



Professional Provider Report

A newsletter for professional providers and their staff members

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Provider incentive available for required data attestation

Bi-annual provider data accuracy attestation is required for contracting providers. Providers interested in earning an incentive when performing the bi-annual data accuracy attestation reviews may do so by shutting off paper remits and newsletters and filing claims electronically to Blue Cross and Blue Shield of Kansas (BCBSKS).

Providers who reviewed data through BlueAccess found missing data elements and outdated information being made available publicly through provider directories.

Providers were able to send the updates at the time of review, and updates were available in BlueAccess within five days and in the directory in 10 days.

Providers should engage in the bi-annual attestation now by signing into Availity and reviewing the information for accuracy. This needs to be done for each individual at the practice.

BCBSKS is required to report to the Blue Cross Blue Shield Association on data accuracy outreach efforts. BCBSKS's outreach is requesting your engagement in the provider portal attestation process. Updating data online saves BCBSKS from making direct phone calls and mailing forms to providers offices in search of updated information.

BCBSKS has been through these laborious processes in the past and needs to perform **Please see ATTEST, page 2**

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Statin use with cardio disease

Cardiovascular disease is the leading cause of death in the United States. Guidelines from American College of Cardiology and American Heart Association recommend use of a moderate or high intensity statin for adults with atherosclerotic cardiovascular disease (ASCVD). Adherence to statin therapy has been shown to decrease risk in this population.

The Blue Cross and Blue Shield Federal Employee Program (FEP) is committed to improving quality care and health outcomes for FEP members, your patients. In an effort to close gaps in care and improve Healthcare Effectiveness Data and Information Set (HEDIS) scores, FEP is focusing on improving statin use in patients with cardiovascular disease.

The HEDIS measure for statin use looks at the percent of the population with clinical ASCVD who received and remained at least 80 percent adherent to their statin therapy.

Eligible members are males age 21-75 and females age 40-75 who have had a Myocardial Infarction (MI), Coronary Artery Bypass Grafting (CABG), Percutaneous Coronary Intervention (PCI), or at least two events where ischemic vascular disease was diagnosed in an office visit or inpatient/emergency room setting. Excluded from this analysis are pregnancy, in vitro fertilization, a prescription for clomiphene, end stage renal disease, cirrhosis, or myopathy, myalgia, and rhabdomyolysis.

BCBSKS is asking providers to partner with us to improve the statin HEDIS measure for the FEP members. Patient engagement to ensure adherence to therapy is essential.

As a new 2018 benefit to FEP members, FEP is providing benefits for generic cholesterol lowering statin drugs with no member cost share.

Attest: First bi-annual deadline is May 31

Continued from page 1
data accuracy attestations in a more-efficient manner using the web portal.

Attestation Periods

The deadline for this attestation period is May 31. Providers completing data accuracy attestations during this time

frame will satisfy their bi-annual attestation. Remember, each year there are two attestation periods, Dec. 1-May 31 and June 1-Nov. 30. Providers participating in the Quality-Based Reimbursement Program must attest during the same time period for incentive payments beginning July 1 and Jan. 1.

Clarification of State of Kansas hearing exam benefit

The State of Kansas group is eligible for one preventive hearing exam per year, to be paid at 100 percent of the allowable charge with no member out-of-pocket charge. Any hearing exam that is not preventive will be subject to deductible and coinsurance.

Correctly billing for disposable contact lenses

When billing for disposable contact lenses, providers should use CPT code S0500 in box 24D of the CMS 1500 claim form or electronically in loop and segment 2400 and SV101-1. Claims billed with other contact lense codes require verification, which could result in denial and/or payment delays.

S0500 should only be used for disposable contacts. Indicate the number of lenses being dispensed as units for the service, using a three-digit number (20 lenses should be 020; six lenses should be 006).

The claim should indicate the number of days, weeks, or months supply in box 24G of the 1500 claim form or electronically in loop and segment 2400 and SV103.



Select Blue plans offer Health Advocacy Solutions

Blue Cross and Blue Shield (BCBS) plans in Illinois, Texas, New Mexico, Oklahoma, and Montana are offering Health Advocacy Solutions, a program that began Jan. 1.

This program requires a benefit design change for alpha prefixes JVH, ZGP, KCG, WAG, FWB, FWA, FWD, FWG, JNW, NYW, NLW, KWR, KWE, XOY, BCS, and BJG. The benefit design requires additional level of pre-authorization.

Health Advocacy Solutions offers three package options. Alpha prefixes will have either the Primary, Advanced, or

Premier package — each with a different level of pre-authorization requirements. Providers will need to pre-authorize for services that have not previously required pre-authorization.

