

Professional Provider

Report



A Newsletter for
Professional Providers and
their Staff Members

MARCH 15, 2017
S-1-17

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Required bi-annual data attestations

Bi-annual provider data accuracy attestation is required for contracting providers. The first round of bi-annual data accuracy attestation yielded a response rate of 27 percent, which is low.

Providers who reviewed data through BlueAccess found missing data elements and outdated information being made available publicly through provider directories.

Providers were able to send the updates at the time of review, and updates were available in BlueAccess within five days and in the directory in 10 days.

Providers should engage in the bi-annual attestation now

Provider Data Quality



by signing into Availity and reviewing the information for accuracy.

Blue Cross and Blue Shield of Kansas (BCBSKS) is required to report to the Blue Cross Blue Shield Association on data accuracy outreach efforts. BCBSKS's outreach is requesting your engagement in the provider portal attestation

Please see DATA, page 5

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>

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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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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/2017/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf

For BlueCare/BCBSKS Solutions members, go to: www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCRDRUG/KS_BlueCare_complete_formulary_2017.pdf

Preventive medicine service or office visit?

Preventive medicine services (CPT codes 99381-99397) differ from office visits (CPT codes 99201-99215).

Preventive medicine services are physicals that include counseling specific to the age of the patient and are intended to help prevent health problems. Preventive medicine services require an appropriate ICD-10-CM diagnosis code.

Administrative exams required by

a third party for camp, school, work permit, insurance or immigration, etc., require an appropriate ICD-10-CM diagnosis code in Z02 range.

Preventive medicine services (99381-99397) submitted with an administrative examination diagnosis will be rejected as CPT code and diagnosis code are not compatible. A new claim will need to be submitted.

Supplying lab results helps improve quality of care

Disease Management programs able to serve patients better

Many patients participate in the Blue Cross and Blue Shield of Kansas (BCBSKS) HealthyOptions Disease Management programs.

In order for BCBSKS to best serve its members, BCBSKS needs patient lab results from providers. BCBSKS nurses will request the lab results via fax. BCBSKS requests providers honor these requests by instructing office staff to fax BCBSKS requested lab results per each request. HIPAA release is not required as covered under payment/treatment operations.

Providers' support with these requests will allow BCBSKS to reinforce the importance of members

knowing their numbers. Once BCBSKS receives the specific lab results — such as HgbA1c and lipid panel results — BCBSKS nurses review these results with the member and explain how to incorporate self-care behaviors to improve lab results and health.

Included with the lab result request will be a patient summary of participation in one of the BCBSKS programs. The summary BCBSKS shares with providers includes patient goals, care opportunities, and medication reconciliation for review.

The goal of this collaboration between BCBSKS nurses, patients, and providers is to improve quality of care for patients, track program outcomes, and improve BCBSKS Healthcare Effectiveness Data and Information Set (HEDIS) scores.

AdvantMed to begin requesting records

Requests on behalf of FEP will be in addition to others

AdvantMed will be gathering medical records on behalf of the Blue Cross and Blue Shield of Kansas (BCBSKS) Federal Employee Program (FEP) to support Healthcare Effectiveness Data and Information Set (HEDIS).

AdvantMed requests will be in addition to requests from Verscend Technologies, which is gathering medical records on behalf of BCBSKS and other Blue Cross and/or Blue Shield companies to support HEDIS. Medical records are to be provided at no charge.

Blue Plans use Verscend to retrieve medical records that support HEDIS, risk adjustment, and government required programs related to the Affordable Care Act.

Verscend is an experienced health care analytics and services company and best-in-class supplier. Verscend will provide an efficient centralized process to coordinate medical record requests from BlueCross and/or BlueShield companies across the country and help reduce multiple requests for patient data.

Effective medical record retrieval services play a fundamental role in driving optimal-quality reporting outcomes and ensuring appropriate risk scores.

All pertinent and complete medical

records must be provided or made available by the contracting provider. This includes requests from Verscend. BCBSKS will not be able to assist with questions on the record requests, and providers will need to work directly with Verscend with questions.

Records requested by Verscend may be submitted in the following ways:

- Via uploading the record's image to a secure portal at www.submitrecords.com; enter the secure password "bcbsa89" and select the files to be uploaded.
- Via secure fax to (888) 231-9601.
- If the above options are not feasible for your office, please contact Verscend directly at (877) 489-8437 to discuss retrieval options.

