



Professional Provider Report

A newsletter for professional providers and their staff members

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Communications Coordinator

Eligible pharmacists may bill MTM services

Office setting gives avenue for Medication Therapy Management

In order to facilitate pharmacists working in collaboration with providers, eligible pharmacists are able to bill for medication therapy management (MTM) services in an office setting.

An eligible pharmacist is one who is performing the MTM service in an office setting.

The office setting is defined as a group practice where the pharmacist is an employee of the office.

The American Medical

Association Current Procedural Terminology (CPT) codes for the contracting pharmacist's MTM services are as follows:

- 99605 15 minutes medical therapy management initial; face-to-face time with patient
- 99606 First 15 minutes, established patient
- 99607 Each additional 15 minutes

Claims should indicate Place of Service 11 - Office. Appropriate documentation should be included in the patient's medical record.

To enroll a pharmacist into your group practice, please utilize the Provider Network Enrollment Request form available at bcbsks.com.



bcbsks.com



Use 99455 for physicals required for employment

Use of CPT 99455 (work related or medical disability evaluation services) is for physicals required as a condition of employment. These services are covered, including office calls, x-rays, and lab tests associated with the physical.

Please note: If components of an office evaluation and management (E/M) code are documented and the service is medically justified, Office E/M (99201-99205 for new patients or 99211-99215 for established

patients) may be used in place of 99455.

When billing 99455, please remember to document the type of physical (KDOT) being performed. This should be noted in loop 2400, NTE field for electronic submission or box 19 of the CMS 1500 claim form.

All other physicals (i.e. school, immigration, etc.) should be billed using the appropriate evaluation and management/ diagnosis code.

FEP covers tobacco-use cessation

The Federal Employee Program (FEP) group health plan has covered tobacco-use cessation since 2015.

The goals of covering tobacco-use cessation is to reduce the risk for coronary heart disease, stroke and peripheral vascular disease. The risk of coronary heart disease is reduced within one to two years of quitting.

Treatment includes counseling and medication, both of which are effective in treating tobacco dependence and are more effective when combined. Benefits for tobacco-use cessation includes:

- Four tobacco cessation counseling sessions of at least 30 minutes. This includes proactive telephone counseling, group counseling and individual counseling.
- All seven Food and Drug Administration-approved tobacco cessation medications with a doctor's prescription.
- Two quit attempts per year.
- No copayments or coinsurance and not subject to deductibles, annual or lifetime dollar limits.

Telemedicine services should be billed with POS 02, GT modifier

As a reminder, all telemedicine services should be billed with place of service 02 and GT modifier.

Telemedicine means the delivery of health care services or consultations while the patient is at an originating site and the health care provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient's health care.

Telephone calls and web-based correspondence are content of service when billed with another service on the same day.

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

Blue Cross recognizes local substance abuse facilities

Four facilities in our service area have earned designation as Blue Distinction® Centers for Substance Use Treatment and Recovery (BDC Substance Use Treatment and Recovery) – a new designation under the Blue Distinction Specialty Care program.

These facilities received a BDC Substance Use Treatment and Recovery designation:

- Atchison Valley Hope
- Norton Valley Hope
- Moundridge Valley Hope
- Central KS Foundation

“We are proud to be associated with these four top-notch facilities,” said Matt All, president and CEO of Blue Cross and Blue Shield of Kansas. “By helping Kansans recover from addiction, they are giving new hope to families and communities across our state.”

The BDC Substance Use Treatment and Recovery program requires designated facilities to deliver coordinated multidisciplinary care to patients and provide timely access to quality medical and psychosocial care in all phases of treatment. Designated facilities must also offer medication-assisted treatment — a way to treat

opioid addiction that includes a medication component and behavioral therapy.

Blue Distinction Centers are nationally designated facilities that show a commitment to delivering improved patient safety and better health outcomes, based on objective measures that were developed with input from the community and leading accreditation and quality organizations.

Misty Burgen, provider program specialist in the institutional relations department, works closely with contracting hospitals interested in pursuing a Blue Distinction Center designation to guide them through the process. There are Blue Distinction Centers in our network in these disciplines: bariatric surgery, cardiac care, knee and hip replacements, maternity care, spine surgery, and substance use treatment and recovery.

For more information about the program and for a complete listing of the designated facilities, visit www.bcbs.com/bluedistinction.

Re-enrollment needed for ASK email notification list

An upgrade has been completed to the ASK email list, and re-enrollment is needed to continue receiving notifications.

