



Professional Provider Report

A newsletter for professional providers and their staff members

June 8, 2017 • S-2-17

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The *Professional Provider Report* is published by the professional relations department of Blue Cross and Blue Shield of Kansas.

Dustin Kimmel,
Communications Coordinator

Telemedicine or telehealth: What's the difference?

Often the terms telehealth and telemedicine are used interchangeably. For Blue Cross and Blue Shield of Kansas (BCBSKS), they are two different technologies.

Telehealth is a collection of means and methods for enhancing health care, health education delivery, and support by utilizing telecommunication technologies. Telehealth provides virtual medical services.

Currently only certain employer groups with BCBSKS have access to telehealth through American Well, an innovative patient consultation service that lets the member connect with a U.S. board-certified, licensed, and credentialed doctor

quickly and easily. Rather than having to schedule a doctor's appointment, it allows you to interact with a doctor at your convenience 24 hours a day, seven days a week.

American Well also offers behavioral health and counseling services 7 a.m. to 11 p.m. seven days a week.

American Well can also be used while traveling out of state. It is available in most states, but some states don't allow telehealth or prescriptions via telehealth.

Telemedicine is the use of telecommunication and information technology to provide clinical health care from a distance. It provides
Please see TELE, page 3



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K-TRACS a valuable tool

When prescribing and dispensing opioid medications, Blue Cross and Blue Shield of Kansas (BCBSKS) encourages all prescribing providers to use Kansas Tracking and Reporting of Controlled Substances, or K-TRACS.

What is K-TRACS?

K-TRACS is the prescription monitoring program that tracks the use of controlled substances and allows a provider to access a controlled substance report for patients. Through the K-TRACS portal, providers can access what controlled substances a patient has filled, as well as see the quantities, prescribing providers, and pharmacies associated with each prescription.

Issues can be easily identified in-office and addressed at the point of discovery.

Are providers using K-TRACS?

Surprisingly, data from the Kansas Board of Pharmacy indicates only 33 percent of prescribing providers and 59 percent of pharmacists report a willingness to use K-TRACS and access this valuable data. Imagine looking up a patient only to find they have visited 15 physicians and filled 15 controlled substance prescriptions in the last 90 days. Would you think twice before providing a controlled substance for

a patient who was visiting eight different pharmacies for their 15 controlled substance prescriptions?

K-TRACS helps prescribing providers identify patients who may be misusing or diverting opioids and can help prevent unnecessary opioids from entering these patients' hands.

K-TRACS also helps providers identify patients who may need a referral to a pain management specialist. More importantly, K-TRACS helps identify patients with an unknown opioid-use disorder so these patients can begin receiving help for their addiction. You can access more information about K-TRACS or register for K-TRACS at the Kansas Board of Pharmacy website: <http://pharmacy.ks.gov/k-tracs>

By integrating this tool into practices, providers can help ensure the appropriate use of opioid medications for patients and BCBSKS members.

Addiction or misuse of opioids often starts innocently — after a knee replacement, tooth extraction, or accident — and is not discriminatory in nature.

Opioid addiction can happen to anyone. It is important to keep in mind that each person struggling with opioid use has a unique story, and it is going to take a multi-disciplinary approach to help them.



Pharmaceutical Formulary Update

Prime Therapeutics updates the Blue Cross and Blue Shield of Kansas formulary (preferred medication list) on a quarterly basis. Please refer to the links below when prescribing or dispensing medications for your BCBSKS patients. Coverage is subject to the limitations of the member's individual plan.

For commercial members, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf

For BlueCare/BCBSKS Solutions members, go to: www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCRDRUG/KS_BlueCare_complete_formulary_2017.pdf



Provider Pulse aims to help providers understand VA

TriWest Healthcare Alliance is introducing Provider Pulse, a monthly newsletter to help providers better understand the Department of Veterans Affairs (VA) community care programs.

