



State Employees' and Teachers' Indemnity Plan



Summer Provider Conferences 2007

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**BlueCross BlueShield
of North Carolina**

The North Carolina General Assembly

- The NC General Assembly is currently in its long session – scheduled through mid to late summer 2007.
- During this session, members of the General Assembly will discuss allocations for the North Carolina State Health Plans.
- Any changes to the State Health Plan's current health benefits will be made during this long session.
- No changes to any of the State Health Plans (State CMM [Indemnity Plan] or State PPO) can be made until the General Assembly completes the budget process and the governor signs the budget into law.



Acupuncture & Biofeedback

- Benefits for acupuncture will be allowed for nausea and vomiting related to pregnancy, chemotherapy, or recent post-op surgery.
- Acupuncture for any other indication will be denied. Claims will be reviewed, only if a request is made by the provider and medical records are submitted.
- All claims for biofeedback will be reviewed for medical necessity.
- Please note: Prior approval is not required for acupuncture or biofeedback; however, providers can submit medical records for a courtesy review.



Vaccine Administration Codes 90471 & 90472

- The SHP will now allow benefits for vaccine administration codes 90471 & 90472 when a patient receives a vaccine purchased by the provider.
- The allowance for codes 90471 & 90472 will be \$13.71 each.
- The maximum reimbursement allowed per day will be \$27.42 regardless of the number of units billed.
- If a patient receives a state supplied vaccine, the provider should file the claim with the specific procedure code and append with a modifier 52.



Vaccine Administration Codes 90471 & 90472

- Modifier 52 indicates that the provider is only requesting payment for administering the vaccine.
- If a provider administers state supplied vaccines and purchased vaccines on the same day, the vaccines that were purchased by the provider must be listed on the claim first or codes 90471 and 90472 will be denied.



Positron Emission Tomography (PET) Scans

- The SHP (Indemnity Plan) does not participate in the BCBSNC Diagnostic Imaging Management Program.
- Prior approval is not required for a PET scan. However, most providers ask for a courtesy review so they will know if the PET scan will be covered by the Plan.
- Clinical documentation, including diagnosis, and other recent imaging studies should be faxed to **1-919-765-4890**.
- Always include the anticipated place of service, a contact name, and a phone and a return fax number.



Positron Emission Tomography (PET) Scans

- For clinical criteria see the PET medical policy on the State Health Plan Web site at:
<http://statehealthplan.state.nc.us/cm-plan-policies.htm>
- If the physician requests a PET scan for a patient who does not meet the criteria outlined in the medical policy, we must have a statement from the ordering physician stating:
 - The reason for ordering the PET scan at this time
 - How the results will impact the treatment plan



Anesthesia Claims

- The number of minutes must be indicated in the units field on the claim form.
- All anesthesia claims (with the exception of claims filed with codes 01960, 01996 and 01967) must be submitted with the nationally recognized code sets for anesthesia services and one of the following modifiers: AA, AD, QK, QS, QX, QY, QZ.
- Claims submissions with any of the above information missing will be mailed back to the provider.
 - However, the SHP no longer mails back (or returns) claims when the start and stop times are not indicated.



Claims Filing Reminders

- Ask for an ID card at each patient encounter.
- A corrected claim should only be submitted for a claim that was previously paid or denied. All information that was originally submitted needs to be on the corrected claim.
- Claims for professional services spanning the end of the SHP fiscal year (July 1 to June 30) cannot be processed and must be split.
- Claims for supplies, miscellaneous and unlisted services must have a description.
- All claims for covered services must be filed with the SHP within 18 months of the date of service.



NC Health*Smart*

- NC Health*Smart* is an initiative designed to help eligible members stay healthy and to support physicians as they care for members with chronic medical conditions.
- NC Health*Smart* provides broad health and wellness support for members – particularly those who have diabetes, asthma, coronary heart disease, heart failure and/or chronic obstructive pulmonary disease.
- A practice support tool, the SMART Registry, offered twice a year, is designed to assist physicians in providing high quality, evidence based care to NC Health*Smart* eligible patients with chronic illnesses.



NC HealthSmart

- The SMART Registry tool enables physicians to identify SHP (indemnity) members who have targeted chronic illnesses and helps physicians more easily monitor the members' care plans.
- Physicians can request information, refer a member for health coaching or provide program feedback by calling the NC HealthSmart Provider Support Line at **1-800-819-7075**.
- On the Web:
 - <http://www.shpnc.org/nc-healthsmart.html>



Contacting the State Health Plan

- Customer Services – **1-800-422-4658**
- Medical Review/Prior Approval – **1-800-422-1582**
- Medical Certifications – **1-800-672-7897**
 - Select the prompt for State Health Plan

- Addresses:

Claims

P O Box 30025

Durham, NC 27702

Correspondence

P O Box 30111

Durham, NC 27702

- Web site: **www.shpnc.org**



Provider Relations Department

- Courtney Allen, Western Region Consultant
 - 1-704-561-2756
- Tabetha Crenshaw, Eastern Region Consultant
 - 1-919-765-2584
- Connie Williams, Central Region Consultant
 - 1-919-765-2765
- Kimberly Pringle, Specialist
 - 1-919-765-2248
- Contact SHP Provider Relations for:
 - Educational issues and claims reimbursement issues that could not be resolved through customer services.



Thank you!

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