

NETWORK NEWS

Office of Management and Enterprise Services Employees Group Insurance Department

Claims that Contain Both ICD-9 and ICD-10 Diagnosis Codes

Please be aware that HealthChoice, the Department of Corrections and the Department of Rehabilitation Services have adopted the CMS guidelines for handling claims for charges incurred prior to Oct. 1 and on or after Oct. 1, 2015. Providers and facilities cannot submit one claim with charges incurred prior to Oct. 1 and charges incurred on or after Oct. 1, 2015. ICD-9 and ICD-10 claims cannot be submitted on the same claim; they must be submitted on two separate claims. Failure to follow these CMS guidelines will result in either your clearinghouse rejecting your claim or our medical and dental claims administrator denying your claim. For specific claim filing guidelines, please visit the CMS website at www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE1408.pdf.

If you have any questions, please contact our medical and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

ICD-10 Code Implementation

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets for all charges incurred on or after Oct. 1, 2015. The structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. ICD-10 will affect diagnosis and inpatient procedure coding for everyone covered by the *Health Insurance Portability and Accountability Act* (HIPAA), and not just providers who submit Medicare or Medicaid claims.

ICD-10 Testing Requested

Testing is crucial for the implementation of ICD-10. The testing process will aid in the smooth transition to claims processing under the new coding guidelines. Do not wait to submit test claims as this may ultimately cause delays in the accurate and timely processing of your claims. Send your test claims now so any claim issues related to this change can be identified and resolved. Contact your clearinghouse to begin the ICD-10 testing process. You can test directly with Emdeon Business Services LLC® Testing Exchange or Nuesoft Technologies, Inc. If you use a different clearinghouse, please contact them and ask them to work directly with Emdeon or Nuesoft.

Hepatitis C Cure Value Program Viekira Pak® is Preferred Drug for Genotype 1 Hepatitis

On Jan. 1, 2015, HealthChoice began participating in Express Scripts' Hepatitis C Cure Value (HCV) Program. The program is available to all HealthChoice members except those enrolled in our Medicare supplement with Part D plans.

As part of the HCV program, Viekira Pak® has been adopted as the Preferred medication for treatment of genotype 1 hepatitis C. Other medications to treat genotype 1 hepatitis, such as Olysio®, Sovaldi®, and Harvoni®, are excluded from the HealthChoice formulary. Patients who need access to these excluded medications can request a formulary exception.

This formulary change affects only patients who are new to treatment. Patients who already take Olysio®, Sovaldi®, or Harvoni® are not impacted by this change and can finish their therapy without interruption.

Viekira Pak® is dispensed only through Accredo, the HealthChoice specialty pharmacy. Accredo will help you educate your patients about the risks of non-adherence and guide them through the treatment to ensure their needs are met and they remain adherent to their treatment.

If you have questions regarding the HCV program, please call the Accredo provider line toll-free at 1-800-987-4904.

New Fee Schedule Legend

The new legend for the HealthChoice and Department of Corrections fee schedules is detailed below.

BR: By Report

Health: Submit to Health Plan

I: Incidental

IC: Individual Consideration

NC: Non-Covered

NOC: Non-Classified Drugs, etc.

Per Diem: Per Diem Rate

RX: Submit to Pharmacy Administrator

TM: Use of Time

NOTE:

- BR: Outpatient facility is 60% urban/70% rural. CPT/HCPS is 60%.
- Physician assistant, nurse practitioner and clinical specialist is 85% of the Allowable Fee.
- Anesthesia conversion factors 2014/2015:
 - ◆ \$45 CRNA
 - ◆ \$55 M.D./D.O.
- Anesthesia assistant is 50% of the Allowable Fee.

Endodontic Fee Schedule

The HealthChoice and Department of Corrections endodontic fee schedule has been updated and is now available. The updated fee schedule affects all claims filed by licensed endodontists for charges incurred on or after Jan. 1, 2015.

The updated fee schedule can be found on the provider fee schedule search at <https://gateway.sib.ok.gov/feeschedule/Login.aspx>.

If you have questions regarding the updated fee schedule, please contact network management at 1-405-717-8790 or toll-free 1-800-543-6044. You can also email questions to EGID.NetworkManagement@omes.ok.gov.

DRS Fee Schedule Update Effective Jan. 13, 2015

The Department of Rehabilitation Services updated its fee schedule for charges incurred on or after Jan. 13, 2015.

If you have any questions, please contact network management at 1-405-717-8790 or toll-free 1-800-543-6044. You can also email questions to EGID.DRSNetworkManagement@omes.ok.gov.

New CMS Requirements for Prescribers of Medicare Part D Drugs

The Centers for Medicare & Medicaid Services (CMS) finalized a new rule that applies to physicians and other providers who write prescriptions for Medicare beneficiaries enrolled in Part D. The rule requires that prescribers of Part D drugs be enrolled in Medicare in an approved status, or have a valid opt-out affidavit on file before the prescriptions they write can be covered under Medicare Part D. This rule was originally to be effective June 1, 2015; however, CMS has delayed enforcement of the requirements of 42 CFR § 423.120(c)(6) until Dec. 1, 2015.

As a Medicare-approved Part D plan sponsor, HealthChoice must deny Part D prescription drug claims for Medicare members whose prescribers do not comply with the new rule.

If you do not already meet this requirement, please submit a Medicare enrollment application or opt-out affidavit to your Medicare Administrative Contractor by June 1, 2015, to allow time for processing.

For more information on the Part D enrollment requirements and how to enroll online, refer to www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1434.pdf. If you have questions, email them to providerenrollment@cms.hhs.gov.

July Fee Schedule Update Notice

For charges incurred on or after July 1, 2015, HealthChoice and the Department of Corrections (DOC) will update the following fee schedules: quarterly fee schedule addendum and other updates as necessary for CPT/ HCPCS, outpatient (OP), ambulatory surgical center (ASC), the American Society of Anesthesiologists (ASA), and the American Dental Association (ADA).

To request the Allowable Fees for specific codes affected by these updates or if you have questions, please contact network management at 1-405-717-8790 or toll-free 1-800-543-6044. You can also email questions to **EGID.NetworkManagement@omes.ok.gov** or **DOC.NetworkManagement@omes.ok.gov**.

Additional Fee Schedule Updates:

- For charges incurred on or after April 1, 2015, HealthChoice and DOC updated the following fee schedules: comprehensive fee schedule update for CPT/ HCPCS, OP, ASC, and ADA
- For charges incurred on or after Oct. 1, 2015, HealthChoice and DOC will update the following fee schedules: quarterly fee schedule addendum and other updates as necessary for CPT/HCPCS, OP, ASC, ASA, and ADA
- For charges incurred on or after Oct. 1, 2015, HealthChoice and DOC will update the following fee schedules: comprehensive fee schedule update for MS-DRG and MS-DRG LTCH

As a reminder, the American Medical Association periodically changes, adds, corrects and/or deletes procedure codes throughout the year. When these changes occur, HealthChoice and DOC review them as soon as possible and make any necessary changes. Additionally, HealthChoice and DOC make fee schedule updates on an ad hoc basis when needed.

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

High Deductible Health Plan – Member Billing

More members are enrolling in the HealthChoice High Deductible Health Plan (HDHP). It is a qualified high deductible health plan that is combined with a health savings account (HSA), which is used to pay for qualified medical expenses.

Copays apply only after the calendar year deductible is met. Members must meet the calendar year deductible before any benefits, other than for preventive services, are paid by the Plan. We have asked our Plan members to let you know they have an HSA. As a Network Provider, you can bill for services at the time they are rendered; however, you can collect only the Allowable Fees for the covered services.

When HealthChoice processes your claim, you will receive a remittance advice that shows the Allowable Fees for the services rendered. Any amounts paid by the member that exceed the Allowable Fees must be refunded.

If you have questions about billing, please contact our medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

Network News Email Address Change

The *Network News* newsletter is the primary information source for HealthChoice, Department of Corrections and Department of Rehabilitation Services Network Providers. Each quarterly issue provides plan update information and meets notice requirements as set out in Section XI of the Network Provider Contracts.

The Employees Group Insurance Department is changing the application it uses to distribute electronic versions of newsletters and other communications to Network Providers. While the *Network News* and other communications have always been sent from **EGID.NetworkNews@omes.ok.gov**; beginning with this edition, it is being distributed to you from **healthchoice@service.govdelivery.com**. To make sure you do not miss upcoming issues of the newsletter or other communications, be sure to add this new email address to your safe senders list.

If you have questions or need additional information, please contact the network management unit at 1-405-717-8790 or toll-free 1-800-543-6044, or email **EGID.NetworkManagement@omes.ok.gov**.

Read Your Network News for Valuable Information

Each quarterly issue of the *Network News* is filled with valuable information related to claims processing and benefit and coding changes, as well as other important information from HealthChoice. Our goal is to provide you with the most current and relevant information available through this newsletter and email notifications.

Whether you receive the *Network News* electronically or through the mail, you are encouraged to forward or circulate it to all those in your organization who could benefit from the information.

One of the main purposes of this newsletter is to clarify issues and procedures and to help simplify processes for our Network Providers. As an example, a recent issue contained an article about how to get claims processed and paid quicker. It included tips on how to get claims paid without resubmitting paper claims. This helped reduce duplicate paper claim submissions by approximately 90% which resulted in faster turnaround times for claim payments.

To see this and other historical *Network News* articles, go to www.healthchoicetok.com/providers and select “Network News” under the “Quick Links” tab in the middle column.

The Office of Management and Enterprise Services Adopts New Logo

As you may know, the Employees Group Insurance Department that administers the HealthChoice plans now is part of the Office of Management and Enterprise Services (OMES).

In order to ensure OMES communications are professional, recognizable and consistent with our identity, all our public information materials will feature the HealthChoice and/or OMES logo. This includes communications related to the HealthChoice, Department of Rehabilitation Services and Department of Corrections provider networks. HealthChoice’s unique logo did not change and will still be featured on provider communication materials. The OMES logos are shown below.



Hepatitis C Virus Screenings

The hepatitis C virus (HCV) is considered the most common chronic blood-borne infection in the United States and affects millions of Americans every year. Although it is a manageable disease, many are not aware they are infected until they develop other health issues.

Effective for charges incurred on or after April 1, 2015, in accordance with the Centers for Medicare & Medicaid Services (CMS) guidelines, HealthChoice covers HCV screenings for plan members who are at high risk or who have other covered indications. The benefit allows one screening per calendar year for patients ages 50 and older when services are billed with HCPCS code G0472: hepatitis C antibody screening, for individual at high risk and other covered indication(s).

For more information about screening for the hepatitis C virus, please visit the CMS website at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8871.pdf.

If you have questions regarding this change, or to verify a member’s eligibility for this benefit, please contact our medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

HealthChoice Benefits for Immunizations and their Administration

Members and dependents who are not covered by Medicare can obtain their routine immunizations in accordance with the current Centers for Disease Control and Prevention guidelines from any provider or pharmacy. The immunization and administration fee are covered under the medical and pharmacy benefits at 100% of the Allowable Fee when services are received from a Network Provider or a Network Pharmacy.

If services are received from a non-Network provider, members are subject to non-Network benefits and can be balance billed for amounts above the Allowable Fees.

Please note that under the medical plans:

Only Network Providers and Network Pharmacists can provide these services and be reimbursed at 100% of the Allowable Fees.

Mid-level providers, such as physician assistants and nurse practitioners who work at free-standing ambulatory care clinics located in pharmacies, may not participate in the HealthChoice Provider Network.

NON-NETWORK PHARMACISTS ARE NOT RECOGNIZED PROVIDERS AND ARE NOT COVERED.

The following immunizations and their administration fees are reimbursed under the medical and pharmacy benefits at 100% of the Allowable Fees when services are received from a Network Provider or Network Pharmacy:

Anthrax	Poliomyelitis
Flu	Rabies, Human Diploid
Haemophilus Influenzae	Rabies, PF Chick-EMB Cell
Hepatitis A	Rotavirus
Hepatitis B	Rubella
Human Papillomavirus	Smallpox (Vaccinia) Vaccine
Influenza A	Tetanus Booster
Influenza HD	Tetanus, Diphtheria, Pertussis
Japanese Encephalitis	Typhoid
Measles	Varicella
Meningococcal	Yellow Fever
Mumps	Zoster (shingles)
Pneumococcal	

Immunizations not listed are covered only under medical benefits.

Intensive Outpatient Therapy Coverage

For all charges incurred on or after April 1, 2015, HealthChoice allows coverage of intensive outpatient therapy (IOP) under:

- Revenue code 0905, Behavioral Health Treatment – Intensive Outpatient – Psychiatric;
- Revenue code 0906, Behavioral Health Treatment – Intensive Outpatient – Chemical Dependency; and
- HCPCS code S9480, Intensive Outpatient Psychiatric Services – Per Diem.

All plan policies and provisions apply including medical necessity requirements and certification guidelines.

The updated fee schedule can be found on the provider fee schedule search at <https://gateway.sib.ok.gov/feeschedule/Login.aspx>.

If you have questions regarding the certification process or to request certification, please contact our health care management unit at 1-405-717-8879 or toll-free 1-800-543-6044.

If you have questions regarding this change, please contact our medical and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

HealthChoice Provider NETWORK NEWS

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Network Provider Contact Information

HealthChoice Providers

www.healthchoicook.com

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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

Express Scripts

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 Unit

OKC Area 1-405-717-8879

Toll-free 1-800-543-6044,
ext. 8879

HealthChoice Network Management

OKC Area 1-405-717-8790

Toll-free 1-800-543-6044

DOC Network Management

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

OKC Area 1-405-717-8750

Toll-free 1-866-573-8462

DOC Medical and Dental Claims

HP Administrative Services, LLC

P.O. Box 268928

Oklahoma City, OK 73126-8928

Toll-free 1-800-262-7683

DRS Network Management

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

OKC Area 1-405-717-8921

Toll-free 1-888-835-6919

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