Are Quantitative Computed Tomography (QCT) Dexa Scans covered?
No, they are considered not medically necessary per the medical policy.

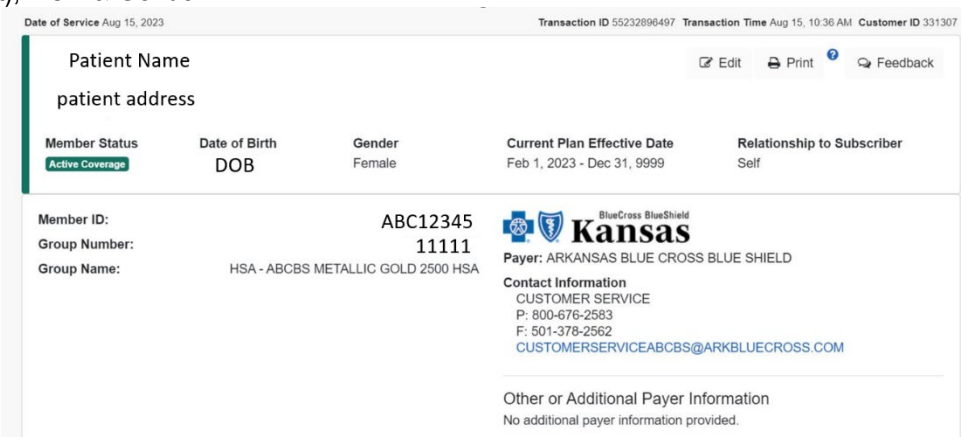
Do the audit requirements apply to Limited Hospitals?
Yes, changes are effective 1/1/24

How similar are BCBSKS medical policies to Medicare's policies?
Blue Cross and Blue Shield of Kansas Medical Policies are derived from a variety of sources and factors. When developing our medical policies our goal is to be in line with the most current standards of care as supported by the current published evidence-based studies and practice guidelines.

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

Why do Total Insulin labs deny when there isn't a medical policy on the website?
There is an internal guideline for this service.

Why can't I search for OOS members in Availity?
Individuals can contact Availity to add other states or use "Single Patient" tab – enter member name (first/last), DOB & Gender.



If I have a prior authorization through New Directions Behavioral Health, will I need a new one for Lucet?
No, Lucet is only a name change so all prior authorizations completed through NDBH are still valid for Lucet.

What Condition Code do you use for a corrected claim?
Per NUBC, D4

Why do we have to wait 30 days to drop a paper claim on Medicare Secondary claims?
We must allow the system 30 days to crossover.

How do I bill if I have a patient in the ER and they are admitted the next day?
Please see the Outpatient Bundling Rules in the Institutional Provider Manual

If a State of Kansas member is getting a preventive service, what does that benefit look like in Availity?
Benefits are available in the benefit plan on the BCBSKS website (bcbsks.com/state)

How do we complete prior authorizations for OOS members without calling the other plan?
This can be completed 2 ways; 1 option is through BlueAccess (Pre-Service – Pre-Service Review for Out-Of-Area Members). 2nd option is on the BCBSKS website (bcbsks.com - Providers – Precert/Prior Auth https://www.bcbsks.com/providers/precertification-prior-authorization)

What happens when we complete a predetermination for a planned procedure & then the procedure changes in the operating room?
If the surgery performed has different requirements than the surgery approved, we would request records and review the requirements of what was performed. If the surgery performed has the same criteria or maybe doesn't have criteria or the difference in services is not significant, we will use the approval from the other surgery.
We do not deny anything just because of no predetermination, we would still review it for medical necessity and get records if needed.

If a patient is seen at 11:58pm for an accident emergency, would we process discount off charge for next day or enforce claim level pricing?
The entire claim will be priced off of the encounter date.

On the Limited Patient Waiver, what option should be selected for an EPO member that is being transferred out of area via the emergency room?
Select "Patient-requested services" on the Limited Patient Waiver

How often do we need to update Business Associate Agreements (BAA)?
Only need to update when they change. Ex – new BAA, terming BAA

Who can help with Medicare Advantage (MA) on the professional side?
Patrick Artzer
785-291-6289
Patrick.Artzer@bcbsk.com

Is prior authorization required for Rabies Immune Globin (RIG)?
No, prior authorization is not required as it is not subject to the Immunoglobin Therapy medical policy.

What happens when a patient selects "Do not bill my insurance" on the Limited Patient Waiver but then the patient bills BCBSKS on their own?
BCBSKS will reach out for a copy of the Limited Patient Waiver.