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

Essential Community Providers

The Secretary of United States Department of Health and Human Services (HHS) has established criteria for Health Plans participating in the Marketplace. The criteria includes having a sufficient number and geographic distribution of Essential Community Providers (ECP) in an insurer's network. This is to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in their service areas.

To meet the requirement, Qualified Health Plan (QHP) insurers must submit an ECP template as part of their QHP application. The application must list ECPs the insurer has contracted to provide health care services to low-income, medically underserved individuals in their service areas.

If your practice fits the description of an ECP, you are encouraged to submit a petition at https://data.healthcare.gov/ccio/ecp_petition on an annual basis.



An initiative of the ABIM Foundation

Things to question for providers

Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation created to help providers and patients ask questions regarding medical treatment.

Choosing Wisely lists (available at <http://www.choosingwisely.org/doctor-patient-lists/>) were created by national medical specialty societies and represent specific, evidence-based recommendations clinicians and patients should discuss. Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation.

Providers should click on the [For Clinicians](#) link to access lists.

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

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

BCBSKS selects 2017 quality initiatives

The 2017 Quality Improvement Projects (QIPs) have been selected and action plans created to support improvement to patients overall health, improve the health care experience and control cost.

QIPs may overlap with other quality program components, such as the Quality-Based Reimbursement Program (QBRP). When there is overlap, the same performance measurement is applied that 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.

2016 QIPs

Health Plan

- Use of Imaging for Low Back Pain (March 2016 - March 2018)
- All Cause Hospital Readmissions
- Improve Opioid Prescription Quality (Jan. - Dec. 2017)

Case Management

- Early Identification and Controlling Hypertension (Jan. - Dec. 2017)
- Preventive Services (Jan. - Dec. 2017)

Disease Management

- Hyperlipidemia Management
- Influenza Immunization

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.

Provider data accuracy pays

Providers interested in being paid an incentive when performing the bi-annual data accuracy attestation reviews may do so by shutting off paper remits and newsletters and filing claims electronically to Blue Cross and Blue Shield of Kansas (BCBSKS).

Providers have data quality and other incentives available that BCBSKS is unable to pay because the providers have not turned off paper. BCBSKS encourages providers to look into what few steps

are needed to begin receiving the incentives they have earned.

The incentive is part of the Quality-Based Reimbursement Program (QBRP), a program that pays providers for quality.

For more information regarding QBRP and the provider data accuracy attestation incentive, see Professional Provider Report S-3-16, or contact your professional relations representative or Provider Network Services in Topeka at (785) 291-4135 or (800) 432-3587.

Featured Quality Improvement Project

Program aims to curb opioid abuse

Blue Cross and Blue Shield of Kansas (BCBSKS) has developed a Quality Improvement Project (QIP) to reduce the number of opioids being abused.

Nationwide attention has been brought to the opioid crisis affecting our nation. According to the Centers for Disease Control and Prevention (CDC), prescription painkillers and heroin are claiming the lives of 78 Americans every day, are costing more than \$72.5 billion annually, and are leading to the largest rise in heroin use in more than 20 years.

There are concerns about patients using multiple prescribers and pharmacies to obtain opioids, as a number of these opioids are being overused or diverted to others for non-prescribed use, increasing the risks for addiction and opioid deaths. Overdose deaths involving prescription opioids have quadrupled since 1999. In 2014 alone, more than 14,000 people died from overdoses involving prescription opioids, according to the CDC.

Our focus is on members who use multiple methods to obtain opioids. Members who fill prescriptions at three or more pharmacies and use three or more prescribers to obtain opioids are

targeted in this QIP.

- Letters will be sent to prescribers and pharmacies who fill opioids for identified members.
- Pharmacies and physicians identified as outliers will be provided with targeted education.
- Information about using KTRACs to identify potential opioid misuse will be provided.
- Medical records from outlying prescribers may be requested to identify quality concerns.
- Member engagement by a professional Clinical Care Coordinator to assist the member in care management activities and/or alternatives administered by a Primary Care Provider or specialist.

The objective is to reduce the number of members using three or more prescribers and pharmacies. BCBSKS has identified almost 300 opportunities. BCBSKS baseline data was obtained from Dec. 21, 2015 to April 8, 2016, and will be examined at each quarter. The goal is to reduce the number of members identified by at least one-third during the next year.

Data: Attestation period runs through May 31

Continued from page 1

process. Updating data online saves BCBSKS from making direct phone calls and mailing forms to providers offices in search of updated information.

