



BlueCross BlueShield  
of Alabama

# ALaHA

## November 4, 2013

# ICD-10 Update

- All HIPAA-covered entities must adopt the International Classification of Diseases (ICD-10) by October 1, 2014.
- Blue Cross and Blue Shield of Alabama will be ready to assist with testing of ICD-10 codes beginning March 1, 2014.
- We will not process claims with ICD-10 codes until October 1, 2014. Claims submitted before that time with ICD-10 codes will be denied.

# ICD-10 Update

- **The Centers for Medicare & Medicaid Services (CMS) is providing ongoing support and resources for providers at [www.cms.gov/ICD10](http://www.cms.gov/ICD10).**
- **Blue Cross has a webcast, “Preparing for ICD-10,” on our provider website under “Provider Education.”**

# ICD-10: Vendor Communications

## Important Dates to Remember

<b>January 1, 2012</b>	HIPAA Version 5010 Compliance Date
<b>January 1, 2013</b>	Complete Picture of Health Coding Initiative (12 diagnosis codes) – Risk Model
<b>August 7, 2013</b>	Complete Picture of Health – Educational Events Provider Road Shows Began
<b>September 1, 2013</b>	Enhanced Vendor Functionality Matrix (VFM) Posted
<b>March 1, 2014</b>	Testing to begin for ICD-10 compliance codes
<b>October 1, 2014</b>	HIPAA-mandated ICD-10 compliance go-live date

# ICD-10: Vendor Communications

- Do you know your software system's capability?
- Are you on the latest version of your vendor's practice management software release?
- Work with your vendor.

# ICD-10: Vendor Communications

- Practice management software vendor educational events
- Practice management software systems
- Category II CPT and diagnosis codes usage

**[www.bcbsal.com/providers](http://www.bcbsal.com/providers)**



# Vendor Functionality Matrix Documentation and Coding

New!

## Enhanced Vendor Functionality Matrix (VFM) Detail Record



### ABC Vendor Functionality Matrix August 2013

Vendor Information		
Vendor Name: ABC Vendor		Website Address: www.abcvendorwebsite.com
Contact Name: John Q. Blue	Email: johnblue@abcvendoremail.com	Phone: 123-456-7890
System Information		
Product Name	PM10	
Software Version(s)	5010	
Diagnosis Codes Allowed Per Claim	8	
Diagnosis Pointers Allowed Per Line	4	
ICD-10 Ready?	No	
ICD-10 ready by October 1, 2014	Yes	
Associated Costs for ICD-10 (Software Updates/Hardware)	*	
Software Maps from ICD-9 to ICD-10	*	
Education/Training on ICD-10 Software Requirements	Yes	
Education/Training on ICD-10 Coding	*	
All-in-One Practice Management Software/Electronic Health Record (PMS/EHR) Integrateable Solution	Yes	
Interfaced with Modular EHR Solution(s)	Yes*	
Hospital and Lab Interface	**	

#### Vendor Software Components with Electronic Connectivity

Only the vendor diagnosis code capabilities that have been validated by Blue Cross and Blue Shield of Alabama are listed.

Validated results reflect the latest release of the vendor's software system as of August 2013.

Other system information has been provided by the practice management software vendor.

For questions regarding electronic transactions listed in the table to the left, email your EDI Services Representative at [Ask-EDI@bcbosal.org](mailto:Ask-EDI@bcbosal.org) or telephone 205-220-6899.

\*Please contact your software vendor for additional information.  
\*\*Contact the hospital(s) and lab(s) where you have privileges.  
NV = Not Validated

#### Helpful Links

Click [here](#) for a brief description of each program.

CCHIT – Certification Commission for Healthcare Information Technology  
<http://www.cchit.org/>

HIMSS – Healthcare Information and Management Systems Society  
<http://www.himss.org/>

HIT – Health Information Technology  
<http://www.healthit.gov/>

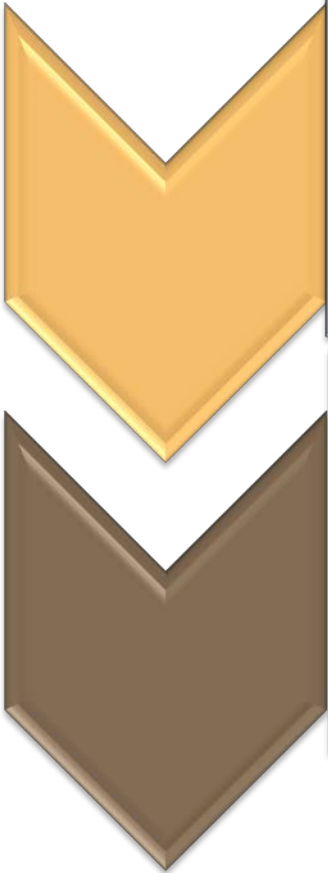
KLAS  
<http://www.klasresearch.com/about/company.aspx>

