

# Professional Provider

# Report



A Newsletter for  
Professional Providers and  
their Staff Members

DECEMBER 1, 2016

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## Therapeutic options allow lower cost

Few could argue the fact that we are living in an era of miraculous medication discoveries that provide new and improved treatments for diseases that ultimately improve the lives of your patients and Blue Cross and Blue Shield of Kansas (BCBSKS) members.

However, there also are dozens of products released each year by drug companies that provide little benefit over existing treatments but carry a cost hundreds of times more than generic products that have been used for years.

During the past few months, BCBSKS, with the assistance of Prime Therapeutics, has conducted a review of products

that fit the above description. Note many of these products listed in the table on page 7 have taken a product that has been available for years and created a new strength, developed a sustained release formulation or made a topical delivery, and then attached a staggering price.

BCBSKS has reviewed the existing comparative clinical and claims data and approved the removal of products from the formulary that have lower cost therapeutic alternatives. The table on page 7 lists products that have recently been excluded from coverage under

*Please see **OPTIONS**, page 7*

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OUR WEB ADDRESS:  
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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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Sent To: CAP excluding Dentists and Pharmacies  
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## 2017 Workshop Schedule

### JANUARY

- 12 — 2017 What's New, Hutchinson
- 18 — DME Workshop, Hays
- 19 — 2017 What's New, Topeka

### FEBRUARY

- 9 — 2017 What's New, Wichita

### APRIL

- 6 — Insurance Billers, Topeka
- 6 — Insurance Billers, Hutchinson
- 6 — Insurance Billers, Ottawa
- 11 — Insurance Billers, Dodge City
- 12 — Insurance Billers, Colby

### MAY

- 11 — Insurance Billers, Wichita
- 11 — Insurance Billers, Pittsburg

### JUNE

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

### 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
- 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)

# At-risk FEP members to receive free monitors

The Blue Cross and Blue Shield Service Benefit Plan, Federal Employees Health Benefit Program, has initiated a program to provide blood pressure monitors at no additional cost to enrollees over age 18 who have a diagnosis of hypertension.

FEP and the American Medical Association (AMA) have come together in a collaborative effort to provide physicians with resources designed to improve health outcomes for patients with hypertension and suspected hypertension. This effort supports the goals of the Million Hearts initiative.

If your patient completes the Blue Health Assessment (BHA) and reports they have high blood pressure and you and your patient discuss home monitoring, your patient is eligible to receive a blood pressure monitor at no additional cost.

The BHA is a health-risk assessment and the first step in the FEP Wellness Incentive Program.

In addition to the blood pressure monitor, members can earn financial incentives for completing the BHA and for achieving goals related to a healthy lifestyle ([www.fepblue.org/bha](http://www.fepblue.org/bha)).

The Improving Health Outcomes: Blood Pressure Program, developed

by the AMA, is designed to help providers and staff engage patients in the self-measurement of their own blood pressure. The Community Preventive Services Task Force found “there is strong evidence of effectiveness for these interventions when combined with additional support (i.e., patient counseling, education, or web-based support). The economic evidence indicates that self-measured blood pressure monitoring interventions are cost-effective when they are used with additional support or within team-based care.” (<http://www.thecommunityguide.org/cvd/RRSMBP.html>)

For more information, contact your professional relations representative.



# Prior authorization for BCBSMN patients

## Kansas providers should be aware some medications may be denied if not pre-authorized

Effective Jan. 2, Blue Cross and Blue Shield of Minnesota (BCBSMN) will require prior authorization on the following medications:

- Botulinum Toxin (Botox®, Dysport®, Myobloc®, Xeomin®)
- Infliximab (Remicade®)
- Rituximab (Rituxan®)
- Biologic Immunomodulators
  - \* Abatacept (Orencia®)
  - \* Certolizumab Pegol (Cimzia®)
  - \* Golimumab (Simponi Aria®)
  - \* Tocilizumab (Actemra®)
  - \* Ustekinumab (Stelara®)
  - \* Vendolizumab (Entyvio®)

If the services listed above are not pre-authorized for BCBSMN members, the claims may be denied

and members may be responsible for payment of the charges. In addition, if a pre-service review is submitted and not approved before service is provided, members may be held liable for service charges determined to be not medically necessary.

Out-of-area providers can access BCBSMN's medical policy information and request pre-service review for BCBSMN members by accessing your Plan's provider portal.

