



# Professional Provider Report

A newsletter for professional providers and their staff members

June 1, 2018 • S-3-18

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

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# Opioid Prescriptions to be Limited for Naïve Members

Beginning July 1, Blue Cross and Blue Shield of Kansas will limit prescriptions for immediate release opioids to a seven-day supply for opioid naïve members.

Opioid naïve is defined as a member who has not had a claim for any opioid prescription in the past 60 days.

The seven-day fill limit was chosen based on the Center for Disease Control and Prevention guideline (see page 7 for full guidelines) that notes acute use of immediate release opioids for more than seven days should rarely be needed.

Other details of the program include:

- Claims with a days supply of seven or less will pay without stopping.

- Claims with a days supply above seven will stop (if no history of an opioid claim with a days supply within the past 60 days) and the pharmacy will receive a message stating prior authorization is required for a supply of more than seven days.
- The pharmacy will have the option to rebill the claim limiting the prescription to a seven-day supply.
- Claims meeting a 60-day look back will pay with no days supply limitation.
- A new prescription may be needed for further fills.
- Existing quantity limits will continue to apply.

For more information, contact Provider Network Services at (800) 432-3587.



[bcbsks.com](http://bcbsks.com)



# Reminder: Use Contracting Air Ambulance Providers

Blue Cross and Blue Shield of Kansas (BCBSKS) would like to remind providers that when ordering air ambulance services, use contracting providers.

Med-Trans, doing business as EagleMed, has been non-contracting since Jan. 1, 2017.

When a Blue Cross and Blue Shield of Kansas (BCBSKS) member receives covered services from a non-contracting provider, the provider can bill the member for the difference between the maximum allowable payment and the charge.

Solutions and EPO members that receive non-emergency services from a non-contracting provider have NO benefits and

are responsible for the entire charge.

BCBSKS asks contracting providers — ground ambulance providers in particular — to utilize in-network air ambulance providers.

The BCBSKS provider network includes several ambulance companies that provide ground transportation, and two air ambulance companies: LifeStar and LifeTeam.

For more information, contact specialty representative Jennifer Falk at [jennifer.falk@bcbsks.com](mailto:jennifer.falk@bcbsks.com) or (785) 291-7724, or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587, or [prof.relations@bcbsks.com](mailto:prof.relations@bcbsks.com).

## Blue Distinction Seeks Fertility Care Providers

Similar to other [Blue Distinction Specialty Care](#) programs, the Fertility Care program selection criteria is based on quality, business, and cost-of-care components. Quality is key, as only providers that first meet nationally established quality measures will be considered for designation. The program will offer two levels of distinction:

- Blue Distinction Center: Health care providers recognized for

expertise in delivering specialty care.

- Blue Distinction Center+: Health care providers recognized for their expertise and cost efficiency in delivering specialty care.

Interested providers should take [this survey](#) and contact their Professional Relations representative, or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.

## Change for SOK Members Emphasizes Correct Coding

As of May 1, State of Kansas members have a slight benefit change regarding preventive exams.

If SOK members call Blue Cross and Blue Shield of Kansas (BCBSKS) customer service regarding an exam they believe was preventive but the claim wasn't coded as such, BCBSKS will reach out to the provider for records.

Therefore, BCBSKS is encouraging providers to discuss diagnostic exams with their patients in an effort to eliminate unnecessary records requests, patient dissatisfaction, and potential confusion.

The original benefit was put into place with the Affordable Care Act (ACA), as coding preventive services was not common practice at the time. However, providers should now be comfortable coding preventive services.

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



# Psychotherapy Notes vs. Progress Notes — Knowing the Difference

## Keys for Mental Health Providers to Keep in Mind

Maintaining medical records is a standard part of any mental health practice. Mental health records have additional protections not provided to other practices. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires psychotherapy notes receive the highest level of protection.

Psychotherapy notes are different from progress notes in critical ways. The key differences between the two are outlined below to keep in mind when documenting the next session.

### Progress Notes

One key difference between progress notes and psychotherapy notes is progress notes are subject to being shared with insurance companies, additional providers who share treatment of the client, and other outside parties.

As explained in the HIPAA

Privacy Rule 45 CFR 164.501, progress notes may include the documentation of medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Progress notes also may include a brief description of the topics discussed, treatment interventions that were used, and observations and assessment of the client's status.

### Psychotherapy Notes

Psychotherapy notes should not be incorporated into the medical record. Psychotherapy notes are for the provider's own use in conceptualizing the case.

Unlike progress notes, psychotherapy notes may include analyses of the contents of a conversation from a private counseling session, the provider's thoughts, feelings, and

impressions about the case, theoretical analysis of the session, and hypotheses to further explore in future sessions with the client.

As long as these notes are kept separate from the medical record, the notes fall under the protection of the HIPAA Privacy Rule and cannot be released without specific authorized written consent from the client.

### Keeping it separate

A big challenge for providers is keeping psychotherapy notes separate from progress notes. Providers often keep just one note that documents the session with their client.

It is vital for providers to understand that psychotherapy notes need to be documented and stored separately from the progress notes and from the medical record.

The elements in a psychotherapy note are not required to support medical necessity of a service and claims billed. In contrast, the elements in a progress note do.



# FEP PIP-QCR Measures Assess Performance

## Score Key Toward Better Outcomes

Blue Cross and Blue Shield of Kansas (BCBSKS) is one of 37 Blue Plans throughout the United States that administers the Federal Employee Program (FEP) insurance plan benefits.

FEP uses its Plan Incentive Program (PIP) to score plans and assess performance. The better the performance assessment, the better the outcomes BCBSKS can pass on to providers and members.

The Office of Personnel Management (OPM) determines the annual PIP metrics.

The PIP score is a combination of Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) quality, customer service, and resource utilization measures (QCR).

The list at right is the PIP-QCR measures that impact the performance assessment. Please review the list.

If more information is needed or desired, please contact BCBSKS in Topeka at (785) 291-4181 or (800) 432-0379.

PIP-QCR Measures: HEDIS and CAHPS
Asthma Medication Ratio
Avoiding Antibiotics in Adults with Acute Bronchitis
Breast Cancer Screening
Cervical Cancer Screening**
Claims Processing
Comprehensive Diabetes Care: HbA1C Control**
Controlling Blood Pressure**
Coordination of Care
Customer Service CAHPS
Flu Vaccinations for Adults Ages 18-64
Follow-up after Hospitalization for Mental Illness: 30-Day Follow-up after Discharge*
Follow-up after Hospitalization for Mental Illness: 7-Day Follow-up After Discharge*
Getting Care Quickly
Getting Needed Care
Overall Health Plan Rating
Overall Personal Doctor Rating
Plan All-Cause Readmissions: Observed-to-Expected Ratio
Plan Information on Costs
Prenatal and Postpartum Care: Timeliness of Prenatal Care Rate**
Use of Imaging Studies for Low-Back Pain
Well-Child Visits in First 15 Months of Life: 6+ Visits Rate

## Latest ID Card, Prefix Important for Correct Claims Processing

Providers should make certain they have the latest ID card and alpha prefix from members in order for claims to process quickly and correctly.

Claims submitted using outdated alpha prefixes will result in denials, delays, and ultimately frustration for providers and members.

Providers can check alpha prefixes by logging onto [Availity.com](http://Availity.com).

For more information, contact Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587, or at [prof.relations@bcbsks.com](mailto:prof.relations@bcbsks.com).

## Check Policies before Ordering Services

Please be certain to review Blue Cross and Blue Shield of Kansas (BCBSKS) medical policies before ordering services such as lab tests or radiology services.

If services are deemed not medically necessary, claims will be denied and the lab and/or radiologist could be held liable for charges.

As always, services must be referred to BCBSKS contracting labs and radiologists.



# Arkansas Blue Cross to Require Prior Approval

Effective July 1, providers ordering certain specialty medications for Arkansas Blue Cross and Blue Shield members will need prior approval.

These specialty medications are used in treating rare, complex conditions. These medications are:

- Haegarda (C1 Esterase, Inhib, Human) – Hereditary Angiodema
- Ruconest (C1 Esterase, Inhib, Recombinant) – Hereditary Angiodema
- Berinert (C1 Esterase, Inhib, Human) – Hereditary Angiodema
- Cinryze (C1 Esterase, Inhib, Human) – Hereditary Angiodema
- Kalbitor (Ecallantide) – Hereditary Angiodema
- Firazyr (Icatabant) – Hereditary Angiodema
- Fasenna (Benralizumab) – Eosinophilic Asthma
- Cinqair (Reslizumab) – Eosinophilic Asthma
- Lutathera (Lutetium Lu 177) – Gastroenteropancreatic neuroendocrine tumors (GEP-NETs)

By establishing a prior approval process, members and

providers will know whether the member qualifies for these drugs.

For more information on how to submit a request for prior approval of one of these drugs, please call the appropriate Customer Service phone number on the back of the member ID card. ASE/PSE and Medicare (MediPak Advantage) are not included in this Prior Approval program.

Customer Service will direct callers to the prior approval form specific to the member's group. Blue Advantage members can find the form at the following link: <http://www.blueadvantagearkansas.com/providers/forms.aspx>. For all other members, the appropriate prior approval form can be found at the following link: <http://www.arkansasbluecross.com/providers/AuthServices.aspx>.

These forms and any additional documentation will be faxed to (501) 210-7051 for Blue Advantage members. For all other members, the appropriate fax number is (501) 378-6647.

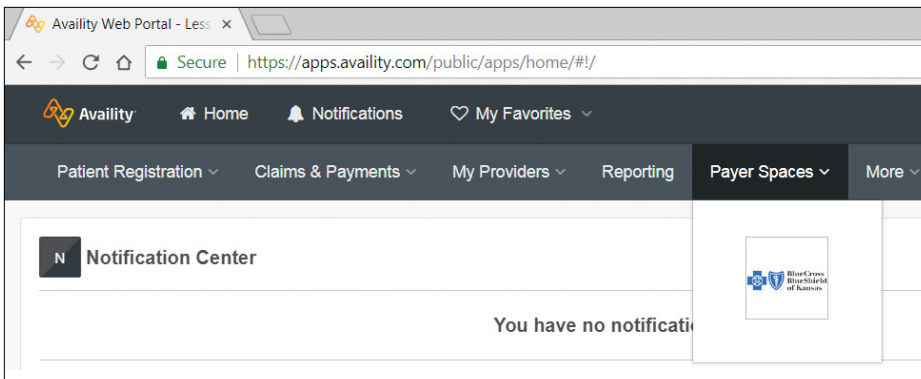
## Steps to Prior Authorization for BCBSNE Members

Providers submitting prior authorization requests for Blue Cross and Blue Shield of Nebraska (BCBSNE) members should do so by logging on to Availity and using the pre-auth router to access MedPolicy Blue, BCBSNE's electronic medical policy tool.

Effective April 2, MedPolicy Blue has been enhanced to include:

- Search for BCBSNE members and save to pre-authorization review
- Search for providers and save to pre-authorization review
- Attach medical records to pre-authorization review
- Integrated Medical Review Service
- Automatic approval, if criteria met
- Pre-authorization Grid with real-time status updates

For help or more information, contact your Professional Relations representative or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587, or [prof.relations@bcbsks.com](mailto:prof.relations@bcbsks.com).



# Navigating Availity, BlueAccess to Reach Provider Portal

Bi-annual provider data accuracy attestation is required for contracting providers, and Blue Cross and Blue Shield of Kansas (BCBSKS) pays providers an incentive for the attestation as part of the Quality-Based Reimbursement Program (QBRP).

This attestation is done through the provider portal, which is accessible on BlueAccess through [Availity.com](https://www.availity.com).

Recently, BCBSKS has received feedback from providers confused about the portal.

BlueAccess must be securely accessed through Availity. Availity also has its own

Provider Data Management (PDM) portal as a requirement by the Centers for Medicare and Medicaid Services (CMS).

To reach BlueAccess, providers must log in through Availity.com, then click **Payer Spaces** and select BCBSKS. This will take providers to BlueAccess, and this is where attestation to earn the QBRP incentive must take place.

For more information regarding the BCBSKS provider portal, contact Zach Thomas at (785) 291-7069 or [zach.thomas@bcbsks.com](mailto:zach.thomas@bcbsks.com), or Provider Network Services in Topeka at (785) 291-4135, (800) 432-3587, or [prof.relations@bcbsks.com](mailto:prof.relations@bcbsks.com).



## 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](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](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](https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/KS_BlueEdge_MedicationList.pdf)

# CDC Guidelines for Prescribing Opioids

## Recommendations Intended to Help Communication

At right is the [Center for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain](#). Click on the image to view the full document online.

The guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety, and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose.

The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

For more information, go to [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html).

**GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN**

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

**DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN**

- 1 Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.
- 2 Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
- 3 Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

**CLINICAL REMINDERS**

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

LEARN MORE | [www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)

## Sildenafil for ED Treatment Not Covered for Some

Sildenafil 20mg is indicated for the treatment of pulmonary arterial hypertension (PAH). A number of Blue Cross and Blue Shield of Kansas members are

using this product off-label for treatment of erectile dysfunction (ED).

Members whose contracts exclude coverage for ED

treatment will receive a message at the pharmacy beginning June 1 indicating that this product is not covered for indications other than PAH.



**Web Changes — Medical Policy** Since the publication of Professional Provider Report [S-2-18](#), the following policies have been posted at: <https://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
- Afrezza (human insulin)
- Ampyra™ (dalfampridine)
- Artificial Intervertebral Disc: Cervical Spine
- Artificial Intervertebral Disc: Lumbar Spine
- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Cardiac Rehabilitation in the Outpatient Setting
- Cardiovascular Magnetic Resonance (CMR)
- CGRP (calcitonin gene-related peptide)
- Chelation Therapy for Off-Label Uses
- Chronic Intermittent Intravenous Insulin Therapy
- Cochlear Implant
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Continuous Passive Motion in the Home Setting
- Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation
- Corneal Collagen Cross-Linking
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Diagnosis and Treatment of Sacroiliac Joint Pain
- Electrical Bone Growth Stimulation of the Appendicular Skeleton
- Endari™ (L-glutamine)
- Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies
- Eye Movement Desensitization and Reprocessing (EMDR) for Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD)
- Facet Joint Denervation
- Gastric Electrical Stimulation
- Gene Expression-Based Assays for
  - Cancers of Unknown Primary
  - Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
  - Gene Expression Profiling for Uveal Melanoma
  - Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders
  - Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy
  - Hereditary Angioedema (Berinert, Cinryze, Firazyr, Haegarda, Kalbitor, Ruconest)
  - Idiopathic Pulmonary Fibrosis (Esbriet®/pirfenidone, Ofev®/nintedanib)
  - Image-Guided Minimally Invasive Decompression for Spinal Stenosis
  - Implantable Bone-Conduction and Bone-Anchored Hearing Aids
  - Implanted Peripheral Nerve Stimulator (PNS) for Pain Control
  - Injectable Asthma Agents
  - Insulin Combination Agents (Soliqua, Xultophy)
  - Intra-Articular Hyaluronan Injections for Osteoarthritis
  - Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease
  - Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor)
  - Lysis of Epidural Adhesions
  - Meniscal Allografts and Other Meniscus Implants
  - Multiple Sclerosis Agents
  - New to Market Drugs: Including Hemlibra® (emicizumab)
  - Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease
  - Opioids, Extended Release (ER)
  - Optical Coherence Tomography (OCT) of the Anterior Eye Segment
  - Orthopedic Applications of Platelet-Rich Plasma
  - Outpatient Pulmonary Rehabilitation
  - Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation
- Percutaneous Vertebroplasty and Sacroplasty
- Photodynamic Therapy for Choroidal Neovascularization
- 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 Systemic Therapy in Non-Small-Cell Lung Cancer
- Reduction Mammoplasty for Breast-Related Symptoms
- Sacral Nerve Neuromodulation / Stimulation
- Scanning Computerized Ophthalmic Diagnostic Imaging Devices
- Self Administered Oncology Agents
- Self Administered Oncology Agents
- Spinraza™ (nusinersen)
- Statin Therapy
- Subtalar Arthroeresis
- Surgical Deactivation of Headache Trigger Sites
- Surgical Treatment of Gynecomastia
- Testing for Vitamin D Deficiency
- Transtympanic Micropressure Applications as a Treatment of Meniere's Disease
- Tysabri® (natalizumab), Lemtrada™ (alemtuzumab), and Ocrevus® (ocrelizumab) (IV Multiple Sclerosis Agents)
- Ultrasound Accelerated Fracture Healing Device
- Vagus Nerve Stimulation
- VMAT2 Inhibitors
- Xermelo (telotristat)
- 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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