
ADMINISTRATIVE NOTICE:
2022-06-002

Date: June 1, 2022

Administrative Notices include reminders and other information that are not specific plan requirements.

Topics covered in this Administrative Notice are applicable to:

Professional and Facility Providers

- COVID Screening Tests (Z11.52 and Z11.59)
- Importance of Mental Health Diagnosis Screening
- Member Cost Share Differential for Value-Based Programs
- Shared Administrative Services Implementation: WellSpan Health Group
- Third-Party Administrative Services Expansion – Penn Medicine Lancaster General Health Members

Professional Providers Only

- Eye Exam for Patients with Diabetes
- QualityFirst Primary Care Recognition ProgramSM Scorecards Available

Facility Providers Only

- Focusing on Quality among Skilled Nursing Facilities

Professional and Facility Providers

COVID Screening Tests (Z11.52 and Z11.59)

New Information

Reminder

As a reminder, during the national Public Health Emergency (PHE) and consistent with the Centers for Disease Control and Prevention (CDC) guidelines, Capital Blue Cross health plans will cover the cost of a COVID-19 diagnostic test without applying member cost share (such as deductibles, copays, and coinsurance) if performed as a result of an individualized clinical assessment, such as a test ordered by a provider or when a provider refers the member for a test. **However, Capital will not provide coverage of testing for public health surveillance or employment purposes.**

Effective July 1, 2022, claims submitted with a COVID testing procedure code with a diagnosis code indicative of encounter for screening for other viral diseases (Z11.52 and Z11.59) will deny as not covered.

RETAIN A COPY OF THIS ADMINISTRATIVE NOTICE WITH YOUR PROVIDER MANUAL

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company[®], Capital Advantage Assurance Company[®], and Keystone Health Plan[®] Central. Independent licensees of the Blue Cross Blue Shield Association serving 21 counties in Central Pennsylvania and the Lehigh Valley. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Importance of Mental Health Diagnosis Screening

- New Information
- Reminder

As behavioral health diagnoses become more prevalent, it is important for medical providers to inquire about any symptoms your patients may be experiencing and provide basic screening for common mental health diagnoses. Psychosomatic symptoms can often mimic the symptoms of medical conditions, which is why it is important to use screening tools for common mental health diagnoses, such as the PHQ-9 or GAD-7. Depression and anxiety are among the most common and treatable diagnoses. It is important to support the continuum of care by asking patients about their mental health and referring to a behavioral health specialist if necessary. Early interventions for patients who may have an undiagnosed or untreated mental health diagnosis can help to improve long-term health outcomes. It can also lessen the burden of cost associated with inpatient stays.

Member Cost Share Differential for Value-Based Programs

- New Information
- Reminder

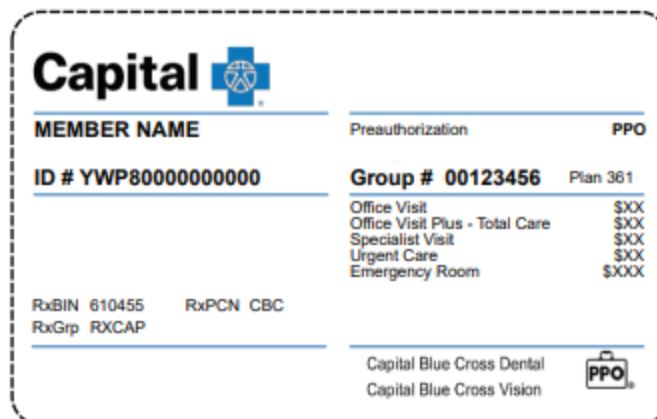
Capital Blue Cross offers a unique PPO health insurance benefit differential that is focused on Capital Blue Cross' patient-centered partnerships and the strength of the Blue Cross Blue Shield Association's (BCBSA) Preferred Provider Organization (PPO) network.

Capital Blue Cross customers can select a benefit option that lowers cost share for employees who utilize select patient-centered providers. To qualify for the lower cost share, providers must be recognized as a primary care physician that is part of a Capital Blue Cross value-based program (QualityFirst Accountable Care ArrangementSM [ACA], QualityFirst Medical Neighborhood ProgramSM, or QualityFirst Primary Care Recognition ProgramSM [Performance Levels 2 and 3]).

Members that have the cost share differential will receive a new ID card (see below) that shows a copay amount under Office Visit. If they have this benefit, it will be noted as "Office Visit Plus – Total Care" on the card.

How it works:

- Member presents their member ID card that shows copay amounts. If you are designated in one of the above programs, your practice can collect the "Office Visit Plus –Total Care" copay from the member.
- Provider offices not part of a Capital Blue Cross value-based program should collect the standard "Office Visit" copay.



Shared Administrative Services Implementation: WellSpan Health Group

New Information

Reminder

For the Shared Administrative Services arrangement with WellSpan Health Group that went into effect on January 1, 2022, WellSpan Population Health TPA (third-party administrator) provides benefit administration services as well as manages preauthorization and applies WellSpan medical policies for the members in this group. Information for these members (eligibility, enrollment, benefit verification) can be found at <http://wellspancarelink.org>.

