

**Are accident codes required for billing to get claim to come through and process?**

Yes, please see Institutional Provider Manual for guidance on Accidental Injury Billing, beginning on page 19.

**Is there an audio/visual component to telehealth?**

Please see the following e-News article <https://www.bcbsks.com/latest-news/telehealth-services-temporarily-expanded>

**How does MA reimbursement work?**

We will pay like Medicare pays regardless of if you are in or out of network but for the member there is a difference in cost share.

**What causes an H3 denial (procedure postponed, canceled or delayed)?**

For example, such as when a patient may not fully complete the prep for a colonoscopy.

**COVID-19 patients are becoming Vitamin D deficient, is this a covered diagnosis?**

Currently COVID-19 is not a current diagnosis listed on the medical policy. Medical policies are located here <https://www.bcbsks.com/providers/medical-policies>

**What types of plans are included in the top 10 denials?**

For the denials reviewed all plan types were included (group, individual, BlueCard, etc).

**Can we “white bag” medications in regards to Prophylactic injection?**

Can be used when white bagging medications. If you are receiving a denial on the prophylactic injection, please send medical records for review.

**Who should sign up for e-News?**

Anyone can sign up for e-News and we would encourage facility administration, business office staff, clinical, quality, utilization review and practitioners to get signed up.

**Are you able to open Medicare Rate letters that are sent via secure email to [marateletters@bcbsks.com](mailto:marateletters@bcbsks.com) ?**

Yes

**Do the professional and facility mirror each other on E/I & NMN denials?**

Yes.

**Who is responsible for cost when a procedure denies not medically necessary (NMN)?**

This will deny as provider write off

**Who is responsible for cost when a service does not pay as preventive?**

It will apply to deductible and coinsurance which is patient responsibility

**Whose responsibility is it to know what is covered under the policy (provider or member)?**

The member is responsible. We encourage the provider to understand the benefits of the policy.

**What if our facility is not in a Medicare Advantage county, can members still come to their facility? Yes. If you are wanting a contract for MA please contact Erin or Jessica.**

**For out of network services, when do we send a “no surprise letter”?**

Only if it’s an emergency service

**Can facilities have access to other BCBS plans (KC, Alabama, Anthem, etc) on Availity?**

Yes, must contact that BCBS Plan for permission. They are not required to allow access

**How long can claims be tied back to bariatric surgery and deny?**

At this time, there is no end date.

**Does it show in BlueAccess when I last attested?**

Yes, it shows when you last submitted and when it is due next.

**COVID infusion drugs are going to commercial market and will no longer be provided free by the government. How is BCBSKS handling?**

BCBSKS recently adjusted MAPs to include covered COVID infusion drugs. If you have questions on MAPs please contact Jessica or Erin.

**What if our room rate doesn’t change?**

You’re still required by your contract to complete the Room Rate Registration Form once a year.

**How does REH differ from CAH?**

This new facility designation would allow for a facility to end inpatient services and still continue to provide emergency and outpatient services.

**Will BCBSKS use MAP or percent of charge for REH payment?**

This is a new facility designation at the federal level and is under review with BCBSKS at this time. If you are a facility considering REH designation, please contact Erin or Jessica.

**How many hospitals are currently interested/confirmed REH for 2023?**

This is a new facility designation and at the time of BluesTours we did not have any confirmed providers.

**For the Provider Information Form does a provider need to attest for each NPI?**

Yes, must attest every 90 days for each NPI associated with your Tax ID on the Provider Information Form accessed through Availity on BlueAccess.

**Will BCBSKS do a reminder for room rate submission via e-News?**

Yes, we are working on the sequencing for the best time to send out a notification through our e-News.

**Does the program have to be certified if billing for certified programs such as Diabetic Education?**

Yes, if billing the service on a UB, the program needs to be certified. For more information, please reach out to Amanda Mellies regarding Provider Certifications.

**How is long COVID being addressed for inpatient?**

Patients need to meet medical necessity.

**Is there a code for long COVID?**

Yes, U09.9 Post COVID-19 condition, unspecified

**What modifiers does BCBSKS edit for?**

We only edit for the GA modifier for the LPW.

**What should we do if a patient refuses to sign the LPW?**

You and another staff person at your facility document in the patient record that the patient refuses to sign the LPW at the time of service.

**Is it the patients' responsibility to know the policy on BCBSKS preventative services?**

Yes, the preventative list is publicly accessible on our website at

<https://www.bcbsks.com/documents/> look for preventive-services-quick-reference-guide

**Does the professional claim need to match facility claim for ER services?**

Often the facility is higher level of complexity.

**What is the status of providers being able to submit attachments?**

ASK EDI shared in their presentation their timeline for electronic claim attachments with a pilot group of providers in January and open to everyone end of March 2023.