Providers who haven't re-enrolled since Aug. 1, go to <https://www.ask-edi.com/email-list/>. Email registration topic selections and email addresses selected before Aug. 1 have been deleted.

When re-enrolling, providers will have the opportunity to email updates on:

- ABILITY | PC-ACE News
- Companion Documents
- EDI Midwest Updates
- Electronic Remits
- Latest News
- Vendor News

Confirm with your software vendor and clearinghouse they are signed up for ASK-EDI email notification.

For more information, contact the EDI Help Desk at 800-472-6481, option 1, then option 2.



Blue Cross to request records for prenatal, postpartum

The Blue Cross and Blue Shield of Kansas (Blue Cross) Federal Service Benefit Plan Healthcare Effectiveness Data and Information Set (HEDIS) team is requesting Prenatal and Postpartum records as a review of care for services provided to Federal Service Benefit Plan members. These records requests are part of the Contracting Provider Agreement, detailed in [Policy Memo No. 4](#).

According to the HIPAA Privacy

Rule, no authorization from the member is required to share requested records with BCBSKS, as these requests are covered under the health care operations exception.

For more information regarding these records requests, contact Jennifer Bumgarner, Disease Management and Wellness Programs Operations Associate, at 785-291-8798, or contact your Professional Relations representative.

Obtain prior authorization before performing radiology services

Prior authorization should be obtained before providing radiology services for Arkansas Blue Cross and Blue Shield (ARBCBS) members covered through Walmart.

By obtaining prior authorization for the applicable radiology services, providers that have diagnostic equipment specific to treating the patient's condition (back, knee, neck, etc.) are identified. The purpose is

to yield better health and financial outcomes.

Providers can access the [Prior Approval Request Form](#) online at arkansasbluecross.com and email or fax the form to ARBCBS.

If necessary, contact ARBCBS Customer Service by phone 800-238-8379. For more information, please contact your Professional Relations representative.

Submitting electronic Network Pricing Group claims

Blue Cross and Blue Shield of Kansas (Blue Cross) provides primary claim pricing for Kansas Building Trades Health and Welfare (KBT and/or KBTHW) and International Brotherhood of Electrical Workers (IBEW).

These claims are also known as Network Pricing Group claims.

KBT/KBTHW and IBEW primary claims should be submitted electronically with the:

- Member ID as it appears on the member's card
- 2000B SBR03 Group Number = KBT/KBTHW or IBEW
- 2000B SBR09 Claim Filing Indicator = BL

An EDI front-end edit was implemented Sept. 24 to allow only submission of primary Network Pricing Group claims to be submitted to Blue Cross. Claims other than primary must be filed directly to KBT/KBTHW or IBEW/IBEW226. Filing instructions are on the back of the member ID card.

All eligible inquiry or claim status will need to be directed to the Network Pricing Group for KBT/KBTHW at 800-432-3595 or for IBEW/IBEW226 at 800-822-4812.

Program to curb use of opioid + benzodiazepine

Blue Cross begins project aimed to lower abuse 33 percent

A new trend has developed in terms of life expectancy in the United States.

For two years in a row, the Centers for Disease Control (CDC) has reported that life expectancy has actually decreased. While the number of deaths from cancer and heart disease have decreased, these advances are overshadowed as deaths by suicide and overdoses are both on the rise.

While overdoses because of opioids — including heroin, prescription opioids, and fentanyl — have been in the spotlight, a contributing factor in more than 30 percent of overdoses is the concurrent use of a benzodiazepine (<https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids>).

Studies are showing that co-prescribing opioids and benzodiazepines increases the risk of a drug overdose and can be a dangerous

combination. Both products now contain FDA black box warnings regarding the dangers of using these drugs together.

Blue Cross and Blue Shield of Kansas (Blue Cross) has been working on a Quality Improvement Project to address the number of opioids and benzodiazepines being used concurrently to reduce the risk of abuse.

Our retrospective pharmacy claims data review looks for members using opioids and benzodiazepines concurrently, and who obtained these medications from multiple providers. Blue Cross is contacting by mail the prescribing providers to provide an awareness that their patient is using both medications from different prescribers.

Blue Cross's goal is to reduce the number of members obtaining opioids and benzodiazepines from multiple providers by 33 percent by the end of 2019.



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/2019/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf

For BlueCare/EPO members, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2019/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCREPO9/2019_KS_6T_BlueCare_Medication_List.pdf

For BlueEdge/ResultsRx medication list, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2019/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/KS_BlueEdge_MedicationList.pdf



CPT allows initial hospital care, discharge code

Blue Cross and Blue Shield of Kansas (Blue Cross) 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:

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.

