

Professional Provider

Report



A Newsletter for
Professional Providers and
their Staff Members

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Premiums limited from third parties

Blue Cross and Blue Shield of Kansas (BCBSKS) and BlueCross BlueShield Kansas Solutions (Solutions) are amending our member contracts as of Jan. 1 (or on a group's anniversary date during 2017) to note that premium payments ONLY will be accepted from the policyholder (group or individual), the policyholder's family, or entities from whom insurers are required by law.

These entities include:

- Ryan White HIV/AIDS Program under XXVI of the Public Health Service Act
- Indian tribes, tribal organizations and urban Indian national organizations
- State and federal government programs

Our records indicate during the first six months of 2016, premiums for a small number of members were paid by third-party payors from whom we are not legally required to accept payments. This resulted in the payment of more than \$2.7 million in claims for approximately 65 members with a combined premium payment of about \$160,000. This type of disparity makes affordable health insurance for all Kansans unsustainable.

BCBSKS and Solutions will continue to accept third-party payments for current members and pay claims until the renewal

*Please see **PREMIUMS**, page 2*

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

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Billing modifiers

The following modifiers will need to be used for the appropriate services listed below beginning Jan. 1.

► Appropriate billing of cardiac catheterization will include using modifier 26 for the professional component or TC for the technical component.

► Appropriate billing of habilitative services will include using modifier SZ.

► Appropriate billing of sex-specific procedures for an individual that identifies with the other gender will include using the modifier KX.

Licensed Dieticians must be part of medical group

As a reminder, in July 2014, Blue Cross and Blue Shield of Kansas began recognizing Licensed Dieticians who are part of a medical group as eligible providers.

BCBSNE changes preauthorization

Blue Cross and Blue Shield of Nebraska (BCBSNE) began requiring preauthorization Oct. 1 for the following services:

- Computed Tomography (CT/CTA)
- Magnetic Resonance Imaging (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)

NOTE — Plain radiology films, imaging studies performed in conjunction with emergency room services, observation care and inpatient hospitalizations are excluded from this requirement.

Blue Cross and Blue Shield of Kansas advises our contracting providers to submit pre-service reviews for any BCBSNE patients,

when required, in order to avoid possible denial and member financial responsibility for the charges. Providers can find additional information at <https://medicalpolicy.nebraskablue.com/home>.

BCBSNE is developing an electronic solution for submitting radiology preauthorizations for the services noted above, called Clear Coverage, which will be available soon. Providers may visit <https://medicalpolicy.nebraskablue.com/clearcoverage> today to create login credentials in preparation of the electronic tool. Until that time, please contact the BCBSNE nurse's line at (888) 236-3870 to submit all preauthorizations for the services listed above for BCBSNE members.

Premiums: Members risk cancelation, claims denial

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date for those policies. When those policies reach a new effective date (most likely Jan. 1 or on a group's anniversary in 2017), BCBSKS and Solutions expect that payments are made only by eligible entities and will return premium payments made by ineligible third-party payors.

If premium payments are submitted by an ineligible third-party payor, the member risks having his or her policy

canceled and claims denied. This means providers will need to bill the patient directly for services that were provided.

BCBSKS and Solutions will make every attempt to reach out to these members to discuss payment options that will continue the policy in force and assure benefits are available for needed care.

If you have questions, please contact your professional relations representative.