

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

December 31, 2001
S-24-01

Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587.

OUR WEB ADDRESS:
<http://www.bcbsks.com>

The *Blue Shield Report* is published by your Professional Relations Department.

Communication
Coordinator
Larry Callahan



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Acknowledgement:

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Section 1: Reminders

Where Do You Provide Services?



With certain procedures, reimbursement is partly determined by where the service is performed. Referred to as the place of service differential, providers will receive a higher payment if certain procedures are performed, for example, in an office setting versus an outpatient hospital setting.

It is because of this differential that providers must be accurate in reporting the place of service. A recent review of claims has revealed billing errors in which a service was provided in a different location than what was billed. Blue Cross and Blue Shield of Kansas (BCBSKS) will continue to monitor place of service and will identify any adjustments that are needed. This can result in a refund request from BCBSKS to a provider who has billed incorrectly.

Requesting Retrospective Reviews

When a claim is denied by BCBSKS, providers reserve the right to request a medical review to substantiate the denial. This process is outlined in Policy Memo Number 1.

A key component of retrospective reviews is the requirement that providers submit the requests within 90 days of the claim denial. In turn, BCBSKS is responsible for having a ruling within 90 days of the request for review. Please keep these timelines in mind when disputing a claim payment, so that a resolution can be made as soon as possible.

Section 2: Updates

Debridement Done in Association with Fracture Care

Current Procedural Terminology (CPT) codes 11010-11012, debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s), were created for the purpose of reporting debridement that requires extensive preparation in order to adequately repair a wound site commonly involving numerous layers of flesh and bone. The CPT codes are not intended to report minor or routine preparation.



Previously BCBSKS denied these codes when reported on the same day of service as fracture care without requiring a review of records documenting extensive preparation. Currently, codes 11010-11012 are recognized for separate payment without the need for a review only when properly used in association with open fractures.

Blue Select and Premier Blue Patient Dismissal Process Changes

The patient dismissal process that has been in place for many years is being simplified and we'd like to share the details of these changes with you directly.

Effective January 1, 2002, the Intercept Committee will no longer require that patient dismissals be approved prior to sending the member a dismissal letter. Beginning in January, when a primary care physician (PCP) dismisses a member, we will only require that a copy of the dismissal letter being sent to the member be simultaneously sent to the attention of the Intercept Committee at cc 466E2. The purpose of this is so the Intercept Committee can conduct timely correspondence with the member and coordinate the selection of a new PCP. It is important for your letters to note, to make the dismissal's effective date the first of the month following 30 days of the Intercept Committee's receipt of the PCP's dismissal letter.

The Intercept Committee has served as the responsible party for reviewing all dismissal requests and its objectives have been to:

- Ensure member's access to their benefits
- Ensure members are not being dismissed due to their type of insurance or medical diagnoses/conditions
- Provide a forum for PCPs to request assistance with a member, prior to dismissal and/or education

For the past ten years, the Intercept Committee has tracked office practices in dismissing and educating their patients and has a wealth of trending data. With this data, we have identified norms for each of the offices and will analyze future dismissal practices against the historical data. In the event the Intercept Committee identifies an office with a significant increase or decrease in dismissals letters, the office will be contacted to discuss the circumstances.

It is the intent of the Intercept Committee to reduce the amount of work necessary for a PCP to dismiss a Premier Blue or Blue Select member, but retain the value the Intercept Committee provides by coordinating timely selection of a new PCP. The Intercept Committee will continue to be available to review cases for dismissal or any other reason upon request by the PCP.

PLEASE NOTE: The 2002 BCBSKS policy memos do not contain the new process that should be used. The update will be reflected in the 2003 policy memos as part of the annual update cycle.

If you should have any questions regarding the changes, please consult your Professional Relations Representative

2002 CPT/HCPCS Codes

The 2002 CPT/HCPCS codes will be effective for dates of service on or after January 1, 2002. A three-month grace period will allow discontinued CPT/HCPCS codes with a service date through March 31, 2002, to be processed if the claim is received prior to April 1, 2002. After April 1, deleted CPT/HCPCS codes will not be accepted.

GEHA No Longer Priced by BCBSKS

As of December 31, 2001, the Government Employee Health Association (GEHA) contract will expire and BCBSKS will no longer price their claims. In order to receive payment for any GEHA claims with service dates prior to January 1, 2002, the claim must be submitted to BCBSKS by May 31, 2002. For services after January 1, 2002, GEHA claims must be submitted to the new GEHA administrator.

WARNING! Referrals Paid "As Is"

As noted in the April 2001 S-07-01 Blue Shield Report, it has been determined that effective January 1, 2002, claims will be paid with the referral information available in house and according to the member's benefits when the claim is submitted.

