per diems.

AUDIENCE MEMBER: And my questions is are the per diems based on APR DRG or MS DRG?

MS. NELSON: They are based on MS-DRGs.

AUDIENCE MEMBER: MS. Okay. Thank you.

3. An order is written and a prior-authorization is obtained for CT of the head with and without contrast (CPT 70470). The “without” contrast exam is performed and the radiologist determines that the “with” contrast exam is not necessary. The ordering physician has to be contacted to revise the order to CT of the head without contrast and the hospital has to obtain another prior-authorization for CT of the head without contrast (CPT 70450). This is a very time-consuming and burdensome process for the outpatient hospital. The other situation is when one exam is ordered, prior-authorized and performed and the radiologist determines that an additional exam is indicated which necessitates an additional order and prior-authorization which is time-consuming and results in delays for the patient and facility. Would you consider changing the prior-authorization process to cover a “family” of codes and not a specific CPT code? For example, the CT of the Head/Brain “family” of codes would include CPT 70450 (CT head without contrast), CPT 70460 (CT head with contrast), and CPT 70470 (CT head with and without contrast).

**Response:** We do have a crosswalk in place. In the example given on CPT 70470, you wouldn't need to call CareCore to change the code to CPT 70450. We have a crosswalk in place for those codes. If the radiologist decides to do a CT of the pelvis instead of a CT of the abdomen, then they would need to contact CareCore to change the code. You have two business days from the date of service to call CareCore to update the code.

Please see the attached “Frequently asked Questions” document for our preferred radiology program, it addresses both questions. See question 16 and 17.

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The "Frequently asked Questions" document is handy for new staff that come in to start doing the pre-certs on the CTs and MRIs. And it answers a lot of those questions that you have along the way.

4. What instructions have been given regarding a Medicare Advantage plan member who is approved as observation, discharged and refusing to leave. One payer has said contact Kepro, another said give a hospital letter of self payment-not a HINN, and another said give an ABN. This problem is becoming more and more frequent.

**Response:**      **You should call Kepro, the QIO (Quality Improvement Organization).**

5. Is genicular neurotomy a covered service? It is uncertain if this procedure would be coded as CPT 64640 or 64999, but regardless of the code selection, is genicular neurotomy covered by Blue Cross? If it is a covered service, what is the correct CPT code to use?

**Response:**      **This procedure is considered investigational, it's non-covered. We will be adding this procedure to our investigational listing.**

6. Hospitals are receiving denials if more than one initial infusion code (CPT code 96365) is reported on a claim. This may occur if two infusions are given at separate encounters in one day (one infusion in the morning, patient goes home and returns for another infusion that afternoon) or on recurring accounts that span several days where infusions are given on different dates of service.

- a) How should hospitals bill if two infusions are given at separate encounters on the same day?

**Response:**      **Bill CPT 96365 once with 2 units of service.**

- b) How should hospitals bill for infusions given on separate dates of service on a recurring (span bill) claim?

**Response:**      **We would need an example to review to give further directions.**

MR. ASHMORE: And I believe that was all the questions we have for BlueCross.

MS. NELSON: I guess we'll go ahead and start our presentation. I've only got a few slides. I think Michael has the majority of it this time.

(BlueCross representatives gave a slide presentation at this time.)

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Peggy sent me a question on Friday about an inpatient claim, how that should be billed, should we bill with an ICD-10 or a 9 code. If the admit date is before 10/1 and then the discharge date was after 10/1, we're following the CMS guidelines on those. So you would go with the discharge date. And if the discharge date is after 10/1, then you're going to file all the ICD-10 codes.

And for Part B services on outpatient, if you have a date where it crosses over as well, then you're going to have to separate it and do separate bills. We're not going to be able to accept ICD-10 and ICD-9 on the same claim, and so we'll have to split bills on those.

AUDIENCE MEMBER: Will that would be for both commercial and HMOs?

MS. NELSON: It would. Because we're following CMS guidelines. So it's for commercial and for Blue Advantage.

AUDIENCE MEMBER: Okay. Because last time, it was a different answer. So we just wanted to make sure.

MS. NELSON: Oh, okay. I apologize.

AUDIENCE MEMBER: That's good. I mean, this is good.

MS. NELSON: Yes. And usually we're not that easy. Usually you got one way over here in business and then another way on Blue Advantage, so yes.

AUDIENCE MEMBER: So for inpatient, it's the date of discharge?

MS. NELSON: Yes.

AUDIENCE MEMBER: And then for outpatient, it's split bill?

MS. NELSON: Yes. Yes.

AUDIENCE MEMBER: Thank you.

MS. NELSON: You're welcome. And I know CMS came out last week and made their statement on how they're going to handle it. Right now in house, we don't know how that will affect us as far as regular business and the Blue Advantage side. We're still looking at the CMS statement. And so right now, we're just not real sure how that affects us or how it changes things with us. And so hopefully we'll have more to come on that. And we will publish something out on the website if it changes how we're going to handle things.

AUDIENCE MEMBER: This is probably a stupid question, but are you going to take discharge code 30 on the split bills?

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MS. NELSON: Well, is that for outpatient or would that be inpatient?

AUDIENCE MEMBER: Outpatient.

MS. NELSON: Outpatient. Oh, I don't know. Michael?

MR. LOMBARDO: I don't know.

MS. NELSON: I don't know. I mean, it's hard for us without an example.

AUDIENCE MEMBER: Okay.

MS. NELSON: Do you ever have to split them now, and you have trouble getting that discharge code in to us?

AUDIENCE MEMBER: I don't think we ever billed BlueCross outpatient with that discharge code.

MS. NELSON: I think what we'll have to do is if you have a problem after 10/1, let us know and we'll work through it.

AUDIENCE MEMBER: All right. Thank you.

MS. NELSON: You're welcome.

MR. LOMBARDO: I want to be sure that you know that when you do go to register for the new provider website, make sure you establish who will be your master administrator to begin with.

AUDIENCE MEMBER: Can we start registering now?

MR. LOMBARDO: Well, it's not quite available yet. In the coming weeks, when they get everything worked out, as soon as you see that notification from the old website, you can register at that point. I expect it to be within the next couple of weeks when you're going to start seeing the notifications. We'll also notify you in any type of publications we do at BlueCross. It will be all over our website. The main layout is going to push you directly from when you type in the address and try to login it's going to automatically put you with the new website with a chance to register. Are there any other questions? Yes, ma'am.

AUDIENCE MEMBER: You mentioned we will have a master administrator, but can we also have additional administrators.

MR. LOMBARDO: That is true. If the master administrator gives the other administrator the same rights as the master administrator, then there is no difference. It's

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solely up to how you want to set yourself up.

And the reason I say that is you don't want to have just maybe one person that's capable of setting users or deleting users or doing anything. Because that one person may be overwhelmed. I would recommend that even though you do have one master administrator, you have other administrators with the same rights so that if somebody is out of the office someone else can handle it. We are going to put the task and the burden onto the offices to create their own users and to delete their own users and to handle that type of administrative functions. You could tell them I want this person to only view remittances or I want this person to only do claims. I mean, you're going to be able to assign whatever rights and roles you want for a user or you can just click the administrator and have everything.

So it's kind of however you choose to set yourself up. But there is only one "master administrator". And that's the first person that's going to log onto the system is going to claim that role.

And if you have problems, let's say the master administrator leaves, then you would have to contact us and we would have to help you to change those rights. Because nobody else would be able to log on to change that particular role. And you could always call NDI services. And we're going to be made available to come out and help you in any form or fashion that you may require to get set up. Any other questions? Yes.

AUDIENCE MEMBER: If you are not a provider, are your policies going to be able to be seen?

MR. LOMBARDO: The website I'm referring to is provider driven only. Now, you're still going to have what's My BlueCross or whatever, which is similar to the mobile app I was just telling you about. That is still going to be available as well.

MS. NELSON: I bet you're talking about the facility manual.

AUDIENCE MEMBER: Right. Right.

MS. NELSON: It will be behind provider access. It will still be secure.

AUDIENCE MEMBER: Okay. So what about your medical coverage policies?

MS. NELSON: Those are not secured. You will be able to get to those. If you need something from the facility manual, you can let me know. I can get it to you in a secure e-mail. I can give it to you.

AUDIENCE MEMBER: Okay. Great. Thank you.

MS. NELSON: You're welcome.

AUDIENCE MEMBER: Is there or will there be a provider app anytime soon? For the current system and putting patients in there. Is there going to be an app to make that simpler?

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MS. NELSON: That is a pretty good idea. We don't know. We will float that question up to them, because that is a pretty good question.

MR. LOMBARDO: All right. Is that it? Any other questions?

MR. ASHMORE: Thank you for coming today.