Blue Cross to cover Cologuard as preventive service Jan. 1

Exact Sciences will be contracting with Blue Cross and Blue Shield of Kansas (Blue Cross) effective Jan. 1, and Cologuard will be covered as a preventive service.

Individual plans will cover Cologuard as preventive Jan. 1, while Group plans will begin covering as preventive on the anniversary date throughout 2020. Member benefit information may be obtained through Availity.com.

While a colonoscopy is still the recommended choice as preventive screening for colon cancer, Cologuard will be allowed as preventive as well.

Blue Cross will continue to follow the [medical policy](#), which can be found at bcbsks.com. There is no need for prior authorization or pre-payment medical review. By signing the Exact Sciences order form, the physician is stating it meets medical necessity as outlined in the medical policy.

Flu season a reminder testing not always required

Flu season is a reminder that most patients with a clinical illness consistent with uncomplicated influenza do not require influenza diagnostic testing or treatment with antiviral drugs. The clinical presentation of patients with uncomplicated influenza virus infection includes abrupt onset of fever, cough, sore throat, myalgias, arthralgias, chills, headache, and fatigue.

Rapid influenza diagnostic tests have limited sensitivity, and false negative results are common. Thus, negative results from rapid influenza diagnostic tests should not be used to guide decisions regarding treatment with influenza antiviral medications. In addition, false positive tests can occur and are more likely when influenza is rare in the community. When laboratory confirmation is desired, testing by RT-PCR and/or viral culture is recommended. If most circulating influenza viruses have similar antiviral susceptibilities, information on influenza A subtypes may not be needed to inform clinical care.

More information on diagnostic testing can be found in the [medical policy](#) at bcbsks.com.

Administration and immunization reimbursement

Vaccine/drug administration for BCBSKS members should be billed per injection, a policy that was established in 2011.

Maintaining the “per administration/injection” definition from the 2010 immunization administration codes (90465/90466, 90471/90472) will allow for budget neutrality.

90460, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component: Bill for the initial ADMINISTRATION (“injection”).

+90461, each additional vaccine/toxoid component: Bill for each

additional ADMINISTRATION (“injection”) administered on the same day as the 90460.

90471, Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid: Bill for the initial ADMINISTRATION (“injection”).

+90472, each additional vaccine (single or combination vaccine/toxoid: Bill for each additional ADMINISTRATION (“injection”) administered on the same day as the 90471.

NOTE: + INDICATES THIS CODE IS AN ADD-ON CODE TO THE PRIMARY ADMINISTRATION CODE

These administration codes

should be reported on the same claim, in addition to the appropriate vaccine/toxoid code(s).

We do receive periodic requests from providers to change our policy to follow CPT coding for injection administration. As such, consideration to remove the injection utilization limit is being discussed for a possible 2021 implementation. This change would affect reimbursement of these codes. Any comments or input should be sent to your Professional Relations representative for review.

If you have additional questions, please contact your Professional Relations representative or Provider Network Services in Topeka at 785-291-4135 or 800-432-3587.





Inovalon retrieving medical records for Blue Cross to fulfill requirement

Inovalon is authorized to retrieve medical records on behalf of Blue Cross and Blue Shield of Kansas.

The Centers for Medicare and Medicaid Services (CMS) and Department of Health and Human Services (HHS) require Medicare Advantage and commercial plans to submit detailed documentation to support patient conditions.

As outlined in the contract, providers are required to respond to requests in support of Risk Adjustment and Healthcare Effectiveness Data and Information (HEDIS), as well as other government-required activities within a requested time frame. This includes Inovalon's requests on behalf of Blue Cross.

The following are the dates for certain record retrivals:

- HEDIS: Jan. 2020 - May 2020.
- Medicare Risk Adjustment (MRA): May 2020 - Dec. 2020
- Commercial Risk Adjustment Data Validation (HRADV): June 2020 - Dec. 2020
- Commercial Risk Adjustment (CRA)/Risk Adjustment Data Validation Audit (RADV): Jan. 2020 - Dec. 2020

Inovalon is contractually bound to preserve the confidentiality of health plan members' protected health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations. Providers are permitted to disclose protected health information (PHI) to

health plans and the contracted partners without authorization from the patient when both the provider and the health plan had a relationship with the patient.