For a complete listing of services, click on the following Blue plan link(s) that is appropriate for your use: [Illinois](#), [Montana](#), [New Mexico](#), [Oklahoma](#), [Texas BEA](#), [Texas PPO](#).

Providers will be able to identify members that require the new pre-authorizations by the language on the back of the ID Card.

Correctly submitting claims as secondary to Medicare

Within the next 60 days, Electronic Data Interchange (EDI) front-end editing will be strengthened for Blue Cross and Blue Shield of Kansas (BCBSKS) secondary-to-Medicare Primary claims.

When submitting a BCBSKS secondary-to-Medicare Primary

claim, the Medicare Outpatient Adjudication (MOA) information from the Medicare Remittance Advice must be submitted for accurate processing.

In the 837 Professional transaction, the MOA is submitted in loop and segment 2320 MOA.

Call BCBSKS when Inactive — Pending Eligibility displayed

If you receive the message “Inactive - Pending Eligibility Update” when accessing self-service through Availity, please contact Blue Cross and Blue Shield of Kansas (BCBSKS) customer service to verify eligibility, effective date, and benefits. Please do not advise members they do not have coverage and ask they pay the entire service without first calling BCBSKS to verify eligibility.

If you have tried self-service through Availity before calling, the phone call will not negatively impact your Quality-Based Reimbursement Program (QBRP) self-service metric. BCBSKS customer service in Topeka can be reached at (785) 291-4180, (800) 432-3990 or csc@bcbsks.com.

Thank you for your assistance in helping better serve our members, your patients.

If you have any questions regarding this communication, please contact your Professional Relations representative.



Resources for providers with opioid-addicted patients

According to the U.S. Centers for Disease Control and Prevention (CDC), there were 63,632 drug overdose deaths in the United States in 2016, 174 deaths per day, one death every 8.28 minutes. Of those deaths, 66.4 percent were because of opioids. That's more deaths than those as a result of firearms, homicide, suicide, and motor vehicle crashes.

Providers are in a unique position to help combat the current opioid epidemic in this country. Please take time to understand and recognize the signs of this disease in your patients. If you or anyone in your office suspects that a patient may have a problem with opioid dependence, please provide your patients with the below listed information so they, or someone in their family, can get the help that they may need.

Providers also may wish to talk with their patients who are taking opioids for a legitimate medical issue about the benefits of naloxone (e.g. Narcan®, Evzio®) in the case of an overdose situation that may involve themselves or anyone in their family. These types of products can rapidly reverse the effects of an opioid overdose and are the standard treatment for these

types of situations. Information on naloxone products can be found at www.fda.gov.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a National Helpline, (800) 662-HELP (4357), for those with a possible opioid use disorder. The Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers also can order free publications and other information here.

To find an authorized Opioid Treatment Program dispensing methadone or buprenorphine to treat opioid dependency in your state, visit: <http://dpt2.samhsa.gov/treatment/directory.aspx>

To find an authorized DEA Registered Practitioner to treat opioid dependency with buprenorphine in your state visit: <https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>



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/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf

For BlueCare/BCBSKS Solutions/EPO members, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCREPO/KS_Complete_Formulary_2018.pdf

For BlueEdge/ResultsRx medication list, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/KS_BlueEdge_MedicationList.pdf

Completing a CAQH app for multiple states

Providers applying to be part of the Blue Cross and Blue Shield of Kansas (BCBSKS) network need to complete the Council for Affordable Quality Healthcare, Inc. (CAQH) application before sending in a Provider Network Enrollment Request form.

Providers practicing in multiple states need to complete the steps below to ensure the application is in the Kansas format to eliminate delays:

1. Log into CAQH ProView and click on **Manage Information**.

2. Choose **Personal Information** from the drop-down menu.
3. In the “Provider Information” section under **Primary Practice State**, there is an option to click on “**+Add**” to enter another practice state. Do this for every state with an active practice.

If practicing in multiple states and one of those states includes a state-specific credentialing application, the state-specific questions and the CAQH ProView standardized

questions will be presented in one integrated flow throughout the system. Providers will be required to complete all required questions for both the CAQH ProView standardized profile and any state-specific questions.

If you have any questions, please contact CAQH ProView Support Desk at (888) 599-1771 or providerhelp@proview.caqh.org.


Proof of malpractice insurance verifying coverage in Kansas is required for all providers.

Troubleshooting browser problems for Availity access


Some providers have experienced issues accessing the Blue Cross and Blue Shield of Kansas (BCBSKS) secure section of the website through Availity. When clicking “BCBSKS Provider Secure Section (Blue Access),” a drop-down menu will appear. Select your organization and click submit.

When clicking submit, if you are brought back to Availity, please disable the pop-up blocker on your internet browser. Should you need assistance disabling your pop-up blocker, follow the steps below or contact your IT department.

Google Chrome

1. After opening Chrome, click the  icon in the top right. Click **Settings**.
2. At the bottom, click **Advanced**. Under the “Privacy and security” heading, click **Content settings**.
3. Scroll down and click **Popups**.
4. Click button to **Allowed** setting.

Internet Explorer

1. After opening Explorer, click the  button in the top right. Scroll down and click **Internet Options**.
2. Click the **Privacy** tab. Under **Pop-up Blocker**, click to clear the box next to **Turn on**

Pop-up Blocker. Click **OK**.

Safari

1. After opening Safari, click **Safari** then click **Preferences**.
2. Click the **Security** icon, then clear the box next to **Block pop-up windows**.

Firefox

1. After opening Firefox, click the **Tools** menu, then choose **Options**.
2. Click the **Content** icon, then clear the box next to **Block pop-up windows**. Click **OK**.

If you still need assistance, contact Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.



Providers may appeal claims for FEP members

Providers can appeal claims on behalf of Federal Employee Program (FEP) members by following the appropriate steps, which are outlined in this article.

As stated in [Policy Memo No. 1](#), a provider cannot appeal when the provider has no financial obligation without the member's signed written authorization, unless it is part of the provider's retrospective review ([Policy Memo No. 1](#), Section III. Denied Claims Appeal Procedure).

When a provider is appealing on the member's behalf, the appropriate [Authorized Representative Designation Form](#) for the [Disputed Claims Process](#) must be included in the provider's inquiry. The member must completely fill out the form.

The form cannot be signed and/or dated by the member before the claim is finalized. If the date on the form is before the claim is finalized, the reconsideration request is not valid.

Inquiries received with the form signed before the claim is finalized will be reviewed to verify if it meets the criteria of the provider's appeal rights.

Blue Cross and Blue Shield of Kansas (BCBSKS) will respond to the provider in writing if advising the reconsideration request cannot be accepted because the authorization form was signed before the claim was finalized. BCBSKS also will include a clean copy of the authorization form from fepblue.org. If the inquiry meets the criteria for provider appeal rights, BCBSKS will inform the provider in this written response the inquiry is being handled as a provider appeal per the provider contract.

The member cannot dispute a service that is denied as a contractual obligation. The member will be advised the contracting provider has the right to pursue a review through the provider appeal process.

Corrected claims need code 7, original control number

When submitting a corrected claim, resubmission code 7 must be used with the original claim control number listed under original reference number in box 22 of the CMS 1500 claim form.

22. RESUBMISSION CODE	7	ORIGINAL REF. NO.	2528XXXXXXXXX
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For electronic resubmission, use loop and segment 2300 CLM05-3 for the claim frequency code 7, and submit the original claim control number in loop and segment 2300 REF02.

Fill out boxes 4, 7, 11a to avoid claim denial

Remember to fill out boxes 4, 7 and 11a completely on the CMS 1500 form to avoid a claim being denied for incorrect or incomplete information (code JP on remittance advice).

Writing "same" or "none" in any of these boxes will result in the claim being denied with the code JP, which will represent an error in personal information.

OPL form available for electronic submission

The [Other Party Liability \(OPL\) form](#) is available for electronic submission at bcbsks.com.

Providers should provide all applicable information, answer the questions appropriately, then review the information before hitting the submit button.

For more information regarding the process, contact your Professional Relations representative or Provider Network Services in Topeka at (785) 291-4135, (800) 432-3587, or prof.relations@bcbsks.com.

Correctly billing services performed by APRN, PA

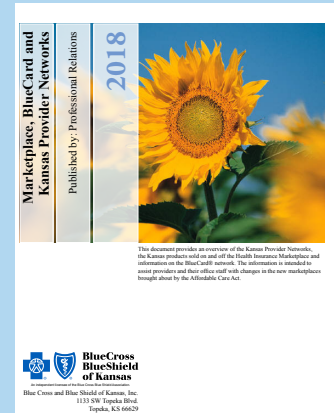
When services are provided by an Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA), the claim is required to be submitted under the APRN or PA's own National Provider Identifier (NPI) number.

As defined in Policy Memo No. 1, Section XVIII, A.:

“All non-physicians, who are defined as eligible providers under the member's BCBSKS contract and who are providing services as defined in their Kansas licensure or certification,

shall bill their charges to BCBSKS under their own National Provider Identifier (NPI) or specific performing provider number, if applicable. The name of the ordering provider, when applicable, (including NPI, except when exempt by law) must appear on every claim.”

[Policy Memo No. 1](#), as well as all Policy Memos, can be found on the bcbsks.com website at: <https://bcbsks.com/CustomerService/Providers/Publications/professional/PolicyMemos/>



BCBSKS network guide available on website

The Exchange, BlueCard and Kansas Provider Networks booklet is available to help providers understand the Marketplace, Blue Cross and Blue Shield of Kansas products, and provider networks including BlueCard.

Among the information provided is a link to Quick Guide to BCBS Member ID Cards, a publication from the Blue Cross Blue Shield Association designed to help providers with questions regarding membership cards for all Blue Plans.

The brochure can be found at https://www.bcbsks.com/CustomerService/Providers/Publications/professional/manuals/pdf/prof_Exchange-BlueCard-and-Kansas-Provider-Networks.pdf



Web changes — Medical policy Since the publication of Professional Provider Report [S-5-17](#), the following policies have been posted at: <http://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- ACA Prevention Copay Waiver Criteria
- Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early Stage Breast Cancer
- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
- Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Androgens and Anabolic Steroids
- Anodyne® — Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions
- Antidepressant Agents
- Artificial Pancreas Device Systems
- Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
- Axial Lumbosacral Interbody Fusion
- Balloon Sinuplasty for Treatment of Chronic Sinusitis
- Biologic Immunomodulators Therapy
- Botulinum Toxin (BT)
- BRCA1 and BRCA2 Testing
- Breast Reconstructive Surgery after Mastectomy
- Cochlear Implant
- Cone Beam Computed Tomography
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve
- Digital Breast Tomosynthesis
- Drug Testing in Pain Management and Substance Use Disorder Treatment
- Dynamic Posturography
- Emlaza (deflazacort)
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus
- Esophageal pH Monitoring
- Eteplirsen (Exondys 51) for Duchenne Muscular Dystrophy
- Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies
- Facet Joint Denervation
- Foot Care Services
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
- Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
- Genetic Cancer Susceptibility Panels Using Next Generation Sequencing
- Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy
- Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
- Hepatitis B / Hepatitis C Peg-interferon
- Hereditary Angioedema (Berinert, Cinryze, Firazyr, Haegarda, Kalbitor, Ruconest)
- Human Growth Hormone
- Hyperbaric Oxygen Therapy (HBOT)
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- Influenza Virus Diagnostic Testing and Treatment in the Outpatient Setting
- Ingrezza (valbenazine)
- Injectable Asthma Agents
- Insulin Prior Authorization Criteria
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- Intravenous and Subcutaneous Immune Globulin Therapy
- KRAS, NRAS, and BRAF Variant Analysis in Metastatic Colorectal Cancer
- Lumbar Spinal Fusion
- Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk
- Measurement of Serum Antibodies to Infliximab and Adalimumab
- Microwave Tumor Ablation
- Miscellaneous Genetic and Molecular Diagnostic Tests
- Molecular Analysis for Targeted Therapy of Non-Small Cell Lung Cancer
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Natpara (parathyroid hormone)
- New to Market Drugs: Including Endari (L-glutamine), Hemlibra® (emicizumab)
- Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease
- Oral Immunotherapy Agents
- Orthopedic Applications of Stem-Cell Therapy
- Otezla (apremilast)
- Pachymetry
- Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty
- Percutaneous Vertebroplasty and Sacroplasty
- Periodontal Soft Tissue Grafting
- Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines
- Plugs for Anal Fistula Repair
- Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies
- Proprotein Convertase Subtilisin/kexin type 9 (PCSK9) Inhibitors
- Prostatic Urethral Lift
- Proteomic Testing for Targeted Therapy in Non-Small-Cell Lung Cancer
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions
- Retinoids (topical)
- Self Administered Oncology Agents
- Sensorimotor and Neurobehavioral Status Exams for Optometric Providers
- Serologic Diagnosis of Celiac Disease
- Serum Tumor Markers for Breast Malignancies
- Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
- Strensiq® (asfotase alfa)
- Temporomandibular Joint (TMJ) Dysfunction
- Testing for Vitamin D Deficiency
- Topical Doxepin
- Total Ankle Replacement
- Total Artificial Hearts and Ventricular Assist Devices
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Ultrasound Accelerated Fracture Healing Device
- Ultraviolet Light Therapy for Skin Conditions
- Urea Cycle Disorders
- Vacuum Assisted Wound Closure (VAC)
- VMAT2 Inhibitors
- Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon
- Xermelo (telotristat)

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

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