ONC – The Office of the National Coordinator for Health Information Technology  
<http://www.healthit.gov/policy-researchers-implementers/onc-hit-certification-program>

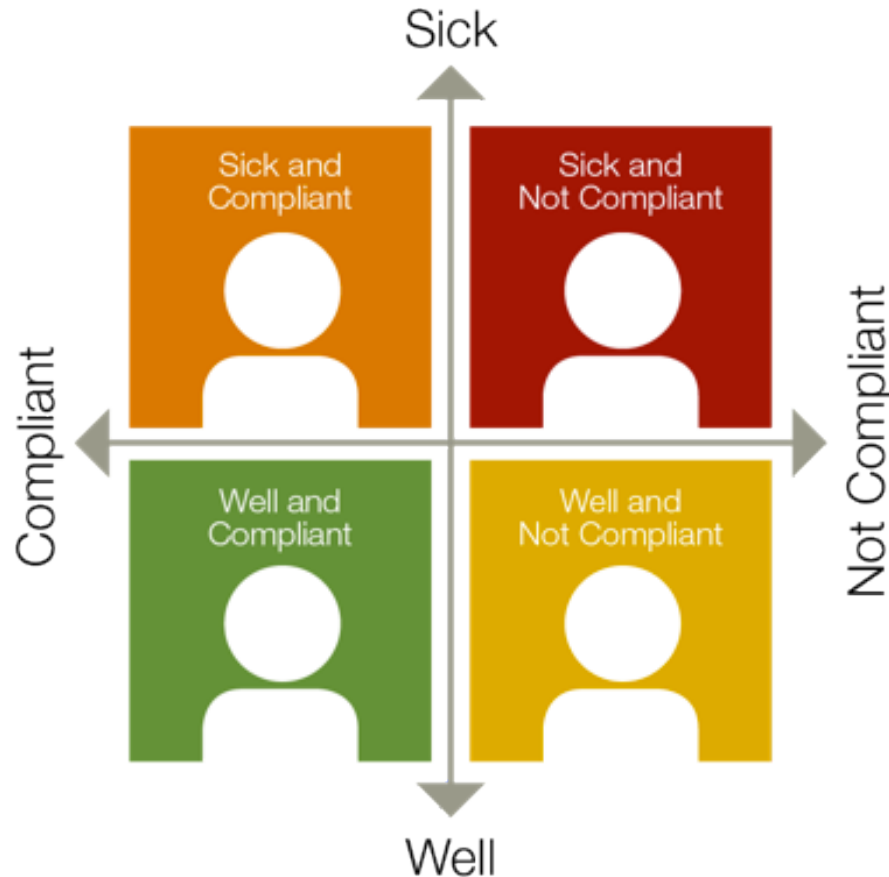
Looking for a vendor?  
Helpful Questions To Ask  
[www.bcbosal.com](http://www.bcbosal.com)



# What is Risk Adjustment?

- 
- For 2014 and after, insurance carriers are expected to participate in a risk adjustment process to transfer premium dollars among insurers based on patient complexity.
  - A similar process exists for Medicare Advantage plans where a portion of reimbursement is tied to patient complexity.

# Health Management



# Medicare Crossover Claims

- Effective October 13, 2013, providers must wait 30 calendar days from the Medicare remittance date before submitting a claim to us for processing.
- Claims you submit to Medicare will be forwarded/crossed over to us only after they have been processed by Medicare.



# CRNA & AA Network

Effective January 1, 2014

## Provider Resources





- ▶ [Electronic Data Interchange \(EDI\)](#)
- ▶ [CPT/HCPCS Coding Highlights](#)
- ▶ [Forms](#)
- ▶ [Information for Chiropractors](#)
- ▶ [Information for Dentists](#)
- ▶ [Manuals](#)
- ▶ [New PMD Information](#)
- ▶ [Physician Billing and Medical Necessity Disputes](#)
- ▶ [Preferred Radiology Provider](#)
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[Home](#) > [Providers](#) > [Manuals](#)

## Manuals

Thank you for browsing our provider manuals. If you have any questions or comments about the manuals, please [contact us](#).

