

BlueNewsSM *for Providers*

Provider Office Administrative Manual Now Available!

BlueCross BlueShield of South Carolina is committed to providing quality service, education and problem resolution to the health care community. The Office Administrative Manual is part of that commitment and is now available on SouthCarolinaBlues.com. We developed this manual to guide you through claim filing and to help you deal more effectively with our company.

We have put great effort into making sure the information in the manual is accurate. If there is any conflict between the contents of this manual and a contract or member's certificate, the contract or certificate will prevail. Likewise, if a conflict exists between the contents of this manual and a provider's contract with BlueCross, the contract will prevail. We will make quarterly revisions and updates to this manual. We will also update provider information in the education section on our Web site at SouthCarolinaBlues.com as needed.

This manual is a fantastic tool for understanding and handling BlueCross business! Please send all suggestions for enhancements to this manual to Provider.Education@bcssc.com.

Member Liability and Copayment Reminders

As a network participating provider, be sure to only charge the member for his or her respective liability amount(s). This includes any applicable copayment, deductible and coinsurance amounts. After we process the claim, you can determine the member liability amounts by referring to the remittance advice. If you do not agree with how we processed the claim, do not bill the member for any non-covered amounts that do not fall under member liability. You can have us review the claim for possible reimbursement by completing the [Medical Review Request](#) form on SouthCarolinaBlues.com

If you need to determine the member liability amount(s) when we are the secondary insurance, review the member's liability based on the primary payer's payment and contractual liabilities and reduce the member liability amount by the amount of the payments we make under the secondary policy. We use paper or electronic remittance information from the primary payer and have no contractual arrangement with the primary payer.

Also, please verify that you are charging the member the correct copayment at the time of service. If you are a multi-specialty clinic, charge the member the applicable copayment based on the specialty of the rendering physician. If the rendering physician is a specialist, you can collect the specialist copayment amount. If the rendering physician is a primary care physician, you can collect the primary care physician copayment amount.

If after viewing eligibility/benefits and/or the claim disposition/remittance via the Web you are still having trouble determining the correct member liability or copayment amounts, please contact our Provider Services department at 1-800-868-2510.

If you have any questions regarding the information in this newsletter, please e-mail us at Provider.Education@bcssc.com.

Act Today to Improve Patient Safety and Enhance Your Liability Protection

You need fast, reliable information about patient safety issues. BlueCross BlueShield of South Carolina encourages you to consider enrolling in a new, free service to help improve patient safety and your liability protection. BlueCross supports the work done by medical liability carriers, the U.S. Food and Drug Administration (FDA) and various medical societies to bring this free service to you — the Health Care Notification Network (HCNN).

The iHealth Alliance, a non-profit organization, operates the HCNN. The iHealth Alliance's governance is comprised of representatives from the American Medical Association, the FDA and several medical and health care societies. The iHealth Alliance controls HCNN's privacy policy. They will not sell or distribute e-mail addresses.

When the FDA mandates important, product-related patient safety alerts, the HCNN will deliver them to you via a secure, dedicated, online network. You will receive these messages instead of the current paper format. If you don't open a message within 24 hours, however, iHealth Alliance will automatically mail the message to you.

Sign up for the HCNN and you'll enjoy these benefits:

1. It's free! It is **only** used for patient safety notices. (No advertising or sales data.)
2. It's much faster and more efficient than the current paper-based delivery of patient safety alerts. Delays in delivery can increase your liability.
3. You can designate other office staff members to receive the same online alerts to make it easier for patient follow-up, when necessary.
4. You can opt out at any time.

We recommend all physicians in our network enroll today in the HCNN and receive their FDA-related patient safety alerts online. Please go to <http://www.hcnn.net> and enter your basic demographic information, including your preferred e-mail address. This process will take less than two minutes.

- Your HCNN User ID will be the primary e-mail address you provide.
- You will choose a password when you receive your first e-mail from the HCNN.

We support the HCNN because we believe that more rapid and focused delivery of FDA-mandated product recalls and warnings have the potential to reduce malpractice claims. The FDA and other HCNN partners have contacted us asking for our help in enrolling our physicians into an online network for patient safety notices.

You can learn more about the HCNN at <http://www.hcnn.net>. Thank you for taking this important step and working with us to enhance patient safety and improve liability protection.

REMINDER

Verifying Rehab Benefits via the Voice Response Unit (VRU)

When calling in to our VRU to get benefits for rehab procedures, be sure to specify if you are requesting benefits for professional rehab services or institutional rehab services. **If you file your rehab services on an HCFA-1500 claim form, ask for professional rehab benefits. If you file your rehab services on a UB04 claim form, ask for institutional rehab benefits.** This will help the representative give you the correct rehab benefits.

If you have any questions regarding the information in this newsletter, please e-mail us at Provider.Education@bcssc.com.

Zostavax Update for State Health Plan Members



As of February 5, 2008, the State Health Plan covers Zostavax for members over the age of 60 under the pharmacy benefit. This is currently the only vaccine the State Health Plan covers under the pharmacy benefit. The State Health Plan based this decision on the Medicare Part D benefit status of Zostavax. The medical benefit does not cover Zostavax. Also, members can only purchase the vaccine at retail pharmacies. Mail service is not available because Zostavax is a one-time event.

If you have any questions concerning this policy update, please contact us at Provider.Education@cbssc.com.

Medical Guidelines for Boniva and Reclast Injections

It is the policy of BlueCross BlueShield of South Carolina that Boniva given intravenously is medically necessary for the treatment of hypercalcemia of malignancy and bone pain or bone metastases from breast cancer. BlueCross also considers the intravenous form of this drug medically necessary for the treatment of osteoporosis in post menopausal women who are intolerant of the oral form due to difficulty in meeting the requirement that they sit upright for 30 to 60 minutes, have difficulty swallowing a pill, esophagitis, gastritis, or esophageal ulcers or gastric ulcer disease. BlueCross also considers Reclast medically necessary for intravenous administration in patients with Pagets disease. Reclast is also medically necessary for the treatment of post menopausal women with osteoporosis who have failed to respond to oral bisphosphonates, or who are intolerant of, or who cannot take oral bisphosphonates.

Latest Information on Remittances, EFT and Rendering Providers

Changes to Remittances

If you chose a National Provider Identifier (NPI) for each location you previously loaded to the BlueCross BlueShield of South Carolina provider file, you will only see minor changes on your remittances. For example, the NPI number will be on your hard copy remits and My Remit Manager/835s will have the NPI number on them as well.

If you did not get an NPI for each location, your remittances will be summarized at the NPI level. You will not receive separate remittances for each location as you did before. Everything will be summarized by NPI and the location-specific information will no longer be available.

Changes to Electronic Funds Transfer (EFT)

As with remittances, we will generate EFTs based on your NPI number. The EFT payment will show the NPI instead of the Tax ID.

Rendering Provider Information

Before NPI implementation, we could determine the provider's specialty based on the billing number. This is because BlueCross assigned ID numbers based on location and also on specialty. With the implementation of NPI, we can no longer require providers to file with a specific BlueCross ID number to help us identify the provider's specialty. As a result, we must rely on the rendering provider information to identify the specialty. The specialty of the rendering provider affects both reimbursement and benefit payments. **It is critical that you include the rendering provider NPI on your claim submissions.**

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