

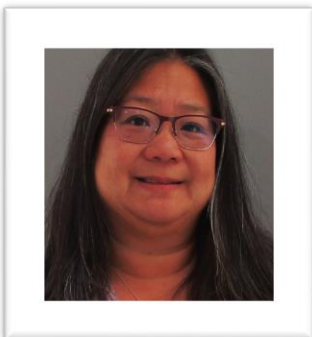
Provider encounter data

June 2021



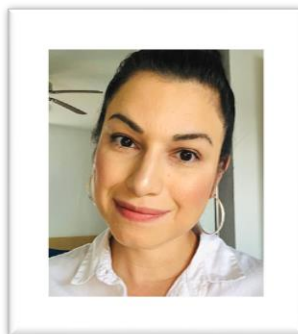
Promise Health Plan

Meet the team



Karen Harris

Provider Education
Sr Instructional Designer



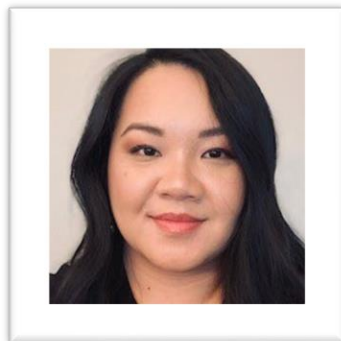
Johana Lockwood

Medi-Cal Program
Manager



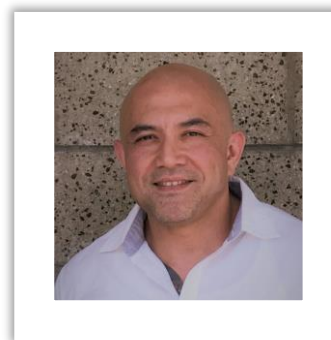
Jenni Owens

EDI Platform Services
Manager



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Sr Business Analyst

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Introduction

Quarterly provider encounter data webinars


Blue Shield of California Promise Health Plan invites you to join us for quarterly webinars to learn about important updates. Watch your email for invitations.

Webinars planned for 2021



**Online authorization
submission and status with
AuthAccel**

Request Medical Prior Authorizations



Name:
ALBERT MEMBERN

Date Of Birth:
03-16-1959

Address:

Phone:

Special Programs:

Member ID:
123456842

Benefit String:
M0019670

IPA/MG:

Effective:
01-01-2020

Plan Type/Group ID#:
Full PPO SAV_ED 5500 Jan20/W0001074

LOB:
DMHC.PPO

Term:
12-31-2199

Member Eligible

12-31-2199

Select Authorization Urgency

☒ Standard ☐ Expedited

Promise Health Plan providers can now both submit and view medical authorizations in AuthAccel, Blue Shield of California's online authorization system available 24/7 from the Provider Connection website.

Note: The system works optimally for providers with fewer than 2,000 Blue Shield Provider ID's (PINs) attached to their Tax ID. This PIN limitation will be removed in Q3 of this year.

Submitting and viewing authorizations in AuthAccel

Any medical authorization you currently submit to Blue Shield of California and Blue Shield Promise Health Plan can be submitted online via AuthAccel. Pharmacy requests for Promise Health Plan members cannot be submitted in AuthAccel.