## Medical

- ▶ [Provider Manual\\*](#)
- ▶  [BlueCard® Program Provider Manual](#)
- ▶ [Facility Manual](#)
- ▶  [Participating Chiropractor Manual](#)
- ▶  [Primary Care Network \(PCN\) Manual](#)
- ▶  [Refund Billing Online](#)

\* Note: Information for the Preferred Occupational Therapist, Preferred DME, Preferred Physical

- ④ HIPAA Information
- ④ Compliance
- ④ Fraud and Abuse
- ④ Uniform Provider Application
- ④ Dental Provider Application

## Claims Processing and Operational Information

- Anesthesia
- The Alabama Child Caring Program
- Assistant Surgeon Claims
- Blood Collection Fee - Venipuncture

1500

### Anesthesia

#### A. General Services

Blue Cross and Blue Shield of Alabama recognizes and covers medically necessary anesthesia services performed by a qualified and licensed medical doctor (MD), certified registered nurse anesthetist (CRNA), or anesthesiologist (AA) as defined by a member's specific benefit contract.

Global reimbursement of anesthesia administration includes the following:

- Pre-anesthesia evaluation (CPT codes 99201-99205, 99211-99213)
- Post-operative visits (CPT codes 99211-99215, 99231-99233)
- Anesthetic or analgesic administration
- Intra-operative administration of drugs, IV fluids or blood
- Routine, non-invasive monitoring such as: ECG/EXG monitoring, temperature, arterial blood gases, oximetry, carbon dioxide, expired gas determination, mass spectrometry, intubation, endotracheal, emergency procedures

According to physician Current Procedural Terminology (CPT) guidelines, anesthesia services should be performed under the responsible supervision of an anesthesiologist, limited to general, regional, supplementation of local anesthesia or other patient the anesthesia care deemed optimal by the anesthesiologist.

#### Covered Services

Anesthesia services may be covered only when:

- The procedure for which anesthesia is administered is a covered service under the member's benefit agreement.
- Consultations rendered by an anesthesiologist for care other than anesthesia are covered if separately identifiable services were rendered. Submission for medical review of medical necessity.

#### Non-Covered Services

Services not covered under the terms of the member's applicable Benefit Agreement include the following:

- Standby anesthesia – Blue Cross does not cover physicians' stand-by anesthesia
- Anesthesia administered by operating physician or surgical resident
- Anesthesia by hypnosis or acupuncture
- Anesthesia for cosmetic surgery

#### B. Personally Performed, Medical Direction and Supervision

1. **Medical Direction** - Medical direction occurs when an anesthesiologist provides medical direction for a single anesthesia procedure with a qualified anesthesia provider. The anesthesiologist must do the following seven services:

- Perform a pre-anesthetic examination and evaluation;
- Prescribe the anesthesia plan;
- Personally participate in the most demanding procedures of the anesthesia induction and emergence;
- Ensure that any procedure in the anesthesia plan that he or she deems to be beyond the capabilities of the qualified anesthesia provider;
- Monitor the course of anesthesia administration at frequent intervals;
- Remain physically present and available for immediate diagnosis and treatment;
- Provide the indicated post anesthesia care.

If one or more of the above services are not performed by the anesthesiologist, the anesthesia services are considered medical supervision services and not anesthesia services. The record should also document the anesthesiologist's monitoring or during the most demanding procedures, including induction and emergence.

When the anesthesiologist does not fulfill all of the "medical direction" services, the anesthesia services are considered medical supervision services and not anesthesia services. The record should also document the anesthesiologist's monitoring or during the most demanding procedures, including induction and emergence.

- Addressing an emergency of short duration in the immediate area
- Administering an epidural or caudal anesthetic to ease labor pain
- Periodic rather than continuous monitoring of an obstetrical patient
- Receiving patients entering the operating suite for the next surgery
- Checking on or discharging patients from the post anesthesia care unit
- Coordinating scheduling matters

#### 2. Medical Supervision

Medical supervision also occurs when the seven required services are not performed by the anesthesiologist. This might occur in cases when the anesthesiologist:

- Left the immediate area of the operating suite for more than a short period of time
- Devotes extensive time to an emergency case; or
- Was otherwise not available to respond to the immediate needs of the patient.

