

INSTITUTIONAL PROVIDER UPDATE



PRESENT ON ADMISSION (POA)

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Beginning April 1, 2008, BCBSKS began requiring the present on admission (POA) indicator for all general acute hospital inpatient claims with discharge dates on or after April 1, 2008.

Training workshops were conducted in February and March to help providers prepare for this new requirement. The handouts from these workshops are available on the BCBSKS Web site: [MS-DRGs/ Present on Admission](#).

The POA reporting requirement applies to inpatient claims where DRG assignment is required to determine payment. This does include swing-bed claims as well as rehabilitation and psychiatric excluded units; as reimbursement is determined by the MS-DRG assignment for these distinct units.

BCBSKS is also editing for correct present on admission (POA) assignments, particularly with those diagnosis codes that are exempt from POA reporting. For a list of the exempt diagnosis codes, please visit the [Kansas Health Data System \(KHDS\)](#) Web site.

Electronic claims where an exempt diagnosis code has a POA assignment other than a '1' will be returned as unprocessable. Providers should review the codes on the claim for the correct POA assignment and resubmit a new claim with the corrections. For paper claims, BCBSKS does prefer that providers report a '1' versus leaving an exempt code blank.

Valid POA Indicators

Y	Condition was present at the time of inpatient admission
N	Condition was not present at the time of inpatient admission
U	Documentation is insufficient to determine if condition was present on admission
W	Provider unable to clinically determine whether condition was present on admission or not.
1	Exempt from reporting

2009 POLICIES & PROCEDURES

The 2009 policies & procedures along with copies of the maximum allowable payments (MAPs) for 2009 have been mailed to all contracting providers.

Questions regarding this information should be forwarded to your facility's provider consultant.

NEWS YOU CAN USE

In the past, institutional relations would conduct quadrant meetings a couple of times a year to give providers reminders and updates to things that are happening at BCBSKS.

With the current gas price situation and with everybody's busy schedules, the institutional relations staff have decided to develop a new communication, Institutional Provider Update, to relay important information to providers without the travel.

The featured articles in this new communication are basic updates and reminders to BCBSKS day-to-day activities. The Institutional Provider Update (IPU) will be a quarterly publication to address current issue that may be delaying claims processing, common issues for several

providers and general news about our department and BCBSKS.

This new format will not replace the present-day NEWSLETTERS. The role of the newsletter has always been for policy and procedure updates (which can be tied back to the provider/member contracts) and/or coding and billing guidelines for BCBSKS. That will not change with the new IPU.

Both documents will be available on the BCBSKS Web site. Search functions will also be available for both communications.

We hope providers find this new communication tool useful. Let your provider consultant know if you have any suggestions or comments.

DEPARTMENT CHANGES

Institutional relations has undergone some significant retirements during the past few months.

Jean West, Steve Dean's administrative assistant, retired in late November. Donna Bartee, communication representative, retired at the end of March.

Angie Martin, provider consultant, will retire August 8th.

Dona Rhoads joined our department in February as Steve Dean's administrative assistant.

Julie Hatesohl, education coordinator, has taken over several of Donna Bartee's responsibilities.

Denny Hartman has been hired

as the provider consultant for the southern counties of the State.

In May, 2008, the BCBSKS Wichita office changed locations. The offices are now located at: 220 West Douglas, Suite 200.

On August 5, 2008, the institutional relations staff in Topeka will be moving to the BCBSKS downtown campus. Telephone and fax numbers will remain unchanged.

Please see the last page of this publication for an updated listing of the department's contact information.

PROVIDER CONSULTANT CHANGE

On August 8, 2008, Angie Martin, provider consultant, will retire from BCBSKS.



Denny Hartman has been hired to replace Angie as the new provider consultant for providers in the southern portion of the State. Denny brings with her 19 years of experience as a professional relations representative.

Vicki Haverkamp will continue her role as the provider consultant for hospitals in the northern portion of the State.

Please help us welcome Denny to our staff.