Actimmune Under Review

As of 12/1/01 we began reviewing all claims for Actimmune. This drug is approved for chronic granulomatous disease (CGD) and osteopetrosis only. To be assured of payment, it is suggested that preauthorization is obtained before dispensing the drug.

New and Updated Remark Codes

FD	If these services are accident related, please have the provider send us the accident date and a description of where and how the accident occurred.
FE	Please have the provider resubmit the claim with the office records.
K1	The identification number on the claim has an invalid alpha prefix, which can be reprocessed within BlueCard.
KA	The identification number on the claim has an invalid alpha prefix, which cannot be reprocessed within BlueCard.

No Grace Period for ICD-9-CM

Contrary to a report in the Blue Shield Report S-16-01, ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) does not have a grace period and the revised and deleted codes for 2002 have not processed since October 1, 2001. If you have denied claims due to invalid ICD-9-CM diagnosis codes, you will need to resubmit the claim with the correct ICD-9-CM codes.

ADDITIONS TO THE PRIME THERAPEUTICS NATIONAL FORMULARY

Effective January 1, 2002

Drug Name: BRAND/generic	Drug Name: BRAND/generic
Chapter 1 – Anti-Infectives AMOXIL 50mg/ml, generic no longer available AUGMENTIN ES/amoxicillin/clavulanate MALARONE/atovaquone/proquanil OMNICEF/cefdinir PEG-INTRON/peginterferon alpha-2b REBETOL/ribavirin STROMECTIONOL/ivermectin VALCYTE/valganciclovir	Chapter 7 – Gastrointestinal Agents CANASA/mesalamine famotidine
Chapter 2 – Cardiovascular propafenone	Chapter 9 – Endocrine Agents ORAPRED/prednisolone
Chapter 3 – CNS & ANS Agents fluoxetine	Chapter 10 – Musculoskeletal Agents diclofenac SR nabumetone
Chapter 4 – Antineoplastics & Immunosuppressants flutamide	Chapter 13 – Respiratory Agents DUONEB/ipratroprium/albuterol ZYRTEC-D/cetirizine/pseudoephedrine
	Chapter 14 – Ophthalmic Agents ALPHAGAN P/brimonidine LUMIGAN/bimatoprost

DELETIONS FROM THE PRIME THERAPEUTICS NATIONAL FORMULARY

Effective January 1, 2002

Drug Name: BRAND/generic	Drug Name: BRAND/generic
Chapter 1 – Anti-Infectives CLEOCIN, oral solution and generic remain FULVICIN/microcrystalline griseofulvin GRIFULVIN V/microcrystalline griseofulvin MINTEZOL/thiabendazole	Chapter 7 – Gastrointestinal Agents FIV-ASA/mesalamine, obsolete
Chapter 3 – CNS & ANS Agents bromocriptine, obsolete	Chapter 9 – Endocrine Agents ANDRODERM patch AREDIA/pamidronate chlorpropamide CORTEF, generic remains DIDRONEL/etidronate
Chapter 4 – Antineoplastics & Immunosuppressants IMURAN, generic remains	Chapter 14 – Ophthalmic Agents dipivefrin

Kansas Kroger Members Have Increased Copay

Effective January 1, 2002, Kansas members of the Kroger group will have an increased copay from \$10 to \$15 for each office visit. New cards are currently being issued to members to reflect the change. You can identify the new cards by referencing the alpha prefix, which are KRO for PPO (Preferred Provider Organization) coverage and KRG for traditional coverage.

Routine Physicals: Covered or Not Covered?



Before July 1, 2000, physicals required as a condition of employment, for school entry, work permit, insurance, or immigration physicals were all contract exclusions and technically were not covered services. In July 2000, this exclusion was removed, providing coverage for these physicals and any office calls, x-rays, and lab tests associated with the physical.

This includes CPT codes 99401 – 99412 and 99381 – 99397 (preventive medicine services for a new or established patient).

Returning Records When Returning Claims

Effective January 1, 2002, whenever a claim is returned to a provider due to an erroneous member identification number, any records that were attached will be returned as well. This will keep all the pertinent documentation together to prevent processing delays associated with matching corrected claims with the appropriate records. This means that once the claim is corrected, the attached records must also be resubmitted.

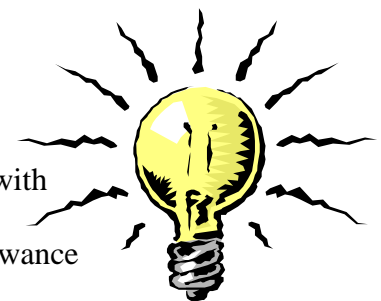


Section 3: BlueCard

General Electric Goes BCBSAL

Effective January 1, 2002, General Electric employees will have health insurance benefits administered by Blue Cross and Blue Shield of Alabama (BCBSAL).

