



Professional Provider Report

A newsletter for professional providers and their staff members

April 21, 2021 • S-1-21

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EFT Allows Providers Faster Payment, Less Hassle, Paperwork

Electronic Funds Transfer (EFT) is a process that allows a provider's Blue Cross and Blue Shield of Kansas payment to be deposited directly into their checking or savings account. Deductions are not part of this authorization.

The process eliminates delays with mail procedures, for example holiday delays and/or lost checks.

Providers will receive payments sooner. Payments settle into provider accounts Wednesdays and require

less paperwork in daily transactions.

The EFT enrollment form is available on the Blue Cross website at <https://apps.availity.com/availity/web/public.elegant.login>.

Providers still needing more information on EFT, can contact their professional relations representative or Provider Network Services in Topeka at 785-291-4135 or 800-432-3587.

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

Sarah Shaw,
Communications Coordinator





High Cost Drugs and Therapies

As new drugs and technologies become available, many of these treatments come with a very high cost. Many of these therapies now cost more than \$1 million for one treatment. In an effort to control rising health insurance premiums, while continuing to make these therapies available to our members, certain drugs or therapies are subject to specific benefit, administration, and billing requirements.

Effective January 1, 2021, we formalized member contract language to create specific benefit requirements for these very high cost drugs and therapies. These requirements may steer members to more

cost-effective, yet equally safe administration facilities, may require billing from specific providers, or may require billing under either the pharmacy or medical benefit. The most current list of very high cost drugs and therapies can be found at [here](#).

If your patients have additional questions, our case management team assists with ensuring these requirements are met. Learn more about case management and how their program benefits our members at 800-432-0216, ext. 6628.

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/2021/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/2021_KS_Alpha_Drug_List.pdf

For BlueCare/EPO members, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2021/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCREPO1/2021_KS_6T_BlueCare_Medication_List.pdf

For BlueEdge/ResultsRx medication list, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2021/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/2021_KS_BlueEdge_MedicationList.pdf



Telehealth Grants Available

Blue Cross and Blue Shield of Kansas (BCBSKS) would like to inform you of an exciting new grant opportunity available to you through BCBSKS' [Blue Health Initiatives](#).

You can now apply for a telehealth grant through our [online grantee portal](#). The Telehealth Grant program has designated a total of \$360,000 to provide grants to Kansas healthcare providers for the adoption of secure telehealth platforms and the purchase

of equipment that will allow providers to provide telehealth services. The anticipated average award will be in the range of \$2,000- \$5,000. Priority will be given to both primary care and behavioral health care providers.

In addition, all grantees will be provided training and resources through the University of Kansas Center for Telemedicine and Telehealth.

The grant cycle is open now

through June 30, or until funds are depleted. Applications will be approved on a rolling basis beginning April 1; there is no set approval date.

For full details, visit our [grants page](#), and all pertinent information can be found within the grant application itself. If you have questions after viewing the grant application, contact Virginia Barnes, director, Blue Health Initiatives, at virginia.barnes@bcbsks.com.

Billing for Preparation of Vials of Non-Venom Antigens

Procedure 95165 is used to report professional services for the provision of antigens for allergen immunotherapy. This procedure represents the physician's supervision and preparation of the antigen extract. The administration of the antigen injection is not included in this procedure. Evaluation and Management (E/M) services for test interpretation and report should not be billed in addition to or as the antigen extract preparation. If a significant separately identifiable E/M service is performed, the appropriate E/M service code

should be reported using modifier 25.

When billing CPT code 95165 for preparation of multiple-dose vials of non-venom antigens, the number of units reported is based on 1 cc aliquots of the maintenance dose preparation. For example, 10 units would be reimbursed for a 10 cc vial of maintenance dose preparation despite the number of doses removed from the vial. Diluted doses are not separately billable because they are already billed when the maintenance vials are prepared.

Blue Cross and Blue Shield of Kansas will reimburse up to 30 units per day for procedure 95165. Claims should be submitted on the date the antigen serum is prepared. Split billing for additional units on subsequent dates of service is inappropriate and can result in initiation of post payment audits and recoupment of any erroneous payment.

