

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

December 30, 2005
S-13-05

The *Blue Shield Report* is published by the professional relations department of Blue Cross and Blue Shield of Kansas.

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

Dorothy Bahner
Communications
Coordinator

Questions:

Contact your professional relations representative or the professional relations hotline in Topeka at 785-291-4135 or 800-432-3587.

Acknowledgement:

Current Procedural Terminology (CPT) is copyright 2005 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.



Inside This Issue:

Reminders

- Information About Out-of-State Blue Plan Members pg. 1
- Filing Claims with Correct Patient Information pg. 2

Updates

- Changes to the Medical Review Section of Web pg. 2
- MRI/MRA Reimbursement Changes pg. 2
- New ID Numbers pg. 3
- SOK and FEP News pg. 3

Health and Wellness

- What's Cooking with Diabetes pg. 3

Pharmaceuticals

- Prior Authorization for Mobic pg. 4



Reminders

Information About Out-of-State Blue Plan Members

Contracting providers who receive claim status, eligibility and referral information on Blue Cross and Blue Shield of Kansas (BCBSKS) members through the secure section of our Web site can now find the same information for members of other Blue Plans across the country. The national Blue Cross and Blue Shield Association initiated the effort to facilitate the transfer of information among Blue Plans to providers who treat patients that are Blue Cross and Blue Shield (BCBS) members in other states. With this enhanced feature, all requests from the Web site for a member identification number will require an alpha prefix. Because this is a new process for all BCBS Plans, please [contact us](#) if you see something that does not look familiar or display as you think it should.

Filing Claims with Correct Patient Information

BCBSKS would like to urge providers to make sure they are filing claims with the correct patient information. Many of our occurrences of suspended claims are due to incorrect patient or member information. Providers should double check the patient's date of birth, relationship to the member, or even spelling of the name to insure a clean claim is submitted. Doing this can speed up the processing of claims and, in turn, speed up the payment process. Patient information can be verified on our Web site.

Updates

Changes to Medical Review Section of the Web

Experimental Investigational Services

- Updated Artificial Disc (i.e. CHARITE)
- Replaced Extracorporeal Shock Wave Therapy (ESWT) for Tennis Elbow with Extracorporeal Shock Wave Therapy (ESWT) for Tennis Elbow and Musculoskeletal Conditions

Medical Policies

- Revised Intravenous Immune Globulin (IVIG)
- Revised Magnetic Resonance Angiography (MRA)
- Updated Positron Emission Tomography (PET)
- Updated Botulinum Toxin (BT)
- Updated Minimally Invasive Procedure for Spine Pain
- Updated Panniculectomy and Abdominoplasty

The medical review section of the Web site can be found at [BCBSKS - Provider Publications - Blue Shield Medical Policies](#).

MRI/MRA Reimbursement Changes

Effective January 1, 2006, additional reimbursement will be provided when medically necessary multiple MRIs and/or MRAs are done on the same day. This change applies only to MRIs/MRAs in the following code ranges: 70336, 70540-70543, 70544-70549, 70551-70553, 70557-70559, 71550-71552, 71555, 72141-72158, 72159, 72195-72197, 72198, 73218-73223, 73225, 73718-73723, 73725, 74181-74183, 74185, 75552-75556, and 76093-76094. Our current policy is to apply our Global surgery logic to multiple tests done on the same day and reduce the allowance for the second procedure to half.

Beginning January 1, 2006, we will allow the professional component to be reimbursed at full and full when multiple procedures are done on the same day. We will continue to reimburse the technical component at full and half when multiple procedures are done on the same day.

In order to receive the additional reimbursement, providers will need to split out the technical and professional component on separate lines. We will need a separate line for each professional component with a 26 modifier and a separate line for each technical component with a TC modifier. If the lines are not split out and the procedures are billed globally, we will use the current reimbursement guideline, which is full and half.

New ID Numbers

We sent previous notification that in the effort to protect the privacy of our members, we converted all ID numbers from Social Security Numbers to randomly selected numbers. We had indicated that providers must begin using the new numbers by July 1, 2005. However, we have continued to accept the old ID numbers and convert them to the new numbers in our system. Beginning April 1, 2006, we will no longer accept the old ID numbers and claims submitted with them will be rejected. Providers can access the new numbers through the secure section of our Web site.

SOK (State of Kansas) and FEP (Federal Employee Program) News

Both the SOK and FEP employer groups renew on January 1, 2006. Benefit information for these groups can be located respectively at the links below:

[BCBSKS - Providers - State of Kansas - Benefits Info](#)

[BCBSKS - Providers - FEP](#)

Health and Wellness

“What’s Cooking with Diabetes”

“What’s Cooking with Diabetes” a free two-hour program for people with diabetes was held in the Kansas cities of Lawrence, Garden City, Manhattan, and Independence during September and October. The programs were sponsored by BCBSKS and Prime Therapeutics in partnership with the Kansas State Research & Extension Department. The BCBSKS Care Management Department planned and helped staff these events. The goal was to provide information on how to better manage diabetes with emphasis on healthy nutrition. These programs were open to the public as well as BCBSKS members. A cooking demonstration that included tasting of foods prepared by the local county extension agent was the highlight of the agenda.

Each program also had a Certified Diabetic Educator that gave information on the importance of healthy nutrition, the disease process, and blood sugar testing with glucometer demonstrations. The programs had an attendance of over 300.

Overall, program evaluation results were very positive with 70 percent of attendees rating the programs as excellent. Comments collected from the evaluations strongly recommended that the programs be repeated throughout the state in the future. Plans are being made to offer similar programs in other Kansas communities in 2006. The BCBSKS Care Management department, staffed by Certified Nurse Case Managers and enrollment specialists, offers a free telephonic education program to all BCBSKS adult members not only with diabetes, but also those diagnosed with heart disease, heart failure, and asthma. Additional information about these education programs can be obtained by calling BCBSKS Care Management toll free at 800-520-3137.

Pharmaceuticals

Prior Authorization for Mobic in 2006

Effective January 1, 2006, Blue Cross and Blue Shield of Kansas will require a prior authorization for Mobic®. We will continue to require a prior authorization for Celebrex®. While non-selective NSAIDs are a safe and equally effective therapy for the vast majority of people, clinical trials suggest that COX-2 drugs (currently Celebrex) and Mobic may be appropriate for patients with a higher risk of developing a GI adverse event. Because Celebrex and Mobic are several times more expensive than non-selective generic NSAIDs, they are only cost-effective if used by patients who truly need them. Prior authorization can help identify patients who may have a contraindication for the non-selective NSAIDs and thus require COX-2 or Mobic therapy.

If your patient's medical history and current medical conditions warrant Celebrex or Mobic, benefits for these drugs will be available. However, if the patient's history and current condition do not indicate that a COX-2 medication or Mobic is necessary for treatment, the patient will not have coverage for these medications.

Patients must meet **one** of the following criteria to have coverage for COX-2 medications or Mobic:

- Age 65 years or older
- History or current diagnosis of peptic ulcer, GI bleed, GI obstruction, or GI perforation
- Current diagnosis or medical history that puts the patient at risk of developing a GI adverse event
- Currently taking an anticoagulant drug; or
- Currently taking glucocorticoids on a regular basis

When a patient presents a prescription for a COX-2 medication or Mobic, the claims history of the patient is reviewed for the medications listed above. If the patient is not 65, or the medications are not found, the claim will be denied. If the patient wants the medication paid under his or her prescription benefit, it will be necessary for the **prescriber** to complete and submit a prior authorization form. The form provides the opportunity for the prescriber to provide patient-specific information for review to determine if the COX-2 medication or Mobic will be covered for a patient. A copy of the form is enclosed. The prior authorization form can be downloaded from our Web site, www.bcbsks.com, under Forms in the Provider section.

**COX 2 INHIBITOR AND MOBIC
PRIOR AUTHORIZATION REQUEST
PHYSICIAN FAX FORM**



Only the prescriber may complete this form.

The following documentation is **REQUIRED** for prior authorization. Incomplete forms will be returned for additional information. For formulary information, please visit the Blue Cross and Blue Shield of Kansas Web site at **www.bcbsks.com**

Today's Date: _____

PATIENT INFORMATION

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:	City, State, Zip	Patient Phone:	

INSURANCE INFORMATION

BCBS ID Number:	Group Number:
-----------------	---------------

PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician UPIN#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PRIOR AUTHORIZATION INFORMATION

Medication Requested CELEBREX® MOBIC®
1. Patient's diagnosis to be treated with requested medication _____
2. Other diagnoses and/or prior history pertinent to this request _____ _____
3. If the patient is at risk for a GI adverse event, please provide the reason _____ _____
4. Current over-the-counter and prescription medications _____ _____

Please fax or mail this form to:
Prime Therapeutics LLC
Clinical Review Department
1020 Discovery Road, No. 100
Eagan, Minnesota 55121

TOLL FREE

Fax: 877.480.8130
Phone: 866.469.5660

CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at 866.469.5660, and return the original message to Prime Therapeutics via U.S. Mail. Thank you for your cooperation.