NOTE — This requirement does not impact members who have coverage through Federal Employee Program or Platinum Blue (Medicare Cost Plan), as those lines of business have separate PA requirements.

## 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 issuer'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) issuers must submit an ECP template as part of their QHP application. The application must list ECPs the issuer 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, a separate notice is being sent requesting you submit a petition ([https://data.healthcare.gov/ccio/ecp\\_petition](https://data.healthcare.gov/ccio/ecp_petition)) and notify BCBSKS at [network.maintenance@bcbsks.com](mailto:maintenance@bcbsks.com) when completed.

## Vitals provider directory here in January

Beginning Jan. 19, Vitals Provider Directory will replace the National Hospital and Doctor Finder for Blue Cross and Blue Shield of Kansas members.

## Athletic training eval codes for '17

Codes 97169, 97170, and 97171 represent Athletic training evaluations. Code 97172 is used for an Athletic training re-evaluation. These codes will be denied as non-covered.

## Med records signature requirements

As a reminder, providers need to follow the signature requirements for medical records as outlined in Policy Memo No. 1, Section XI. Medical Records.

If your current EMR does not meet the standards outlined in the Policy memo section above, it may be beneficial to speak with your vendor.

Claims submitted with medical records not meeting the outlined signature requirements may be denied and/or returned for signatures.

*Anesthesia billing changes effective Jan. 1*

# OB Epidural Guidelines set to change Jan. 1

As previously published in the 2017 Annual CAP Report, Policy Memo No. 12, Section VI. Related Policies has been updated beginning Jan. 1 date of service.

### B-3. OB Epidural Guidelines

- Epidural placement should be billed separately and reimbursed under the appropriate placement CPT code. The time for the placement of the epidural should NOT be included in total time of the monitoring/delivery anesthesia.
- Monitoring and delivery anesthesia will be reimbursed under the appropriate CPT neuraxial labor analgesia/ anesthesia codes for vaginal and cesarean deliveries. BCBSKS will reimburse one unit for every hour of documented monitoring.

c. Anesthesia time should be reported as total minutes.

*Example:*

*3/16/17 - Epidural placed at 11 a.m.  
Anesthesia start time at 11:35 a.m.  
Anesthesia stop time at 3:37 p.m.*

*Billed as:*

*3/16/17 - procedure code 62319  
3/16/17 - procedure code 01967  
with 242 in the units field*

**Note** — *In this scenario, BCBSKS will reimburse epidural insertion plus four units of anesthesia time.*

## Endoscopic Procedures

Anesthesia for upper gastrointestinal or lower intestinal endoscopic procedures no longer requires modifier 23.



# SOK, CVS Caremark to implement program

Effective Jan. 1, the State of Kansas and CVS Caremark will partner to implement a medical carve-out program. The goal of the program is to identify a select group of specialty drugs that are billed and paid under the medical benefit that will be moved to CVS Caremark for management and dispensing.

This implementation will focus on managing clinician infused therapies through the site of care or channel transition. The main focus of the program is to move patients away from the hospital outpatient site of care to an Ambulatory Infusion Suite or home environment (if appropriate).

Specifics of the program include:

- Drugs listed as Site of Care — Blue Cross and Blue Shield of Kansas (BCBSKS) will deny claims that come in with place of service 19 (outpatient), 22 (outpatient) and 24 (ambulatory surgery), as they should be processed through CVS Caremark. Any other place of services, BCBSKS will

process according to our medical policy.

- Drugs listed on the Drug Benefit Alignment — BCBSKS will deny all place of services except for 21 (inpatient) and 23 (emergency room). This will include denying place of service 11 (office), 12 (home), and 22 (outpatient), along with any other place of service except for 21 and 23.
- The link for the Site of Care Program “Drugs Covered under the Site of Care Program & Drug Benefit Alignment with the Medical Plan” is: <http://www.kdheks.gov/hcf/sehp/Caremark.htm>.



## 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 link below when prescribing or dispensing medications for your BCBSKS patients. Coverage is subject to the limitations of the member’s individual plan.

A searchable version of the formulary is available at:

► [https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS\\_Alpha\\_Drug\\_List.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf)



# Wesley Medical Center collecting Zika samples in Sedgwick County

Wesley Medical Center in Wichita is now collecting Zika virus specimen and sending them to the Kansas Health and Environmental Laboratory (KHEL) for testing.

