

BlueInkSM

**THIS MONTH,
WE'RE COVERING
ALL THINGS
PREVENTION!**
Preventive care,
preventing common
practice hassles,
and more!

STAY CURRENT WITH THE LATEST NEWS FROM WELLMARK® BLUE CROSS® AND BLUE SHIELD®

Information for Iowa and South Dakota physicians, hospitals and health care providers

OCTOBER 2019 | THE PREVENTION ISSUE



Visit us at Wellmark.com/BlueInk



FEATURE

[BlueInk's prevention issue](#)

[Avoid surprises during preventive visits](#)



ADMINISTRATION AND POLICY

[Additional updates made to Wellmark's ACA Preventive Services List Benefit Changes in 2020 — Blue Distinction® Centers](#)



CLAIMS AND CODING

[2020 CMS ICD-10-CM diagnosis and procedure coding changes](#)

[Reimbursement model update for skilled nursing facilities will have no impact on claims submitted to Wellmark](#)

[Prepare for immunization and flu vaccination season](#)



EDUCATION AND RESOURCES

[Receive real-time Wellmark updates directly to your inbox and prevent errors with WINS](#)

[Find information more quickly in the new "Claims Filing" section of the Provider Guide](#)

[Help members find you by using the Provider Directory Validation Tool](#)

[Members' rights and responsibilities](#)



PHARMACY

[Omnipod DASH system has unique coverage requirements](#)

[2020 Federal Employee Program \(FEP\) formulary](#)



BlueInk's prevention issue

Make prevention a priority in all areas of your practice.



WE ALL KNOW HOW IMPORTANT PREVENTIVE CARE IS TO ALL OF OUR MEMBERS AND THEIR HEALTH. It's been proven that building strong patient relationships and making thorough preventive exams a priority improve patient outcomes.

We also know that there are a lot of moving parts when it comes to running an effective practice. And, it's our job to help prevent the hassles that can get in the way of what matters most — patient care.

In this issue, you'll find ways to improve the preventive care our members receive and how you can prevent the day-to-day hassles of running your practice.

Look for these icons throughout this edition to see where you can make the biggest impact.

PREVENTIVE CARE



Focus on preventive care by learning more about preventive exam billing, our preventive services list, vaccines, and more!

PREVENT HASSLES



We know you've got a lot on your plate, so learn how you can be more efficient, accurate, and informed at your practice.



Avoid surprises during preventive visits

Don't forget these key details.

Wellmark members are encouraged to build a relationship with their primary care physician (PCP) and schedule a yearly preventive exam to keep tabs on their health. But, sometimes, there is confusion when a preventive visit turns into a medical visit. It's important that you and our members understand the differences and what to expect from a billing perspective.

What are preventive services?

Preventive services are performed in the absence of a medical condition or symptom. The purpose of a preventive physical exam (annual physical) is to identify health conditions in the early stages when they are easier and less costly to treat.

When does this turn into a medical visit?

THE DISTINCTION BETWEEN THESE VISITS HAPPENS WHEN DISCUSSION TURNS INTO DIAGNOSIS. Discussing family history and warning signs of high blood pressure can be part of a preventive exam. But if there is testing done and a diagnosis is made, the visit would be coded differently.

Help our members understand

As you can imagine, our members may have a hard time understanding why they were billed a copay after a preventive exam that they thought would be covered with zero cost-share. Help members understand that further testing or diagnosis of a condition discussed during a preventive exam could be subject to additional cost.

FOR MORE INFORMATION, please reference the "General Medical" section of the [provider guide](#).



How often are preventive visits covered?

As always, members should always check their benefits for specific coverage details.

But, most Wellmark plans cover one preventive exam at zero member cost-share each annual benefit period. Members do not need to wait 365 days from one preventive exam to the next.



Additional updates made to Wellmark's ACA Preventive Services List

As always, the services identified on this list are recommendations by the ACA to clinicians, and are not mandated services.

The Affordable Care Act (ACA) mandates that all non-grandfathered group and non-grandfathered individual health plans must provide coverage for preventive services with no member cost-share when provided by in-network or participating providers. In accordance with this ACA requirement, Wellmark provides coverage at no member cost-share for certain preventive services.

Preventive services are routine health care services that prevent illness, disease or other health problems before symptoms occur.

