Professional Provider Report

A Newsletter for Professional Providers and their Staff Members

SEPTEMBER 19, 2016
S-4-16

WHAT'S INSIDE?

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

OUR WEB ADDRESS:
http://www.bcbsks.com

Dustin Kimmel, Communications Coordinator

BlueCross BlueShield of Kansas
An independent licensee of the Blue Cross Blue Shield Association.

Verisk now Verscend, requesting records

Verisk Health — which has been partnering with Blue Cross and Blue Shield of Kansas (BCBSKS) to gather medical records on its behalf and on behalf of other BlueCross and/or BlueShield companies for the past few years — is now known as Verscend Technologies.

Blue Plans use Verscend to retrieve medical records that support the Healthcare Effectiveness Data and Information Set (HEDIS), risk adjustment and government required programs related to the Affordable Care Act.

Just as committed under the name Verisk, Verscend advocates truth and integrity. While the name is new, all else remains the same. Providers will begin to see the new Verscend brand in email addresses, software, client portals, client materials, URLs, invoices, and anything else that formerly used the Verisk name and logo. Verscend's goal is to make the transition as smooth as possible for all their partners and relations.

Contracting BCBSKS providers may soon receive a request from Verscend, BCBSKS or Altegra/Datafied to provide medical records of BCBSKS members or members of other Blue Cross and/or Blue Shield Plans. BCBSKS asks that providers follow one of the submission processes outlined in the S-5-13 Professional Provider Report.

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

KDHE offers no-cost Zika testing

Testing for Zika virus infection now is available through the Kansas Health and Environmental Laboratories (KHEL) at no cost.

KHEL will test approved patients for Zika virus using the Centers for Disease Control and Prevention (CDC) Trioplex rRT-PCR test. Serology testing (using the CDC Zika IgM MAC-ELISA) will also be conducted on approved specimens — this testing will occur either at KHEL or KHEL will arrange for testing through another state public health laboratory. Both of these tests are authorized by the federal Food and Drug Administration under Emergency Use Authorizations.

The turnaround time is expected to be up to 14 days.

Physicians who wish to conduct testing for Zika virus via KHEL should contact the Kansas Department of Health and Environment's (KDHE) epidemiology hotline at (877) 427-7317.

KDHE only will approve specimens from patients who meet the clinical criteria for Zika virus infection, have an epidemiologic risk factor, and are within an appropriate time frame for specimen collection. Asymptomatic pregnant women with a risk factor will also be evaluated for testing. Two milliliters of serum will be needed to test all patients, and two milliliters of urine also may be requested for symptomatic patients.

Guidance for people who have sexual contact with someone possibly exposed to Zika virus		
While traveling to a Zika-affected area	Use birth control and condoms correctly	
After returning home from a Zika-affected area	Women should continue using birth control to prevent pregnancy for eight weeks after returning home.	
	Man has symptoms or positive Zika test	Use condoms correctly every time you have vaginal, anal, or oral sex for **six months** after returning home
	Man has no symptoms or positive Zika test	Use condoms correctly every time you have vaginal, anal, or oral sex for **eight weeks** after returning home

Commercial lab testing

The FDA has granted Emergency Use Authorizations for some commercial laboratories to conduct Zika PCR testing (see http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika). Please note that patients tested at these commercial laboratories should meet CDC's Zika virus clinical criteria (e.g., clinical signs and symptoms associated with Zika virus infection) and epidemiological criteria (e.g., history of residence in or travel to a geographic region with active Zika transmission at the time of travel, or other epidemiologic criteria for which Zika virus testing may be indicated).

Providers should collect and store a serum aliquot for subsequent Zika IgM MAC-ELISA testing at KHEL in the event the commercial PCR test is negative. Zika IgM MAC-ELISA testing may be indicated because of the decline in the level of viremia during time, and possible inaccuracy in reporting of the dates of illness onset.

For more information, please see the attached document, "KDHE commercial Zika testing information for providers."

Possibly exposed?