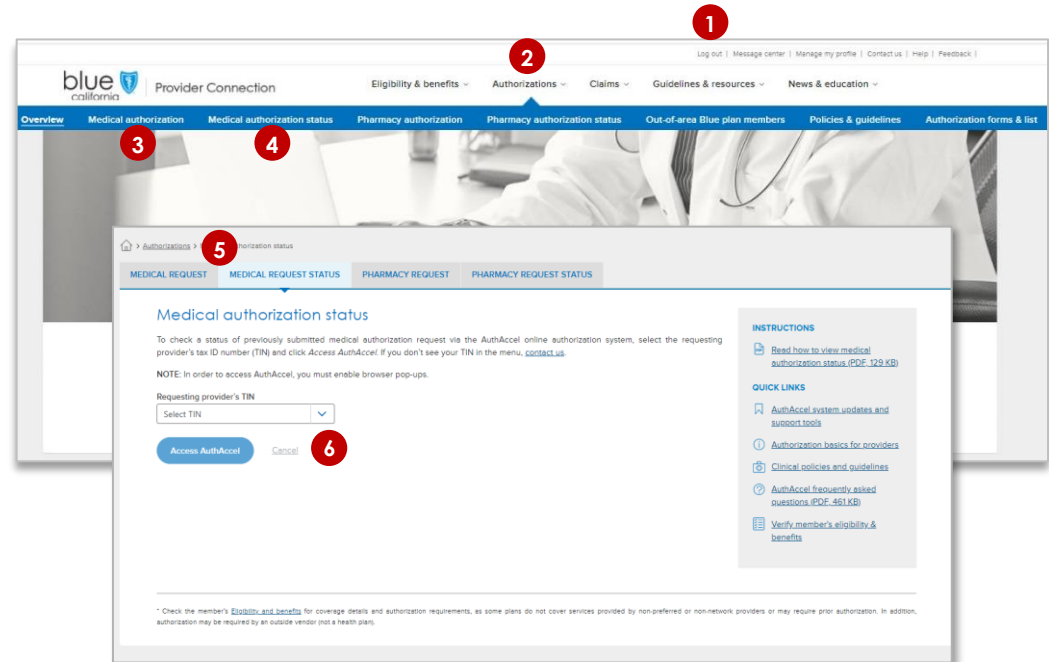
The system shows the status of both medical and pharmacy requests submitted for Blue Shield and Blue Shield Promise members, including those submitted via fax, phone, etc.

Note: AuthAccel functionality will differ by plan type.

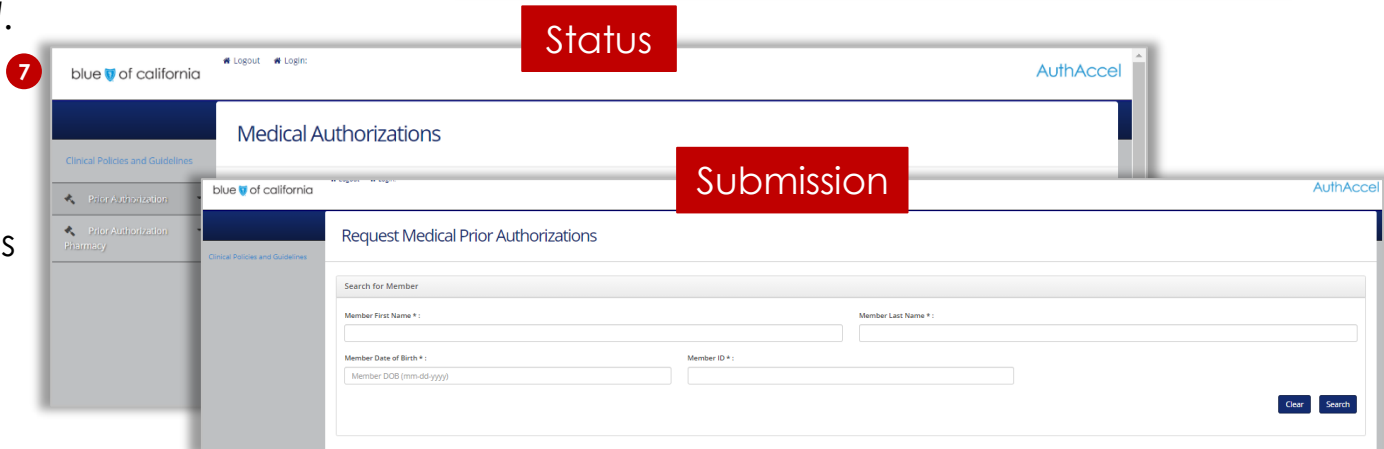
	Blue Shield Promise Medi-Cal & Cal MediConnect	Blue Shield Medicare	Blue Shield Commercial/FEP
Submit medical	Y	Y	Y
View medical	Y	Y	Y
Submit pharmacy	N	Y	Y
View pharmacy	Y	Y	Y

Access AuthAccel from Provider Connection to submit or view medical requests

1. Log into Provider Connection at blueshieldca.com/provider.
2. Click the [Authorizations](#) section link or use the authorization links on the homepage.
3. Click either [Request a medical authorization](#) or
4. [View medical auth status](#).
5. The corresponding AuthAccel launch page will display.
6. Select the appropriate Tax ID from the drop-down list and click Access AuthAccel.



7. AuthAccel for submission or status will open in a new window.



AuthAccel benefits round-up

- Integrates member eligibility and provider status into the process.
- Allows direct attachment of clinical documentation to the authorization.
- Gathers all authorization information in one location.
- Displays status and decisioning for all medical authorizations, regardless of how they are submitted

To see a demo of AuthAccel and learn more about the system, register for this Blue Shield Promise Health Plan provider webinar:

Wednesday, June 23, 2021, 1:00-2:00 pm, Pacific

<https://blueshieldca.webex.com/blueshieldca/onstage/g.php?MTID=e15086ed02585243645e4fd33dbd0af17>

Medi-Cal Rx carve out update

Medi-Cal pharmacy carve out update

Governor Gavin Newsom signed an executive order requiring the Department of Health Care Services (DHCS) to transition pharmacy services from managed care plans to a new state-run pharmacy benefit program called “**Medi-Cal Rx**” on

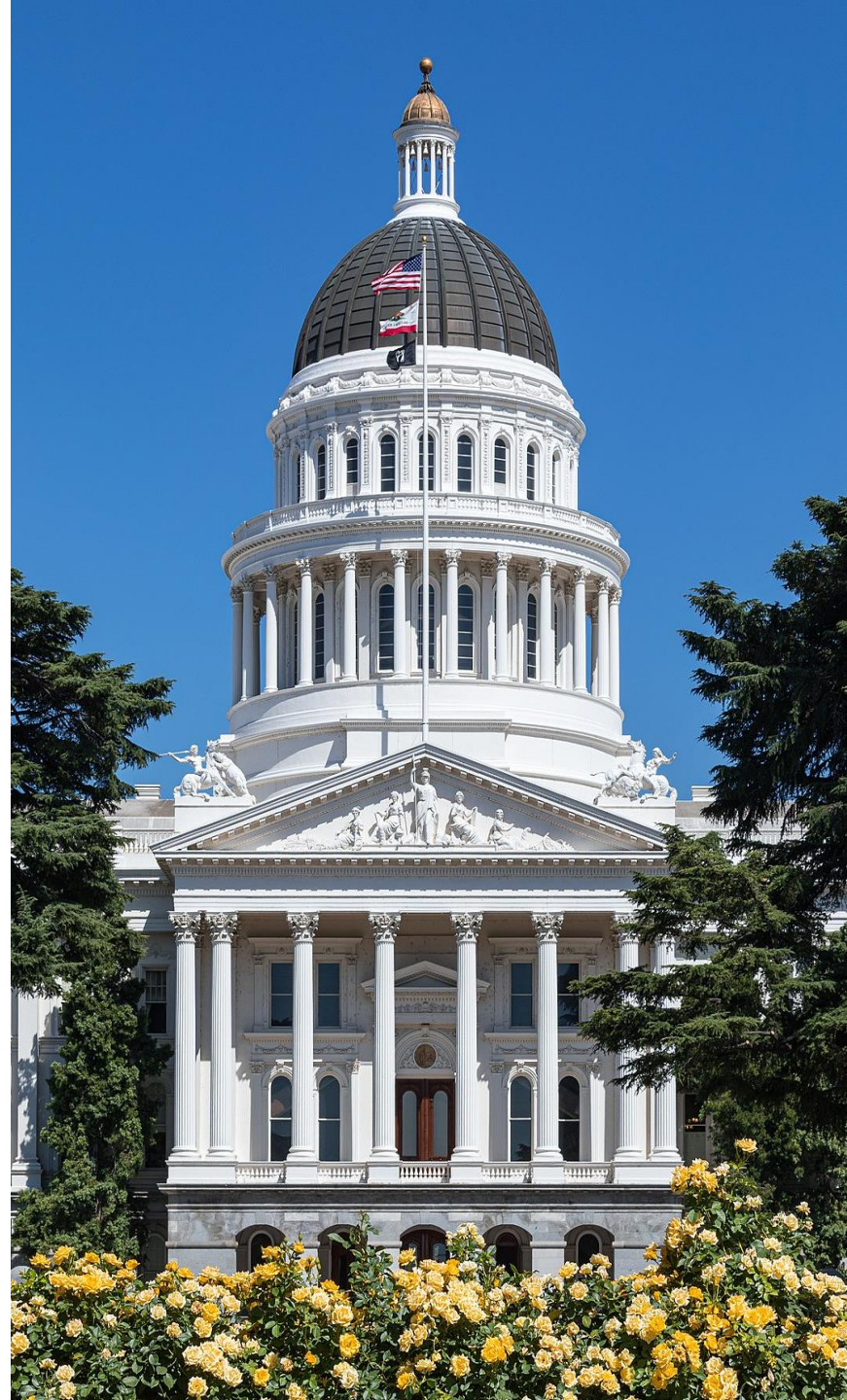
~~January 1, 2021~~

~~April 1, 2021~~

TO BE DETERMINED

On Friday May 28th DHCS issued a statement regarding the Medi-Cal Rx implementation:

- A new implementation date was NOT announced.
- DHCS needs more time to review the conflict avoidance plans between Magellan and Centene.
- The project will remain on hold until we receive more information from DHCS.



Data submission challenges and solutions

Top 5 EDI rejections - Encounters

Volumes	Rejection reason	Action needed
9,170	Patient policy and Date of Service is found as Blue Shield of California member, please submit appropriately (PNVReg_01)	Medicare Advantage: dates of services after January 1, 2021 must be submitted as a Blue Shield submission
6,774	Value of element LIN03 is incorrect. Expected value is from external code list – National Drug Code (0x393933b)	For Medi-Cal & CMC: The submitted National Drug Code (NDC) is incorrect - it must be the code found on the package, 11 digits and valid according to the Food and Drug Administration (FDA) NDC list
5,555	The procedure code is inconsistent with the modifier and/or measurement code used or a required modifier is missing (0xe00030)	For Blue Shield & Blue Shield Promise: anesthesia procedure codes must be billed with a valid modifier
5,407	NDC code is missing or invalid for the submitted PAD (0xe0277)	For Medi-Cal & CMC: Claims and encounters reporting Physician Administered Drugs (PADs) must include both the Healthcare Common Procedure Coding System (HCPCS) code and a valid National Drug Code (NDC)
3,381	The procedure code is inconsistent with the modifier and/or measurement code used or a required modifier is missing (0xe00039)	For Blue Shield & Blue Shield Promise: anesthesia procedure codes must be billed with a valid modifier

Top 5 EDI rejections – claims (fee-for-service)

Volumes	Rejection reason	Action Needed
13,921	Patient policy and Date of Service is found as Blue Shield of California member, please submit appropriately (PNVReg_01)	Medicare Advantage: dates of services after January 1, 2021 must be submitted as a Blue Shield submission
12,934	We are unable to identify the patient who received the services with the information submitted (MLRej_01)	*For Blue Shield & Blue Shield Promise: a valid, eligible member identification number, name and date of birth must be submitted
10,522	Referring, Service Facility, Ordering or Supervising Provider NPI must be submitted (0xe00009)	For Medi-Cal: an NPI must be present if a referring, service facility, ordering or supervising provider is submitted
7,708	Value of element LIN03 is incorrect. Expected value is from external code list – National Drug Code (0x393933b)	For Medi-Cal & CMC: The submitted National Drug Code (NDC) is incorrect - it must be 11 digits and valid according to the Food and Drug Administration (FDA) NDC list
2,653	The procedure code is inconsistent with the modifier and/or measurement code used or a required modifier is missing (0xe00039)	For Blue Shield & Blue Shield Promise: anesthesia procedure codes must be billed with a valid modifier

EDI Rejection – Patient Policy & Date of Service

- ❑ Effective January 1, 2021, Medicare Advantage claims and encounters for dates of services in 2021 must be submitted as Blue Shield submissions.
 - ❑ Blue Shield Promise Medicare Advantage claims and encounters for dates of services prior to 2021, submit as Blue Shield Promise submissions using the appropriate payer ID for your clearinghouse.
 - ❑ All Medicare Advantage claims and encounters for dates of services in 2021, submit as Blue Shield submissions using the appropriate payer ID for your clearinghouse
 - ❑ Payer IDs vary depending on the clearinghouse and type of submission
 - ❑ Contact your clearinghouse to confirm correct payer ID

Encounters:

Clearinghouse Name	Submission Type	Payer ID
Transunion	Blue Shield encounter	TU042
Transunion	Blue Shield Promise encounter	TU126
Office Ally	Blue Shield encounter	BS003
Office Ally	Blue Shield Promise encounter	EC1CA

Claims:

Clearinghouse Name	Submission Type	Payer ID
Office Ally	Blue Shield claim	BS001
Office Ally	Blue Shield Promise claim	C1SCA
Change Healthcare	Blue Shield claim	94036 (emdeon) 1409 Professional (relayhealth) 6569 Institutional (relayhealth)
Change Healthcare	Blue Shield Promise claim	57115

Please contact your clearinghouse for additional information and confirmation of the correct Payer ID.

EDI Rejection – Invalid or Missing NDC

Resolve and prevent rejections for invalid NDC's or missing or invalid NDC for submitted PAD (0x393933b & 0xe0277):

- ❑ Encounter reporting PADs are required to include both the HCPCS code and valid NDC
 - ❑ An updated list of HCPCS codes that require NDCs are sent monthly by EDQU from DHCS – questions directed to MMCDEncounterDATA@dhcs.ca.gov
- ❑ The NDC, or National Drug Code, is a unique 10-digit, 3-segment number
- ❑ NDC must be the Package Code, not the unit or vial code
- ❑ Access FDA web site, [National Drug Code Directory | FDA](#)
 - ❑ Scroll down to Additional References and click on “Search National Drug Code Directory”
 - ❑ Select NDC Code in the Select Type
 - ❑ Enter the 10-digit code, including the dashes
 - ❑ Press search
- ❑ Convert the 10-digit NDC to 11-digits

10-Digit Format on Package	10-Digit Format on Example	11-Digit Format	11-Digit Format Example	Action 10-Digit NDC Example	11-Digit Conversion of Example
4-4-2	9999-9999-99	5-4-2	<u>0</u> 9999-9999-99	0002-7597-01	<u>0</u> 0002-7597-01
5-3-2	99999-999-99	5-4-2	99999- <u>0</u> 999-99	50242-040-62	50242- <u>0</u> 040-62
5-4-1	99999-9999-9	5-4-2	99999-9999- <u>0</u> 9	60575-4112-1	60575-4112- <u>0</u> 1

EDI Rejection – Unable to ID Patient

- ☐ Verify the member identification number, name, and date of birth are correct:
 - ☐ Matches the member identification card
 - ☐ Validate in Provider Connection
 - ☐ Utilize 270/271 transaction

- ☐ Records must be submitted to your clearinghouse with the correct Payer ID
 - ☐ Payer IDs vary depending on the clearinghouse and type of submission, such as line of business
 - ☐ Contact your clearinghouse to confirm correct payer ID and you are set up in their systems to submit the ID.
 - ☐ TransUnion (example only)
 - ☐ Blue Shield Medicare Encounters= TU042
 - ☐ Blue Shield Promise Medicare Encounters = TU126

COVID-19 Updates

See appendix for latest updates on codes.

EDI 837 Professional: Product or Service ID Qualifiers

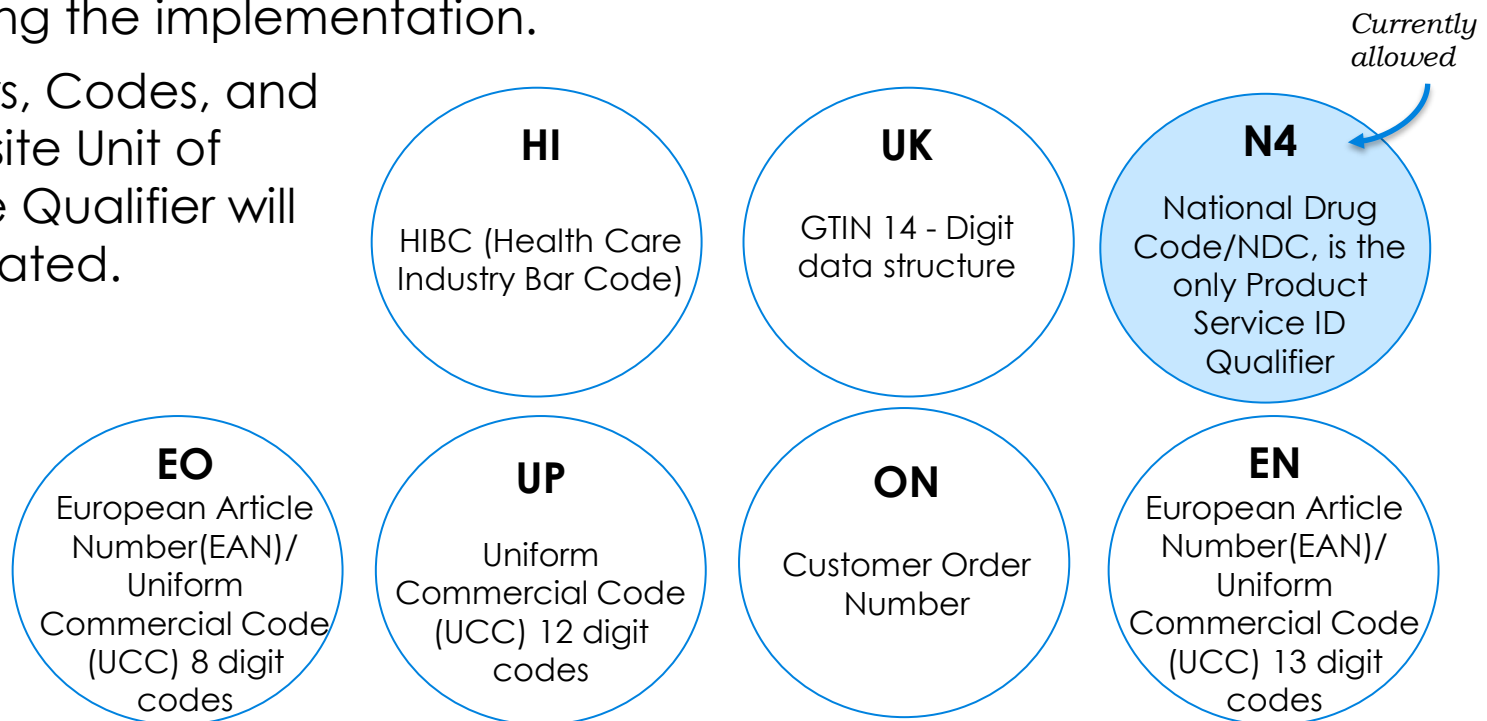
What is coming...

Details:

- New qualifiers to be accepted in 2021, Q3.
- Communication will be sent with the details and requirements preceding the implementation.
- Qualifiers, Codes, and Composite Unit of Measure Qualifier will be validated.

Impacts:

- Line of Business: Medi-Cal and Cal Medi-Connect
- Transaction Type: Professional Claims and Encounters



Billing reminders

Review: billing reminders

Medi-Cal Facility

- **ER Facility- Billing for E&M Code**

- ☐ Use CPT code Z7502 for facility, not 99xxx codes
- ☐ Use CPT 99xxx for professional services billed on HCFA

- **Outpatient Facility**

- ☐ When billing for facility portion of claims, use proper modifiers
- ☐ Laboratory, Pathology, and Radiology billing on UB-04 bills with "TC" modifier

Authorizations

- **IPA Approved Services**

- ☐ Include IPA authorizations on claim billing
- ☐ If available, submit approved authorization approvals with claim

- **Retro Authorization Requests**

- ☐ High volume of authorization requests
- ☐ Working on authorization reviews

Review: billing reminders

Contracted providers

- **Billing NPI**

- ☐ Billing of NPI should match contract NPI
- ☐ Billing incorrect NPI not with contract may cause incorrect payments or delays in payment

Newborn Claims

- **Submitting claims for Newborn Services**

- ☐ Newborn claims should be billed with Baby's information as patient and Mother as Subscriber for the month of birth and the month after unless baby has their own subscriber

- **Newborn Face Sheets**

- ☐ Face Sheets are to be submitted to the clinical service team (UM)
- ☐ Face sheet should include Mother's Name and Subscriber ID
- ☐ Non submission will cause delay in adding Baby to Mother's profile for nursery payment

Review: billing reminders



Local Code Reminder

- ☐ Providers should bill using the Medi-Cal local code until code conversion is released from DHCS.
- ☐ [Medi-Cal: HIPAA: Code Conversions](#)

Surgery Code Reminder

- ☐ Bill with Medi-Cal approved/required modifiers.
- ☐ [List of surgery modifiers](#) can be found on Blue Shield Promise website.

Review: billing reminders



Medicare/Other Health Coverage (OHC)

- ☐ Bill using Medi-Cal approved HCPCS/CPT codes and modifiers.
 - ☐ Do not bill with HCPCS codes, CPT codes or modifiers where OHC paid but which Medi-Cal does not recognize or allow.
 - ☐ [*Other Health Coverage \(OHC\) \(oth hlth\) \(ca.gov\)](#)
- ☐ California law limits Medi-Cal's reimbursement of coinsurance and deductibles billed on a crossover claim to an amount that, when combined with the Medicare payment, should not exceed Medi-Cal's maximum-allowed amount for similar services. (page 7 in the workbook, link below)
 - ☐ [Workbook Crossover Claims \(crossover io\) \(ca.gov\)](#)

Timely filing reminder

- ☐ Blue Shield Promise Health Plan has updated Timely Filing Guidelines for Medi-Cal to 180 days as found in the Promise Provider Manual (section 14, page 2).
- ☐ EOB/RA received from OHC should be submitted to Blue Shield Promise within 60 days of OHC payment/denial date.
- ☐ This timely filing is for FFS claims submissions and not related to performance guidelines/contracts.

Resources

- EDI Platform Services Help Desk
 - Email: EDI_PHP@blueshieldca.com
 - Phone: **(800) 480-1221**
- Non-EDI encounter related questions
 - Email: EEG_TEAM@blueshieldca.com
- News and Updates - visit the Blue Shield Promise provider website at blueshieldca.com/promise/provider
- Medi-Cal Rx provider portal: <https://medi-calrx.dhcs.ca.gov/provider>

Additional resources

- Provider Customer Care: **(800) 468-9935**
- Dedicated provider phone line: **(800) 468-9935**

Calling the dedicated provider phone line (800) 468-9935

What to know before you call:

- ☐ 24/7 self-service - Common tasks are available for self-service in the interactive voice response (IVR) system 24/7.
- ☐ NPI - Have your National Provider Number or Tax ID ready.
- ☐ Member inquiries require the following:
 - ☐ Medicare members – Subscriber ID or Social Security Number (SSN) and Date of Birth (DOB)
 - ☐ Medi-Cal or Cal MediConnect members – Subscriber ID, SSN, or Client Identification Number (CIN) and Date of Birth (DOB)
- ☐ Provider Phone Guide may be downloaded at blueshieldca.com/promise/provider



Coming attractions:

- Learn how to submit and view authorizations online with AuthAccel:
Wednesday, June 23, 2021, 1:00-2:00 pm, Pacific
[Register now!](#)
- Next Provider Encounter webinar planned for Q3/September.
- Check your email for the registration details.



Appendix

COVID-19 Updates

- Valid for dates of service as of the effective date
- Codes deployed to EDI processing on production date
- Production dates and effective dates vary, resubmit rejected records accordingly

Code Set	Code	Effective Date	Production Date
CPT	0021A	12/18/2020	1/27/2021
CPT	0022A	12/18/2020	1/27/2021
CPT	91302	12/18/2020	1/27/2021
CPT	91303	7/1/2021	Testing
CPT	0031A	7/1/2021	Testing

COVID-19 Updates

- Valid for dates of service as of the effective date
- Codes deployed to EDI processing on production date
- Production dates and effective dates vary, resubmit rejected records accordingly

Code Set	Code	Effective Date	Production Date
CPT	86413	9/8/2020	9/27/2020
CPT	99072	9/8/2020	9/27/2020
CPT	87636	10/6/2020	11/8/2020
CPT	87637	10/6/2020	11/8/2020
CPT	87811	10/6/2020	11/8/2020
CPT	0240U	10/6/2020	11/8/2020
CPT	0241U	10/6/2020	11/8/2020
CPT	87428	11/10/2020	12/13/2020
CPT	Q2039	11/9/2020	12/13/2020
CPT	M0239	11/9/2020	12/13/2020
CPT	0001A	12/1/2020	12/13/2020
CPT	0002A	12/1/2020	12/13/2020
CPT	0011A	12/1/2020	12/13/2020
CPT	0012A	12/1/2020	12/13/2020
CPT	91300	12/1/2020	12/13/2020
CPT	91301	12/1/2020	12/13/2020
CPT	U0005	1/1/2021	12/13/2020

COVID-19 Updates

- Valid for dates of service as of the effective date
- Codes deployed to EDI processing on production date
- Production dates and effective dates vary, resubmit rejected records accordingly
- * Codes for Institutional services only

Code Set	Code	Effective Date	Production Date
ICD-10-PCS	XW013F5*	8/1/2020	8/30/2020
ICD-10-PCS	XW033E5*	8/1/2020	8/30/2020
ICD-10-PCS	XW033F5*	8/1/2020	8/30/2020
ICD-10-PCS	XW033G5*	8/1/2020	8/30/2020
ICD-10-PCS	XW033H5*	8/1/2020	8/30/2020
ICD-10-PCS	XW043E5*	8/1/2020	8/30/2020
ICD-10-PCS	XW043F5*	8/1/2020	8/30/2020
ICD-10-PCS	XW043G5*	8/1/2020	8/30/2020
ICD-10-PCS	XW043H5*	8/1/2020	8/30/2020
ICD-10-PCS	XW0DXF5*	8/1/2020	8/30/2020
ICD-10-PCS	XW13325*	8/1/2020	8/30/2020
ICD-10-PCS	XW14325*	8/1/2020	8/30/2020
CPT	86408	8/10/2020	8/30/2020
CPT	86409	8/10/2020	8/30/2020
CPT	0225U	8/10/2020	8/30/2020
CPT	0226U	8/10/2020	8/30/2020

COVID-19 Updates

- Valid for dates of service as of the effective date
- Codes deployed to EDI processing on production date
- Production dates and effective dates vary, resubmit rejected records accordingly

Code Set	Code	Effective Date	Production Date
HCPCS	U0001	2/4/2020	3/29/2020
HCPCS	U0002	2/4/2020	3/29/2020
CPT	87635	3/13/2020	3/29/2020
ICD-10 CM	U07.1	4/1/2020	3/29/2020
HCPCS	G2023	3/1/2020	4/12/2020
HCPCS	G2024	3/1/2020	4/12/2020
CPT	86769	4/10/2020	4/26/2020
CPT	86328	4/10/2020	4/26/2020
HCPCS	U0003	4/14/2020	5/24/2020
HCPCS	U0004	4/14/2020	5/24/2020
HCPCS	C9803	3/1/2020	5/24/2020
HCPCS	G2025	1/27/2020	5/24/2020
CPT	0202U	5/20/2020	6/21/2020
CPT	87426	6/25/2020	8/3/2020
CPT	0223U	6/25/2020	8/3/2020
CPT	0224U	6/25/2020	8/3/2020

Billing Reminders – Dialysis



Dialysis - general

- ❑ Avoid duplicates - providers initially bill claim with 90999 or another daily dialysis code then rebill claim with Z6030 or another code for monthly dialysis, this causes a duplicate claim.
- ❑ 90999 should be avoided and providers should submit a more specific code (unless specified in contract).
- ❑ Submit claims for a full month (considered 1 unit). Refer to [Provider manuals](#) for more detail regarding how to bill for dialysis.

Home dialysis codes for ESRD - bill for full month

CPT Code	Description
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2 thru 11 years of age
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12 thru 19 years of age
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older

Billing Reminders – Dialysis



Professional Reimbursement Method: Per Full-Month

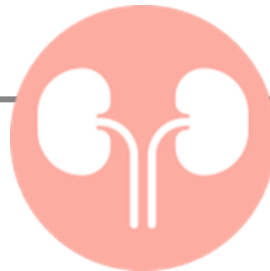
The following ESRD-related professional services are reimbursable per full month and should be billed using the “from-through” method.

CPT Code	Description
90951	End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 4 or more physician visits per month
90952	End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 2 to 3 face-to-face physician visits per month
90953	End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 1 face-to-face physician visit per month
90954	End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 4 or more physician visits per month
90955	End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 2 to 3 face-to-face physician visits per month
90956	End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 1 face-to-face physician visit per month
90957	End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 4 or more physician visits per month
90958	End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 2 to 3 face-to-face physician visits per month
90959	End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 1 face-to-face physician visit per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more physician visits per month
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2 to 3 face-to-face physician visits per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month

Dialysis resources

Providers should reference the Medi-Cal manuals for specific billing guidelines.

- [Dialysis: Chronic Dialysis Services \(dial chr\) \(ca.gov\)](#)
- [Dialysis: End Stage Renal Disease Services \(dial end\) \(ca.gov\)](#)





Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.