For all non-WellSpan-affiliated providers, there are no impacts to submission of claims or payments. You should continue to electronically submit claims to Capital as you normally would, and payments will continue to be paid through Capital for these members. You will also continue to follow the same process for claim adjustments, except that you will not be able to use the “Adjust Claim” feature in Capital’s provider web portal. You are able to submit adjustments through your clearinghouse, or you can key the claim via the Direct Data Entry (DDE) application.

Provider appeal rights are unchanged and should continue to be submitted to Capital. Appeals on behalf of members in this group should be submitted to WellSpan.

ID cards are co-branded with both Capital and WellSpan logos. The alpha prefix on the ID cards for these members is **SAS**. Please note that the alpha prefix is **SAS** only. The ID starts with the letter **A**, but this **A** is not part of the alpha prefix. Claims will need to be submitted with the full member ID of “**SASAXXXXXXXX**.”

The contact information on the back of the ID card directs members and providers to WellSpan Health Plan for benefit administration questions or issues. Please see sample images of the ID card below. Information for the members in this group is not available on Capital’s provider web portal. This information can be found at <http://wellspancarelink.org>.

SINGLE SAMPLE

SASA12345678

Group #: 00531868
 TPA Group#: W028
 RXBIN: 610011
 RXPCN: IRX
 RXGRP: SOCP
 Rx Ind/Fam Ded \$0/\$0
 Rx Ind/Fam OOP \$3,000/\$5,250

01 - Test Spouse
 02 - Test Child

	Tier 1	Tier 2	Out-of-Network
Ind Ded	\$200	\$350	\$800
Fam Ded	N/A	N/A	N/A
Ind OOP		\$2,750	\$10,250
Fam OOP		\$4,750	\$20,250
PCP OV Copay	\$5	\$25	N/A
SP OV Copay	\$30	\$40	N/A
ER Copay	\$200 all three Tiers		

WellSpan Health has hired WellSpan Population Health Services to process claims and provide customer service to their members.

Hospital or physicians: File claims with local BC/BS Plan
 Capital providers: File claims to:
 Claims Processing
 PO Box 211457
 Eagan, MN 55121

Members and WPN providers: File claims to:
 WellSpan Population Health
 PO Box 577
 Arnold, MD 21012
 Payor ID: 23286

Providers: capitalbluecross.com*
Members: wellspanpophealth.com

*Provider portal for PA providers only

E-mail: pophealthbenefits@wellspan.org
 Member Services-TPA**: **1-800-842-1768**
 Precertification-TPA**: **1-800-888-1929**
 Pharmacy Benefits**: **1-844-265-1734**
 Quest Behav Health**: **1-800-364-6352**

**contracts directly with group

Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.
 Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.
 Capital Blue Cross provides administrative services only and does not assume any financial risk or obligation with respect to claims.

If you have any questions, please contact your Provider Engagement Consultant or visit capbluecross.com/wps/portal/cap/provider/pec-look-up and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

Third-Party Administrative Services Expansion – Penn Medicine Lancaster General Health Members

New Information

Reminder

Capital has joined with National Alliance to provide back-office benefit and claims administrative services to a unique population of Capital Blue Cross members.

National Alliance, a division of BlueCross BlueShield South Carolina, provides benefit administration services as well as manages preauthorization, excluding behavioral health, and applies National Alliance medical policies for the members in this population.

Effective July 1, 2022, Penn Medicine Lancaster General Health members will join this population of members. You are able to recognize these members by the alpha prefix of **CER** on their ID card. Please make sure staff review and note the information listed on the back of the member’s ID card. The contact information on the back of the ID card directs members and providers to National Alliance for benefit administration questions or issues. The member’s ID card will also contain information about behavioral health benefits.

Capital

SUBSCRIBER'S FIRST NAME _____
 SUBSCRIBER'S LAST NAME _____

Member ID
 XXX123456789012

ELIANCE PREFERRED NETWORK
 DEDUCTIBLE \$XX,XXX
 OUT OF POCKET \$XX,XXX

IN NETWORK
 DEDUCTIBLE \$XX,XXX
 OUT OF POCKET \$XX,XXX

OUT OF NETWORK
 DEDUCTIBLE \$XX,XXX
 OUT OF POCKET \$XX,XXX

MyHealthToolkitCapital.com

Capital

MyHealthToolkitCapital.com

Members: Call Customer Service for claims filing information.
 Customer Service: **833-584-1828**
 PPO Network Provider Information: **800-810-2583**

If you are contracted with Eliance/PHC, claims must be sent to the following address:
 Eliance/PHC: EDI: Payer ID 16109
 Mail to: PO Box 898, Arnold, MD 21012
 Provider Service: **833-644-1297**
 Preauthorization: **888-376-6544**
 Behavioral Health Preauthorization: **800-364-6352**

Behavioral Health: EDI: Payer ID 44219
 Mail to: PO Box 565, Arnold, MD 21012

All other providers: File claims with the local Blue Cross and/or Blue Shield Plan where member received services. MRI/MRA/PET/CT will require authorization to ensure benefit payment. Report emergency admissions within 24 hours. Preauthorization required for all hospital inpatient admissions. **\$5,000 copay for certain inpatient facilities. Refer to your benefit book for details.**

Capital Blue Cross provides administrative services only and does not assume any financial risk for claims.
 Capital Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.