#### 3. Personally Performed Anesthesia - Determined by the following:

- Physician personally performed the entire anesthesia service alone
- Physician is continuously involved in a single case involving a study
- Physician and the CRNA are involved in one anesthesia case and the physician is available to respond to the immediate needs of the patient necessary upon appeal. (Documentation must be submitted by the physician.)

#### C. Anesthesia Modifiers

Modifiers are two-digit indicators that are used with a procedure code to indicate special circumstances. Blue Cross requires the use of the following Healthcare Procedure Code (HCPC) modifiers for anesthesia claims. Failure to submit one of the modifiers will result in denial of payment.

Modifiers used by anesthesiologists include:

Modifier	Description
AA	Anesthesia services performed personally by the anesthesiologist
AD	Modifier AD (medical direction of five or more concurrent anesthesia procedures)
QK	Medical direction (by anesthesiologist) of two, three or four concurrent anesthesia procedures
QY	Medical direction of one CRNA/AA by an anesthesiologist

Modifiers used by CRNAs include:

Modifier	Description
QX	CRNA/AA service with medical direction (supervision) by an anesthesiologist
QZ	CRNA service without medical direction (supervision) by an anesthesiologist

#### Physical Status Modifiers

Physical status modifiers distinguish between various levels of complexity of the anesthesia service provided based on the patient's condition and are represented by the letter P followed by a single digit. These modifiers are required for monitored anesthesia care (MAC).

Modifier	Description
P1	Normal healthy patient
P2	Patient with mild systemic disease
P3	Patient with severe systemic disease
P4	Patient with severe systemic disease that is a constant threat to life
P5	Moribund patient who is not expected to survive without the operation
P6	Declared brain-dead patient whose organs are being removed for donor purposes

#### Additional Anesthesia Modifiers

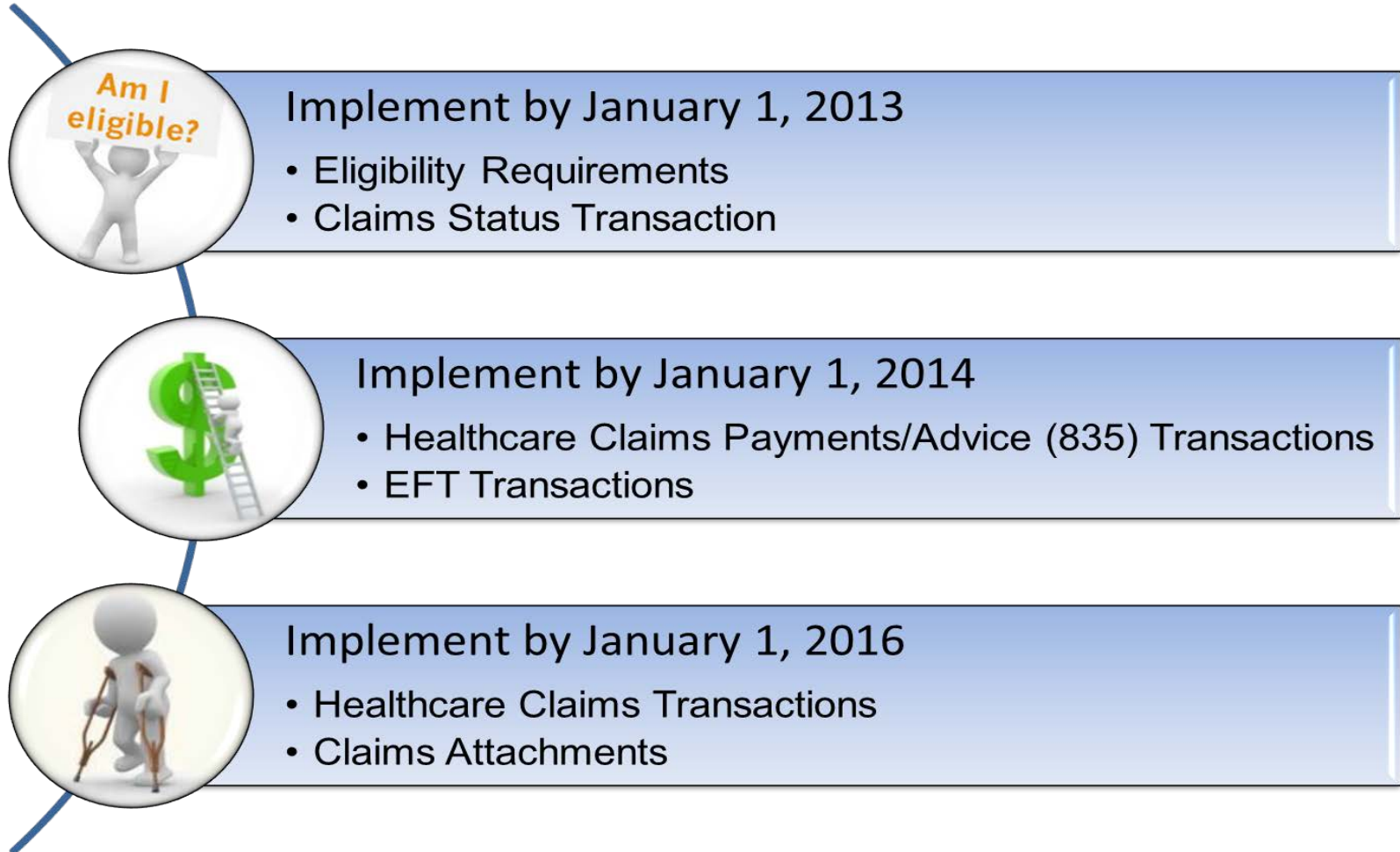
The following modifiers should be used as secondary or tertiary modifiers only and not as the primary modifier. These modifiers are intended to provide additional information specific to the services provided. There will be no additional reimbursement made for these modifiers.