To help our members understand what qualifies as a preventive service, Wellmark developed [a list of services](#) that are generally covered at no member cost-share, based on recommendations from the United States Preventive Services Task Force, the Health Resources Services Administration, Bright Futures, and the Centers for Disease Control and Prevention. This list is not all-inclusive, and benefits are not guaranteed. All information is dependent upon member-specific benefits outlined in the coverage manual — and is also contingent upon **accurate claims submission by the provider — including diagnosis and procedure codes.**

We recently updated the list. This list is updated at least bi-annually. The most recent changes include:

Adults

- **OBESITY SCREENING FOR ALL ADULTS.** Clinicians should refer patients with a BMI of 30 kg/m² or higher to intensive, multicomponent behavior interventions.
 - **This replaces:** “Obesity screening for all adults. Clinicians should refer patients with BMI of 30 kg/m² or higher to intensive, multicomponent behavior interventions, will be limited to 12 visits annually.”
- **TOBACCO-USE SCREENING, COUNSELING, AND CESSATION INTERVENTIONS,** including FDA-approved tobacco cessation over-the-counter products and prescription medications (prescription required for all options; limited to 180-day supply per year).
 - **This replaces:** “Tobacco-use screening, counseling, and cessation interventions including FDA-approved tobacco cessation over-the-counter products and prescription medications (prescription required for all options; limited to 180-day supply per year). Counseling will be limited to eight visits annually.”

The most updated version of this list can be found at [Wellmark.com/ACAPreventive](https://www.wellmark.com/ACAPreventive).



Verify Wellmark
member benefits

Use the [Check Member Information Tool](#) found under the “Eligibility, Benefits & Accumulations” section on the secure provider portal.

Benefit Changes in 2020 — Blue Distinction[®] Centers

Certain procedures must be performed
at Blue Distinction Centers.

Designated
BlueDistinction[®]
Center

STARTING JAN. 1, 2020, Wellmark's Iowa members with Affordable Care Act (ACA)-compliant plans in the individual and small group markets will only have benefits for total hip and knee replacements, bariatric surgery, and transplants when the procedures are performed in a Blue Distinction[®] Center (BDC). Several large employer groups already have such requirements around BDCs. As always, providers should verify member benefits in the Check Member Information Tool before scheduling and performing services.

The Blue Cross Blue Shield Association started the BDC program for certain specialty procedures to recognize facilities that meet pre-established quality and cost criteria. Aggregate data reviewed by the Blue Cross Blue Shield Association shows that BDCs have better quality outcomes and lower total cost of care than peer facilities.

The application cycle for facilities wishing to compete for Blue Distinction Center recognition occurs every two years. If you would like to review evaluation criteria for BDC, please reach out to your Network Engagement Business Partner.



2020 CMS ICD-10-CM diagnosis and procedure coding changes

Prevent denials by understanding changes, effective Oct. 1, 2019.

 DIAGNOSIS CODING CHANGES	 PROCEDURE CODING CHANGES
<p>The 2020 CMS ICD-10-CM files contain information on the ICD-10-CM updates. These 2020 ICD-10-CM codes should be used for discharges and for patient encounters as of Oct. 1, 2019.</p>	<p>The 2020 CMS ICD-10 Procedure Coding System (ICD-10-PCS) files contain information on updates. These codes should be used for discharges as of Oct. 1, 2019.</p>
<p>Highlights of key coding changes:</p>	<p>Highlights of key coding changes:</p>
<ul style="list-style-type: none"> • Pressure-Induced Deep Tissue Damage • Atrial Fibrillation • Heat Stroke • Phlebitis, Thrombophlebitis, Embolism and Thrombosis of Lower Extremity • External Cause of Injury Codes for Legal Interventions • New Z Codes <p>Please reference CMS for additional details.</p>	<ul style="list-style-type: none"> • Brachytherapy • Cell Suspension Technique Skin Grafts • Insertion of Subcutaneous Defibrillators • Insertion of Sustained Released Drug-Eluting Stents • Intraoperative Percutaneous Extracorporeal Membrane Oxygenation (ECMO) • New Therapeutic Substances <p>Please reference CMS for additional details.</p>

Reimbursement model update for skilled nursing facilities will have no impact on claims submitted to Wellmark

CMS reimbursement model was updated in early October.

EFFECTIVE OCT. 1, 2019, the Centers for Medicare and Medicaid Services (CMS) changed its reimbursement model for skilled nursing facilities (SNFs). CMS ended the use of its previous model, Resource Utilization Group, Version IV (RUG-IV), and began using a new [patient driven payment model \(PDPM\)](#).