For your convenience medical records may be submitted to Inovalon in the following ways:

- Phone: 844-682-9764 (for questions on delivery options/methods)
- Fax: 877-221-0604
- FedEx: For further instruction on returning records via FedEx, please call 800-463-3339.
- Email: EMRService@inovalon.com (send secure)

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

Policy: Changes made on the web

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- Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy
- Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
- Homocysteine Testing
- Hyperbaric Oxygen Therapy (HBOT)
- Identification of Microorganisms Using Nucleic Acid Testing
- Implantable Cardioverter Defibrillators
- Implanted Peripheral Nerve Stimulator (PNS) for Pain Control
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
- Intensity Modulated Radiotherapy (IMRT)
- Interspinous and Interlaminar Stabilization / Distraction Devices (Spacers)
- Interspinous Fixation (Fusion) Devices
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- In Vitro Chemoresistance and Chemosensitivity Assays
- Keratoprosthesis
- KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy
- KRAS, NRAS, and BRAF Variant Analysis in Metastatic Colorectal Cancer
- Laboratory Tests for Heart and Kidney Transplant Rejection
- Low-Level Laser Therapy
- Lumbar Spinal Fusion
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders
- Meniscal Allografts and Other Meniscus Implants
- Miscellaneous Genetic and Molecular Diagnostic Tests
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Molecular Testing for the Management of Pancreatic Cysts or Barrett's Esophagus
- Non-invasive Positive Pressure Ventilation for Patients with Chronic Obstructive Pulmonary Disease (COPD)
- Open and Thoracoscopic Approaches to Treat Atrial Fibrillation and Atrial Flutter (Maze and Related Procedures)
- Optical Coherence Tomography (OCT) of the Anterior Eye Segment
- Orthopedic Applications of Platelet-Rich Plasma
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Outpatient Pulmonary Rehabilitation
- Percutaneous Balloon Kyphoplasty, Radiofrequency Kyphoplasty, and Mechanical Vertebral Augmentation
- Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- Percutaneous Vertebroplasty and Sacroplasty
- Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines
- 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
- Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies
- Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions
- Risk-Reducing Mastectomy
- Sacral Nerve Neuromodulation / Stimulation
- Scanning Computerized Ophthalmic Diagnostic Imaging Devices
- Sensorimotor and Neurobehavioral Status Exams for Optometric Providers
- Serum Tumor Markers for Breast Malignancies
- Site of Care Infusion Management
- Spinal Cord and Dorsal Root Ganglion Stimulation
- Surgical Treatment of Femoroacetabular Impingement
- Surgical Treatment of Snoring and Obstructive Sleep Apnea (OSA) Syndrome
- Temporomandibular Joint (TMJ) Disorder
- Temporomandibular Joint (TMJ) Disorder (Availity login required)
- Total Ankle Replacement
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Translarna (ataluren)
- Transtympanic Micropressure Applications as a Treatment of Meniere's Disease
- Treatment of Tinnitus
- Tumor Treating Fields Therapy
- Ultrafiltration in Heart Failure
- Ultrasound Accelerated Fracture Healing Device
- Vagus Nerve Stimulation
- Varicose Veins
- Wearable Cardioverter Defibrillators

Pharmacy, Labs, DME, HIT filing Blue claims

Filing claims with proper Blue Plan reduces delays

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.

Home Infusion Therapy (HIT) — The Plan in whose state* the drug was shipped to or to the plan HIT was rendered.

Specialty Pharmacy — The Plan in whose state* the



Ordering Physician is located.

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

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.

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 at <https://www.bcbsks.com/ProviderDirectory/index.htm>

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.

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.



