

NETWORK NEWS

Employees Group Insurance Division Office of Management and Enterprise Services

Eligibility Benefit Request and Response (270/271)

Since March 2014, the HIPAA ASC X12 005010X279A1 *Eligibility Benefit Request and Response Transaction* (270 request/271 response) has been available. The 270/271 transaction allows providers to determine whether a particular subscriber or dependent is on file with the plan, and their health/dental care eligibility and benefit information. While this transaction can verify an individual's eligibility and benefits, it cannot provide a history of benefit use.

This transaction is available through Emdeon Business Services LLC®, which is a Phase I and Phase II CORE-certified clearinghouse. Emdeon hosts this transaction on behalf of our health and dental claims administrator. The Payer ID is OKSTE for all claims for HealthChoice, Department of Rehabilitation Services and Department of Corrections.

For questions, please contact our health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

Health Care Claim Status Request and Response (276/277)

Since March 2014, the HIPAA X12 005010X212 *Health Care Claim Status Request and Response Transaction* (276 request/277 response) has been available. The 276/277 transaction is used to obtain the status of specific health care claims within the adjudication process.

This transaction is available through Emdeon Business Services LLC®, which is a Phase I and Phase II CORE-certified clearinghouse. Emdeon hosts this transaction on behalf of our health and dental claims administrator.

The Payer ID is OKSTE for all claims for HealthChoice, Department of Rehabilitation Services and Department of Corrections.

For questions, please contact our health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

Coverage of Cancer-Reducing Medications

HealthChoice currently covers certain cancer-reducing medications, such as Tamoxifen and Raloxifene, at the applicable generic copay based on the prescribed days' supply. However, for charges incurred on or after Sept. 24, 2014, HealthChoice will cover these medications at 100% with no copay to the member.

If you have questions regarding this change, please contact our pharmacy benefit administrator toll-free at 1-800-903-8113.

ClaimLink for Providers

Network Providers have access to *ClaimLink*, our powerful, secure website designed to quickly enter claims, request dental predeterminations, check eligibility, check claims status and obtain electronic *Remittance Advices*. Visit our website at www.healthchoiceok.com and click on *ClaimLink – Providers*. Registration is quick, easy and secure.

Network Providers who use *ClaimLink* to enter claims for services or dental predeterminations will generally receive a response the next business day. Online claims submission is a much more efficient method of submitting claims. It significantly reduces processing errors and improves the turnaround times for claims payments. A presentation that outlines the online claims submission process is available once you log into the application.

If you have questions regarding *ClaimLink* or need assistance registering, please contact our health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

ICD-10 Code Implementation

HP Administrative Services, LLC (HP), our health and dental claims administrator, has a detailed timeline for the implementation of ICD-10 codes by the Oct. 1, 2015, compliance date. Claims for services provided on or after this date must use ICD-10 codes for medical diagnosis, inpatient procedures, outpatient services and any other services that require diagnosis codes. Claims with service dates prior to Oct. 1, 2015, must use ICD-9 codes.

HP has adopted an *Analyze-Build-Test* approach to implementing ICD-10 Codes for EGID. Following is an implementation update:

Development Phase

During this phase, HP loaded a test region with the ICD-10 Code set and configured it using CMS General Equivalency Mapping (GEM) recommendations. This phase is repeating with updates made on a rolling basis to achieve expected testing outcomes.

Testing Phase

This phase includes internal testing of configuration changes and local changes, as well as end-to-end testing by HP. External testing follows internal testing and includes participation by EGID providers, third parties and vendors.

Implementation Phase

The Implementation Phase is under construction at this time.



If you participate in the MedEncentive pilot program, keep an eye out for your incentive! Your incentive will come to you combined with your regular claim payments and *Remittance Advices* (RA) from HealthChoice. Your incentive amount will be listed on the RA and included in the corresponding claim payment. It may be listed on the back of one of the pages so don't forget to check both sides!

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

Fee Schedule Updates Effective July 1 and Oct. 1, 2014

HealthChoice and the Department of Corrections (DOC) have reviewed their fee schedules for CPT/HCPCS, Outpatient Facility (OP), Ambulatory Surgery Center (ASC), American Society of Anesthesiologists (ASA), and American



Dental Association (ADA) codes. As stated in earlier notifications, there may be changes effective for charges incurred on or after July 1, 2014.

The next quarterly fee schedule review for possible updates will affect charges incurred on or after Oct. 1, 2014, for CPT/HCPCS, OP, ASC, ASA, and ADA codes. A comprehensive fee schedule update for MS-DRG and MS-DRG LTCH codes will also be effective for charges incurred on or after Oct. 1.

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

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

If you need specific codes and Allowable Fees affected by these updates or if you have questions, please visit our website at <https://gateway.sib.ok.gov/feeschedule> or contact Network Management at 1-405-717-8790 or toll-free 1-800-543-6044. Email inquiries can be sent to EGID.NetworkManagement@omes.ok.gov or EGID.DOCNetworkManagement@omes.ok.gov.

Update to Outpatient Revenue Codes

HealthChoice and the Department of Corrections (DOC) have updated the revenue codes on the outpatient fee schedule for charges incurred on or after Oct. 1, 2014.

If you have questions regarding this update, please contact Network Management by calling 1-405-717-8790 or toll-free 1-800-543-6044. Email inquiries should be sent to EGID.NetworkManagement@omes.ok.gov.

Help HealthChoice Members and Dependents be Tobacco-free

Quitting is the Goal

HealthChoice is committed to better health, and a major part of that commitment is being continually focused on tobacco cessation. Please encourage HealthChoice members and dependents to quit for good by keeping them informed of the health risks and treatment options.

QUIT Program

Through a cost-sharing agreement with Oklahoma Tobacco Settlement Endowment Trust (TSET), HealthChoice plan members and dependents age 13 and older can receive five scheduled phone coaching sessions and up to 12 weeks of over-the-counter products, including gum, patches or lozenges, at no cost through the Oklahoma Tobacco Helpline (1-800-QUIT-NOW).

HealthChoice Preventive Services and Enhanced Tobacco Cessation Benefits

HealthChoice members and dependents age 18 and older can also receive one free annual tobacco cessation/tobacco-related disease counseling visit to a Network health provider (billing code: 99406) plus two 90-day courses per plan year of prescription tobacco cessation products at no cost when they are received through a Network Pharmacy. Covered products include:

- Buprobán 150mg SA Tabs
- Nicotrol 10mg Cartridge
- Bupropion HCL SR 150mg Tabs
- Nicotrol NS 20mg/m Nasal Spray
- Chantix 0.5mg and 1mg Tabs

For more information, visit www.healthchoiceok.com.

ICD-10 Testing Requested

Effective immediately, HP Administrative Services, LLC (HP) will be participating in the Emdeon Business Services LLC® Testing Exchange for ICD-10 codes and is requesting that providers submit INSTITUTIONAL and PROFESSIONAL test claims that contain ICD-10 data. The Testing Exchange is free and available to all Emdeon Clearinghouse customers. This testing pathway allows participating providers and submitters to test natively coded ICD-10 claims with Emdeon and receive clearinghouse reporting feedback on the test claims they submit. Providers and submitters can choose to designate their ICD-10 test claims for specific payers.

Important note: test claim payment determination will not be offered directly to providers. Providers who submit test claims will not receive any reporting or feedback from HP about specific test claims submitted.

Action Required by Customer:

Providers and submitters can immediately begin to submit test claims with ICD-10 information for HP using the Emdeon Testing Exchange. For additional guidance on how to participate with the Emdeon Testing Exchange for ICD-10, visit <http://www.emdeon.com/5010/icd10testing.php>.

Action Taken by Emdeon:

Emdeon will process all test claims received, return clearinghouse reporting and provide Emdeon accepted test claims to HP upon request.

Emdeon is proud to be your Electronic Data Interchange (EDI) partner and remains committed to your success. If you have questions or need more information, contact Teresa South at Teresa.South@omes.ok.gov.

Dental Implants

Currently, to consider coverage of dental implants, HealthChoice requires the brand name of the implants used. However, for charges incurred on or after Sept. 1, 2014, HealthChoice will no longer require the brand name be listed on the claim. The implant must still be approved by the Food and Drug Administration (FDA) for coverage to be considered.

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

Lab Screenings and Confirmations

For charges incurred on or after July 1, 2014, HealthChoice and Department of Corrections (DOC) will cover only the following laboratory urine drug screenings when medically necessary screening tests are required:

- 80100 – Drug screen, qualitative, multiple drug classes chromatographic method, each procedure
- 80101 – Single drug class method, each drug class
- 80104 – Multiple drug classes other than chromatographic method, each procedure
- G0434 – Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter

Clinical editing applies.

If any negative outcome is found for oxycodone (brand or generic), HealthChoice and DOC will cover the confirmation of the negative outcome:

- 80102 – Drug confirmation, each procedure
- G0431 – Drug screen, qualitative: multiple drug classes by high complexity test method, per patient encounter

Clinical editing applies.

Certification is required for any negative screen other than oxycodone (brand or generic).

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

EFT Trace Numbers Added to RAs

In April 2014, HealthChoice, the Department of Rehabilitation Services and the Department of Corrections began issuing Electronic Funds Transfer (EFT) trace numbers on all *Remittance Advices* (RAs). Please retain this number in the event you need to trace your EFT payment.

For your convenience, this number can be found in the upper right portion of your RA. See the example below:

PAGE: 2 of 6
TAX#: 00XXXXXXXXXX
DATE: 05/23/2014
Draft#: XXXXXXXXX
EFT Trace ID: 201404080004159

If you have questions regarding your EFT payment or trace number, please contact our health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

Orthodontic Waiting Period



HealthChoice Dental Plan members and their covered dependents are eligible for orthodontic benefits for charges incurred after the first 12 consecutive months of coverage with HealthChoice dental.

Continuing orthodontic services are pro-rated according to HealthChoice Dental Plan benefits after the participant has had 12 consecutive months of coverage.

This change is effective for all orthodontic services incurred on or after Jan. 1, 2014, including services for the treatment of temporomandibular joint disorder (TMD).

For more information or if you have questions concerning orthodontic benefits, please contact our health and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

Inpatient Mental Health/Substance Use Disorder Reimbursement Clarification

The Employees Group Insurance Division (EGID) would like to clarify the reimbursement methodology for inpatient mental health/substance use disorder facilities for charges incurred on or after Aug. 1, 2014. This clarification is for HealthChoice and the Department of Corrections Network Facilities and for non-Network facilities. To assist you in determining your Per Diem or MS-DRG Fee Schedule logic, follow the key indicators in the decision tree below:

1. Is the facility licensed as a psychiatric facility?
 - a. If YES, the facility is subject to the Per Diem Fee Schedule.
 - b. If NO, the following logic applies:
 - i. If you bill with Revenue Code 0xx4, 0xx6 or 0xx8 with a mental health/substance use disorder diagnosis, your facility is subject to the Per Diem Fee Schedule.
 - ii. If you bill with all other Revenue Codes (excluding 0xx4, 0xx6 and 0xx8) your facility is subject to the MS-DRG Fee Schedule.
 - iii. If you bill with Revenue Code 0xx4, 0xx6 or 0xx8 for diagnosis codes other than mental health/substance use disorder, your facility is subject to the MS-DRG Fee Schedule.

If you have further questions, please do not hesitate to contact our health and dental claims administrator by calling 1-405-416-1800 or toll-free 1-800-782-5218.

Prior Authorization for Compound Products

Effective May 1, 2014, compound products that contain any of the following drugs as a primary ingredient require prior authorization through our pharmacy benefit manager, Express Scripts:

- Diclofenac powder
- Flurbiprofen powder
- Fluticasone - NEW
- Gabapentin powder
- Hyaluronic acid - NEW
- Ketamine powder
- Ketoprofen micronized powder
- Ketoprofen powder
- Meloxicam - NEW
- Mometasone - NEW
- Nabumetone - NEW

To initiate a prior authorization, please contact Express Scripts toll-free at 1-800-753-2851.

Update to Speech Therapy Guidelines

The following speech therapy guidelines will take effect for all charges incurred on or after Sept. 1, 2014:

1. Covered for restoring existing speech lost due to disease or injury. Therapy must be expected to restore the level of speech the participant had before the disease or injury.
2. Not covered for learning disabilities or birth defects
3. Limited to 60 visits per calendar year
4. For ages 17 and younger, all speech therapy requires certification through the HealthChoice Health Care Management Unit.
5. For ages 18 and older, certification is not required.

Please note that prior to Sept. 1, speech therapy for participants 18 and older requires certification only when exceeding 20 visits per calendar year. 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 health 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.sib.ok.gov

www.healthchoicook.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

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 Health 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

DRS Health and Dental Claims

HP Administrative Services, LLC

P.O. Box 25069

Oklahoma City, OK 73125-0069

Toll-free 1-800-944-7938