KDHE has compiled the attached guidance document for patients who may have been exposed to Zika virus, "KDHE guidance for patients exposed to Zika virus". KDHE encourages providers to share this guidance

Please see **ZIKA**, *page* ***3***

Sent To: CAP excluding Dentists and Pharmacies
Contains Public Information

Zika: Commercial, additional testing

Continued from page ***2***

with patients. CDC's guidance will evolve as more is learned about Zika virus. For the most up-to-date information, please visit http://www.cdc.gov/zika/index.html.

Commercial testing info

- Travelers who are symptomatic after returning from a Zika-affected area should be tested for Zika virus by real-time reverse-transcription polymerase chain reaction (rRT-PCR).
- Several PCR tests for Zika virus are now available commercially under the federal Food and Drug Administration (FDA) Emergency Use Authorizations. For additional information, visit http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm#zika.
- However, the commercial laboratories do not offer Zika virus IgM enzyme-linked immunosorbent assay (ELISA) or confirmatory serologic testing (plaque reduction neutralization test, or PRNT).
- Providers should store a serum aliquot for subsequent Zika virus IgM MAC-ELISA testing at the state laboratory in the event the PCR is negative. Two milliliters of serum should be collected between four days and 12 weeks after symptom onset.
- For specimens that are PCR negative and a serum aliquot was not saved, another serum specimen should be collected within 12 weeks of symptom onset for Zika virus IgM MAC-ELISA testing.
- Blood should be collected and processed per routine guidelines (collected in a serum separator tube with serum aliquots transferred to new vials), and stored in a refrigerator (2-8°C) until it is known if additional IgM testing is indicated.
- Call KDHE's Epidemiology Hotline at (877) 427-7317 if you wish to conduct Zika IgM MACELISA testing.
- Patients who do not meet the clinical AND epidemiological (travel history or sexual exposure to an individual with suspected Zika virus infection) criteria will not qualify for IgM testing.

Guidance for pregnant women and their male sex partners	
Pregnant women who **did not** travel to a Zika-affected area	**Do not travel to Zika-affected area during pregnancy.** If it isn't possible to delay travel, talk to a health care provider first, and take steps to protect yourself while traveling.
Pregnant women who **did** travel to or resided in a Zika-affected area	Call your health care provider to discuss testing.
Pregnant woman's **sex partner** has or might have Zika	Plan together to abstain from sexual activity or use condoms correctly every time you have vaginal, anal, or oral sex for the duration of the pregnancy. If you're pregnant and had condomless vaginal, anal, or oral sex with a man or woman who has or might have Zika, contact your health care provider to discuss testing.

Guidance for people trying to conceive		
People who **did not** travel to a Zika-affected area	**Do not travel to a Zika-affected area while trying to conceive.**	
Woman has traveled to or resided in a Zika-affected area	**Symptoms**	Wait **at least eight weeks** after symptoms started before trying to conceive.
	No Symptoms	Wait **at least eight weeks** after last possible Zika exposure before trying to conceive.
Man has traveled to or resided in a Zika-affected area	**Symptoms**	Wait **at least six months** after symptoms started before trying to conceive.
	No Symptoms	Wait **at least eight weeks** after last possible Zika exposure before trying to conceive.

Additional testing?

Additional testing may be

Please see **TRAVEL**, *page* ***4***

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 link below when prescribing or dispensing medications for your BCBSKS patients. Coverage is subject to the limitations of the member's individual plan.

A searchable version of the formulary is available at:

► https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf

PRIME THERAPEUTICS

Travel: Guidance, advice for international travel

*Continued from page **3***

indicated because of the decline in the level of viremia over time and possible inaccuracy in reporting of the dates of illness onset. As with all diagnostic tests, a negative result does not rule out infection.

