

BLUE CROSS MINUTES
November 3, 2014 RIC/RAC Meeting

BCBS REPRESENTATIVES PRESENT:

Ms. Jennifer Nelson
Mr. Michael Lombardo
Mr. Chris Dobbs

FACILITATORS PRESENT:

Ms. Margaret Whatley
Ms. Karen Northcutt

MS. WHATLEY: We have Chris Dobbs, Michael Lombardo, and Jennifer Nelson from Blue Cross here. We're going to go through the questions first, and then they have a presentation for us.

1. Follow-up to Question 5 from July 21, 2014. Please provide the date Blue Advantage began requiring functional reporting HCPCS codes and modifiers for outpatient rehabilitation.

Response: July 1, 2013.

2. Does Blue Cross cover hypoglossal nerve stimulator system for treatment of obstructive sleep apnea? If so, as there is no specific CPT code should we use 64999 (unlisted)?

Response: It's non-covered at this time; we considered it to be investigational. Attached is medical policy #065, see page 9 for this information. Our medical policies can be found on our website at AlabamaBlue.com/providers under "Guidelines and Policies."

3. Please provide an updated list of medical emergency codes crosswalked from ICD-9 to ICD-10?

Response: We will not be able to provide a crosswalk list due to the number of codes, its well over 10,000 ICD-10 codes. We are using a coding program in-house as the crosswalk list for our employees. Attached are the current ICD-9 medical emergency/POF/diagnoses, you can use this list to create your own crosswalk. We will also make this list available in the facility manual on our website at AlabamaBlue.com/providers.

Discussion at meeting

Also, we have the same mapping tool that we're using in-house, we've made it available to providers behind the website. And we will share that with you on the presentation. You can map a 9-code to a 10-code or a 10-code to a 9-code.

4. With ICD-10 being implemented when do you plan to have a new processor that can process additional codes?

Response: At this time there is no timeframe available.

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5. How does Blue Cross plan to process secondary payments related to the CMS 68% settlement?

Response: If Medicare leaves patient responsibility, we will consider it for secondary payment. We will need a claim to be able to process.

Additional discussion at meeting

THE SPEAKER: On billing outpatient for drugs, I'm told that we are not allowed to bill for waste or discarded drug. If the vial comes in 100 units and we only use 10, that we are not to bill for the entire vial. Is that a written policy? Or what is behind that?

MS. NELSON: Actually, we do not have a written policy on waste. And that's just being honest with you.

THE SPEAKER: So if I bill for the whole vial that I use, because I had to throw away part of it —

MS. NELSON: There's not a policy in place to prevent you from doing that.

THE SPEAKER: So when I'm told that I shouldn't do that, there's really no right that you have when you tell me that? So I can bill for the whole vial?

MS. NELSON: You can, because we do not have a policy on the waste. And you may want to follow back around with your rep.

THE SPEAKER: I have. I submitted the question, but we have not talked since that. So since you guys were here, thought I would ask. Thank you.

MS. NELSON: You're welcome.

MS. WHATLEY: Does anyone else have any questions? Any new questions for Blue Cross? I'll turn it over to you now to do your presentation. Thank you for coming today.