



# HealthChoice Provider Network News

Fall Edition 2011

## New! High and Basic Alternative Plans

Each year, tobacco use costs the HealthChoice health plans and their members approximately \$52 million. Because these costs impact all health plan premiums, on January 1, 2012, HealthChoice is introducing the High and Basic Alternative Plans for tobacco users. Providers need to be aware that the individual deductibles and out-of-pocket limits for these two plans are each \$250 higher than the HealthChoice High and Basic Plans.

During Option Period, primary members will be required to complete and submit an Attestation stating they and their covered family members are tobacco-free. Members who do not or cannot complete the tobacco-free Attestation will automatically be enrolled in an Alternative plan.

Members and dependents that use tobacco can remain in the High or Basic Plans, which have lower out-of-pocket costs, by providing a letter confirming their enrollment in, or completion of, the HealthChoice tobacco cessation program offered through the

Oklahoma Tobacco Help Line at 1-800-Quit-Now.

Currently, HealthChoice benefits include \$5 copays for certain prescription tobacco cessation medications, free over-the-counter (OTC) nicotine replacement therapy products, and up to five free telephone-coaching sessions. OTC products include lozenges, patches, and gum.

**Please Note!!** Beginning January 1, 2012, HealthChoice will eliminate the \$5 copay for prescription products, so the entire quit tobacco program will be free to our members.

HealthChoice is committed to helping our members become healthier by removing the cost barriers associated with some quit tobacco programs. It is our hope that our members will take advantage of these benefits and become tobacco free!

Please direct email inquiries to [osegibproviderrelations@sib.ok.gov](mailto:osegibproviderrelations@sib.ok.gov) or contact Provider Relations. See *Network Provider Contact Information* on the back page.

## Avoid Backup Withholding!

Each year, HP Administrative Services, LLC (HP), the health and dental claims administrator for HealthChoice, sends 1099 forms to all providers who had claims paid by the Plan. These forms are prepared using identification information submitted by providers on *Form W-9*. This information must match the information on file with the IRS. When records do not match as required by the IRS, HP must apply 28% backup withholding to future claim payments.

Each October, HP sends letters requesting updated W-9 forms from providers whose information is not current. If you are asked to update your *Form W-9*, please make certain that the following information matches IRS records:

- Corporate Name
- Address
- Tax Identification Number (TIN)

Your TIN must match the number listed on your *Form SS4*.

We hope this reminder will help you avoid backup withholding. If you have questions or need further information, please contact HP Administrative Services, LLC. See *Network Provider Contact Information* on the back page.



For additional updates and articles, visit the Network Provider websites. HealthChoice Providers use [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com). DOC Providers use <https://gateway.sib.ok.gov/DOC>. DRS Providers use <https://gateway.sib.ok.gov/DRS>.

## Introducing Maintenance Network Pharmacies

Effective January 1, 2012, for all non-Medicare members, HealthChoice is introducing a new Maintenance Network benefit for long-term, maintenance medications. The Maintenance Network includes both retail and mail-service pharmacies.

Currently, CVS, Walmart, and Sam's Club pharmacies, as well as the Medco pharmacy specializing in mail service, are included in the Maintenance Network. Additionally, recruiting of local, retail pharmacies throughout Oklahoma continues. HealthChoice members will be able to purchase their maintenance medications cheaper through any of the Maintenance Network pharmacies.

When long-term, maintenance medications are purchased through any of the Maintenance Network

pharmacies, a 90-day supply of medication will be available for one copay; however, when maintenance medications are purchased at a pharmacy other than a Maintenance Network pharmacy, only a 30-day supply of medication will be available for one copay.

If retail pharmacies in your area do not become Maintenance Network pharmacies, members are assured access to a Maintenance Network pharmacy because Medco's mail service pharmacy is available to all members. It's also important to note that members' benefits for short-term medications will not be affected, regardless of where they are purchased.

When prescribing for HealthChoice members, prescriptions for long-term, maintenance medications should be

written for a 90-day supply. When appropriate, providers should indicate refills are available for up to one year. We anticipate that our providers will receive increased calls from HealthChoice members requesting new prescriptions for maintenance medications so they can take advantage of the cost savings available through Maintenance Network pharmacies.