Guidance for travelers

- Take steps to prevent mosquito bites for three weeks, even if you do not feel sick, to avoid the spreading of Zika to local mosquitoes. Consider the following:
  - Use insect repellent containing DEET, IR3535, picaridin or oil of lemon eucalyptus.
- Use repellents approved by EPA, and follow the directions on the label.
- Apply sunscreen first, then repellent.
- Insect repellent is safe for pregnant women.
- Do not use insect repellents on infants less than 2 months old. Do not use repellent containing oil of lemon eucalyptus on children under age of 3. Do not allow young children to apply insect repellent themselves.
- Do not apply insect repellent to a child's hands, eyes, mouth or any irritated skin or cuts.
  - Wear long sleeves and pants; dress children the same way. Wear clothing treated with permethrin (a chemical that repels insects).
  - Stay in places with air conditioning or window and door screens.
  - Use a mosquito bed-net if you cannot keep mosquitoes out of your residence. Cover cribs, strollers and baby carriers with mosquito netting.
  - Get rid of standing water that collects in and around your residence, because standing water attracts mosquitoes.

Guidance on sex

It is not known whether men or women with asymptomatic Zika virus infection can transmit the virus sexually, and it is not known how long Zika virus can be present in semen or vaginal fluid. Persons who want to reduce the risk for sexual transmission of Zika virus should abstain from sex, or correctly and consistently use condoms for vaginal, anal, and oral sex, as recommended in the current CDC guidance for up to six months after exposure to Zika virus.

The CDC reported July 15 the first documented case of sexual transmission of Zika from a woman to her sex partner. All previously reported cases of sexually transmitted Zika virus infection have been spread from men to their sex partners. Guidance on prevention of sexual transmission of Zika virus will be updated as additional information becomes available. For the most up-to-date information, see http://www.cdc.gov/zika/transmission/sexualtransmission.html.

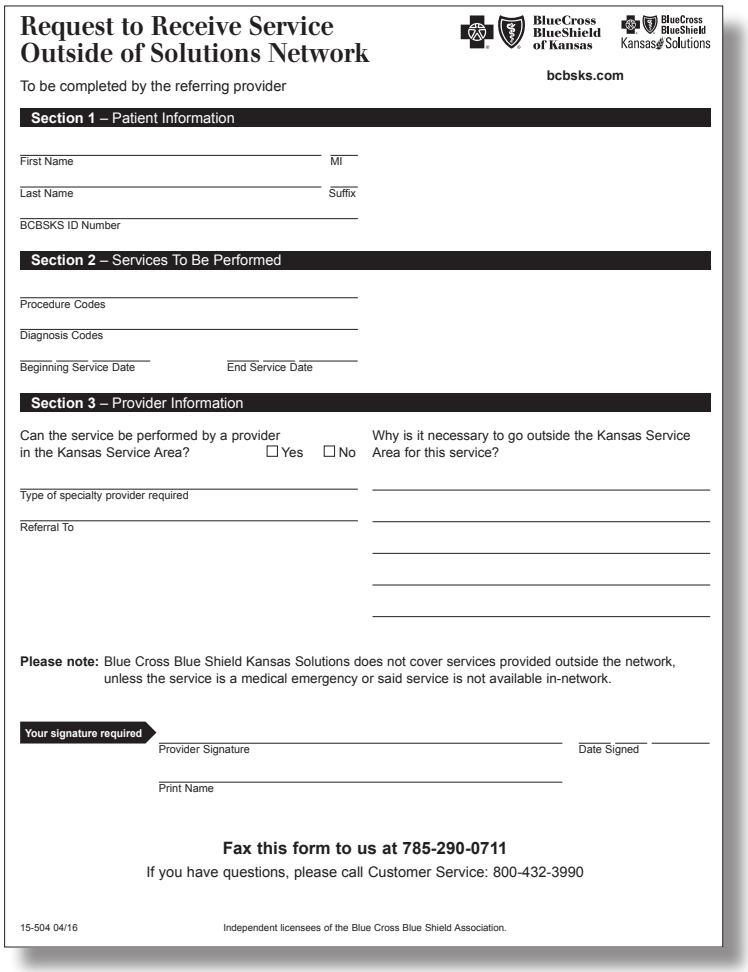
Out-of-Network Solutions request form available

New sheet will help providers when referring members for services not in network

Providers referring BlueCross BlueShield Kansas Solutions, Inc., members for services potentially not provided in the network should submit the Request to Receive Service Outside of Solutions Network form (http://www.bcbsks.com/CustomerService/Forms/pdf/15-504_request-service-outside-solutions-network.pdf).