Is predetermination required for Botox for migraines?
No, predetermination is not required; however, there is a medical policy and predetermination may be strongly recommended.
https://www.bcbsks.com/medical-policies/botulinum-toxin-bt-2022-12-13

Does BCBSKS provide training on InterQual?
Yes, contact Amanda Mellies, Education Consultant
785-291-7236
Amanda.Mellies@bcbsks.com

If we chose to become a Rural Emergency Hospital (REH), would we be considered a Limited Hospital?
No, REH would be its own type of provider.

Can a predetermination be sent securely when emailed to CSC@bcbsks.com?
Yes, customer service can open secure emails.

Where do STARS ratings come from? Is it from providers or members?
The STAR rating is based on clinical performance reported to CMS similar to how our providers report their clinical scores to us.
https://data.cms.gov/provider-data/topics/hospitals/overall-hospital-quality-star-rating

Does BCBSKS offer training for new hospital staff?
Yes, contact Amanda Mellies, Education Consultant
785-291-7236
Amanda.Mellies@bcbsks.com

What is considered an accident?
Accidental injury is an unintended injury to your body caused through external means. This does NOT include injuries that occur before the date from which the member has had continuous coverage with BCBSKS; disease or infection (except for infection that occurred from an accidental cut or wound); hernia; injuries to the teeth caused by biting or chewing. Some examples include bug bites, overdose, sprains.

What appeal rights do facilities have for experimental/investigational (E/I) and non-medically necessary (NMN) denials?
Per the Policies & Procedures:
Before entering into the Appeals Process, the Contracting Provider may verify the original payment determination through established inquiry procedures. The inquiry to verify the original payment determination shall be made within 120 days of the date of the remittance advice. If the claim was denied as not medically necessary or experimental/investigational, the Contracting Provider should submit an Initial Appeal to request review of the denial. In cases where claims are adjusted, the remittance advice will serve as the written response. Initial Appeal: Written notification of disagreement with a medical necessity or experimental/investigational determination shall be provided to BCBSKS customer service within 180 days of the date of the remittance advice where the claim denial was first communicated. This notification will be considered as the Initial Appeal. So that a thorough review may be conducted, the Contracting Provider should submit all pertinent information and medical records with a copy of the claim to BCBSKS Customer Service Center. 24 BCBSKS Policies and Procedures Confidential and Proprietary 17-124 01/24 Information submitted with the request for Initial Appeal will be referred to the appropriate consultant and a determination will be provided. This decision will be binding unless the provider appeals the decision within 60 days of notification. Final Appeal: Forward a written request for the second level appeal to BCBSKS Customer Service within 60 days following the first level appeal denial notification with a letter addressed to

the Chief Medical Officer. The Final Appeal determination shall be made by a physician or clinical peer. The Contracting Provider contractually agrees to abide by the final determination in the Appeals Process. All appeal decisions made by BCBSKS must be conveyed within 60 days of receipt of the provider's request.

Does the private room rate apply to OB?
Yes, value code 02 would be used when billing a private OB room (rev code 112) if the hospital has no semi-private OB rooms.

Can you sign up as a group for eNews?
No, you sign up on an individual basis.

Are mental health prior authorizations separate from medical prior authorizations?
Yes, mental health prior authorizations go through Lucet and medical pre service reviews go through BCBSKS

If a patient is having preventive and non-preventive services on the same day, would the preventive diagnosis need to be listed as primary?
Yes, the preventive diagnosis should be listed as primary on the claim.

What is needed to educate precertification employees on medical policies?
All medical policies are available on the BCBSKS website. https://www.bcbsks.com/providers/medical-policies

When removing the ICD-10 codes from the medical policies, would it be possible to have an addendum added in line with CMS?
At this time, we do not have an ICD-10 addendum available for our medical policies.

Where can I find if a medication is required to be filled at a special pharmacy versus buy & bill?
The State of Kansas Comprehensive Site of Care Specialty Drug Program Prescription Drug List is available on the BCBSKS website. https://www.bcbsks.com/providers/institutional/resources

Are prior authorizations for prescription infusions processed by BCBSKS or Prime Therapeutics?
Prime Therapeutics will process the authorization. Electronic prior authorizations can be done via CoverMyMeds.

How do we know which forms to use for OOS plans?
Some plans will require you to use their specific forms. We would encourage you to visit the home plan's website and review their forms.