Identification cards for General Electric will display the alpha prefix GEN with the letters "PPO" in a suitcase logo. Members will access the Blue Choice network, which you are part of as long as you are a CAP (Competitive Allowance Program) provider.



REMINDER: As a Kansas provider, you should bill General Electric claims to BCBSKS.

Hy-Vee Joins BlueCard

Effective January 1, 2002, nearly 30,000 Hy-Vee employees and dependents will be covered by BlueCard PPO benefits. You will be able to recognize these members by their unique alpha prefix "HYV" and all claims should be sent to BCBSKS.

As a contracting provider, you can collect a \$15 copayment for office services from the Hy-Vee member. Non-contracting providers can collect a \$25 office copayment, with the balance settled at 60 percent of the Maximum Allowable Fee. For services requiring a deductible, this contract usually pays either 90 percent (contracting provider services) or 60 percent (non-contracting provider services) after the member meets the \$300 (single) or \$900 (family) calendar year deductible.

Following is an overview of Hy-Vee member health coverage:

Service Provided	Contracting Providers		Non-contracting Providers	
	Copay/coin	Deductible	Copay/coin	Deductible
Office Visit Services	\$15	No	\$25/60%	No
Preventive Services ¹				
• Office	\$15	No	60%	Yes
• Outpatient Hospital	90%	Yes	60%	Yes
Inpatient or Outpatient Hospital				
• Physician Services	90%	Yes	60%	Yes
• Hospital Services	90%	Yes	60%	Yes
Emergency Room Services (For physician and related services, see above)	\$25/90%	Yes	\$25/60%	Yes
Chiropractic Care (limited to \$300 per calendar year)	\$15	No	\$25/60%	No
Maternity Care	90%	Yes	60%	Yes
Newborn's Hospitalization and One Postpartum Home Visit	90%	Yes	60%	Yes
Mental Health/Chemical Dependency ²				
• Office Services	\$15	No	\$25/60%	No
• Inpatient/Outpatient Hospital	90%	Yes	60%	Yes

¹One routine physical per calendar year; mammograms covered; well-child care to age seven.

²Annual MH/CD benefit limit per family member is 30 inpatient days and 30 outpatient/office visits. Lifetime family member maximum is 60 inpatient days and 120 outpatient/office visits.

Section 4: Specialty

Specialty Provider Workshops in Garden City

For specialty providers in the Garden City area, a workshop has been scheduled for February 6, 2002, in the Finnup Room of the Garden City Library, 605 E Walnut. There are two sessions that are provider-specific, with a registration limit of 50 persons per session.

To reserve a seat, please call 1-800-432-0216, extension 8330 and leave the following information:

1. Which session do you wish to attend?
2. How many are attending?
3. What is your provider number?
4. Who is a contact person for your office?

Morning Session (9:00 - 12:00)

For provider specialties:

- Home Medical Equipment Suppliers
- Ambulance Services

Afternoon Session (1:00 - 4:00)

For provider specialties:

- Occupational therapists
- Physical therapists
- Speech therapists
- Audiologists

Section 5: Good To Know



In an effort to provide support, guidance, and education to our Plan members, BCBSKS is pleased to announce a smoking cessation awareness program. As part of this initiative, we will be providing you with resources to assess a smoker's readiness to move towards a tobacco-free lifestyle.

More information on this initiative will be provided in January.

A Patient's Demand For Antibiotics

At times, patients may equate going to the doctor with getting antibiotics. Faced with the patient's demand for a medicinal cure, it can be difficult at times to relay to patients when antibiotics can help, or when symptomatic relief is all that can be offered.

In an effort to assist providers with patient education about antibiotics, your Professional Relations Representative has materials available for your practice that provide insight for members about antibiotics. This information is also being made available directly to BCBSKS members and providers on the Internet at www.bcbsks.com, in the member's section. Ask your Professional Relations Representative about these materials when they visit your office.

HARK HIPAA SUMMIT

January 14 - 15, 2002
Capitol Plaza Hotel, Topeka, Kansas

“Working together to inform, educate, and share tools and best practices that will lead to HIPAA readiness in Kansas”

Who should attend?

- Health leaders
- Decision makers
- Administrators
- IT specialists
- Researchers
- Providers and organizations who deal with the financing, delivery, and analysis of health data and information
- Everyone who will be affected by the required changes in transactions, privacy, and security

ACT QUICKLY TO RESERVE YOUR SPACE FOR THIS MEETING

There are a limited number of spaces available; act today to guarantee both meeting registration and hotel room availability. Don't miss this one-time-only event!

Summit Registration (2 days) \$125
 Limited Same-Day Registration \$200

Return a copy of this page and your check for \$125 payable to Kansas Health Institute to:

HARK HIPAA Summit
Kansas Health Institute
212 SW Eighth Avenue, Suite 300
Topeka, KS 66603-3936

If you have a need under the ADA guidelines or require a special diet, please contact Pam Clay at 785-233-543 or pclay@khi.org no later than January 7, 2002.

Name: _____
(As you want it displayed on your badge)

Daytime Phone: _____

Address: _____

Daytime Fax: _____

City/State/Zip: _____

Email Address: _____

Do you need a certificate of attendance? N / Y

Featured Speakers Include:

- Janet Schalansky - Secretary, Kansas Department of Social and Rehabilitation Services
- Steven S. Lazarus, Ph.D. - FHIMSS, President, Boundary Information Group, LLC, Denver, Colorado and Chair, Workgroup for Electronic Data Interchange (WEDI)
- Vickie Hohner - HIPAA Project Manager, Washington State Department of Health
- Kepa Zubeldia, M.D. - President, Claredi, Kaysville, Utah. Member of the Workgroup on National Health Information Infrastructure

Questions and Answers About the Summit

When is the Summit?

January 14-15, 2002

Where is the Summit?

Capitol Plaza Hotel – The Capitol Plaza is conveniently located at 1717 SW Topeka Blvd, Topeka Kansas. For hotel reservations call 1-800-579-7937 and mention that you are attending the HARK HIPAA Summit to receive the discounted rate.

Who is the meeting sponsor?

HARK (HIPAA Awareness and Readiness for Kansas)

What is HARK and what is the purpose of this meeting?

HARK is the result of a collaborative effort of various health interests and agencies whose sole focus is to work together to inform, educate and share tools and best practices that will lead to HIPAA readiness in Kansas.

What is HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act of 1996 that is being enacted over the next several years. This act requires significant changes for the health system. Some have said that if the metaphor "winds of change" is applied, HIPAA would be equal to the force of a hurricane.

What are the meeting goals?

1. Promote HIPAA regulation awareness for each organization and individual attending
2. Assess Kansas' overall readiness for HIPAA legislative rules
3. Foster networking and sharing of HIPAA "solutions"
4. Showcase vendors who can help provide HIPAA readiness
5. Provide an educational opportunity to understand HIPAA's impact on the health industry, both public and private, throughout the state of Kansas

Showcase of Services:

You will have a great opportunity during the meeting to discover products and services available to you that are relevant to HIPAA compliance. Exhibitors will be on hand during the first day of the meeting to answer your questions and demonstrate new ideas you can put into practice.

HARK Networking Reception:

Join your colleagues for networking Monday at 5:00 p.m. immediately following the program.

Continuing Education (CE) Credit:

A form with a description of the program will be provided, as well as a certificate of attendance for registrants seeking CE credit from their appropriate accrediting board.

Sponsoring and Participating Organizations:

Blue Cross and Blue Shield of Kansas
 Kansas Department of Health & Environment
 Kansas Medical Society
 Kansas Hospital Association
 Kansas Department of Social and Rehabilitation Services
 Kansas Health Foundation
 Professional Data Systems
 Kansas Health Institute
 Kansas Association of Local Health Departments
 Kansas Association of Health Plans
 Kansas Foundation for Medical Care

Cancellation Policy

Cancellations received in writing before January 4, 2002 will be fully refunded. No refunds after January 4, 2002. Substitutions of registrants may be made. If for any reason this event is cancelled, we do not accept responsibility for covering travel, hotel, or other costs incurred.

Hotel Information

A limited block of rooms is being held for the Summit at the Capitol Plaza Hotel at a reduced rate. To take advantage of this special rate, reservations must be made directly to the Capitol Plaza Hotel. Call 1-800-579-7937 and mention that you are attending the HARK HIPAA Summit. Visit the HARK Web site at www.HARK.info for a detailed agenda, additional registration forms, and more information.

Agenda

Day One - January 14, 2002: The Big Picture

TIME	SESSION	SPEAKER / FACILITATOR	Maner Conference Center
8:30 – 1:00 8:30 – 10:00	Registration Continental Breakfast		North Entrance
9:30 – 9:45	Welcoming Remarks	Lou Saadi, <i>KDHE</i> , and Cathy Holmes, <i>BCBSKS</i> , Co-Chairs of Kansas HARK	Sunflower Ballroom
9:45 – 10:00	Introduction to the Summit	Senator Sandy Praeger	Sunflower Ballroom
10:00 – 10:15	Medicaid Readiness for HIPAA	Janet Schalansky, <i>Kansas Department of Social and Rehabilitation Services</i>	Sunflower Ballroom
10:15 – 11:15	Keynote Address: Getting Acquainted with HIPAA	Steven Lazarus, <i>Boundary Information Group</i>	Sunflower Ballroom
11:15 – 11:30	Open Floor Questions and Answers	Steven Lazarus	Sunflower Ballroom
11:30-12:00	Kansas' Current State of HIPAA Readiness: Results of the HARK HIPAA Awareness Survey	Cathy Holmes, <i>BCBSKS</i>	Sunflower Ballroom

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12:15 – 1:25	Lunch Provided <i>Luncheon Address: HIPAA Has To Happen!</i>	Bill Bysinger, WGB Consulting Group	Sunflower Ballroom
1:30 – 2:45	Concurrent Sessions: (will be repeated) Connectivity and HIPAA – a transactions perspective Security and Privacy – what will it mean and how can you prepare Product Display	Kepa Zubeldia, <i>Claredi Corporation</i> Lesley Berkeyheiser, <i>The Clayton Group</i> and Sue Miller, <i>IDX</i> Vendors	Pioneer Shawnee River & Bison
2:45 – 3:00	Break Product Display	Vendors	River and Bison
3:00 – 4:15	Concurrent Sessions: Connectivity and HIPAA – a transactions perspective Security and Privacy – what will it mean and how can you prepare Product Display	Kepa Zubeldia, <i>Claredi Corporation</i> Lesley Berkeyheiser, <i>The Clayton Group</i> and Sue Miller, <i>IDX</i> Vendors	Pioneer Shawnee River and Bison
4:20 – 6:00	Networking Reception		Sunflower Ballroom

Day Two - January 15, 2002:

TIME	SESSION	SPEAKER / FACILITATOR	Maner Conference Center
7:30 – 1:00	Registration		
7:30 – 10:00	Continental Breakfast		
8:15 – 8:30	Introduction to Day 2	<i>To Be Announced</i>	
8:30 – 9:30	<i>Keynote Address: Administrative Simplification Through eHealth</i>	<i>Don Bechtel, HDX</i>	Sunflower Ballroom

9:35 – 10:35	Concurrent Sessions: Provider Security and Privacy Issues: Doing a Gap Analysis	Lesley Berkeyheiser, <i>The Clayton Group</i> and Sue Miller, <i>IDX</i>	Pioneer
10:35 – 10:45	Coffee Break		
10:50 – 11:50	Concurrent Sessions: HIPAA Implications for Hospitals Transaction Strategies that Work Assessing State Systems Readiness: Implications for the Public's Health	Fred J. Lucky, <i>Kansas Hospital Association</i> Larry Watkins, <i>Claredi Corporation</i> Vicki Hohner, <i>State of Washington Department of Health</i>	Wheat Pioneer Shawnee
11:50 -12:00	Break – time available for hotel check-out		
12:00 – 1:15	Lunch provided <i>Luncheon Address: How To Collaborate Successfully – A Model From Missouri</i>	Don Gerdts, Missouri SNIP	Sunflower Ballroom
1:30 – 2:45	Concurrent Sessions: HIPAA and the Small Physician Office: Hassle or Opportunity? Payor Readiness and the Impact of HIPAA Transaction Delay Legislation Be Prepared: Legal Issues and HIPAA	Joan Boyle, <i>TriZetto</i> Lori Sayre, <i>Mid America Health</i> and Scott Vondenkamp, <i>Administrative Services of Kansas</i> Steve A. Schwarm, <i>Goodell and Stratton</i>	Pioneer Bison Shawnee
2:45 – 3:00	Break		

3:00 – 4:15	<p>Concurrent Sessions:</p> <p>Privacy, IRBs and How to Conduct Health Research Under HIPAA</p> <p>Key Implementation Issues From the Providers' Perspective</p> <p>Local Public Health Departments and HIPAA Readiness</p>	<p>Garrold Minns, <i>University of Kansas</i></p> <p>Rob Tenant, <i>Medical Group Management Association</i></p> <p>Vicki Hohner, <i>State of Washington Department of Health</i></p>	<p>Wheat</p> <p>Pioneer</p> <p>River</p>
4:15 – 4:30	Closing Comments, Where to Find Summit Resources, and Next Steps for Kansas	HARK Steering Committee Representatives	Sunflower Ballroom