Solutions members only have coverage when services are rendered in-network (except for emergency services and services not available in-network).

When the service is believed to not be available in the network, this form should be submitted to Blue Cross and Blue Shield of Kansas (BCBSKS) to determine if the service is indeed not available in the network.



Request to Receive Service Outside of Solutions Network

BlueCross BlueShield of Kansas — BlueCross BlueShield Kansas Solutions

bcbsks.com

To be completed by the referring provider

Section 1 – Patient Information

First Name ____ MI ____

Last Name ____ Suffix ____

BCBSKS ID Number ____

Section 2 – Services To Be Performed

Procedure Codes ____

Diagnosis Codes ____

Beginning Service Date ____ End Service Date ____

Section 3 – Provider Information

Can the service be performed by a provider in the Kansas Service Area? ☐ Yes ☐ No

Why is it necessary to go outside the Kansas Service Area for this service? ____

Type of specialty provider required ____

Referral To ____

Please note: Blue Cross Blue Shield Kansas Solutions does not cover services provided outside the network, unless the service is a medical emergency or said service is not available in-network.

Your signature required

Provider Signature ____ Date Signed ____

Print Name ____

Fax this form to us at 785-290-0711

If you have questions, please call Customer Service: 800-432-3990

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For more information regarding Solutions out-of-network requests, please contact your professional relations representative or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.

Billing reminders

- Providers should discontinue the practice of altering total charge zero professional claims to reflect $.01 to bypass edits. A system change will allow a zero charge to be billed correctly, effective Oct. 17.
- Effective Jan. 1, 2016, multiple surgery hierarchy is as follows: Surgeries with the LT modifier appended will pay primary to services with RT appended.
- Developmental Screening Assessments should be billed as a global service on the day the assessment/evaluation is initiated, i.e. 96101-96125.
- When submitting a written inquiry regarding a claim, remember to include an NPI and/or tax ID number. This information is necessary to protect members' personal health information (PHI).

Keeping current PA, APRN Collaborating Physician info

Blue Cross and Blue Shield of Kansas (BCBSKS) will be reaching out to Physician's Assistants (PA) and Advanced Practice Registered Nurses (APRN) and requesting their current collaborating physician's name and specialty be provided.

The initial request will be a letter requesting return of the information by a specified date.

The specialty of the collaborating physician will determine whether the extender is considered a primary care or specialty physician extender.

Updated information may result in a change in the office visit co-payment amount being collected or the Quality-Based Reimbursement Program (QBRP) incentive being paid.

Physician extenders who are working primarily with a specialist are considered specialty physician extenders. Extenders working primarily with a primary care provider — such as pediatrics, family practice, general practice, general internal medicine (no sub-specialty) — are considered primary care physician extenders.

Claims experience also will be monitored to determine the correct PA or APRN specialty designation is in place. The accuracy of the collaborating physician information is important to allow the correct administration of member benefits as well as payment of claims and any related incentive.

Going forward, PAs and APRNs will be asked to attest annually to the name and specialty of their collaborating physician(s) through the provider information section of the Provider Portal. When the portal is updated to allow this new function, physician extenders also will be able to provide updates to their collaborating physician through the portal.

NPI Accuracy

The Blue Cross Blue Shield Association is comparing data from the National Plan and Provider Enumeration System (NPPES) to data from the Blue Plans and reporting back to the plans when errors or mismatches are found.

This comparison is completed and reviewed by plans monthly. The data elements in NPPES that are compared to the Blue Plan information are:

1. NPI reported by the Blue Plan is also found on the NPPES.
2. Practice Address, City, State, Zip, and Phone number are the same as data from the Blue Plan.
3. The NPI type and whether the NPI is active.

When a mismatch cannot be corrected by the Plan, a call to the provider will take place asking providers to update the mismatched information.

For more information regarding provider data quality, call Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.