If you have a patient who you suspect could have the Zika virus, call the Kansas Department of Health and Environment (KDHE) Epidemiology Hotline at (877) 427-7317 to get approval for the testing\*. After you receive approval, either collect the Zika virus testing specimens at your clinic or send the patient to an identified Zika virus specimen collection site.

*\*KDHE will only approve specimens from symptomatic patients (fever, rash, joint pain, conjunctivitis, muscle pain, headache), have an epidemiologic risk factor (travel to an area with ongoing transmission, primarily Central or South America, or sexual contact with someone who traveled), and are within an appropriate time frame for specimen collection (four days to 12 weeks after symptom onset). Asymptomatic pregnant women with a risk factor will also be evaluated for testing.*

## WHAT IS REQUIRED FROM PHYSICIANS REQUESTING SAMPLE COLLECTION

All Zika virus testing must be approved by Kansas Department of Health and Environment (KDHE). Physicians should first call the KDHE Epidemiology Hotline at (877) 427-7317 to determine if a patient meets the criteria for testing as defined by the Centers for Disease Control and Prevention (CDC). Testing guidelines can be found at <http://www.cdc.gov/zika/hc-providers/types-of-tests.html>.

1. If testing is approved:
  - a. KDHE Epidemiology emails or faxes completed Epi Zika form to the physician.
2. If you are collecting the specimen at your clinic:
  - a. KDHE will send all necessary collection materials and instructions for collection to your clinic.
  - b. Follow the collection instructions and instructions for properly shipping specimen to KHEL.
  - c. For more information about specimen testing, continue reading this letter on page 2 at section, "What is Required from KHEL."
3. If you are requesting specimen collection at Wesley Medical Center:
  - a. Physician provides completed Epi Zika form and laboratory orders to the patient. Refer the patients to Wesley Medical Center for sample collection (550 N. Hillside, Wichita, KS 67214).
  - b. Continue reading all sections of this letter for information about specimen collection at Wesley Medical Center and laboratory testing at KHEL.

For more information regarding no-cost Zika testing, see the S-4-16 Professional Provider Report.

Excluded Product	Generic Name	Manufacturer	Approximate Cost/Claim	Alternative Products	Cost/Claim
Duexis®	Ibuprofen 800mg + famotidine 26.6mg	Horizon	\$1,600	Individual products Rx/OTC	< \$30
Vivlodex®	Meloxicam 10mg	Iroko	\$550	Meloxicam 7.5mg, 15mg	< \$20
Zorvolex®	Diclofenac 35mg	Iroko	\$250	Diclofenac 25mg, 50mg, 75mg	< \$20
Tivorbex®	Indomethacin 40mg	Iroko	\$250	Indomethacin 25mg, 50mg	< \$20
Rayos®	Prednisone 5mg delayed release	Iroko	\$2,200	Prednisone 5mg	< \$10
Kerydin®	Tavaborole 5% solution	PharmaDerm	\$1,200	Oral terbinafine (Lamisil)	< \$10
Jublia®	Efinaconazole 10% solution	Valeant	\$750	Oral terbinafine (Lamisil)	< \$10
Glumetza®	Metformin 500mg, 1000mg extended release	Valeant	\$5,500	Metformin standard release products	\$15-30
Metformin ER (generic Glumetza®)	Metformin 500mg, 1000mg extended release	Multiple	\$4,200	Metformin standard release products	\$15-30
Horizant®	Gabapentin 300mg, 600mg extended release	XenoPort	\$400	Gabapentin 300mg, 600mg multiple times per day	< \$20
Gralise®	Gabapentin 300mg, 600mg extended release	Depomed	\$500	Gabapentin 300mg, 600mg multiple times per day	< \$20
Lidocaine Ointment	Lidocaine 5% Ointment	Multiple	\$500	Lidocaine 4% Cream OTC	< \$10
Pennsaid	Diclofenac 2% Solution	Horizon	\$1,900	Diclofenac 1% gel, oral NSAID	< \$100
Solaraze® and Diclofenac Gel	Diclofenac 3% Gel	Multiple	\$1,400	Diclofenac 1% gel, oral NSAID	< \$100
Doxycycline hyclate (generic Doryx®)	Doxycycline hyclate 50mg, 200mg delayed release	Multiple	\$1,500	Doxycycline monohydrate	< \$20

# Options: Formulary exclusions help keep members' premiums affordable

*Continued from page 1*

the pharmacy benefit.

Some of the products that have been excluded were once available for prices much less than they are today. You will likely recognize the names of pharmaceutical companies that have bought the rights to older drugs only to apply excessive prices and price hikes that drive up costs and burden the health care system.

Formulary exclusions represented in the table above will save employer groups and individual members almost \$7 million a year. BCBSKS also will realize savings that will result in more affordable premiums for members. BCBSKS feels these exclusions are clinically sound and will affect less than 1 percent of our members. Products that are equal or superior to those excluded remain on the formulary. BCBSKS realizes the importance

of bringing quality and value-based care to our members. BCBSKS will continue to evaluate "me too" drugs that are similar to current products that offer little more than an increased financial burden to the health care system. BCBSKS is committed to collaborating with our providers to ensure quality and value-based care for our members. Together we can contribute to the sustainability of our health care system.

# Web Changes — Medical Policy

Since the publication of Professional Provider Report S-4-16, the following new or revised medical policies have been posted to our website at: <http://www.bcbsks.com/CustomService/MedicalPolicies/policies.htm>

- Afrezza (human insulin)
- Alcohol Injection Therapy for Morton's Neuroma
- Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry
- Antihypertensive Medications
- Aqueous Shunts and Stents for Glaucoma
- Artificial Intervertebral Disc: Cervical Spine
- Artificial Pancreas Device Systems
- Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients With Elevated Office Blood Pressure
- Balloon Sinuplasty for Treatment of Chronic Sinusitis
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Bone Mineral Density Studies
- Botulinum Toxin (BT)
- Breast Reconstructive Surgery after Mastectomy
- Cardiac Computed Tomography (CT)
- Cardiovascular Magnetic Resonance (CMR)
- Chronic Intermittent Intravenous Insulin Therapy
- Computed Tomographic Angiography (CTA) and Magnetic Resonance Angiography (MRA) of the Head, Neck, Abdomen, Pelvis, and Lower Extremities
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Cytochrome p450 Genotyping
- Cyto-reductive Surgery and Perioperative Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies
- Electrical Bone Growth Stimulation of the Appendicular Skeleton
- Electrical Stimulation Devices for Home Use
- Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures
- Enhanced External Counterpulsation (EECP)
- Extracranial Carotid Artery Stenting
- Fetal Fibronectin
- Fundus Photography
- Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- Genetic Testing for Tamoxifen Treatment
- H.P. Acthar Gel (repository corticotropin)
- Hepatitis C First Generation — Through Preferred Agent(s)
- Hepatitis C Second Generation — Through Preferred Agent(s)
- Homocysteine Testing
- Hyperbaric Oxygen Therapy (HBOT)
- Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD) for Spinal Stenosis
- Implantable Cardioverter Defibrillators
- Implanted Peripheral Nerve Stimulator (PNS) for Pain Control
- Influenza Virus Diagnostic Testing and Treatment in the Outpatient Setting
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
- Insulin Pump
- Intensity Modulated Radiation Therapy (IMRT)
- Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor)
- Lumbar Spinal Fusion
- Magnetic Resonance Imaging (MRI) of the Breast
- Molecular Analysis for Targeted Therapy of Non-Small Cell Lung Cancer
- Monitored Anesthesia Care
- Multigene Expression Assay for Predicting Recurrence in Colon Cancer
- Multiple Sclerosis Agents
- Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal DNA
- Ocaliva (obeticholic acid)
- Opioid Antidote
- Pachymetry
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- Photodynamic Therapy for Choroidal Neovascularization
- Positron Emission Tomography (PET) Scanning: Oncologic Applications
- Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies
- Prophylactic Mastectomy
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Scanning Computerized Ophthalmic Diagnostic Imaging Devices
- Scintimammography and Gamma Imaging of the Breast and Axilla
- Selective Serotonin Inverse Agonist (SSIA)
- Self-Administered Oncology Agents
- Spinal Cord Stimulation
- Strensiq (asfotase alfa)
- Temporomandibular Joint (TMJ) Dysfunction
- Testing for Vitamin D Deficiency
- Total Artificial Hearts and Implantable Ventricular Assist Devices
- Transcatheter Aortic Valve Implantation for Aortic Stenosis
- Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies
- Ultrasound Accelerated Fracture Healing Device
- Video EEG Monitoring
- Virtual Colonoscopy/CT Colonography
- Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon