

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

September 19, 2003
S-09-03

Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-4135 or 1-800-432-3587.

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

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

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Section 1: Reminders

Medical Nutritional Therapy (MNT)

Medical Nutritional Therapy (MNT) billed with CPT Code/HCPCS Codes 97802, 97803, 97804, G0270 or G0271 (or any other assigned code) is not reimbursable by Blue Cross and Blue Shield of Kansas (BCBSKS). We will monitor all claims with service dates beginning October 1, 2003 and will recoup money paid out inappropriately.

Reduction Mammoplasty

The Paul L. Schnur, M.D., FACS sliding scale method should be used in determining the proposed grams of tissue to be removed for a reduction mammoplasty. When performing a reduction mammoplasty with prosthetic implant the Schnur sliding scale is not applicable.

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Blepharoplasty

Following are the documentation requirements for Blepharoplasty - plastic surgery of the upper eyelids. Providers must submit all of the following requirements when submitting a claim or predetermination.

1. Documentation of symptoms.
2. Visual Fields – Visual Fields must be recorded. Each eye should be tested with the upper eyelid at rest and repeated with the lid elevated to demonstrate an expected surgical improvement meeting or exceeding the criteria.
3. Photographs – Prints (do not submit slides) must be frontal, canthus-to-canthus (side view) with the head perpendicular to the plane of the camera (not tilted) to demonstrate a skin rash or position of the true lid margin or the pseudo-lid margin. The photos must be of sufficient clarity to show a light reflex on the cornea. If redundant skin coexists with true lid ptosis, additional photos must be taken with the upper lid skin retracted to show the actual position of the true lid margin (needed if both 15822 and 15823 are required and planned in addition to 67900-67908). Oblique photos are only needed to demonstrate redundant skin on the upper eyelashes when this is the only indication for surgery.
4. Operative report when filing a claim.

NOTE: If **both** a blepharoplasty **and** a brow ptosis repair are planned, both must be individually documented. This may require two sets of photographs showing the effect of drooping of redundant skin (and its correction by taping) and the actual presence of blepharoptosis.

Section 2: Updates

Category I Vaccine Codes

An early release of Category I vaccine codes was approved by CPT to facilitate immunization reporting for the 2003 - 2004 flu season. BCBSKS will accept the new 2004 CPT vaccine codes beginning September 1, 2003 for the administration of preservative-free influenza virus vaccine. The two new CPT codes are:

- 90655 - Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular or jet injection use.
- 90656 - Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular or jet injection use.

Provider Billing Numbers Required

The following providers are required to obtain a provider billing number if they do not currently have one and bill their services under their own number by January 1, 2004.

Advanced registered nurse practitioners, physician assistants, clinical psychologists, licensed clinical social workers, registered occupational therapists, speech language pathologists, and registered physical therapists.

Contact Professional Relations if any of the above providers render services in your office and do not have a provider number.

Ineligible Providers Bill Patients

As a reminder, the following providers are not considered eligible providers as defined in the local BCBSKS member contracts and cannot be billed incident to an eligible provider if they provide services to our members. Services performed by the providers listed below are patient responsibility, since the providers are not listed as covered providers in our member contracts.

Athletic trainers, massage therapists, exercise physiologists, licensed practical nurses (excludes private duty nursing), certified physical therapy assistants, certified occupational therapy assistants, occupational therapy aides, physical therapy aides, chiropractic assistants, registered nurses (excluding private duty nurses), licensed marriage and family therapists, licensed professional counselors, and pastoral counselors.

Section 3: BlueCard

Adjustment Reason Code (ARC) 96 – Non-Covered Services

BCBSKS relies on the information from the member's home plan to pay the Kansas provider. The member's home plan will reliably provide the allowed amount, any provider write-off and amount paid by another carrier when applicable. The balance is then reported as patient responsibility as one lump sum. The home plans do not provide the detail of deductible, co-insurance, or non-covered amounts for BCBSKS to report individually on the remittance advice. A few home plans will include the other party liability amounts in the patient responsibility total.

The manner in which the home plan reports patient responsibility is the same as before HIPAA implementation. The change affecting the provider is interpreting ARC 96 and whether to bill the patient or contact BCBSKS.

The guidance offered in regard to ARC 96 is:

- Be guided by an additional ARC or remark code that may be present on the R/A.
- Bill the patient for the amounts reporting as patient responsibility.
- The presence of ARC 16 indicates information has been requested from the provider. Contact BCBSKS Customer Service Center for assistance.
- The presence of ARC 17 indicates information has been requested from the member. Bill the member.

Section 4: Pharmaceuticals

Prime Therapeutics Formulary Update

The October 2003 Prime Therapeutics formulary update is attached to this newsletter.

Section 5: Miscellaneous

Advanced CPT Workshops

Advanced CPT workshops are being planned for Topeka, Wichita and Salina during the month of December. A separate mailing will be forthcoming with details on the workshop objectives and registration.

P&T OCTOBER 2003

KEY: BLUE TYPE = FORMULARY AGENTS RED TYPE = NON-FORMULARY AGENTS

PrimeNationalSM Formulary Additions

■ GENERIC PRODUCTS ADDED

Brand-name products (in parentheses) are non-formulary and listed for reference only

augmented betamethasone dipropionate gel (DIPROLENE)
omeprazole delayed-release capsules (PRILOSEC)

■ GENERIC PRODUCTS ADDED

Brand-name products (in parentheses) are also on formulary

brimonidine ophthalmic solution, 0.2% (ALPHAGAN)
calcitriol oral solution, 1 mcg/mL (ROCALTROL)
lithium carbonate extended-release tablets, 300 mg (LITHOBID)
lithium carbonate extended-release tablets, 450 mg (ESKALITH CR)

■ BRAND-NAME PRODUCTS ADDED

CLARINEX REDITABS (desloratadine orally disintegrating tablets)
COPEGUS (ribavirin tablets)
EMEND (aprepitant capsules & therapy pack)
EPIVIR HBV (lamivudine tablets & oral solution)
ERY-TAB (erythromycin delayed-release tablets)
ESTRACE (estradiol vaginal cream)
FORADIL (formoterol capsules for inhalation)
FUZEON (enfuvirtide injection)
HEPSERA (adefovir tablets)
IRESSA (gefitinib tablets)
PEGASYS (peginterferon alfa-2a injection)
PROSCAR (finasteride tablets)
RISPERDAL M-TAB (risperidone orally disintegrating tablets)
SINGULAIR (montelukast oral granules)
STRATTERA (atomoxetine capsules)
VAGIFEM (estradiol vaginal tablets)
VELCADE (bortezomib injection)
ZETIA (ezetimibe tablets)

PrimeNationalSM Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

AUGMENTIN BID formulations (amoxicillin/potassium clavulanate tablets, 500 mg & 875 mg; chew tablets, 200 mg & 400 mg; oral suspension, 200 mg/5 mL & 400 mg/5 mL)

DIPROLENE gel (augmented betamethasone dipropionate gel)

MACRODANTIN (nitrofurantoin macrocrystals capsules, 50 mg, 100 mg), MACRODANTIN capsules, 25 mg remain

■ ALL VERSIONS, BRAND-NAME AND/OR GENERIC, REMOVED FROM FORMULARY

butoconazole cream (GYNAZOLE-1)

cefixime tablets & oral suspension (SUPRAX)

cephradine capsules (VELOSEF)

chloroquine powder

cimetidine tablets, 200 mg (TAGAMET)

doxycycline hyclate capsules & tablets, 20 mg (PERIOSTAT)

griseofulvin ultramicrosize tablets

nystatin vaginal tablets

■ OTHER REMOVALS

cephalexin tablets, generic cephalixin capsules & oral suspension remain