The total number of doses should be included within the documentation in the medical record.



Earn Free CME for Immunization Education Offered by Open Bed Campaign

BCBS of Kansas supports the Open Bed Campaign program objective to “immunize all eligible adults for the vaccine preventable diseases including pneumococcal and influenza in order to help reduce the following:

- demand on local health

systems,

- co-infection and
- ultimately improve patient health outcomes during the current COVID-19 resurgence.”

The following free educational activities are offered for

CME (physician) / CE (non-physician) credits through the campaign partnership of NCQA, Immunization Action Coalition, TESCHGlobal, Confluent Healthcare Solutions, and Healthwise.

Click [here](#) to register for the CME activity.

Activities for AMA PRA Category 1 Credits			
CME and CE	# of Credits	Requirements	Release
COVID-19 Open Bed Campaign 1	0.5	Complete online CME activity	Nov 1, 2020
COVID-19 Open Bed Campaign 2	1.0	Complete online CME activity	Nov 15, 2020
COVID-19 Open Bed Campaign 3	0.5	Complete online CME activity	Q1, 2021
COVID-19 Open Bed Campaign 4	0.5	Complete online CME activity	Q2, 2021

Medical Records Requests From BCBSKS

Starting in February 2021, providers started receiving medical record requests from BlueCross BlueShield of Kansas for compliance with Healthcare Effectiveness Data and Information Set (HEDIS®) reporting. Effective medical record retrieval services play a fundamental role in driving optimal quality reporting outcomes.

Each letter will contain the patient name, date of birth, the measure being requested and a summary of what is needed for each measure to ensure

adequate medical history is returned. There will also be instruction for secure return of required records.

Blue Cross Blue Shield Plans will initiate their annual projects on:

- HEDIS- Start date: Jan 2021
- HEDIS- End date: May 2021

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

- Phone: 785-291-8007 or 785-291-8561 (for questions on delivery options/methods)

•Fax: 785-290-0735

•Email Address: hedis_mrr@bcbsks.com (send secure)

HIPAA/Privacy

Providers are permitted to disclose PHI to health plans without authorization from the patient when both the provider and health plan had a relationship with the patient and the information relates to the relationship [45 CFR 164.506(c)(4)].

For more information regarding privacy rule language, please visit www.hhs.gov/ocr/privacy.



99201 Deleted: Effective 01/01/21

Procedure code 99201 (Office or Other Outpatient Visit, New Patient, low level) has been deleted effective 01/01/2021. The range of new patient codes in the 2021 CPT book are 99202-99205.

Additionally, guidelines for code selection of outpatient evaluation and management (E&M) services have changed effective 2021. The main difference is that code selection of these services uses medical decision making or time. These guidelines do not establish documentation requirements of standards of care. History and examination should still be completed and documented, as medically appropriate.

Please be aware that if basing code selection on time, medical necessity must still be supported in the medical record or the

services may be denied or reduced. Time must also be documented in the medical record.

Modifier 25 should not be used when billing new patient E/M codes. Reimbursement will be reduced to 75 percent of the maximum allowable payment (MAP) on the service billed with modifier 25.

Please remember that established E&M codes should not be billed in conjunction with any manipulations. Routine use of E&M codes without sufficient documentation is not an appropriate billing practice. Re-evaluation will deny content of service to the manipulation. Use of modifier 25 will not allow the E&M service to pay.

Insurance Billers Workshops

BCBSKS is holding several Insurance Billers Workshops virtually. During these meetings we will discuss Policy Memo's, audits, documentation, BlueCard, OPL, telehealth, E&M coding, risk adjustment, Medicare Advantage, and COVID-19 updates. Please see below for workshop dates and time:

- April 15, 2021, 9 AM - 12:30 PM
- April 29, 2021, 9 AM - 12:30 PM
- May 13, 2021, 9 AM - 12:30 PM
- June 17, 2021, 9 AM - 12:30 PM

Registration is required. Please complete your registration for one of the workshop dates here. Please include your credentials along with your registration. A confirmation email will be sent prior to the workshop. Once a confirmation is returned, the workshop materials will be emailed to the attendees.