Documentation for interpretations of diagnostic imaging procedures

Interpretations of diagnostic imaging procedures reported separately for payment must include the following minimum information, either as a separate document or within the main body of the patient's record:

- Patient's name and other appropriate identifier (date of birth, Social Security number, record number, etc.)
- Referring physician name
- Name or type of procedure performed
- Date and time procedure was performed
- Name of interpreting physician
- Date and time interpretation was performed
- Body of the report, including:
  - Procedures and materials
  - Findings
  - Limitations
  - Complications
  - Clinical issues
  - Comparisons (when indicated and available)
  - Clinical impression and diagnosis, including differential diagnosis when appropriate
- Legible signature (holographic or electronic)

Records containing only documentation of diagnostic impressions, such as "Chest X-ray normal," "Chest X-ray shows CHF," and even more cryptic notations such as "CXR reviewed," are insufficient to support payment and must not be billed as a separately reported diagnostic imaging or interpretation.

25 modifier not needed for E&M, chemo

For 2017, Blue Cross and Blue Shield of Kansas has updated Policy Memo No. 2, Section III, bullet No. 3:

The update removes the reference to 25 modifier, as it is no longer needed to identify an E&M service being rendered on the same day as a chemotherapy administration. Medical need and documentation must still support both services being provided during the same encounter.

III. SERVICE QUALIFYING FOR A SEPARATE PROFESSIONAL FEE IN ADDITION TO AN OFFICE/ OUTPATIENT VISIT

- Charges for injectables may be listed separately from office visit fees and will be considered for payment separately. A separate administration fee will be allowed if no office visit is billed for therapeutic injections. Office visit services provided on the same day as an immunization or vaccine, may be billed in addition to the vaccine as long as medical need is justified.
- Laboratory examinations and/or diagnostic x-rays.
- Administration of chemotherapy when a separate and identifiable E&M is justified ~~(25 modifier required)~~.
- In the case of a combination of office/home visits with physical therapy (modalities and/or procedures), services may be billed separately. The medical necessity of any physical therapy modality and/or procedure in excess of four on the same day must be supported with office records. See CPT for specific reporting of codes.

CPT allows only one initial hospital care, discharge code

Blue Cross and Blue Shield of Kansas (BCBSKS) follows CPT coding, only allowing one initial hospital care code and one discharge code for admitting to/ discharging from inpatient or observation care.

For the initial admittance, code 99221, 99222, or 99223 can be billed for a single inpatient admission based on CPT and conformation from two provider representatives:

For initial inpatient encounters by physicians other than the admitting physician, see initial inpatient consultation code (99251-99255) or subsequent hospital care codes (99231-99233) as appropriate.

For discharge, two performing providers cannot bill for discharge management. CPT indicates these codes include final exam, discussion of inpatient stay, instructions for continuing care to all relevant caregivers, prep of records, and prescription and referral forms.

CPT also indicates concurrent care services should be billed using subsequent day code.

Quality initiatives in support of URAC accreditations

QIPs developed to improve member health

Annually, Blue Cross and Blue Shield of Kansas (BCBSKS) establishes Quality Improvement Projects (QIP) supporting our URAC accreditations that engage the member and provider to work together to improve the patient's overall health, improve the overall healthcare experience for the patient and control cost.

In 2016, quality initiatives were selected and action plans developed to support these three outcomes. QIPs may overlap to other quality program components such as the Quality-Based Reimbursement Program (QBRP) and eventually the Quality Reporting System measures which equate to star ratings for health plans participating in the Marketplace. When there is overlap, the same performance measurement is applied which is based on national performance measures outlined by National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS data is gathered from claims information, medical record reviews, and surveys. HEDIS data is connected to many public issues such as cancer, heart disease, asthma, diabetes, and use of preventive services.

QUALITY IMPROVEMENT PROJECTS

Each Quality Improvement Project (QIP) will be featured in future publications that will include a summary of the research that led to the selection of the project, the current performance measure, the outcomes to be achieved, and the action plans toward meeting the project objectives.

These projects are underway, and your offices may be experiencing added communication to your practices if your patients have elected to participate in one or more of the Disease Management Programs or have a patient whose medical condition benefits from services provided through the Case Management Program.

The 2016 QIPs include the following:

- **HEALTH PLAN**
  - Use of Imaging for Low Back Pain
  - All Cause Hospital Readmissions
  - Communication to Providers and Members on Quality-Based Initiatives
- **CASE MANAGEMENT**
  - Medication Adherence and Hospital Readmissions
  - Collaborative Communication with Providers on Patients Enrolled in Case Management
- **DISEASE MANAGEMENT**
  - Diabetes Enrollment and Hemoglobin HbA1c results
  - Collaborative Communication with Providers on Patients Enrolled in Disease Management

Choosing Wisely®

An initiative of the ABIM Foundation

No imaging studies for non-specific low back pain

Don't obtain imaging studies in patients with non-specific low back pain — In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.

Choosing Wisely is part of a multi-year effort to help physicians be better stewards of finite health care resources.

The American College of Physicians (ACP) contributed the above item.

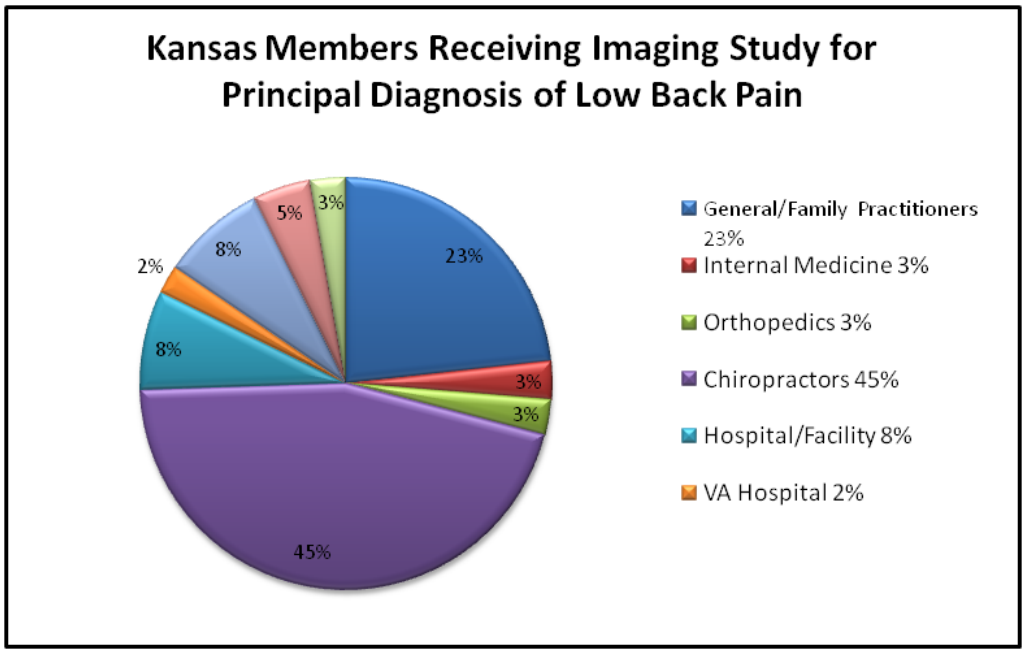
For more information on the initiative, visit www.choosingwisely.org. For more information on the ACP, visit www.acponline.org. For more information on the ABIM Foundation, visit www.abimfoundation.org.

Featured Quality Improvement Project

Limiting the use of imaging for treatment of Low Back Pain

QIP designed to decrease the number of unnecessary studies

The American College of Physicians advises that patients with back pain not be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.



This chart accounts for 1,798 Blue Cross and Blue Shield of Kansas members receiving an imaging study for a principal diagnosis of low back pain within 28 days of the diagnosis in calendar year 2015.

Who and Why

- Members18-50 years of age who pass eligibility and exclusion criteria.
- Members diagnosed with Low Back Pain and receive an imaging study within 28 days of diagnosis of non-traumatic low back pain.
- Reduce cost of unnecessary low back x-rays ($100-$300), MRI ($800 - $1,200) CT ($1,000 - $1,500) and unnecessary exposure to radiology.
- Improve HEDIS scores.
- Appropriate coding practices.