To view a summary list of long-term, maintenance medications, visit [www.healthchoiceok.com](http://www.healthchoiceok.com) or [www.sib.ok.gov](http://www.sib.ok.gov) or contact Medco toll-free at 1-800-903-8113.

Please direct email inquiries to [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov).

See *Network Provider Contact Information* on the back page.



## H.E.L.P. ✓ Wellness Initiative Continues in 2012

HealthChoice will continue its **H.E.L.P. ✓** (Help Check) wellness initiative in 2012.

**H.E.L.P. ✓** combines an online, interactive health risk assessment with the results of certain free preventive services to provide our members with personalized health information as well as the steps they need to take to improve their health. Primary health plan members who complete the requirements of the **H.E.L.P. ✓** initiative receive a \$100 incentive payment from HealthChoice. The program is available to all primary non-Medicare plan members age 20 and older.

HealthChoice Provider Relations is meeting with our Network Providers to help familiarize them with the wellness initiative and free preventive services offered by HealthChoice. These meetings provide specific details about the free preventive services and the appropriate codes to bill for 100% reimbursement of Allowed Charges. Additional information regarding the HealthChoice provider website, ClaimLink, and other upcoming initiatives will also be discussed.

We hope our Network Providers will take advantage of this opportunity and schedule one

of these informative meetings. The meetings are conducted by Teresa South, Director of Provider Relations, and Cassie Waters, Director of Plan Benefits and Health Promotion. To schedule a meeting, contact Teresa South at 1-405-717-8627 or toll-free 1-800-543-6044, ext. 8627. You can also email Teresa at [tsouth@sib.ok.gov](mailto:tsouth@sib.ok.gov).

Please direct email inquiries to [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov) or contact Provider Relations. See *Network Provider Contact Information* on the back page.



## ***CPT Code Modifier 33, Preventive Service Updated!***

Effective for charges incurred on or after January 1, 2012, HealthChoice and Department of Corrections (DOC) Network Providers will be reimbursed 100% of Allowed Charges for the following evaluation and management codes when they are billed using Modifier 33 to identify them as preventive services:

CPT Codes	Description
99201	Office or other outpatient visit
99202	Office or other outpatient visit
99203	Office or other outpatient visit
99204	Office or other outpatient visit
99205	Office or other outpatient visit
99211	Office or other outpatient visit
99212	Office or other outpatient visit
99213	Office or other outpatient visit
99214	Office or other outpatient visit
99215	Office or other outpatient visit

Be aware that CPT Code Modifier 33 applies only to services provided to pre-Medicare patients. Additionally, Modifier 33 should not be used for services that are already identified as preventive.

Questions should be directed to HP Administrative Services, LLC at 1-405-416-1800 or toll-free 1-800-782-5218.

## ***New Benefits for Preventive Services***

Effective January 1, 2012, HealthChoice will adopt new benefits for preventive services. This means certain preventive procedures will be covered at 100% of Allowed Charges for our members who meet the clinical criteria when using a HealthChoice Network Provider.\* Following is a list of some of the services that will be free to eligible members:

- ◆ Blood pressure, diabetes, and cholesterol tests
- ◆ Breast, cervical, prostate, and colorectal cancer screenings
- ◆ Osteoporosis screening
- ◆ Counseling from health care providers on topics including quitting tobacco, losing weight, eating healthy, treating depression, and reducing alcohol use
- ◆ Prescription tobacco cessation products
- ◆ Vaccines for children and adults
- ◆ Flu and pneumonia shots
- ◆ Screening for obesity and counseling by a doctor and other health professionals to promote sustained weight loss, including dietary counseling from a doctor
- ◆ Screening for conditions that can harm pregnant women or their babies, including iron deficiency, hepatitis B, a pregnancy related immune condition called Rh incompatibility, and a bacterial infection called bacteriuria
- ◆ Special, pregnancy-tailored counseling from a doctor to help pregnant women quit smoking and avoid alcohol use
- ◆ Counseling to support breast-feeding and help nursing mothers

Additional information on this subject is available on the provider website at [www.sib.ok.gov/providers](http://www.sib.ok.gov/providers).