BCBSKS has been through these laborious processes in the past and needs to perform data accuracy attestations in a more-efficient manner using the web portal.

Attestation Period

The second round for 2017 bi-annual provider data accuracy attestation began Dec. 1, 2016 and runs through May 31, 2017. Providers completing data accuracy attestations during this time frame will satisfy their first bi-annual attestation. Providers participating in the Quality-Based Reimbursement Program must attest during the same time period for incentive payments to begin July 1.

After-hours number, TTY elements not required

Effective April 21, the after-hours phone number and the TTY elements are no longer required for directories. Providers do not need to include this information as part of their data accuracy reviews if the information is not already on file.

Random audits help ensure providers in compliance

Blue Cross and Blue Shield of Kansas (BCBSKS) requires all performing providers be represented in the contracting agreement through an established individual performing NPI tied to a group or as a solo provider.

Provider practice audits are performed on random provider contracts to evaluate

and ensure providers are complying with the contracting agreements. During these audits, it is often discovered that performing providers are using another provider's NPI to bill their services. This is not an acceptable practice.

When discovered, corrective action is required that includes but is not limited to recouping money on services where the provider of service is misrepresented, holding the member harmless

because of services being performed by an otherwise non-eligible provider resulting in provider write-offs, and potential cancelation of the provider agreement.

BCBSKS strives to make the enrollment process simple and can't understand why providers and practices are taking these shortcuts when

enrollment with BCBSKS is quick and easy? Providers who require credentialing and have a complete, usable CAQH application can get network approval generally in less than 10-to-15 days. Providers not requiring credentialing can be in the network within five-to-seven days. Providers should hold claims until a record is established.

Contact provider network services as soon as possible when you know of a new hire so BCBSKS may begin the enrollment and/or credentialing process. The [Provider Network Request Form](#) is available at bcbsks.com for this purpose.

If you have a provider in the practice currently that is providing a billable service and we do not have their performing NPI or services are being billed under another performing NPI, please send a provider network request form as soon as possible. Help BCBSKS help you with complying with your CAP agreement and being good stewards of BCBSKS insured dollars.

A list of eligible professional provider types under the BCBSKS member contracts as determined by the member benefit program is on page 7. Any provider rendering services to BCBSKS members shall do so within the scope of their licensure or certification. This applies also to services billed to BCBSKS as a contracting or non-contracting provider.



Provider Type Acronym	Provider Type	Network Contracting Credentialed — CAQH Application	Network Contracting Enrolled	Eligible non-contracting
MD	Medical Doctor	X		
DO	Doctor of Osteopathic Medicine	X		
CRNA	Certified Registered Nurse Anesthetist	X		
DPM	Doctor of Podiatric Medicine	X		
APRN	Advanced Practice Registered Nurse	X*		
PhD/LP	Psychologist	X		
LSCSW	Licensed Social Clinical Social Worker	X		
LCMFT	Licensed Clinical Marriage & Family Therapist	X		
LCPC	Licensed Clinical Professional Counselor	X		
LPT	Licensed Physical Therapist	X		
DMD	Doctor of Medical Dentistry	X		
DC	Doctor of Chiropractic Medicine	X		
OD	Doctor of Optometry	X		
MD/DO/DDS	Oral Surgeon	X		
PA	Physician Assistant	X*		
LRT	Licensed Respiratory Therapist		X	
LCP	Licensed Clinical Psychotherapist		X	
LAT	Licensed Athletic Trainer		X*	
AUD	Audiologist		X	
CDE	Certified Diabetic Educator		X*	
DDS	Doctor Dental Surgery		X	
LPT	Licensed Physical Therapist		X	
OT	Occupational Therapist		X	
SLP	Speech-Language Pathologist		X	
LAB	Clinical Lab		X	
LAB	Pathological Lab		X	
DME	Durable Medical Equipment Suppliers		X	
HIT	Home Infusion Therapy Providers		X	
LD	Licensed Dietician		X*	
COTA	Certified Occupational Therapy Assistant		X*	
CPTA	Certified Physical Therapist Assistant		X*	
LMFT	Licensed Master Marriage & Family Therapist			X
LPC	Licensed Professional Counselor			X
CNM	Certified Midwife			X
ACU	Acupuncturist			X
LAC	Licensed Addiction Counselor			X
LBSW	Licensed Bachelor Social Worker			X
LDH	Licensed Dental Hygienist			X
LMLP	Licensed Master Level Psychologist			X
LMSW	Licensed Master Level Social Worker			X
LMHT	Licensed Mental Health Technician			X
LND	Licensed Naturopathic Doctor			X
LPN	Licensed Practical Nurse			X
LRTC	Licensed Radiological Technologist			X

*Special network enrollment guidelines apply; List is not all inclusive.