Modifier	Description
Q5	MAC service. Only one Q5 service per day will be allowed.
23	Unusual Anesthesia. Occasionally a procedure that usually requires either no anesthesia or local anesthesia, because of unusual circumstances, must be done under general anesthesia. This circumstance may be reported by adding the modifier "23" to the procedure code of the basic service.
53	Discontinued Procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding the modifier "53" to the code reported for the discontinued procedure.
59	Distinct Procedural Service. Under certain circumstances procedures representing a different session or patient encounter, different site or organ system, separate lesions or separate injury, not ordinarily encountered or performed on the same day by the same physician. Services with modifier 59 could be subject to Blue Cross review of medical records.

OSME)

# Healthcare Reform

## Mandated Operating Rules & Compliance Dates: *Required for all HIPAA Covered Entities*



# Healthcare Reform – Phase I & II

## Recap of Mandated Eligibility & Claim Status Operating Rules

Connectivity  
Rules

Audit  
Tracking

Eligibility  
Requirements

System  
Availability





# Healthcare Reform – Phase III

Rule		High-Level Requirements
Data Content	<b><i>Uniform Use of CARCs and RARCs (835) Rule</i></b> Claim Adjustment Reason Code (CARC) Remittance Advice Remark Code (RARC) <u>Rule 360</u>	<ul style="list-style-type: none"> <li>Identifies a <u>minimum</u> set of four CAQH CORE-defined Business Scenarios with a <u>maximum</u> set of CAQH CORE-required code combinations that can be applied to convey details of the claim denial or payment to the provider</li> </ul>
	<b><i>EFT Enrollment Data Rule</i></b> <u>Rule 380</u>	<ul style="list-style-type: none"> <li>Identifies a maximum set of standard data elements for EFT enrollment</li> <li>Outlines a flow and format for paper and electronic collection of the data elements</li> <li>Requires health plan to offer electronic EFT enrollment</li> </ul>
Infrastructure	<b><i>ERA Enrollment Data Rule</i></b> <u>Rule 382</u>	<ul style="list-style-type: none"> <li>Similar to EFT Enrollment Data Rule</li> </ul>
	<b><i>EFT &amp; ERA Reassociation (CCD+/835) Rule</i></b> <u>Rule 370</u>	<ul style="list-style-type: none"> <li>Addresses provider receipt of the CAQH CORE-required Minimum ACH CCD+ Data Elements required for re-association</li> <li>Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions</li> <li>Requirements for resolving late/missing EFT and ERA transactions</li> <li>Recognition of the role of <i>NACHA Operating Rules</i> for financial institutions</li> </ul>
	<b><i>Health Care Claim Payment/Advice (835) Infrastructure Rule</i></b> <u>Rule 350</u>	<ul style="list-style-type: none"> <li>Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides</li> <li>Requires entities to support the Phase II CAQH CORE Connectivity Rule.</li> <li>Includes batch Acknowledgement requirements*</li> <li>Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits</li> </ul>