\*When using a non-Network provider, these services will be covered according to Plan benefits.

## **Providers Should Test Claims for HIPAA 5010 Compliance**

Beginning January 1, 2012, all health/dental plans, claims clearinghouses, and health/dental providers must use new standards for electronic healthcare transactions. These new standards, known as HIPAA 5010, will impact claims, claims status requests, and eligibility requests and responses.

The purpose of these new standards is to provide precise instructions and reduce unnecessary information; however, the new standards also require that certain information be recorded differently. As an example, under HIPAA 5010 guidelines, the billing address, Loop 2010AA, can no longer be reported as a post office box or lockbox address.

OSEEGIB previously requested that all Network Providers who bill on an 837P or 837D submit the "Pay to or Remit Address" in loop 2010AA. Under the new HIPAA 5010 guidelines, providers who bill

using an 837P or 837D will need to submit their "Pay to or Remit Address" in loop 2010AB.

Network Providers will continue to receive Remittance Advices at their contracted "billing/remit/pay to address"; however, providers with multiple "billing/pay to" addresses associated with the same TIN/NPI could have claim documents sent to the address associated with the first Network contract identified for the provider. Providers that want to receive claim payments/documents at multiple "billing/remit/pay to" addresses must submit a separate TIN for each separate "billing/remit/pay to" address.

Emdeon, the claims clearinghouse for HP Administrative Services, LLC, began accepting test claims for 5010 compliance in the third week of October, 2011. Providers are strongly urged to test claims for HIPAA 5010 compliance

and may visit the Emdeon website at <http://www.emdeon.com/5010/> for further information. HP Administrative Services, LLC is not accepting claims for testing compliance from providers as they are testing directly with Emdeon.

As January 1, 2012 approaches, OSEEGIB would like to remind providers that all electronic transactions must conform to these new standards. Claims that are not in compliance will be rejected or denied.

In order to make this change to HIPAA 5010 standards go as smoothly as possible, we strongly recommend each provider work with their claims clearinghouse and software vendors to ensure that their systems will be in compliance on January 1, 2012.

### **Fee Schedule Search Modified to Include History**

In response to requests from our Network Providers, HealthChoice and DOC have modified their online fee schedule search to include historical information for each procedure code. Once you've completed a search, click View History to view the historical information.

Please send email inquiries to [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov) or contact a Provider Relations Specialist. See *Network Provider Contact Information* on the back page.

### **CPT Category II Codes (F Codes)**

Effective for charges incurred on or after January 1, 2012, HealthChoice and DOC will recognize Category II Codes (F Codes) only for reporting purposes. Procedures and/or services reported using these codes are not covered and are not eligible for reimbursement.

If you have questions regarding this issue, contact HealthChoice or DOC Provider Relations. See *Network Provider Contact Information* on the back page. Email inquiries can be sent to [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov).

### **Correction! Fee Schedule for Services When the Patient is Not Present**

CPT Code 99308 (subsequent nursing facility care; per day for evaluation and management of patient) was listed in error in a recent article about this Plan's coverage for services when the patient is not present. This article appeared in the summer edition of our provider newsletter, *Network News*, and also on our website. Please excuse our mistake as CPT Code 99308 is a covered service.

For a list of CPT Codes that are not covered when the patient is not present, go to the HealthChoice website at [www.sib.ok.gov/providers](http://www.sib.ok.gov/providers) or the DOC website at <https://gateway.sib.ok.gov/DOC> and click on the link contained in the corrected article.

## Mental Health/Substance Use Disorder Limits Removed

HealthChoice is removing the limits on the duration of treatment for inpatient and outpatient mental health and substance use disorder. The chart below compares the Plan's current benefits to the benefits that will be effective January 1, 2012:

Mental Health and Substance Use Disorder Treatment	2011 Benefits	2012 Benefits
Inpatient Treatment Including day treatment and residential treatment	Limited to 30 days per calendar year*; certification is required	Certification is required
Outpatient Treatment	Limited to 26 visits per calendar year*; certification is required after 15 visits	Certification is required after 15 visits

Although the limits to the duration of treatment are being removed, providers will still need to follow HealthChoice certification procedures as described below:

**Inpatient treatment** must be certified within 3 working days of a scheduled hospital admission, or within 1 working day following an emergency admission. To request certification for an inpatient admission, contact APS Healthcare toll-free at 1-800-848-8121.

**Outpatient treatment** must be certified for medical necessity when visits exceed 15 per calendar year. To request certification for outpatient treatment, contact the HealthChoice Health Care Management Division at 1-405-717-8879 or toll-free 1-800-543-6044, ext. 8879.

For additional information regarding the certification process, reference the *Utilization Review* section of the *HealthChoice Network Provider Manual* which is available on the HealthChoice provider website at [www.sib.ok.gov/providers](http://www.sib.ok.gov/providers), or contact Provider Relations. See *Network Provider Contact Information* on the back page.

\*Exceptions to the current 30-day limit are made for the diagnoses of schizophrenia, bipolar disorder/manic-depressive illnesses, major depressive disorder, panic disorder, obsessive-compulsive disorder, and schizoaffective disorder.

## Sclerotherapy Not a Covered Benefit

Beginning with charges incurred on or after February 1, 2012, the HealthChoice fee schedule will show sclerotherapy as NC (Not Covered).

Sclerotherapy is considered cosmetic and is not covered by HealthChoice. The following CPT Codes will show NC status:

CPT Code	Descriptions	Allowables
36468	Single or multiple injections of sclerosing solutions; spider veins (telangiectasia); limb or trunk	NC
36470	Injection of sclerosing solution; single vein	NC
36471	Injection of sclerosing solution; multiple veins, same leg	NC

Saphenous Vein Ablation-Laser and Radiofrequency will continue to be covered procedures; however, certification is required.

Please email questions to HealthChoice Provider Relations at [osegibproviderrelations@sib.ok.gov](mailto:osegibproviderrelations@sib.ok.gov) or contact a Provider Relations specialist. See *Network Provider Contact Information* on the back page.

## ***New Coverage for Non-Network Emergency Room Services***

Effective for charges incurred on or after January 1, 2012, HealthChoice will reimburse all emergency room services based on Network benefits. The Network benefits for HealthChoice Network Facilities will apply regardless of whether or not a facility is contracted with HealthChoice. All ancillary services provided in an emergency room that occur on the same date of service will also be reimbursed according to Network benefits.

To be reimbursed at the Network rate, non-Network facilities must submit claims using *Place of Service Code 23*. Facilities need to be aware that the \$100 emergency room deductible will continue to apply to emergency room services when the patient is not admitted to the hospital.

Following are the *Revenue Codes* that will be affected by the new reimbursement criteria:

<b>Revenue Codes</b>	<b>Descriptions</b>
450	Emergency Room
451	Emergency Room: ER/Emergency Medical Treatment and Active Labor Act (EMTALA)
452	Emergency Room: ER/Beyond EMTALA
456	Emergency Room: Urgent Care
459	Emergency Room: Other Emergency Room

Note: All codes are subject to change.

Please email questions to HealthChoice Provider Relations at [osegibproviderrelations@sib.ok.gov](mailto:osegibproviderrelations@sib.ok.gov) or contact a Provider Relations specialist. See *Network Provider Contact Information* on the back page.

## ***FaxBack Feature for Providers***

HealthChoice providers now have the ability to immediately receive current plan information as well as member eligibility, deductible, and out-of-pocket limit information by fax. This new option is available through *FaxBack*. *FaxBack* allows you to enter your fax number and request information be faxed directly to your office.

*FaxBack* documents include:

- A Summary of Benefits for the member's plan
- Accumulators for the member's plan
- Certification requirements

*FaxBack* is available 24 hours a day, 7 days a week.

To access *FaxBack*, contact HP customer service at 1-405-416-1800 or toll-free 1-800-782-5218 and follow the prompts of the automated system.

Please have the following information available before placing your call:

- Your 10-digit NPI number or 9-digit social security number
- Your fax number
- Member's identification number
- Member's date of birth

We hope our providers will find *FaxBack* an easy to use, convenient method for obtaining HealthChoice member information.

## Fee Schedule Updates

HealthChoice and the Department of Corrections (DOC) have updated MS-DRG, MS-DRG LTCH, and outpatient fee schedules. Changes are effective for charges incurred on or after October 1, 2011.

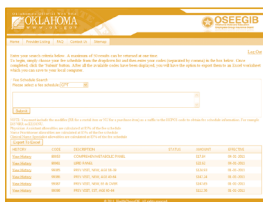
The CPT/HCPCS, ASC, ASA, and ADA fee schedules for HealthChoice and DOC have been updated and changes will be effective for charges incurred on or after January 1, 2012.

Be aware that HealthChoice and DOC update the CPT/HCPCS, outpatient hospital, ASC, ASA, and ADA fee schedules quarterly.

The American Medical Association may periodically change, add, or delete procedure codes throughout the year. When these modifications occur, HealthChoice and DOC will review its fee schedule as soon as possible and make any necessary changes.

Fee schedule updates are reported in each issue of this newsletter, which is distributed quarterly to Network Providers. Updates are also posted to the provider websites. We encourage you and your staff to reference the website for each Network for the most recent fee schedule updates and other important information.

If you have questions, you are welcome to contact the Provider Relations Division. See *Network Provider Contact Information* on the back page.



CDT Code	Description	Allowable Charge
D1351	Sealant – per tooth	\$31.00
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	\$46.00

## Fee Schedule Changes for Sealants and Preventive Resin Restorations

Effective for charges incurred on or after April 1, 2012, the Allowed Charges for sealant – one tooth (D1351) and preventive resin restoration (D1352) will be revised as indicated below:

CDT Code	Description	Allowable Charge
D1351	Sealant – per tooth	\$31.00
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	\$46.00

Additionally, coverage for preventive resin restoration will be restricted to only permanent teeth; however, there will be no restrictions regarding the age of the patient.

Please email questions to HealthChoice Provider Relations at [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov) or contact a Provider Relations specialist. See *Network Provider Contact Information* on the back page.

## Providers May Want to Join DOC Network Due to DOC Fee Schedule Mandate

Senate Bill 180 was recently signed into law by Governor Fallin. The bill mandates a change to the fee schedule for non-Network providers who provide services to Department of Corrections (DOC) inmates. Effective for charges incurred on or after November 1, 2011, DOC non-Network providers will be subject to the current Medicaid fee schedule. The DOC reimbursement rates for Network Providers are greater than the current Oklahoma Medicaid fee schedule.

If you have questions about the DOC fee schedule and how to become a Network Provider for DOC, please contact the Provider Relations Division. See *Network Provider Contact Information* on the back page or email [DOCProviderRelations@sib.ok.gov](mailto:DOCProviderRelations@sib.ok.gov).

## Post Treatment, Breast Symmetry Surgery

Effective for charges incurred on or after January 1, 2012, HealthChoice will cover post treatment, breast symmetry surgery following breast-conserving surgery (lumpectomy) when the lumpectomy is medically necessary. All surgeries for post treatment, breast symmetry surgery must be certified through APS Healthcare. Photographs must be submitted for review.

If you have questions about this new coverage, please contact the Provider Relations Division at 1-405-717-8790 or toll-free 1-800-543-6044.

To certify a procedure, contact APS Healthcare toll-free at 1-800-848-8121.



## Home Health Care Services

Effective for charges incurred on or after January 1, 2012, the following HCPCS procedure codes will not be covered when services are provided in an office or outpatient setting:

HCPCS Code	Description
G0151	Physical therapist in home health or hospice setting; each 15 minutes
G0152	Occupational therapist in home health or hospice setting; each 15 minutes
G0153	Speech/language pathologist in home health or hospice setting; each 15 minutes
G0154	Skilled nurse in home health or hospice setting; each 15 minutes
G0155	Clinical social worker in home health or hospice setting; each 15 minutes
G0156	Home health or hospice aide in home health or hospice setting; each 15 minutes
S0274	Nurse practitioner visit at member's house, outside of a capitation arrangement

One CPT/HCPCS code will be allowed per home health care provider per day for the following codes when services are provided in an office or outpatient setting:

CPT/HCPCS Code	Description
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
99501	Home visit for postnatal assessment and follow-up care
99502	Home visit for newborn care and assessment
99503	Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)
99504	Home visit for mechanical ventilation care
99505	Home visit for stoma care and maintenance including colostomy and cystostomy
99506	Home visit for intramuscular injections
99507	Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)
99509	Home visit for assistance with activities of daily living and personal care
99510	Home visit for individual, family, or marriage counseling
99511	Home visit for fecal impaction management and enema administration
99512	Home visit for hemodialysis
99600	Unlisted home visit service or procedure
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PCC), nursing services only (no supplies or catheter included)
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)
S9097	Home visit for wound care
S9098	Home visit, phototherapy services (e.g. Bil-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem
S9122	Home health aide or certified nurse assistant, providing care in the home, per hour
S9123	Nursing care, in the home, by registered nurse, per hour
S9124	Nursing care, in the home, by licensed practical nurse, per hour

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S9125	Respite care, in the home, per diem
S9126	Hospice care, in the home, per diem
S9127	Social work visit, in the home, per diem
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy, in the home, per diem

Units billed will be allowed for the following code when services are provided in an office or outpatient setting:

CPT Code	Description
99602	Home infusion/specialty drug administration, per visit (up to 2 hours) each additional hour

**Note: All CPT/HCPCS codes are subject to change.**

Certification for home health care services is required through the HealthChoice Health Care Management Division. See *Network Provider Contact Information* on the back page.

If you have questions regarding this issue, contact HealthChoice Provider Relations. See *Network Provider Contact Information* on the back page.

### Department of Rehabilitation Services Recruiting Providers

The Department of Rehabilitation Services (DRS) is in the process of recruiting providers for its Network. DRS is the state agency that provides vocational rehabilitation to disabled individuals to help them become more independent, productive members of the Oklahoma workforce.

If you are interested in learning more about DRS, please visit the DRS Network Provider website at <https://gateway.sib.ok.gov/DRS>. To access the DRS fee schedule, simply click *Fee Schedule* in the top menu bar.

If you are interested in joining the DRS Network, contracts are available under the Contracts tab in the top menu bar.

Please send email inquiries to [DRSProviderRelations@sib.ok.gov](mailto:DRSProviderRelations@sib.ok.gov) or contact DRS Provider Relations at 1-405-717-8921 or toll-free 1-888-835-6919.

### Benlysta® Treatment Requires Certification

Benlysta® (belimumab) is a new intravenous medication used to treat lupus in adults. HealthChoice requires providers to obtain certification through its Health Care Management Division before beginning treatment with this medication.

To certify treatment with this medication, providers must complete and submit a *Benlysta® Request Form* for approval. This form is available on the provider website at [www.sib.ok.gov/providers](http://www.sib.ok.gov/providers).

### Changes to the Certification List for 2012

For charges incurred on or after January 1, 2012, HealthChoice is making some changes to its current list of procedures and/or services that require certification.

The following will be added to the list of services requiring certification:

- Spinal Cord Stimulator Placement Surgery (CPT Codes 63650, 63655, 63661, 63662, 63663, 63664, 63685 and 63688, and HCPCS Codes L8682, L8685, L8686, L8687 and L8688)

The following will be removed from the list of services requiring certification:

- PET Scans for Tumor Imaging (CPT Codes 78811, 78812, 78813, 78814, 78815 and 78816)
- Speech Therapy for plan members and their covered dependents 18 years of age or older (CPT Codes 92507 and 92508, and HCPCS Codes S9128 and S9152)
- Xolair Injection, omalizumab 5mg (J Code J2357)

**Note:** All CPT/HCPCS codes are subject to change.

Please direct questions about the certification process to the HealthChoice Provider Relations Division at 1-405-717-8790 or toll-free 1-800-543-6044. Questions can also be sent to Provider Relations by email to [osegibproviderrelations@sib.ok.gov](mailto:osegibproviderrelations@sib.ok.gov).

## HealthChoice, DOC, DRS to Adopt Electronic Claims Payments

As mandated by HB1086, the Transparency, Accountability and Innovation in Oklahoma State Government 2.0 Act of 2011, all payments disbursed by the Office of the State Treasurer must be made solely through electronic funds transfer (EFT).

Effective July 1, 2012, any provider who has not authorized EFT for their contract will be at risk for delayed claims payments.

EFT is fast and secure, and reimbursements are deposited directly to the bank account you designate. You will continue to receive paper remittance advices (RAs) to assist with accounts reconciliation.

Practice groups that use the same bank account for multiple

providers under the same TIN need to submit only one form to OSEEGIB along with a list of their affiliated providers.

The HealthChoice, DOC, and DRS electronic funds transfer and online RA programs offer these advantages:

- Claim payments are automatically deposited
- RAs can be searched online through ClaimLink
- Access to current and historical RAs through ClaimLink
- Less paper handling

All you have to do is complete the form and return it to OSEEGIB as indicated. We will take care of the rest. **Enhance your cash flow management and sign up today**

**for EFT!**

The *EFT Authorization Form* is available from the following websites:

- [http://www.ok.gov/sib/Providers/Provider\\_Forms/index.html](http://www.ok.gov/sib/Providers/Provider_Forms/index.html)
- <https://gateway.sib.ok.gov/DOC/Forms.aspx>
- <https://gateway.sib.ok.gov/drs/Forms.aspx>

You'll need to allow two to four weeks for your registration to be processed, so don't wait until the last minute to sign up!

If you have any questions, please contact Provider Relations at 1-405-717-8790 or toll-free 1-800-543-6044, or send email inquiries to [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov).

## New! Provider Applications Can Be Completed Online

Providers now have the ability to complete and submit the HealthChoice, DOC, and DRS Network Provider Applications online. In order to submit an application online, you must have the ability to email an electronic signature to HealthChoice Provider Relations.

If you don't have an electronic signature, the

application can be completed, scanned, and then emailed to [OSEEGIBproviderrelations@sib.ok.gov](mailto:OSEEGIBproviderrelations@sib.ok.gov). If this is not an option for you, complete the application and mail it to:

HealthChoice Provider  
Relations Division  
3545 NW 58 Street, Suite 110  
Oklahoma City, OK 73112  
Or fax your application to

1-405-717-8977.

If you have questions or need more information, please contact HealthChoice Provider Relations. See *Network Provider Contact Information* on the back page.

### Health Insurance Prospective Payment System

HealthChoice will accept Health Insurance Prospective Payment System (HIPPS) Codes effective February 1, 2012. These HIPPS Codes will be recorded for reporting purposes only.

Please direct email inquiries to [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov) or contact Provider Relations. See *Network Provider Contact Information* on the back page.

## Timely Claims-Filing Deadline Waived for Coordination of Benefits

For charges incurred on or after February 1, 2012, HealthChoice will waive the timely claims-filing deadline as it applies to Coordination of Benefits for providers who file standard HIPAA 837 claims.

Please email questions to HealthChoice Provider Relations at [oseegibproviderrelations@sib.ok.gov](mailto:oseegibproviderrelations@sib.ok.gov) or contact HP Administrative Services, LLC at 1-405-416-1800 or toll-free 1-800-782-5218.

## *Medications Now Available in Generic Form*

New generic medications are now available for the brand-name medications listed below. If you prescribe any of these brand-name medications to HealthChoice members, please note that the generic medication saves them money at the pharmacy. This applies to all HealthChoice members, including all members of the HealthChoice Medicare Supplement Plans With and Without Part D.

<i>Brand-Name Medication</i>	<i>Generic Medication</i>	<i>Treatment</i>	<i>Launch Date</i>
Alsuma	sumatriptan injection	Migraine/cluster headaches	Aug 2011
Amrix	cyclobenzaprine HCL extended-release capsules	Muscle relaxant	May 2011
Aromasin	exemestane	Breast cancer	Apr 2011
Carbatrol	carbamazepine	Epilepsy or nerve pain	May 2011
Concerta	methylphenidate hydrochloride extended release tablets	ADHD	May 2011
Elestat Ophthalmic	epinastine HCL ophthalmic solution	Allergic conjunctivitis	May 2011
Femara	letrozole 2.5mg tablets	Breast cancer	Apr 2011
Femcon Fe	norethindrone and ethinyl estradiol	Birth control	Apr 2011
FemHrt 1-5	ethinyl estradiol and norethindrone	Hormone replacement	Feb 2011
Furadantin Suspension	nitrofurantoin	Antibiotic - urinary tract infection	June 2011
Levaquin	levofloxacin	Antibiotic	June 2011
Lotrel 5/40 & 10/40mg	amlodipine besylate/benazepril HCL	Hypertension	Jan 2011
Lybrel	levonorgestrel and ethinyl estradiol	Birth control	June 2011
Nasacort AQ	triamcinolone acetonide	Nasal allergy symptoms	June 2011
Nitrolingual Pump Spray	glyceryl trinitrate	Heart (blood flow)	Mar 2011
Prenate Essential	PNV with CA#68/Iron	Pregnancy – nutritional supplement	June 2011
PreNexa	PNV66/iron fumarate	Pregnancy – nutritional supplement	June 2011
Rythmol SR	propafenone SR 225mg, 325mg, 425mg capsules	Abnormal heart rhythm	Jan 2011
Seasonique	ethinyl estradiol & levonorgestrel	Birth control	Aug 2011
Sular 8.5m 17, 25.5 & 34mg	nisoldipine	High blood pressure	Jan 2011
Uroxatral	alfuzosin hydrochloride	Benign prostatic hyperplasia	July 2011
Vfend	voriconazole 50 & 20mg	Serious fungal infections	Feb 2011
Xalatan	latanoprost ophthalmic solution	Glaucoma	Mar 2011

# HealthChoice Provider Network News

3545 NW 58 Street, Suite 110  
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[www.sib.ok.gov](http://www.sib.ok.gov)  
[www.healthchoicework.com](http://www.healthchoicework.com)

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## Network Provider Contact Information

### HealthChoice Providers

[www.sib.ok.gov](http://www.sib.ok.gov)  
[www.healthchoicework.com](http://www.healthchoicework.com)

### Health and Dental Claims

HP Administrative Services, LLC  
P.O. Box 24870  
Oklahoma City, OK 73124-0870

Customer Service and Claims

OKC Area 1-405-416-1800  
Toll-free 1-800-782-5218  
FAX 1-405-416-1790  
TDD 1-405-416-1525  
Toll-free TDD 1-800-941-2160

### Pharmacy

Medco Health Solutions  
Pharmacy Prior Authorization for  
Preferred/Non-Preferred or  
Brand/Generic  
Toll-free 1-800-841-5409

Other Pharmacy Prior Authorization  
Toll-free 1-800-753-2851

### Certification

APS Healthcare  
P.O. Box 700005  
Oklahoma City, OK 73107-0005  
Toll-free 1-800-848-8121  
Toll-free TDD 1-877-267-6367  
FAX 1-405-416-1755

HealthChoice Health Care  
Management Division

OKC Area 1-405-717-8879  
Toll-free 1-800-543-6044  
Ext. 8879

### HealthChoice Provider Relations

OKC Area 1-405-717-8790  
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### DOC Provider Relations

<https://gateway.sib.ok.gov/DOC>

OKC Area 1-405-717-8750  
Toll-free 1-866-573-8462

### DOC Health and Dental Claims

HP Administrative Services, LLC  
P. O. Box 268928  
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### DRS Provider Relations

<https://gateway.sib.ok.gov/DRS>

OKC Area 1-405-717-8921  
Toll-free 1-888-835-6919

### DRS Health and Dental Claims

HP Administrative Services, LLC  
P.O. Box 25069  
Oklahoma City, OK 73125-0069  
Toll-free 1-800-944-7938