With the approval from the American Academy of Professional Coders (AAPC), 3.5 hours of continuing education units (CEUs) are available.



Clinical Lab, Pathology, and Interpretive Services Filing Requirements

Blue Cross and Blue Shield of Kansas (BCBSKS) would like to remind our providers that all Clinical Labs must follow the ancillary guidelines when filing claims. More specifically, Clinical Lab claims should be filed to the Blue Plan in the state where the referring provider is located.

Conversely, Pathology claims do not follow the ancillary billing guidelines. Pathology claims should be treated like regular medical claims and be filed to the local plan for processing.

Pathology claims can adversely affect EPO members if a BCBSKS contracting Pathology provider sends a specimen to be processed or read at an office in another plan area or state.

Pathology providers that contract with BCBSKS should not forward any specimen on to an out of network office—whether in state or out of state—for processing or reading. The specimen should only be referred to a provider with a direct contract with BCBSKS and be filed directly to BCBSKS.

In addition to Pathology claims, radiology interpretations and other types of reads should follow the same rules. Providers should not send a read to an out of state or out of network office.

If a BCBSKS contracting provider sends a specimen or a read out of network and the claim is filed to the local plan resulting in the claim routing to BCBSKS through BlueCard,

the contracting provider will be required to ensure the member is held harmless from any additional out of pocket expense.

Please refer to Policy Memo #1, Section XIV. Professional Services Coordinated with a Non-Contracting Provider below or on our website at:

<https://www.bcbsks.com/CustomerService/Providers/Publications/professional/PolicyMemos/pdf/2021/2021-BCBSKS-CAP-policy-memo-01.pdf>

Updating BCBSKS Directory

During these trying times, patients are seeking additional treatment options for their healthcare needs. BCBSKS claims data reflects an uptake in telehealth services. In an effort to better serve those in need and looking for options in care, BCBSKS will be identifying contracting providers in our directory as offering telehealth for those that have submitted telehealth claims. Providers that have submitted a telehealth claim in the last year will show as “offering telehealth services”. BCBSKS understands that not all members will qualify clinically for

telehealth services and may be better serviced through an in-person visit. We will look to our providers to make those decisions on a case-by-case basis.

Additionally, if you do not want to be listed as offering telehealth, please contact the provider network services at 800-432-3587 or prof.relations@bcbsks.com to have the designation of “telehealth” removed from your provider profile.



Telehealth Billing Reminders

To ensure prompt processing on your Telehealth claims please remember the following:

- Telehealth services should be billed with place of service 02 and with a GT modifier.
- Telehealth should not be billed when services are inappropriate as telehealth, e.g. laboratory services, vaccine administration, injections, radiology services, etc.