Information providers can expect from Provider Pulse include:

- Updates or changes to the Patient-Centered Community Care Program (PC3) and Veterans Choice Program (VCP)
- Tips and tricks on navigating the VA's community care programs
- Reminders on medical documentation and claims requirements

- Educational articles on different aspects of PC3 and VCP
- News bulletins related to VA community care in the TriWest region

TriWest is the contractor responsible for administering the VA's Patient-Centered Community Care Program and Veterans Choice Program in 28 states and the pacific islands of American Samoa, Guam, and Northern Marianas.

To access the Provider Pulse, go to <https://www.triwest.com/en/provider/triwest-provider-pulse/>

Tele: Basic primary services not covered under telemedicine

Continued from page 1

access to medical services that would often not be available in distant rural communities.

Telemedicine is the use of a telecommunications system that include two-way voice and visual communication when used to substitute for an in-person encounter (between provider and patient) for professional

consultants, office visits, office psychiatry services and a limited number of other physician services.

Unlike telehealth, basic primary care services are not covered under telemedicine and should not be billed to BCBSKS.

For more information regarding telemedicine, please refer to [*Professional Provider Report S-7-13*](#).

VA eliminates OHI requirement for VCP

The Department of Veterans Affairs (VA) has eliminated the Other Health Insurance (OHI) requirement of the Veterans Choice Program (VCP).

While OHI sometimes may still be required, the VA is now responsible for billing OHI, if necessary, and is the only payor for claims filed under the VCP.

This change means:

This change begins with Veterans who have appointment dates of service beginning April 19 and is not retroactive. Services performed before April 19 may still need OHI coordination.

Providers now will bill TriWest Healthcare Alliance through WPS for all VCP claims.

On behalf of the VA, TriWest will be the only payor on all care for Veterans whose care was authorized through the VCP. No longer will providers have to bill OHI and receive an Explanation of Benefits before submitting claims to TriWest. Also, providers no longer have to wait for notification of service-connection status.

For complete information on eliminating OHI requirements, go to www.triwest.com/provider. For questions regarding this change, call VA Provider Services Department at (866) 284-3743 or email ProviderServices@triwest.com.



Pregnancy Care Incentive Program rewards members

Did you know that Blue Cross and Blue Shield Federal Employee Program (FEP) members can earn rewards by participating in its Pregnancy Care Incentive Program as part of their service benefit plan?

When a member completes FEP's Blue Health Assessment (BHA), she will earn a \$50 MyBlue® Wellness Card. The BHA is available at fepblue.org/BHA.

While on the website, members can register for My Pregnancy Assistant and receive a free pregnancy care box filled with items they can use during and after pregnancy. The box includes a booklet about having a healthy pregnancy, The Pediatrician's



Member records requests

FEP members may ask providers for a copy of medical records from one of their first trimester visits. Please honor these requests. Members will send the records to FEP to obtain incentives.

Why BCBSKS is notifying physicians:

- Improve quality of care
- Close gaps in care
- Improve quality measures like HEDIS
- Decrease member's risk for pregnancy complications by encouraging members to receive early prenatal care
- Provide education and encourage members to receive postnatal care

Guide to Feeding Babies and Toddlers, a bib, and baby socks. The pregnancy care box also includes a cover sheet to mail, fax, or upload a copy of the member's provider-signed medical records from one of the first trimester visits.

The member will earn \$75 when submitting the medical record to FEP. Acceptable medical records include a prenatal flow sheet, prenatal progress notes, visit notes, or an electronic medical record.

Cervical cancer screenings

In an effort to improve HEDIS scores, close gaps in care, and improve quality of care for Blue Cross and Blue Shield of Kansas members, reminders will be mailed to women about the importance of cervical cancer screenings and encouraging discussion with providers about the following guidelines:

- Women ages 21 to 29 should get a Pap test every three years.
- Women ages 30 to 64 should get a Pap test combined with an HPV test every five years.
- Women age 65 and older, who have had regular screenings in the previous 10 years and haven't had any serious pre-cancers in the past 20 years, should stop cervical cancer screening.

Please encourage patients to have this screening done based on these American Cancer Society guidelines.

FEP group renews

The Federal Employee Program (FEP) group health plan renewed with Blue Cross and Blue Shield of Kansas effective Jan. 1.

The 2017 benefit plan information can be located at <https://www.fepblue.org/en/news/2016/09/19/03/41/medical>



Incentive program rewards for controlling diabetes

Did you know Blue Cross and Blue Shield Federal Employee Program (FEP) members can earn rewards while making strides to take control of diabetes through the Diabetes Management Incentive Program?

First, when a member completes FEP's Blue Health Assessment (BHA) and indicates diabetes, \$50 will be put on the member's MyBlue® Wellness Card. The BHA is available at fepblue.org/BHA.

Second, if the member has an A1c test done between Jan. 1 and June 30 and submits test results to FEP, another \$25 will be awarded. The member has the opportunity to earn an additional \$75 if a second A1c result is submitted between July 1 and Dec. 31. Information on submitting A1c lab results can be found at www.fepblue.org/diabetes.

- If the second A1c is lower than 8 percent, and the member submits the results to FEP, the member will earn \$75.
- If the second A1c is more than 8 percent, the member can earn \$75 by

Physicians to-do list

1. Please encourage diabetic patients to have an A1c test at least twice a year.
2. Please provide these patients with a copy of their A1c lab result so the patient can mail, fax, or upload the results. Test results must include member's name, member's date of birth, test description, date of test, test result, and ordering provider's contact information.

Why BCBSKS is notifying physicians:

- Improve quality of care
- Close gaps in care
- Improve quality measures like HEDIS
- Improve the member's health by working to decrease A1c, and to reduce member's future risk for diabetes related complications

submitting the results to FEP and attending three nutritional counseling visits during the calendar year. Nutritional counseling is covered in full for FEP members.

Billing Reminders

► Beginning May 15, CPT code 96120 is denying content of service to Evaluation and Management codes 99201 to 99499 when performed on the same day.

► Blue Cross and Blue Shield of Kansas does not recognize 50 modifier usage on CPT codes 69209 and 69210, cerumen removal. Reimbursement is set bilateral, therefore 50 modifier is inappropriate and will be denied.

Documentation Integrity & Billing workshops in October

Blue Cross and Blue Shield of Kansas will be hosting in October three Billing and Documentation Integrity workshops featuring Mike Strong, MSHCA, MBA, CPC, CEMC.

These will be coding workshops that will address medical record documentation.

The workshops will take place at the following dates and locations:

- Oct. 10, Wichita
- Oct. 11, Hays
- Oct. 12, Topeka

To register or for more information regarding the workshops, please contact your Professional Relations Representative.



BCBSMA changing pre-cert requirements

Effective June 1, Blue Cross and Blue Shield of Massachusetts (BCBSMA) will be making changes to its high-technology radiology Utilization Management program managed by AIM Specialty Health. Providers treating BCBSMA members should note the changes.

Currently, BCBSMA requires pre-certification or prior authorization for high-technology radiology services rendered to members of commercial HMO/POS plans and Medicare HMO plans. In order to ensure the quality and affordability of care is protected for members, BCBSMA is expanding its existing program for high-technology radiology to include commercial PPO members both in-state and out of state.

Beginning June 1, prior authorization requirements will expand and apply to all commercial PPO members for all of the following services:

- CT & CTA
- Screening & diagnostic CT

colonography

- MRI/MRA/MRS/fMRI
- Nuclear cardiac studies
- PET
- CT PET Fusion

Please note:

- All tests must continue to meet BCBSMA medical policies. BCBSMA only provides reimbursement for tests that meet these requirements and that a prior authorization has been obtained.
- Providers only need to request prior authorization for services rendered on an elective, outpatient basis. Prior authorization is not required when the member receives services via the emergency department, as an inpatient or observation, or when performed as part of outpatient surgery.

Starting May 1, providers can submit requests and check for a PPO member's authorization for dates of service June 1 or later.

[Obstructive Sleep Apnea Program](#)
BCBSMA is expanding its

existing program for obstructive sleep apnea services administered by AIM Specialty Health to our commercial PPO members both in-state and out of state. Currently, the obstructive sleep apnea program is limited to commercial HMO/POS members.

Effective June 1, to ensure that obstructive sleep apnea testing takes place in the most appropriate site, we will require prior authorization for the following services for our commercial PPO members:

- Home sleep test
- In-lab sleep study
- Initial and ongoing treatment orders for durable medical equipment and supplies related to sleep therapy: APAP, CPAP, BPAP
- Titration study
- Oral appliances for sleep therapy

Starting May 1, providers can submit requests and check for a PPO member's authorization for dates of service June 1 or later.

Pre-certification to change for BCBSMN members

Effective June 19, Blue Cross and Blue Shield of Minnesota (BCBSMN) will begin performing medical necessity reviews for the drug Nusinersen (Spinraza).

Prior authorization will be required every six months

for the drug. If services are not pre-certified, claims may be denied and BCBSMN members may be responsible for payment. In addition, if a prior authorization review is submitted and not approved before the service is provided,

BCBSMN members may be held liable for service charges determined not medically necessary.

Providers can access BCBSMN medical policy and request prior authorization at the [BCBSKS medical policy webpage](#).



Clinical Care Coordinator seeks to close gaps in care

It is that time of year for the Clinical Care Coordinator (CCC), or other Blue Cross and Blue Shield of Kansas (BCBSKS) representative to begin contacting health care professionals (i.e. Primary Care Physician or PCP) regarding their attributed members identified as having a gap in care.

A gap in care for this provider outreach is considered to be where members previously diagnosed with a chronic condition have not had a clinic visit since Jan. 1, 2017.

Effective care management practice suggests that members diagnosed with a chronic condition should be seen at least annually. Chronic conditions need to be evaluated, documented, coded,

and submitted on a claim along with the appropriate evaluation and management (E/M) code in order to provide a complete and accurate risk assessment of the patient.

It is critical to capture and report diagnoses at their highest specificity level, and even more critical for the documentation to substantiate the diagnoses. The correct methodology for complete and accurate coding is to code for all current diagnoses, and it is with this provider outreach where BCBSKS is informing providers where the data indicates there is a gap in care for an attributed member.

For additional information, contact your Professional Relations Representative.

Risk Adjustment Data Validation Audit

It is also that time of year again for the annual U.S. Department of Health and Human Services (HHS) / Centers for Medicare and Medicaid Services (CMS) Risk Adjustment Data Validation Audit (RADV). As a reminder, HHS requires issuers to conduct risk adjustment audits annually on a randomly selected member data set. For the 2016 RADV, HHS/CMS protocol indicates the sampling for BCBSKS will consist of 400 randomly selected members.

Again this year, BCBSKS is coordinating the medical record retrieval through Altegra Health Services / Datafied with some requests coming directly from BCBSKS. Effective medical record retrieval plays a fundamental role in driving optimal-quality reporting outcomes and ensuring appropriate risk scores.

Record review and utilization are included in your provider contract with BCBSKS and BCBSKS Solutions. Regarding HIPAA Privacy, providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship.

For more information, contact Patty Reece at (785) 291-6792 or patty.reece@bcbsks.com.



New qualifying period for data attestations through Provider Portal

A new qualifying period began June 1 for the second of the biannual data attestations confirming accurate provider data on file at Blue Cross and Blue Shield of Kansas (BCBSKS) through the Provider Portal.

This information is used in provider directories, network adequacy reporting, and other down-line operations within the health plan, adding to the importance of the data remaining current.

Attesting to the accuracy of provider data is beneficial for several reasons:

1. Providers are contractually obligated by the contracting provider agreements to attest to data accuracy twice a year.
2. Reliable information for members, providers, and others.
3. Incentive is added to each eligible Current Procedural Terminology (CPT) code payments when the provider has satisfied the Quality-Based Reimbursement Program (QBRP) prerequisites. For more information on QBRP, go to <https://bcbsks.com/>

Office Hours	8:00 AM - 4:30 PM MON - FRI	
	Select Open Hour	Select Close Hour
Sunday	HH:MM Select One	HH:MM Select One
Monday	HH:MM Select One	HH:MM Select One
Tuesday	HH:MM Select One	HH:MM Select One
Wednesday	HH:MM Select One	HH:MM Select One
Thursday	HH:MM Select One	HH:MM Select One
Friday	HH:MM Select One	HH:MM Select One
Saturday	HH:MM Select One	HH:MM Select One

[CustomerService/Members/consumer-tools/blue-physician-recognition.shtml](#).

Providers who have not explored whether they qualify for QBRP by meeting the prerequisites are encouraged to contact their Professional Relations Representative or BCBSKS’s new Provider Data Quality Technician at (785) 291-7069 or (800) 432-3587 ext. 7069.

Important reminders when attesting to data on the Provider Portal:

1. Auto/Fill Complete — BCBSKS recommends not using your internet browser’s auto fill/complete function at anytime on the Provider Portal. The auto fill/complete function sometimes accesses information from personal

email accounts. The result is fields being populated with incorrect and personal information.

2. Contact Information required — The person responsible for attesting or submitting data changes need to use their own name. Submitting under another person’s name may result in confusion and potential inaccuracies in provider data.
3. Office Hours — Current office hours are displayed at the top of the office hour grid (see screen shot above). It is not necessary to complete the office hour grid if the displayed data is correct. When office hour changes are needed, only complete the days and times on the grid that need updated.



Data updates can be sent anytime via Provider Portal

Making changes to information on file with BCBSKS can be done whenever the need arises throughout the year

Provider data updates may be sent at any time via the Provider Portal and doesn't have to be related to one of two bi-annual Provider Data Attestations (PDA).

The section of the provider information display has three options to choose from when submitting a change and/or completing a PDA. Below is a brief explanation of the options to choose when reviewing or submitting and change.

- **I am only submitting the changes above** — This option is available when submitting updates at any time via the portal. This option may be used most often when updating group level information.
- **I have reviewed and attest that the Group/Practice information above is accurate** — When selected demonstrates the provider has reviewed the data and is confirming the data is accurate as presented.

Availity Registration reminder

Provider who have not registered through Availity will not be able to access the Provider Portal to complete the data review and attestation. For instructions on how to set up an account, see [Professional Provider Report S-7-13](#).

Applied toward the applicable bi-annual PDA.

- **I have reviewed and attest that the Group/Practice information above (with my stated changes) is accurate** — When selected demonstrates the provider has reviewed the data, identified errors and provided the necessary updates in the blank fields. Applied toward the applicable bi-annual PDA.

For more information regarding PDA, contact your Professional Relations Representative or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.

Prime, Walgreens team up for pharmacy and mail services

Prime Therapeutics LLC and Walgreens have formed a combined central specialty pharmacy and mail services company as part of a strategic alliance first announced by the companies in 2016. The alliance will unite the companies' mail services and central specialty operations.

Changes your patients will see include:

- The use of the Prime and Walgreens logos.
- Drug packaging may be different, including labels, cooler packaging, information sheets, and packing receipts.
- Tablets and capsules may look different.
- The package may be shipped from a different location (mail order drugs will ship from Arizona or Texas, while specialty medicines will ship from facilities in Oregon, Texas, Pennsylvania, Maryland, Florida, and Michigan).

In the near future, an enhanced digital experience for patients will be made available by using their email address.

If you have any questions or need more information, contact your Professional Relations Representative.



Filing air ambulance claims correctly

Generally, health care providers should file claims for Blue Cross and Blue Shield patients to the local Blue Plan. However, there are unique circumstances when claims filing directions will differ based on the type of service rendered.

Claims for air ambulance services must be filed to the Blue Plan in whose service area the point of pickup ZIP code is located.

NOTE — If you contract with more than one Plan in a state for the same product type (i.e. PPO or Traditional), you may file the claim with either Plan.

The following are guidelines for filing air ambulance claims:

1. The air ambulance claims filing rules apply regardless of the provider’s contracting status with the Blue Plan where the claim is filed.
2. Where possible, providers are encouraged to verify Member Eligibility and Benefits by contacting the phone number on the back of the Member ID card or calling 1-800-676-BLUE.
3. Currently, Blue Cross and Blue Shield of Kansas (BCBSKS) contracts with the following air ambulance Providers: LifeStar of Kansas, LifeTeam, AMR Air Ambulance, and Alacura.

Services Rendered	How to file (required fields)	Where to file	Example
Air Ambulance Services	<p>Point of Pickup ZIP Code:</p> <ul style="list-style-type: none"> • Populate item 23 on CMS 1500 Claim Form, with five-digit ZIP code of the point of pickup • For electronic billers, populate the origin information (ZIP code of the point of pickup), in the Ambulance Pickup Location Loop in the ASC X12N Health Care Claim (837) Professional. • Where Form CMS-1450 (UB-04) is used for air ambulance service not included with local hospital charges, populate Form Locators 39-41, with the 5-digit ZIP code of the point of pickup. The Form Locator must be populated with the approved Code and Value specified by the National Uniform Billing Committee in the UB-04 Data Specifications Manual. <ul style="list-style-type: none"> • Form Locators (FL) 39-41 • Code: A0 (Special ZIP code reporting), or its successor code specified by the National Uniform Billing Committee. • Value: Five digit ZIP Code of the location from which the beneficiary is initially placed on board the ambulance. • For electronic claims, populate the origin information (ZIP code of the point of pickup) in the Value Information Segment in the ASC X12N Health Care Claim (837) Institutional. 	<p>File the claim to the Plan in whose service area the point of pickup ZIP code is located*.</p> <p>*BlueCard rules for claims incurred in an overlapping service area and contiguous county apply.</p>	<ul style="list-style-type: none"> • The point of pickup ZIP code is in Plan A service area. • The claim must be filed to Plan A, based on the point of pickup ZIP code.

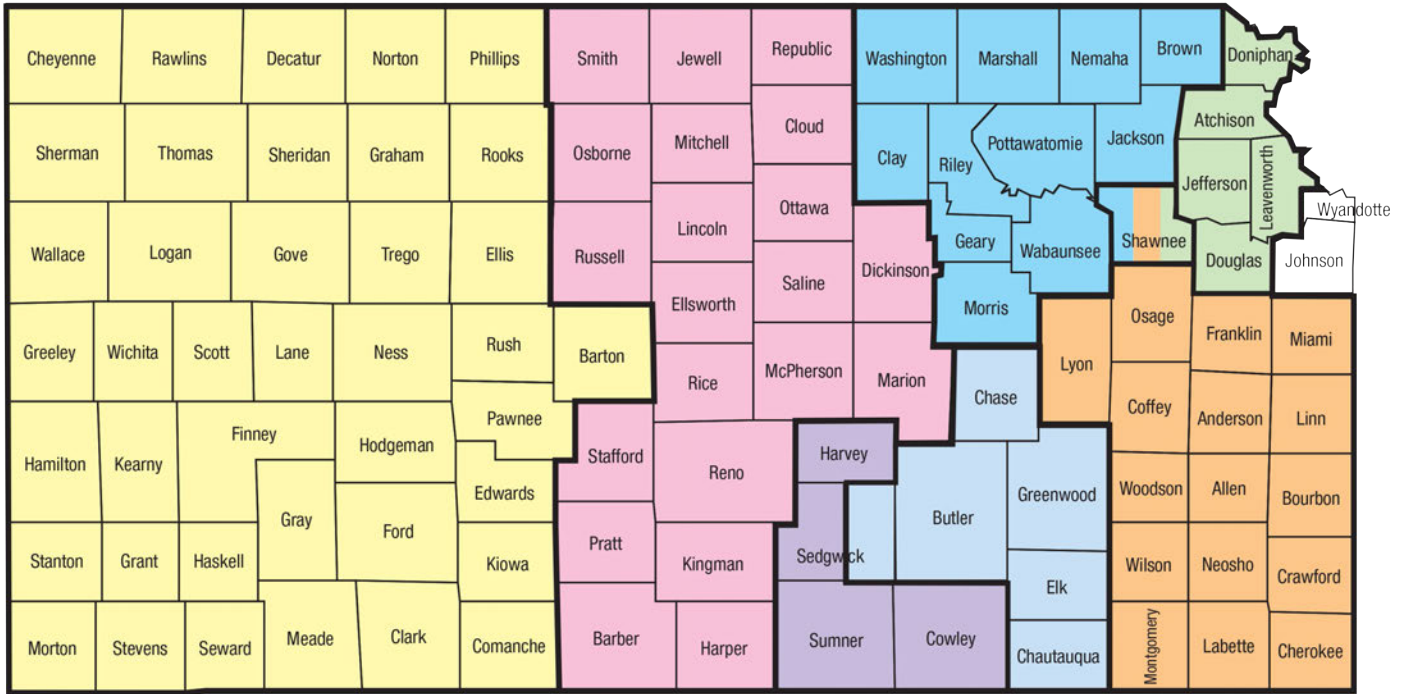
4. Members are financially liable for air ambulance services not covered under their benefit plan. It is the provider’s responsibility to request payment directly from the member for non-covered services.
5. If you have any questions

about where to file your claim, please contact your Professional Relations Representative or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587 or by email at prof.relations@bcbsks.com.



Professional Relations

FIELD REPRESENTATIVE TERRITORIAL MAP



MD, DO, DPM, DC, DDS, PA, APRN, CRNA, LCSW, PHD, OD, OOD, OSAF, CCC-SLP (speech), OTR, RPT

- Gwen Nelson - Topeka
- Vickie Kloxin - Wichita
- Kyle Abbott - Wichita
- Jennie Fellers-Morgan - Dodge City

- Debra Meisenheimer - Hutchinson
- Christie Mugler - Topeka
- Darin Fieger - Topeka

CCC-A (AUD), Hearing Aid Dispensers (HAD), HME, Orthotists, Private Duty Nurses, Prosthetists, Sleep Labs (SLAB), AMB

- Vikki Lindemuth - Topeka
- Pharmacy and Infusion Therapy**
- Ken Mishler, PharmD, MBA - Topeka

BCBSKS thanks Evans for service, welcomes Fellers-Morgan; Nelson moves to NEK territory

Diana Evans retired June 2 after 35 years of service



Diana Evans

to Blue Cross and Blue Shield of Kansas as a Professional Relations

Representative. BCBSKS thanks Diana for her career of dedication and wishes

her the best as she begins her retirement.

A familiar name, Gwen Nelson, will be the representative for providers who previously worked with Diana. Gwen has spent 20 years with BCBSKS in the Dodge City office, having served providers in Western Kansas since 1997.

Jennie Fellers-Morgan will service Western Kansas providers previously served by Gwen. Jennie is a certified professional coder who comes to BCBSKS after a long career in the medical billing profession, including experience in orthopedic, pain management, and plastic surgery coding.



Gwen Nelson



Jennie Fellers-Morgan



Web changes — Medical policy

The following policies have been posted at: <http://www.bcbsks.com/CustomerService/Providers/MedicalPolicies/policies.shtml>

- Afrezza (human insulin)
- Amniotic Membrane and Amniotic Fluid
- Ampyra™ (dalfampridine)
- Androgens and Anabolic Steroids
- Antidepressant Agents
- Aqueous Shunts and Stents for Glaucoma
- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Bio-Engineered Skin and Soft Tissue Substitutes
- Bio-Engineered Skin and Soft Tissue Substitutes
- Bone Mineral Density Studies
- Botulinum Toxin (BT)
- Cardiovascular Magnetic Resonance (CMR)
- Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions
- Chronic Intermittent Intravenous Insulin Therapy
- Cochlear Implant
- Computer-Aided Evaluation of Malignancy with Magnetic Resonance Imaging of the Breast
- Continuous Passive Motion in the Home Setting
- Corneal Collagen Cross-Linking
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Denosumab (Prolia and Xgeva)
- Diagnosis and Treatment of Sacroiliac Joint Pain
- Dynamic Posturography
- Esophageal pH Monitoring
- Eye Movement Desensitization and Reprocessing (EMDR) for Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD)
- Fundus Photography
- Gene Expression-Based Assays for Cancers of Unknown Primary
- Gene Expression Profiling for Uveal Melanoma
- Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy
- Hepatitis C First Generation Agents - Through Preferred Agent
- Hepatitis C Second Generation Antivirals – Through Preferred Agent(s)
- Hereditary Angioedema (Berinert, Cinryze, Firazyr, Kalbitor, Ruconest)
- Identification of Microorganisms Using Nucleic Acid Testing
- Identification of Microorganisms Using Nucleic Acid Testing
- Identification of Periodontal Microorganisms (Availity login required)
- Idiopathic Pulmonary Fibrosis (Esbriet®/pirfenidone, Ofev®/nintedanib)
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- Implanted Peripheral Nerve Stimulator (PNS) for Pain Control
- Injectable Asthma Agents
- Intensity Modulated Radiation Therapy (IMRT)
- Interspinous and Interlaminar Stabilization / Distraction Devices (Spacers)
- Kalydeco™ (ivacaftor), Orkambi™ (lumacaftor/ivacaftor)
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Multiple Sclerosis Agents
- New to Market Drugs (Including: Dupixent (dupilumab), Emflaza (deflazacort))
- New to Market Drugs (Including: Dupixent (dupilumab), Emflaza (deflazacort), Ingrezza (valbenazine))
- New to Market Drugs (Including: Emflaza (deflazacort))
- Off-Label, Approved Orphan, and Expanded Access (Compassionate Use) Drugs
- Opioids, Extended Release (ER)
- Oral Immunotherapy Agents (Grastek®, Oralair®, Ragwitek™)
- Outpatient Pulmonary Rehabilitation
- Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines
- Plugs for Anal Fistula Repair
- Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers (for Home Use)
- Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
- Proteomic Testing for Targeted Therapy in Non-Small-Cell Lung Cancer
- Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions
- Reduction Mammoplasty for Breast-Related Symptoms
- Retinoids (topical)
- Scanning Computerized Ophthalmic Diagnostic Imaging Devices
- Screening for Lung Cancer Using CT Scanning
- Self Administered Oncology Agents
- Spinal Cord Stimulation
- Spinraza™ (nusinersen)
- Surgical Deactivation of Headache Trigger Sites
- Surgical Treatment of Gynecomastia
- Temporomandibular Joint (TMJ) Dysfunction
- Total Artificial Hearts and Ventricular Assist Devices
- Transcatheter Aortic Valve Implantation for Aortic Stenosis
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Tysabri® (natalizumab) and Lemtrada™ (alemtuzumab) (IV Multiple Sclerosis Agents)
- Xolair® (omalizumab)
- Xyrem® (sodium oxybate)

Questions? Contact your professional relations representative or provider network services in Topeka at (785) 291-4135 or (800) 432-3587.

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Sent to: CAP providers excluding dentists and pharmacies. Contains public information.



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