This change **has no effect on the Wellmark reimbursement policy** for SNF claims, as Wellmark will continue to use its own per diem reimbursement policy that is separate from the CMS model. Services included in the per diem can be found in the [“Inpatient Services”](#) section of the Provider Guide. If a claim is submitted to Wellmark with the CMS RUG-IV or PDPM coding, it will likely cause processing delays.

In addition, while CMS requires that SNF Medicare Part A claims include the Health Insurance Prospective Payment System (HIPPS) coding on the UB-04 claim forms, claims submitted to Wellmark should not include these codes.



Prepare for immunization and flu vaccination season

Guidelines for billing accurately.

All vaccine administration must be billed on a CMS-1500 claim form. Home health agencies (HHAs) that provide and bill for vaccinations (not limited to flu vaccines) must be credentialed as HHAs and bill on a UB claim form. HHAs that provide vaccinations and bill for vaccine administration, must become credentialed as a public health agency (PHA) or a visiting nurse association (VNA) and bill the vaccine administration on a CMS-1500 claim form, rather than UB claim forms used by facilities.

If you intend to bill for vaccine administration services, follow these guidelines:

- Wellmark recognizes immunizations outside the office setting when performed by PHAs, VNAs, and certified pharmacists employed by pharmacies.
- Bill vaccine administration and vaccine on a CMS-1500 claim form (837P). VNAs and PHAs can bill on CMS-1500 claim forms, HHAs cannot. Wellmark does not accept roster billing.
- If your organization is an HHA, your services are billed on a UB-04 claim form (837I). Vaccines can be billed on a UB claim form, but the vaccine administration is not separately payable. This service is considered part of the payment for the home health visit.
 - Please note: vaccine administration, revenue code 0771, (not specific to flu) billed on a UB-04 by an HHA will deny indicating the 'Procedure inappropriately coded; the billed service was denied because the Vaccine Administration Revenue Code is not allowed to be billed by an HHA on a CMS 1450 (UB-04) form, per our policy.'
 - The home health services that Wellmark accepts on the UB-04 (837I) are listed on page 8 of the "Home Services" section of the [Provider Guide](#), (located under the "Doing Business With Wellmark" on the secure Provider tab.)
 - HHAs providing flu clinics or other vaccine administrations will need to apply for a separate NPI and enroll with Wellmark as a PHA or VNA, and submit the vaccinations individually on a CMS-1500 (837P).

Before you submit billing for these services, please review Wellmark's Provider Guide on Wellmark.com (Provider > Communication and Resources > Provider Guide).

Don't forget: How to bill

Vaccine administration codes must be billed on a CMS-1500 form. As a reminder, Wellmark no longer accepts vaccine administration codes submitted on a UB-04 (837I).



Receive real-time Wellmark updates directly to your inbox and prevent errors with WINS

Be the first to know.

Wellmark Information Notification SystemSM (WINS) is an email notification service that delivers the news you want right to your inbox. Subscribe to any of the following message topics, from changes in medical policy and payment updates to education and training opportunities:

- BlueCard[®]
- Claims submission
- Credentialing and network participation
- Education and training
- Federal Employee Program
- Medical policies
- Pharmacy

- Provider Guide
- Provider payments
- Quality
- Utilization management
- Wellmark.com and system issues

If you want to be the first to hear about the latest news affecting your practice, [sign up for WINS](#) today!

Already a WINS subscriber?

Visit [Wellmark.com/Provider/WINS](https://www.wellmark.com/Provider/WINS) to update your preferences on your WINS account. Click on “Manage my subscriptions,” to be taken to your WINS account.



Find information more quickly in the new “Claims Filing” section of the Provider Guide

The Wellmark Provider Guide is now easier to use.

Of the more than 20 sections that make up the [Wellmark Provider Guide](#), the [Claims Filing section](#) is one of the most used. With that in mind, Wellmark completed a comprehensive reorganization of this section at the end of August to make it easier to understand and to give you the ability to find the answers you need more quickly.

The updates to the Claims Filing section are the beginning of a larger effort to make every section of the Provider Guide better-organized for readers. To be notified when additional sections are updated, [register for WINS](#), Wellmark’s real-time provider notification system.



Help members find you by using the Provider Directory Validation Tool

Provider information should be checked regularly to prevent member confusion.

Keeping information in Wellmark's Provider Directory up-to-date is important because it helps members search for in-network providers. Using the [Provider Directory Validation Tool](#) within [E-credentialing Central](#) is the easiest way to access, review, and validate the information for your organization.

Did you know?

As a network provider, you are contractually obligated to keep your information current.

Every six months, Wellmark will send a Provider Directory validation email notice to all directory validation email addresses on file, as well as primary organizational security coordinators (OSCs) and backup OSCs. This email notice is your signal advising it is time to validate your organization's provider information.

Making changes to the Provider Directory

If a change needs to be made to the Provider Directory, providers should use another tool within E-cred Central, the [Change Request Tool](#). Updates can be made to address, TIN, specialty, or email address. Your submission will automatically be sent to Wellmark for review and completion.

Members' rights and responsibilities

Learn more about members' rights and responsibilities in the Wellmark Provider Guide.



Wellmark Blue Cross and Blue Shield members have various rights and responsibilities and a specific appeal process. This information and Wellmark's commitment to confidentiality are described in the ["Member and Service Information"](#) section of the *Wellmark Provider Guide* on Wellmark.com (Provider > Communications and Resources > Provider Guide).

Information regarding the Federal Employee Program (FEP) Member Rights and Responsibilities can be accessed at: www.fepblue.org/en/rights-and-responsibilities.



Omnipod DASH system has unique coverage requirements

Help ensure members obtain coverage.

Omnipod[®] and Omnipod DASH[™], part of an insulin delivery system for diabetic patients, are considered durable medical equipment (DME). This means they are covered under Wellmark members' medical benefits, not their pharmacy benefits. However, the insulin that is used in conjunction with Omnipod and Omnipod DASH is part of a member's pharmacy benefit.

Wellmark has two preferred, in-network DME vendors:

- [Better Living Now](#)
- [Edgepark[®] Medical Supplies](#)

Due to restrictions set by Insulet, the manufacturer for Omnipod DASH, Omnipod DASH cannot be obtained through Wellmark's preferred, in-network DME providers. Instead, please follow the instructions outlined in the section labeled, "[Prescriptions through the Medical Benefit](#)," on this page. The manufacturer should bill Wellmark and ship the product to our members.

2020 Federal Employee Program (FEP) formulary

FEP preferred drug lists are effective January 1, 2020.

The FEP formulary includes the preferred drug list, which is comprised of Tier 1 (generics) and Tier 2 (preferred brand-name drugs). Also included in the formulary are Tier 3 (non-preferred brand-name drugs), Tier 4 (preferred specialty drugs) and Tier 5 (non-preferred specialty drugs).

Below are the drug lists for FEP members effective January 1, 2020:

- [Basic option](#)
- [Standard option](#)

The drug list is updated periodically during the year. It is important that you review the appropriate list for up-to-date information. You may also obtain information related to pharmaceutical management procedures by checking fepblue.org or by calling CVS/caremark at (877) 727-3784.

BlueInk is published by Wellmark Blue Cross and Blue Shield's Marketing Department.

EDITORS: Madeline Jamison and Phil Dickinson

GRAPHIC DESIGNER: Elisa Conklin

If you would like to subscribe to *BlueInk*, visit Wellmark.com/DigitalBlueInk.

For other questions, visit Wellmark.com.

Blue Cross[®], Blue Shield[®] and the Cross[®] and Shield[®] symbols, and are registered marks and *BlueInk*SM is a service mark of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans. Wellmark[®] is a registered mark of Wellmark, Inc.

CVS Caremark[®] is a registered trademark of CVS Health Corp., an independent company that provides pharmacy services on behalf of Wellmark Blue Cross and Blue Shield.

This website contains references to brand-name prescription drugs that are trademarks or register trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT[®] is a registered trademark of the American Medical Association.

Wellmark is not providing, and does not provide, any legal advice with regard to your compliance with the requirements of the Affordable Care Act (ACA), or any other federal or state law. This document is not intended, and shall not be construed, to provide any legal advice, and may not be relied upon as such. Regulations and guidance on specific provisions of the ACA and other federal laws have been and will continue to be provided by the U.S. Department of Health and Human Services (HHS) and/or other agencies. The information provided in this document reflects

Wellmark's understanding of the most current information and is subject to change without further notice. For specific information regarding the application of these rules to your facts, or other compliance issues under applicable law, please consult your legal and/or tax advisors.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted.

Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung.

Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.