Approach

- Educate members and providers on appropriate diagnostic measures and treatment plans for non-traumatic low back pain.
- Identify providers by specialty that are performing imaging studies within 28 days of low back pain diagnosis.
- Provide targeted education to providers performing the imaging studies within 28 days of diagnosis.
- BCBSKS professional relations representatives meet with providers to provide additional information if needed.

Objective

Decrease the number of unnecessary imaging studies for low back pain and improve HEDIS score by one percentage point (83.5 percent to 84.5 percent).

Twelve months of claims data (Jan. 1, 2015 – Dec. 31, 2015) was used to determine the current HEDIS score for the measure. The data reflected a performance rate of 83.5 percent of providers operating within the guidelines. The goal of the QIP is to improve the performance rate to 84.5 percent in one year (based on data Jan. 1, 2016 – Dec. 31, 2016).

Filing Blue claims correctly for Pharmacies, Labs, DME

Properly filing claims with the Blue Plans will help ensure no-hassle processing

Generally, as a health care provider, you should file claims for your 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 provider and service.

Ancillary providers are Independent Clinical Laboratory, Durable/Home Medical Equipment (DME) and Supplies and Specialty Pharmacy providers. The local Blue Plan as defined for ancillary services is as follows:

Independent Clinical Laboratory (Lab) — The Plan in whose state* the specimen was drawn.

Durable/Home Medical Equipment and Supplies (DME) — The Plan in whose state* the equipment was shipped to or purchased at a retail store.

Specialty Pharmacy — The Plan in whose state* the Ordering Physician is located.

1. The ancillary claim filing rules apply regardless of the provider's contracting status with the Blue Plan where the claim is filed.

2. Providers are encouraged to verify Member Eligibility and Benefits by contacting the phone number on the back of the Member ID card or log on to Availity.com, before providing any ancillary service.

3. Providers that utilize outside vendors to provide services (example: Sending blood specimen for special analysis that cannot be done by the Lab where the specimen was drawn) should utilize in-network participating Ancillary Providers to reduce the possibility of additional member liability for covered benefits. A list of in-network participating providers may be obtained by contacting http://www.bcbsks.com/ProviderDirectory/index.htm

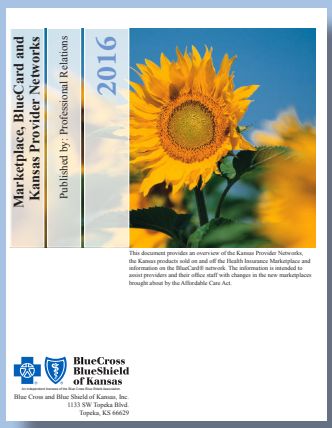
4. Members are financially liable for ancillary services not covered under their benefit plan. It is the provider's responsibility to request payment directly from the member for non-covered services.

5. If you have any questions about where to file your claim, please contact Customer Service, (800) 432-3990 or (785) 291-4180, or email csc@bcbsks.com at Blue Cross and Blue Shield of Kansas.

**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.*

Labs, DME and Specialty Pharmacy Providers Filing Blue Claims

Provider Type	How to file (required fields)	Where to file	Example
Independent Clinical Laboratory (any type of non hospital based laboratory) Types of Service include, but are not limited to: Blood, urine, samples, analysis, etc.	**Referring Provider:** • Field 17B on CMS 1500 Health Insurance Claim Form or • Loop 2310A (claim level) on the 837 Professional Electronic Submission or • Loop 2420F (line level) on the 837 Professional Electronic Submission	File the claim to the Plan in whose state the **specimen was drawn*** *Where the **specimen was drawn** will be determined by which state the referring provider is located.	Blood is drawn* in lab or office setting located in **Kansas**. Blood analysis is done in **Oklahoma**. *File to:* **Blue Cross and Blue Shield of Kansas.** *Claims for the analysis of a lab must be filed to the Plan in whose state the **specimen was drawn**.
Durable/Home Medical Equipment and Supplies (D/HME) Types of Service include but are not limited to: Hospital beds, oxygen tanks, crutches, etc.	**Patient's Address:** • Field 5 on CMS 1500 Health Insurance Claim Form or • Loop 2010CA on the 837 Professional Electronic Submission **Ordering Provider:** • Field 17B on CMS 1500 Health Insurance Claim Form or • Loop 2420E (line level) on the 837 Professional Electronic Submission **Place of Service:** • Field 24B on the CMS 1500 Health Insurance Claim Form or • Loop 2300, CLM05-1 (claim level) on the 837 Professional Electronic Submissions or • Loop 2400 SV105 (line level) on the Professional Electronic Submission **Service Facility Location Information:** • Field 32 on CMS 1500 Health Insurance Form or • Loop 2310C (claim level) on the 837 Professional Electronic Submission	File the claim to the Plan in whose state the equipment was **shipped to or purchased in a retail store.**	• Wheelchair is purchased at a retail store in **Kansas**. *File to*: Blue Cross and Blue Shield of Kansas. • Wheelchair is purchased on the internet from an online retail supplier in **Florida** and shipped to **Kansas**. *File to*: Blue Cross and Blue Shield of Kansas. • Wheelchair is purchased at a retail store in **Florida** and shipped to **Kansas**. *File to*: **Blue Cross and Blue Shield of Florida**.
Specialty Pharmacy Types of Service: Non-routine, biological therapeutics ordered by a health care professional as a covered medical benefit as defined by the member's Plan's Specialty Pharmacy formulary. Include but are not limited to: injectable, infusion therapies, etc.	**Referring Provider:** • Field 17B on CMS 1500 Health Insurance Claim Form or • Loop 2310A (claim level) on the 837 Professional Electronic Submission	File the claim to the Plan whose state the **Ordering Physician is located**.	Patient is seen by a physician in **Kansas** who orders a specialty pharmacy injectable for this patient. Patient will receive the injections in **Oklahoma** where the member lives for six months of the year. *File to*: **Blue Cross and Blue Shield of Kansas.**



BCBSKS network guide

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 and Blue Shield Association designed to help providers with questions regarding membership cards for all Blue Plans.

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

This document soon will be updated for 2017.

BCBSKS to begin using Clinical Care Coordinator

New position will work with providers to close gaps in care

Blue Cross and Blue Shield of Kansas will begin utilizing a Clinical Care Coordinator (Coordinator), a new position with the focus of connecting members to health care professionals (i.e. Primary Care Physician or PCP) and/or services. The Coordinator's goal will be closing clinical care gaps and/or documentation gaps in health conditions.

The Coordinator will be a Registered Nurse with chronic care professional certification, and health coaching and motivational interviewing skills.

The Coordinator will attempt to arrange the care of members with gaps by communicating with the member's PCP as the first step to facilitate the member's engagement with their PCP.

When necessary, the Coordinator will reach out to the member directly to provide health coaching and support to help initiate the care process for the member to engage with a health care professional or service.

For additional information, contact your professional relations representative.

Web Changes — Medical Policy

Since the publication of Professional Provider Report S-3-16, the following new or revised medical policies have been posted to our website at: http://www.bcbsks.com/CustomerService/Providers/MedicalPolicies/policies.shtml

- Alcohol Injection Therapy for Morton — Neuroma
- Antihypertensive Medications
- Aqueous Shunts and Stents for Glaucoma
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Bone Mineral Density Studies
- Charged-Particle (Proton or Helium Ion) Radiotherapy for Neoplastic Conditions
- Facet Joint Denervation (Cervical and Lumbar)
- Foot Care Services
- Fundus Photography
- Hepatitis B / Hepatitis C Peg-interferon
- Hepatitis C First Generation — Through Preferred Agent(s)
- Hepatitis C Second Generation — Through Preferred Agent(s)
- Injectable Asthma Agents
- Microwave Tumor Ablation
- Monitored Anesthesia Care
- Radiofrequency Ablation of Primary or Metastatic Liver Tumors
- Scanning Computerized Ophthalmic Diagnostic Imaging Devices
- Screening for Lung Cancer Using CT Scanning
- Statin Therapy
- Testing for Vitamin D Deficiency