# **Reassociation Rule #370**

## **835 Remits and *ProviderAccess* Remits**

- The requirement states that the payor has three days before or three days after the electronic funds transfer (EFT) has been placed in the designated bank account to supply the 835 file to the receiver.
- Blue Cross will be distributing the 835 file into the receiver's FTP directory on Monday.
- The PDF remittance will continue to be available through *ProviderAccess* on Saturday

# Healthcare Reform Select Networks

## Provider Resources

- ▶ Electronic Data Interchange (EDI)
- ▶ CPT/HCPCS Coding Highlights
- ▶ Forms
- ▶ Information for Chiropractors
- ▶ Information for Dentists
- ▶ Manuals
- ▶ New PMD Information
- ▶ Physician Billing and Medical Necessity Disputes
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- ▶ Provider Publications
- ▶ Town Meetings
- ▶  **SELECT**



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## ProviderAccess

### Individual User Sign-In

Register to access essential resources for those who provide healthcare to patients.


[REGISTER NOW »](#)

### Already registered?

User ID:

Password:

[Forgot your password? »](#)

 **Security at Sign In**  
Your login is secured using Secure Sockets Layer (SSL) technology.

[Home](#) > [Providers](#) > [Select Networks](#)

## Select Networks



The Blue Cross and Blue Shield of Alabama **Select Lab** and **Primary Care Select Networks** will give our members confidence in the options available to them. These new benefit options are available through some Blue Cross benefit plans, including some plans offered through the Health Insurance Marketplace (also known as the "Exchange"). To learn more, click on the links below.

[Primary Care Select Network](#)

[Select Lab Network](#)

# Select Lab Network

- The primary laboratory for this network is Quest Diagnostics, a leading provider of diagnostic testing, information and services. Several specialty laboratories are also included.
- Coverage will still be provided for limited in-office clinical laboratory services (Exhibit I) for these members.
- All other laboratory services for members with the Select Lab Network benefit must be referred to Quest Diagnostics, unless they are medically necessary laboratory services unavailable through Quest.



# Healthcare Reform


## Three-Month Grace Period

- Only applies to the members who are enrolled in health insurance marketplace plans and are receiving a subsidy from the government.
- Check Eligibility and Benefits via *ProviderAccess* for the “premium paid-to date” information.



# Three-Month Grace Period Health Insurance Marketplace

Available for individuals who are receiving an Advance Premium Tax Credit (APTC)




Must pay claims for the first month



Will pend claims for months 2-3



Providers will be notified of delinquent status beginning the second month



Must pay all premiums due by the end of the 3<sup>rd</sup> month or will be cancelled

## Professional Benefits

[Contact Us](#)



[Printer-Friendly Version](#)

- [ProviderAccess Menu](#)
- [View New Patient](#)
- [Medical Necessity](#)

SHOW RESULTS  
RELATED TO:

- ☐ In-Network  
☐ Out-of-Network  
☒ All

Patient: JOHN A SMITH [Address](#)

DOB: 09/01/1987

Gender: M Relationship To Insured: Self

Insured: JOHN A SMITH [Address](#)

Contract: XAA123456789 Group/Div: 12345

Eligibility Date: 01/01/2014 – 12/31/9999 [More](#)

CHANGE  
SELECTIONS TO  
UPDATE RESULTS

Service Type

Health Benefit Plan Coverage

Date of Service\*

03/27/2014

[Update Result](#)

[Alerts/Messages](#)

[Additional Coverage](#)

[Non-Covered](#)

[Limitations](#)

[Payer](#)

[Other](#)

[Summary Plan Description](#)

### Health Benefit Plan Coverage

Premium Paid To Date End

01/31/2014

Period Start

02/01/2014

Period End

04/30/2014

- HIX GRACE PERIOD. DURING FIRST MONTH OF GRACE PERIOD, CLAIMS WILL BE CONSIDERED AT CONTRACT BENEFITS COMPLIANT WITH ADVANCE PREMIUM TAX CREDIT.
- HIX GRACE PERIOD. ACTIVE COVERAGE UNDER GRACE PERIOD. MEDICAL CLAIMS WILL BE PENDED UNTIL FULL PREMIUM IS RECEIVED TIMELY FROM SUBSCRIBER.

## Claim Status Listing

[Contact Us](#)[▶ ProviderAccess Menu](#)[Printer-Friendly Version](#)[▶ View New Patient](#)

Contract Number: XAA123456789

Payee NPI: 1234567890

Service From Date: 03/05/2014

Service Thru Date: 03/05/2014


These are the claims found for the information. To view details for a claim, click on the claim number or the status code. To view details for a patient, click on the patient ID.

### DETAIL:

P5 – PENDING/PAYER ADMINISTRATIVE/SYSTEM HOLD – 03/20/2014.

### DETAIL:

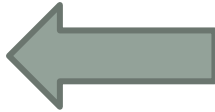
766 – SERVICES WERE PERFORMED DURING A HEALTH INSURANCE EXCHANGE (HIX) PREMIUM PAYMENT GRACE PERIOD. – 03/20/2014

	Service Date:	Claim Number:	Pat Init:	Submitted Charges:	Paid Amount:	Payroll Date:	Status Entity:	Status Catgy:	Status Code:
	03/27/2014	7000641234	J	\$62.75	\$0.00	03/20/2014		P5	766

# Healthcare Reform

## Provider Education

- ▶ **Updated!** ICD-10
- ▶ **Healthcare Reform**
- ▶ Blue Advantage
- ▶ Online Courses



## Healthcare Reform

The Patient Protection and Affordable Care Act was signed on March 23, 2010, followed by H.R. 4872, the Health Care Education Affordability Reconciliation Act of 2010, signed on March 30, 2010. Together, this legislation makes up the federal healthcare reform law referenced as the "Act."

The Act contains many gradual changes to the private insurance market that Blue Cross and Blue Shield of Alabama will phase in over time. The net effects of all the changes are unclear, but as we determine and begin to implement those that affect the provider and the delivery of care to patients we will provide direction to the provider community.

## Healthcare Reform Timeline

Most provisions that will have a major impact are not scheduled to go into effect until 2014; there are some that will become effective in 2010 and subsequent years. These are summaries of changes and timeline:

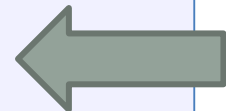
- ▶ 2010 Timeline and Summary of the Act
- ▶ 2011 Timeline and Summary of the Act
- ▶ 2012 Timeline and Summary of the Act
- ▶ 2013 Timeline and Summary of the Act
- ▶ 2014 Timeline and Summary of the Act

## Implementing Healthcare Reform

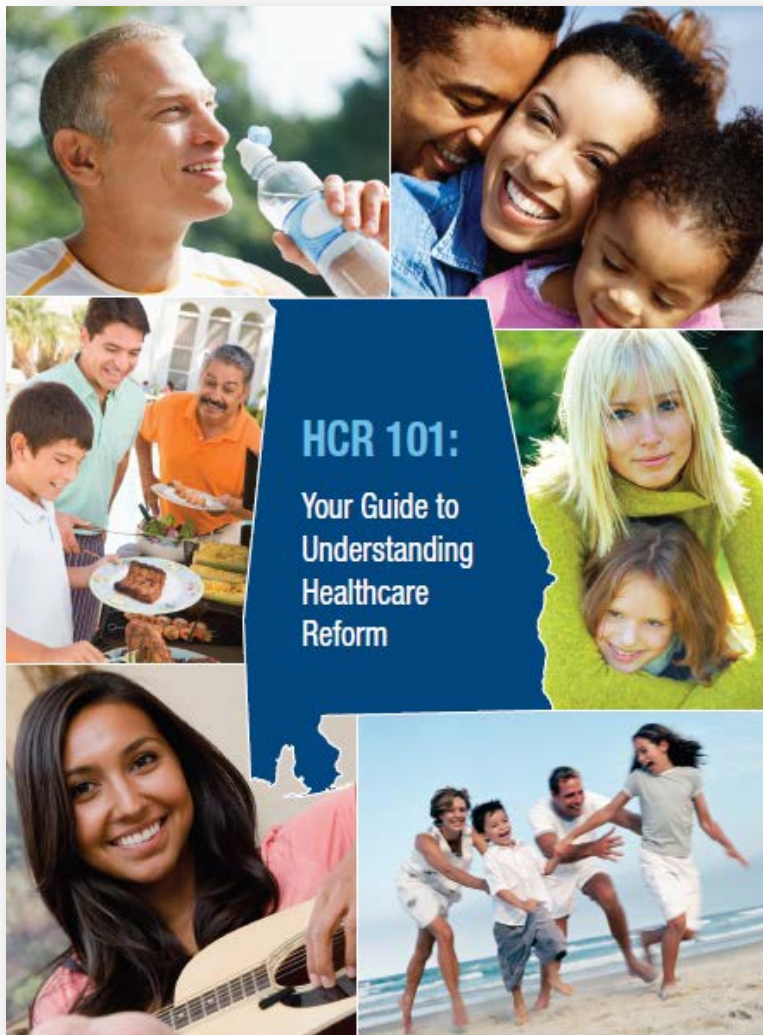
- Coverage Eligibility Dependents to Age 26
- Primary Care Physician Choice
- Preventive Health Services
  - Preventive Care Services Coding Under Healthcare Reform
  - Preventive Care Services Under Healthcare Reform - Medical Policy

## Additional Resources


- Blue Cross and Blue Shield of Alabama Healthcare Reform
- **HCR 101: Your Guide to Understanding Healthcare Reform**
- Grandfathered vs. NonGrandfathered Plan
- Healthcare.gov
- CDC







**HCR 101:**  
Your Guide to  
Understanding  
Healthcare  
Reform



BlueCross BlueShield  
of Alabama

We cover what matters.

## Key Highlights of the Affordable Care Act:

### The Individual Mandate

One of the components of the Affordable Care Act that has received a lot of attention is the Individual Mandate. This is the part that goes into effect on January 1, 2014 and states that most everyone will need to have basic health insurance. If not, you may be subject to a tax penalty as imposed by the Affordable Care Act.

### Coverage Options for Young Adults

Under the Affordable Care Act, if your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 years old. Thanks to this provision which went into effect in 2010, over 49,000 young adults in Alabama have gained coverage.

### Pre-existing Conditions

Beginning in 2014, health insurance companies will no longer be able to deny coverage to anyone because of a pre-existing condition.

### Better Value: "The 80/20 Rule"

Health insurance companies now have to spend at least 80% of your premium dollar on healthcare or improvements to care, or provide you a refund.

The Affordable Care Act rebate requirements went into effect last year and Blue Cross and Blue Shield of Alabama is proud to announce that for the second year in a row we will not have to issue rebates. Over 90 cents of every premium dollar we receive is used to pay healthcare claims to doctors, hospitals or other healthcare professionals.

### Removing Lifetime Limits on Essential Health Benefits

The new law prevents insurance companies from imposing lifetime dollar limits on most health benefits, and also bans annual limits completely in 2014.

### Better Health: Covering preventive services with no deductible or copay

The Affordable Care Act requires many insurance companies to provide coverage without cost sharing to enrollees for a variety of preventive health services — such as colonoscopy screenings for colon cancer, pap smears and mammograms for women, well-child visits and flu shots for children and adults.

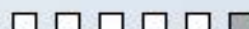


BlueCross BlueShield  
of Alabama  
*We cover what matters.*

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## Meet Annie

*She went water skiing two weeks ago.  
And now... here clomps the bride.*

[See Her Story](#)

## Looking For Insurance?

Individual Plans

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Select content that is important to you from the menu below.

Click on a category, then drag and drop the daily article news feed that interests you into the area below.

Health



Family



Lifestyle



Nutrition



Drag and Drop  
What Matters To You  
From The Menu Above

learn how to customize your favorites [here](#)

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Username [\(Forgot Username\)](#)Password [\(Forgot Password\)](#)☐ Remember me.[LOGIN](#)[Need to Register Your Account?](#)

secure site

## Healthcare Reform



Questions about  
Healthcare Reform?

[LEARN MORE](#)

## HealthQuotient

What's your HQ Score?

[GET STARTED NOW!](#)



# Healthcare reform + you JOIN THE CONVERSATION



Blue Cross and Blue Shield of Alabama wants to help you understand how healthcare reform will affect you. We invited fellow Alabamians to share their questions and concerns with us. [Join the conversation.](#)



meet our panel of guests

## JOIN THE CONVERSATION

and get answers to common questions



## MAKING SENSE OF IT ALL



STAY UP TO DATE WITH THE LATEST IN HEALTHCARE REFORM BY SIGNING UP TO RECEIVE OUR EMAIL UPDATES.



# Questions?