Labs, DME, HIT, Specialty Pharmacy Providers Filing Blue Claims

Provider Type	How to file (required fields)	Where to file	Example
<p>Independent Clinical Laboratory (any type of non hospital based laboratory)</p> <p>Types of Service include, but are not limited to: Blood, urine, samples, analysis, etc.</p>	<p>Referring Provider:</p> <ul style="list-style-type: none"> 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 	<p>File the claim to the Plan in whose state the specimen was drawn*</p> <p>*Where the specimen was drawn will be determined by which state the referring provider is located.</p>	<p>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.</p> <p>*Claims for the analysis of a lab must be filed to the Plan in whose state the specimen was drawn.</p>
<p>Durable/Home Medical Equipment and Supplies (D/HME)</p> <p>Types of Service include but are not limited to: Hospital beds, oxygen tanks, crutches, etc.</p>	<p>Patient's Address:</p> <ul style="list-style-type: none"> Field 5 on CMS 1500 Health Insurance Claim Form or Loop 2010CA on the 837 Professional Electronic Submission <p>Ordering Provider:</p> <ul style="list-style-type: none"> Field 17B on CMS 1500 Health Insurance Claim Form or Loop 2420E (line level) on the 837 Professional Electronic Submission <p>Place of Service:</p> <ul style="list-style-type: none"> 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 <p>Service Facility Location Information:</p> <ul style="list-style-type: none"> Field 32 on CMS 1500 Health Insurance Form or Loop 2310C (claim level) on the 837 Professional Electronic Submission 	<p>D/HME: File the claim to the Plan in whose state the equipment was shipped to or purchased in a retail store.</p>	<p>Wheelchair is purchased at a retail store in Kansas. <i>File to:</i> Blue Cross and Blue Shield of Kansas.</p> <p>Wheelchair is purchased on the internet from an online retail supplier in Florida and shipped to Kansas. <i>File to:</i> Blue Cross and Blue Shield of Kansas.</p>
<p>Home Infusion Therapy (HIT)</p> <p>Types of Service include but are not limited to: Administration of intravenous antibiotic, immune globulin fluid, etc., by a home health nurse in home or equivalent setting.</p>	<p>HIT: File the claim to the Plan in whose state the drug was shipped to or where HIT was rendered.</p>	<p>Wheelchair is purchased at a retail store in Florida and shipped to Kansas. <i>File to:</i> Blue Cross and Blue Shield of Florida.</p> <p>An HIT company in Missouri renders care at a patient's home in Kansas. <i>File to:</i> Blue Cross and Blue Shield of Kansas.</p>	
<p>Specialty Pharmacy</p> <p>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.</p>	<p>Referring Provider:</p> <ul style="list-style-type: none"> Field 17B on CMS 1500 Health Insurance Claim Form or Loop 2310A (claim level) on the 837 Professional Electronic Submission 	<p>File the claim to the Plan whose state the Ordering Physician is located.</p>	<p>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.</p>

Web Changes — Medical Policy

Since the publication of Professional Provider Report [S-3-19](#), the following policies have been posted at: <https://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
- Alcohol Injection Therapy for Morton's Neuroma
- Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
- Amniotic Membrane and Amniotic Fluid
- Aqueous Shunts and Stents for Glaucoma
- Artificial Intervertebral Disc: Cervical Spine
- Artificial Intervertebral Disc: Lumbar Spine
- Artificial Pancreas Device Systems
- Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
- Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- Autologous Chondrocyte Implantation for Focal Articular Cartilage Lesions
- Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure
- Automated Percutaneous and Percutaneous Endoscopic Discectomy
- Automated Point-of-Care Devices for Nerve Conduction Testing
- Bone Mineral Density Studies
- Botulinum Toxin (BT)
- Bronchial Thermoplasty
- Cardiac Hemodynamic Monitoring for the Management of Heart Failure in the Outpatient Setting
- Cardiac Rehabilitation in the Outpatient Setting
- Catheter Ablation as Treatment for Atrial Fibrillation
- Chelation Therapy for Off-Label Uses
- Circulating Tumor DNA Management of Non-Small Cell Lung Cancer (Liquid Biopsy)
- Cone Beam Computed Tomography (CBCT) (Availability login required)
- Continuous Passive Motion in the Home Setting
- Corneal Collagen Cross-Linking
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Coronary Computed Tomography Angiography with Selective Noninvasive Fractional Flow Reserve
- Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors
- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Deep Brain Stimulation
- Diagnosis and Treatment of Sacroiliac Joint Pain
- Drug Testing in Pain Management and Substance Use Disorder Treatment
- Dry Needling of Myofascial Trigger Points
- Electrical Bone Growth Stimulation of the Appendicular Skeleton
- Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures
- Electronic Brachytherapy for Nonmelanoma Skin Cancer
- Enhanced External Counterpulsation (EECP)
- Extracorporeal Shock Wave Therapy (ESWT) for Plantar Fasciitis and Other Musculoskeletal Conditions
- Extracranial Carotid Artery Stenting
- Eye Movement Desensitization and Reprocessing (EMDR) for Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD)
- Fundus Photography
- Gastric Electrical Stimulation
- Gene Expression-Based Assays for Cancers of Unknown Primary
- Gene Expression Profiling for Cutaneous Melanoma
- Genetic Cancer Susceptibility Panels Using Next Generation Sequencing
- Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders

*Please see **POLICY**, page 9*

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

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