REMEMBER TO
REPORT NPI
UPDATES TO
BCBSKS—FAX
CHANGES TO:
(785) 290-0734

MEDICARE ADVANTAGE PLANS

Some Blue Cross and Blue Shield plans offer Medicare Advantage plans to their members.

The Medicare Advantage (MA) Program is an alternative to original Medicare Part A and Part B fee-for-service coverage. All MA plans must offer beneficiaries at least the standard Medicare Part A and Part B benefits and may offer additional benefits (e.g. prescription drug coverage).

Blue plans may offer one of six types of Medicare Advantage Plans: MA health maintenance organization (HMO); MA point-of-service (POS), MA preferred provider organization (PPO); MA provider-fee-for-service (PFFS); MA medical savings account (MSA); or MA

special needs population (MA SNP).

Patients with Medicare Advantage plans through other Blue Cross and Blue Shield plans will have a Medicare Advantage logo displayed on the front of their insurance cards. This will identify a MA member. It will also let the provider know what type of MA plan the member has.

When providers identify a MA member, they should always check the MA plan's Web site for terms and conditions.

For more information, please visit the [Institutional Provider Manual](#) (BlueCard® Section) available on the www.bcbsks.com Web site.

MEDICARE | HMO
ADVANTAGE |

MEDICARE | POS
ADVANTAGE |

MEDICARE | PPO
ADVANTAGE |

MEDICARE | PFFS
ADVANTAGE |

MEDICARE | MSA
ADVANTAGE |

ABOVE: Medicare Advantage logo examples

UB-04 UPDATE: PATIENT'S REASON FOR VISIT

Institutional relations has received several inquiries from hospital providers regarding UB-04 form locator (FL) 70a-c. This is a new field that indicates the patient's reason for visit. According to the

National Uniform Billing Committee (NUBC), this field is required for all unscheduled outpatient visits. This would include emergency room, urgent care clinics or observation:revenue codes 045X, 0516X, 0526 and 0762.

There are three fields, allowing for up to three diagnosis that describe the patient's stated reason for seeking medical care. The patient's primary reason for seeking care goes in subfield 70a.

BRAND EXCELLENCE

BCBSKS has been recognized with a Brand Excellence Award in the Provider Satisfaction category for receiving the highest rating from its provider network among all Blue Cross and Blue Shield companies. While premier service to its members is a priority, BCBSKS understands it is critical to meet and exceed provider expectations.



"We are certainly proud to maintain for our members the largest provider network in our service and we're equally pleased to know that those providers agree that we offer them exceptional service," said Andrew C. Corbin, BCBSKS president/CEO. "We accept this national award with high honor as it reflects our ability to meet the needs and

expectations of those who serve our members," he said.

The Brand Excellence Awards honor Blue Cross and Blue Shield companies nationwide in categories that represent Brand Excellence including, attraction of new customers, fostering loyalty to existing customers, expanding the Brands into additional lines of products or services, and provider satisfaction.

This marks the fifth Brand Excellence Award for BCBSKS and its first since 2001.

To read more, please visit www.bcbsks.com.

ASCs

Effective April 1, 2008, Teresa Van Becelaere became the provider consultant for contracting ambulatory surgery centers (ASCs).

For 2009, ASCs will continue to file claims on a CMS 1500 claim form and will follow the [Blue Shield Medical Policies](#).

The institutional relations department will be responsible for all contracting, education and communications for ASCs.

ASC staff are encouraged to sign-up for the new ASC e-mail notification for future changes to the BCBSKS Web site. Those who are signed up to receive e-mail notifications will receive an e-mail whenever a update is posted to the Web site that affects ASC facilities.

To sign-up for the e-mail notification, please visit: http://www.bcbsks.com/CustomService/Providers/enews_institutional.htm

*Thank you, providers,
in helping BCBSKS
achieve the prestigious
Brand Excellence
Award*

MEDICAL POLICY UPDATE

Please note the following medical policy changes were made this past month:

- [Botulinum Toxin \(BT\)](#) (i.e. Botox®, Myobloc®) was revised effective 7/18/08
- [Pediatric Growth Hormone](#) was revised effective 8/18/08

APPEAL RIGHTS

Contracting providers have appeal rights for a claim that has been denied based on:

- Pre-certification/continued stay review denials;
- MS-DRG assignment;
- Medical necessity; or
- Experimental and investigational;

The following is a list of time limits for the initial level of appeal:

MS-DRG Assignment : 45 days from payment date.

Expedited Appeal (Pre-certification): Within 1 business day of verbal denial.

Medical Necessity & Experimental/Investigational Denials: 120 days from payment date.

Appeal requests should be made through customer service via the [Provider Claim/Enrollment Inquiry](#) on-line form which is located on the www.bcbsks.com Web site under Institutional forms.

Providers must submit any

appeal request in writing and include all pertinent information to identify the claim and service(s) in question.

The appeal process should always be initiated first to avoid timely filing delays. Your provider consultant can assist you once the appeal process has been initiated.

For more information, please visit the [Compliance and Appeals section](#) of the Institutional Provider Manual.

REMINDER

NEW ICD-9-CM CODE CHANGES GO INTO EFFECT OCTOBER 1, 2008. VISIT THE [CDC WEB](#) SITE FOR LIST OF CODE CHANGES

DSMT—RE-CERTIFICATION

In 2001, a newsletter was published regarding [diabetic self-management training](#).

The newsletter stated that BCBSKS will reimburse providers for diabetic education if:

- The organization has an ADA certified program;
- The organization employs individuals who are certified

by the National Certification Board for Diabetic Educators (NCBDE); or

- Physicians (MD/DO).

The newsletter also included billing and coding instruction as well as how to notify BCBSKS when your facility meets the diabetic education guidelines.

If your facility is ADA certified or has NCBDE certification please

send a copy of the certifications to:

ATTN: Education Coordinator
By Fax: (785) 290-0734

By Mail:

Institutional Relations
CC442D2
1133 SW Topeka Blvd
Topeka KS 66629-0001

If you have further questions, please contact Julie Hatesohl at (785) 291-7236.

Register Now

TriWest Live

*Seminars beginning in
September*

TRICARE UPDATE

Beginning April 1, 2008, the institutional relations department became responsible for the TriCare contracting and education for institutional providers.

We appreciate provider's patience and assistance as we learn new processes for handling the TriCare contracts.

New or existing TriCare contracting providers should visit www.triwest.com for information regarding the TriCare program. There are several tools including training materials, e-seminars and opportunities to attend live seminars available for providers.

Providers should also be sure

and sign-up for e-mail notifications and announcements regarding TriCare as well as to access the secured Web section, which features eligibility, claim status and referrals/authorizations. The secured section also enables you to download your Explanation of Benefits.

Blue Cross and Blue Shield
of Kansas

Topeka Office
1133 SW Topeka Blvd; CC 442D2
Topeka KS 66629-0001

Wichita Office
220 W Douglas #200, CC 444WI
Wichita KS 67202

Check out the Web:
www.bcbsks.com

Telephone Directory for Institutional Relations

Steve Dean, Director	(785) 291-8227
Angie Strecker, Manager	(785) 291-8129
Vicki Haverkamp, Provider Consultant	(785) 291-8862
Denny Hartman, Provider Consultant	(316) 269-1602
Teresa Van Becelaere, Contract Consultant	(785) 291-8813
Julie Hatesohl, Education Coordinator	(785) 291-7236
Nicole Dodds, Research Analyst	(785) 291-8849
Dona Rhoads, Administrative Coordinator	(785) 291-7213
Melanie Moriarty, Administrative Assistant	(785) 291-7838
Cheryl Carner, Administrative Assistant (Wichita)	(316) 269-1609
FAX—Topeka	(785) 290-0734
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Effective 8/8/08