2017 Workshop Schedule

MARCH

25 — Chiropractic Ed, Topeka

APRIL

6 — Insurance Billers, Topeka
6 — Insurance Billers, Hutchinson
6 — Insurance Billers, Ottawa
6 — Chiropractic Ed, Salina
8 — Chiropractic Ed, Dodge City
11 — Insurance Billers, Dodge City
12 — Insurance Billers, Colby
22 — Chiropractic Ed, Wichita

MAY

10 — Behavioral Health, Wichita
11 — Insurance Billers, Wichita
11 — Insurance Billers, Pittsburg
11 — Behavioral Health, Hays
12 — Behavioral Health, Topeka

JUNE

6 — Insurance Billers, Liberal
7 — Insurance Billers, Scott City
8 — Insurance Billers, Wichita
8 — Insurance Billers, Great Bend
22 — Insurance Billers, Topeka
29 — Insurance Billers, Hutchinson

JULY

11 — Insurance Billers, Garden City
13 — Insurance Billers, Hays

SEPTEMBER

7 — Insurance Billers, Topeka
14 — 2018 What's New, Wichita
21 — 2018 What's New, Topeka
21 — 2018 What's New, Hutchinson

OCTOBER

11 — 2018 What's New, Parsons
12 — 2018 What's New, Wichita
19 — 2018 What's New, Topeka
24 — 2018 What's New, Garden City
25 — 2018 What's New, Colby
25 — 2018 What's New, Fort Scott
26 — 2018 What's New, Hays

NOVEMBER

2 — Insurance Billers, Topeka
7 — 2018 What's New, Liberal
8 — 2018 What's New, Scott City
9 — 2018 What's New, Topeka
9 — 2018 What's New, Wichita
9 — 2018 What's New, Great Bend

DECEMBER

6 — 2018 What's New, Dodge City
7 — 2018 What's New, Hutchinson
14 — 2018 What's New, Wichita

To sign up for workshops,
go to: [http://www.bcbsks.com/
CustomerService/Providers/
Training/workshops/pro_billing.shtml](http://www.bcbsks.com/CustomerService/Providers/Training/workshops/pro_billing.shtml)

BCBSKS offering Chiro Ed workshops

Blue Cross and Blue Shield of Kansas (BCBSKS) is offering Chiropractic Documentation and Medical Necessity education workshops. The dates and times are (click the links to enroll):

- [1 p.m. March 25, Topeka](#)
- [1 p.m. April 6, Salina](#)
- [1 p.m. April 8, Dodge City](#)
- [April 22, Wichita \(at KCA Convention breakout session\)](#)

This is a four-hour course that will help participants ensure services and documentation meet medical necessity criteria. During the workshop, each participant will learn the definition of medical necessity, the purpose and importance of Medical Necessity Criteria and how it impacts clinical decisions,

an overview of CPT codes, best documentation practices to support medical necessity, documentation for appropriate utilization of x-rays, and resources to develop daily progress notes in compliance with BCBSKS guidelines. At the completion of the session, each participant will receive four Continuing Education Units (CEUs) from the Kansas Chiropractic Association (KCA).

Staff members are welcome to attend but must be accompanied by their CAP contracting chiropractor.

These and other workshops can be found at [http://www.bcbsks.com/
CustomerService/Providers/Training/
workshops/pro_billing.shtml](http://www.bcbsks.com/CustomerService/Providers/Training/workshops/pro_billing.shtml)

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

May Behavioral Health workshops

Blue Cross and Blue Shield of Kansas (BCBSKS), along with New Directions Behavioral Health (NDBH), is offering Behavioral Health Continuing Education workshops in May. The dates and times are (click the links to enroll):

- [2 p.m. May 10, Wichita](#)
- [9 a.m. May 11, Hays](#)
- [9 a.m. May 12, Topeka](#)

This three-hour course — presented by Scott Kerby, MA, LPC — will help participants learn motivational interviewing

techniques to enhance provider/client relationships and outcomes. Motivational interviewing is a collaborative, person-centered counseling style to guide and strengthen behavior change. NDBH also will review key changes in the 2017 Medical Necessity Criteria and provide resources about medical necessity and documentation. At the completion of the workshop, each participant will receive three Continuing Education Units (CEUs).

This workshop is free to all BCBSKS contracting behavioral health providers.

Out-of-network Solutions request form available

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.

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.

Request to Receive Service Outside of Solutions Network



BlueCross BlueShield of Kansas



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



Billing reminders

► Effective April 1, topical retinoids will require prior authorization.

Topical retinoids (tretinoin, adapalene, and tazorotene) are a class of medication approved for topical application in the treatment of acne vulgaris.

Guidelines and a Prior Authorization Form can be found at bcbsks.com in the [Precertification/Pre-authorization](#) section.

► Effective March 1, Nasal Endoscopy (code 31231) is no longer denying content of service to an Evaluation and Management (E&M).

As Nasal Endoscopy is a “zero day” procedure, the E&M denies content to the 31231 without exception (“25” modifier will not release the contenting edit).

If a new patient E&M is billed and medically justified, the E&M will allow in addition to the Nasal Endoscopy. No modifier is needed in this situation.

Modifiers updated for DME/HME equipment

Effective with date of service April 23, these modifier guidelines must be followed for submission of Durable Medical Equipment/Home Medical Equipment claims, when applicable.

Modifiers that must be used for new, rental, or used equipment:

- NU** — New Durable Medical Equipment/Home Medical Equipment purchase – must be in the first field.
- RR** — Rental of Durable Medical Equipment/Home Medical Equipment - must be in the first field.

Modifiers that must be used in addition to NU or RR when appropriate:

- UE** — Used Durable Medical Equipment/Home Medical Equipment purchase.
- NR** — New when rented.
- RA** — Replacement of Durable Medical Equipment/Home Medical Equipment purchase.
- RB** — Replacement part of a Durable Medical Equipment/Home Medical Equipment furnished as a part of a repair.
- KC** — Replacement of Special Power Wheelchair interface.
- GA** — Limited Patient Waiver form (signed by patient) on file in provider’s office.

Note For FEP:

- Waivers are only accepted for “not medically necessary” DME/HME.
- Deluxe and Experimental/Investigational DME/HME will be denied as a provider write-off even if a Limited Patient Waiver has been signed.

Modifiers must be reported for BiPAP/CPAP supplies:

- EY** — No physician or licensed health care provider order for this item or service.
- GZ** — Item or service expected to be denied as not reasonable and necessary.
- KX** — Requirements specified in the medical policy have been met.

Modifiers must be reported for diabetic supplies:

- EY** — Indicates no physician or licensed health care provider order for this item or service.
- KS** — For diabetic patients not treated with insulin, when reporting glucose monitor (modifier NU) and other diabetes related supply codes.
- KX** — For diabetic patients treated with insulin, when reporting glucose monitor (modifier NU) and other diabetes related supply codes.

Reminder — *File claims as quickly as possible.*

Availity launches training programs

Availity Learning has launched two training programs to help new Availity Web Portal users and administrators. These programs are short, include interactivity and guided practice activities, and provide learners with an immersive way to map next steps to learning. Below are step-by-step instructions for using the training programs.

1 Log into the Availity Web Portal (for more information regarding getting started on the Availity Web Portal, see [Professional Provider Report S-7-13](#)).

2 Click **Help/Get Trained**. The Web Portal Products learning portal displays in a new browser window.

3 In the **Catalog** field, search for the keyword **onboarding**.

Onboarding Program: For Availity Users - Get up and going quickly

You can start your course by simply clicking on the start button below.

Start Course

Course Description

This training is for Availity Web Portal users.

Getting started as an Availity user is easy with this onboarding course. This interactive course includes training demos, quick reference tools, self-guided practice activities, and a way to help you map out your next steps in learning.

Objectives

After you complete this course, you'll be able to:

- Navigate the Availity portal.
- Use self-service features.
- Explore advanced techniques.
- Know how to complete inquiries and requests and navigate response results.

...and more.

Certificates

By completing/passing this course, you will attain the certificate of completion

powered by LearnUpon

Onboarding Program: For Availity Administrators - A great place to start your admin journey

You can start your course by simply clicking on the start button below.

Start Course

Course Description

This training is for Availity Web Portal users.

Are you a new Availity administrator? Enroll for this course to learn everything you need to know to get started. This interactive course includes training demos, quick reference tools, self-guided practice activities, and a way to help you map out your next steps in learning.

Objectives

After this training, you'll be able to join thousands of successful Availity Administrators in:

- Setting up and managing users.
- Managing organization details and Express Entry for providers.
- Knowing where to access additional enrollments, registrations, and set up for your organization.
- Reporting
- Leading users to use self-service features.

...and more.

Certificates

By completing/passing this course, you will attain the certificate of completion

powered by LearnUpon

4 Click **Enroll in a Course**. From here, you will choose from one of two options:

- Onboarding Program: For Availity Administrators — A great place to start your admin journey (screen above)
- Onboarding Program: For Availity Users — Get up and going quickly (screen at left)

For more information regarding the use of Availity, please email training@availity.com.

Web Changes — Medical Policy

Since the publication of Blue Shield Report [S-6-16](#), the following new or revised medical policies have been posted to our website at: <http://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- Hyperbaric Oxygen Therapy (HBOT)
- Intravenous and Subcutaneous Immune Globulin Therapy
- Molecular Markers in Fine Needle Aspirates of the Thyroid
- Opioid Antidote
- Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, and Biacuplasty
- Sacral Nerve Neuromodulation / Stimulation
- Ultrasonographic Measurement of Carotid Intimal-Medial Thickness as an Assessment of Subclinical Atherosclerosis
- Radiofrequency Ablation or Cryoablation for Barrett Esophagus
- Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease
- Natpara (parathyroid hormone)
- Proprotein Convertase Subtilisin/kexin type 9 (PCSK9) Inhibitors
- Self-Administered Oncology Agents
- Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease
- Urea Cycle Disorders
- Testing for Vitamin D Deficiency
- Artificial Pancreas Device Systems
- Autografts and Allografts in the Treatment of Focal Articular Cartilage Lesions
- Bronchial Thermoplasty
- Computed Tomography (CT) to Detect Coronary Artery Calcification
- Cone Beam Computed Tomography (CBCT) (Availity login required)
- In Vitro Chemoresistance and Chemosensitivity Assays
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders
- Monitored Anesthesia Care
- Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease
- Periodontal Soft Tissue Grafting (Availity login required)
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Sensorimotor and Neurobehavioral Status Exams for Optometric Providers
- Serum Tumor Markers for Breast Malignancies
- Surgical Treatment of Snoring and Obstructive Sleep Apnea (OSA) Syndrome
- Ultraviolet Light Therapy for Skin Conditions
- Vacuum Assisted Wound Closure (VAC)
- Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
- Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer
- BRCA1 and BRCA2 Testing
- Digital Breast Tomosynthesis
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
- Intravenous and Subcutaneous Immune Globulin Therapy
- Percutaneous Balloon Kyphoplasty and Mechanical Vertebral Augmentation
- Androgens and Anabolic Steroids
- Antihypertensive Medications
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis
- Drug Testing in Pain Management and Substance Abuse Treatment
- Extracorporeal Shock Wave Therapy (ESWT) for Plantar Fasciitis and Other Musculoskeletal Conditions
- General Approach to Evaluating the Utility of Genetic Panels
- General Approach to Genetic Testing
- Genetic Testing for Cardiac Ion Channelopathies
- Genetic Testing for Predisposition to Inherited Hypertrophic Cardiomyopathy
- Human Growth Hormone
- Identification of Periodontal Microorganisms (Availity login required)
- Interspinous Fixation (Fusion) Devices
- Interspinous and Interlaminar Stabilization / Distraction Devices (Spacers)
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- Lumbar Spinal Fusion
- Miscellaneous Genetic and Molecular Diagnostic Tests
- Multiple Sclerosis Agents
- Otezla (apremilast)
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- Temporomandibular Joint (TMJ) Dysfunction (Availity login required)
- Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon
- Ampyra™ (dalfampridine)
- Cerdelga® (eliglustat)
- Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation
- Dry Needling of Myofascial Trigger Points
- Eteplirsen (Exondys 51) for Duchenne Muscular Dystrophy
- Expanded Molecular Panel Testing of Cancers to Identify Targeted Therapies
- Monitored Anesthesia Care
- Neprilysin Inhibitor (Entresto™)
- Reduction Mammoplasty for Breast-Related Symptoms
- Sex Reassignment Surgery
- Strensiq® (asfotase alfa)
- Treatment of Hyperhidrosis
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Diagnosis and Treatment of Sacroiliac Joint Pain
- High-Sensitivity C-Reactive Protein
- Home Prothrombin Time Monitoring
- Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
- Prostatic Urethral Lift
- Real-Time Intrafraction Motion Management During Radiotherapy
- Sex Reassignment Surgery
- Xolair® (omalizumab)