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Verification of member eligibility and benefits can be performed via the Capital Blue Cross provider web portal, contacting National Alliance, or calling BlueCard® Eligibility at **800.676.2583**. Providers should contact National Alliance for preauthorization requests at **888.376.6544** or via fax at **803.264.0181**.

To verify eligibility and benefits via the provider web portal, use the Patient Registration tab on the home page to toggle down to the Eligibility & Benefits tile. Complete the 'New Request' form. Select Payer, **Other Blue Plans – Capital Blue Cross**. To ensure accurate results, select the **Patient ID, Date of Birth Patient Search Option**. Be sure to include the three-character prefix at the beginning of the ID (no spaces).

For dates of service beginning July 1, 2022, claims for services rendered by providers not part of the LGH Eliance/PHC network should be submitted to Capital following your normal claims submission process. Payment will continue to be made through Capital for these members. Providers can also leverage existing tools and procedures for checking the claims status and can contact Capital with questions, including reimbursement inquiries.

If you are contracted with Eliance/PHC, claims must be sent to the following address:

Eliance/PHC EDI: Payor ID 16109
Mail to: PO Box 898, Arnold, MD 21012

For additional information, or if you have any questions, please contact your Provider Engagement Consultant or visit capbluecross.com/wps/portal/cap/provider/pec-look-up and enter your NPI or Tax ID to identify your designated point of contact at Capital Blue Cross.

Professional Providers Only

Eye Exam for Patients with Diabetes

New Information

Reminder

Approximately 34.1 million U.S. adults have diabetes. Diabetes is one of the most costly and highly prevalent chronic diseases in the United States.¹

Diabetic retinopathy is progressive damage to the small blood vessels in the retina that may result in loss of vision. Approximately 4.1 million adults are affected by diabetic retinopathy. Early diagnosis and treatment of diabetic retinopathy helps reduce the risk of vision loss.²

The National Committee for Quality Assurance (NCQA) developed the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to monitor the quality of care as a part of a performance and accountability system. Some of the HEDIS measures focus on monitoring diabetes are Hemoglobin A1c Control, Kidney Health Evaluation, Statin Therapy, and Eye Exam.

The following information is a quick reference on Eye Exam for Patients with Diabetes measure:

Metric	Eligible	Compliance
Eye Exam for Patients with Diabetes (EED)	Patients age 18–75 with type I or type II diabetes	Patients who received a retinal eye exam during the year or negative exam during the year prior
<p>Exclude: Patients age 66 and older with frailty and advanced illness.</p> <p>Any provider type can complete a retinal exam using a retinal scanner. Results must be interpreted by an eye care provider. Provider should bill one of the following CPT codes: 92250, 92227, or 92228 along with one of the following CPT II codes: 2022F, 2024F, or 2026F. Any provider can submit a retinopathy status using CPT II 3072F in the year following the eye exam to indicate “no retinopathy.”</p> <p>The following codes can be filed by any provider type: CPT II: 3072F, 2022F, 2023F, 2024F, 2025F, 2026F, 2033F.</p> <p>The following codes must be filed by an eye care provider to identify an eye exam: CPT 67028, 67030, 67031, 67036, 67039, 67040–67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245</p>		

Please refer to MyCare Finder located on [CapitalBlueCross.com](https://www.CapitalBlueCross.com) for a list of in-network eye care providers.

¹Centers for Disease Control and Prevention (CDC). 2020. *National Diabetes Statistics Report, 2020*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Services. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

²Centers for Disease Control and Prevention (CDC). 2020. *Common Eye Disorders and Diseases*. <https://www.cdc.gov/visionhealth/basics/ced/index.html>

QualityFirst Primary Care Recognition ProgramSM Scorecards Available

New Information

Reminder

For providers that participate in the QualityFirst Primary Care Recognition Program, letters and final scorecards for Performance Year 2021 have been posted to our provider web portal via Availity Essentials, along with applicable fee schedules.

Facility Providers Only

Focusing on Quality among Skilled Nursing Facilities

New Information

Reminder

Capital Blue Cross continues to honor its commitment to our members to provide them access to quality care. In September of 2021, we communicated our intention to systematically review our entire Skilled Nursing Facility (SNF) network. Through this initiative, we will be evaluating SNFs based on a set of measures from internal and external resources. We are continuing to assess our SNF network at this time. Quality information will be provided to select facilities with a goal to communicate them in the coming months. These reports will be sent to select facilities.

Please note: If your facility is selected, you will be contacted by a Capital representative to provide additional information.