Web Changes — Medical Policy

Since the publication of Professional Provider Report [S-8-20](#), the following policies have been posted at: <https://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- Accelerated Breast Irradiation and Brachytherapy Boost After Breast-Conserving Surgery for Early Stage Breast Cancer
- Anodyne® - Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions
- 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
- Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure
- Balloon Sinuplasty for Treatment of Chronic Sinusitis
- Bone Mineral Density Studies
- Breast Reconstructive Surgery After Mastectomy
- Cardiac Rehabilitation in the Outpatient Setting
- Catheter Ablation as Treatment for Atrial Fibrillation
- Chelation Therapy for Off-Label Uses
- Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)
- Circulating Tumor DNA Management of Non-Small Cell Lung Cancer (Liquid Biopsy)
- Computed Tomography (CT) to Detect Coronary Artery Calcification
- Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome
- Diagnosis and Treatment of Sacroiliac Joint Pain
- DPP-4 Inhibitors and Combinations
- Dynamic Posturography
- Electrical Bone Growth Stimulation of the Appendicular Skeleton
- Electrical Stimulation Devices for Home Use
- Electromyography (EMG), Nerve Conduction Studies (NCS), and Other Electrodiagnostic (EDX) Related Services
- Electronic Brachytherapy for Nonmelanoma Skin Cancer
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus
- Enhanced External Counterpulsation (EECP)
- Esophageal pH Monitoring
- Eye Movement Desensitization and Reprocessing (EMDR) for Acute Stress Disorder and Post Traumatic Stress Disorder (PTSD)
- Facet Joint Denervation
- Gastric Electrical Stimulation
- Gene Expression Profile Testing and Circulating Tumor DNA Testing for Predicting Recurrence in Colon Cancer
- Gene Expression Profiling and Protein Biomarkers for Prostate Cancer Management
- Gene Expression Profiling for Uveal Melanoma
- General Approach to Evaluating the Utility of Genetic Panels
- General Approach to Genetic Testing
- Genetic and Protein Biomarkers for the Diagnosis and Cancer Risk Assessment of Prostate Cancer
- Genetic Testing for BRCA1 or BRCA2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers
- Genetic Testing for Cardiac Ion Channelopathies
- Genetic Testing for the Diagnosis of Inherited Peripheral Neuropathies
- Genotype-Guided Tamoxifen Treatment
- Genotype-Guided Warfarin Dosing
- High-Sensitivity C-Reactive Protein
- Homocysteine Testing
- Hyperbaric Oxygen Therapy (HBOT)
- Implanted Peripheral Nerve Stimulator (PNS) for Pain Control
- Insulin Pump
- Interspinous Fixation (Fusion) Devices
- Intra-Articular Hyaluronan Injections for Osteoarthritis
- Intravenous and Subcutaneous Immune Globulin Therapy
- KRAS, NRAS, and BRAF Variant Analysis in Metastatic Colorectal Cancer
- Low-Level Laser Therapy
- Lumbar Spinal Fusion
- Measurement of Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders
- Measurement of Serum Antibodies to Selected Biologic Agents
- Meniscal Allografts and Other Meniscus Implants
- Microprocessor-Controlled Prostheses for the Lower Limb
- Microwave Tumor Ablation
- Molecular Analysis for Targeted Therapy or Immunotherapy of Non-Small-Cell Lung Cancer
- Molecular Markers in Fine Needle Aspiration of the Thyroid
- Monitored Anesthesia Care
- Myoelectric Prosthetic Components for the Upper Limb
- Off-Label, Approved Orphan, and Expanded Access (Compassionate Use) Drugs
- Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders
- Panniculectomy and Abdominoplasty
- Pharmacogenomic and Metabolite Markers for Patients Treated with Thiopurines
- Plugs for Anal Fistula Repair
- Posterior Tibial Nerve Stimulation
- Prostatic Urethral Lift
- Proteomic Testing for Systemic Therapy in Non-Small-Cell Lung Cancer
- Radioembolization for Primary and Metastatic Tumors of the Liver
- Radiofrequency Ablation (RFA) of Miscellaneous Solid Tumors Excluding Liver Tumors
- Real-Time Intrafraction Motion Management During Radiotherapy
- Recombinant and Autologous Platelet-Derived Growth Factors for Wound Healing and Other Non-Orthopedic Conditions
- Reduction Mammoplasty for Breast-Related Symptoms
- Risk-Reducing Mastectomy
- Sensorimotor and Neurobehavioral Status Exams for Optometric Providers
- Serologic Diagnosis of Celiac Disease
- Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease
- Sex Reassignment Surgery
- Sphenopalatine Ganglion Block for Headache
- Spinal Cord and Dorsal Root Ganglion Stimulation
- Stereotactic Radiosurgery and Stereotactic Body Radiotherapy
- Surgical Treatment of Femoroacetabular Impingement
- Surgical Treatment of Gynecomastia
- Surgical Treatment of Snoring and Obstructive Sleep Apnea (OSA) Syndrome
- Testing for Vitamin D Deficiency
- Total Ankle Replacement
- Total Artificial Hearts and Ventricular Assist Devices
- Transcatheter Aortic Valve Implantation for Aortic Stenosis
- Transcranial Magnetic Stimulation (TMS)
- Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease
- Treatment of Hyperhidrosis
- Tumor Treating Fields Therapy
- Ultrafiltration in Heart Failure
- Vagus Nerve Stimulation
- Varicose Veins
- Wearable Cardioverter Defibrillators
- Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon