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Section 1: Reminders

Corrected Claims and Retrospective Reviews
According to Policy Memo No. 1, for claims adjudicated on or after January 1, 2005, providers have 180 days from the date of adjudication to file retrospective reviews. This policy includes corrected claims, since corrected claims are the same as asking for a review or change to a previously adjudicated claim.

HIPAA Remittance Advice Codes

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Section 2: Updates

CMS 1500 Claim Forms
For a number of years, Administrative Services of Kansas (ASK), a subsidiary of BCBSKS, has provided the option to purchase CMS 1500 claim forms. With expected changes to the form in 2006 or 2007, and constantly changing printer technology, ASK has decided to stop selling claim forms once the current supply is exhausted. CMS 1500 claim forms can be obtained by contacting the U.S. Government Printing Office at 202-512-1800 or independent printing companies.

Changes to Hotline Phone Message
The BCBSKS Professional Relations Hotline message has changed to incorporate direct routing of calls based on the caller’s needs. Following is the new message with a description of the services provided in each of the options:

You have reached the BCBSKS and TRICARE Provider Hotline. If you know the extension of the party you are trying to reach, press the * key and enter the extension.

Assistance with BCBSKS claims and coding, press 1.
- Instructs providers on correct completion of medical (CMS 1500) and dental claim forms
- Answers questions about CPT, HCPCS, and ICD-9-CM coding
- Clarifies newsletter information
- Answers policy and procedure questions
- Handles charge comparison requests

Assistance with BCBSKS status or adjustment of claims, press 2.
- These calls are routed to our customer service center (CSC), which responds to the provider’s request. Callers should have the member’s ID number available.

Network enrollment and contracting, press 3.
- To request contracts and applications for CAP, FEP Dental, Premier Blue, Blue Select, and TRICARE
- To advise of a change in tax identification number

Assistance with TRICARE, press 4.
- Calls regarding TRICARE (other than requests for contracts and applications)

Workshop Registration, press 9.
- New biller workshop registration. Callers should have available the name of the participant(s), group or provider name, and provider number.

Additional services through the hotline that may be faxed or e-mailed are:
- Changes to provider records, i.e. address, phone number, adding an additional location
- Requests for claims research if not resolved through CSC

Professional Provider Hotline number: 800-432-3587 or 785-291-4135
Fax: 785-290-0734 – send attention “PR Services”
E-mail: prof.relations@bcbsks.com
Code 76375
Code 76375 (Coronal, sagittal, multiplanar, oblique, 3-dimensional and/or holographic reconstruction of computed tomography, magnetic resonance imaging, or other tomographic modality) is denied content of service when billed with any diagnostic ultrasound procedure (codes 76506 – 76999).

Electronic Claims Filing
BCBSKS EDI Services and Professional Relations have started a statewide campaign to increase electronic claims volume.

Providers who are currently filing some or all BCBSKS claims on paper may expect a phone call or visit from a representative of one of these departments. We want to help identify and eliminate any barriers preventing electronic claims filing, as well as assist providers in filing claims electronically.

Providers who file Medicare claims electronically, but still submit BCBSKS claims on paper and would like to increase their overall electronic claims filing, may contact our EDI marketing area at 800-472-6481, option 3.

Kansas Building Trades (KBTHWTF) to Utilize CAP Network
Kansas Building Trades Health and Welfare Trust Fund (KBTHWTF), with approximately 2500 members statewide, has contracted to utilize the BCBSKS CAP network, effective April 1, 2005. Medical services provided on or after April 1, 2005, must be submitted to BCBSKS for pricing. This agreement does not include dental or pharmacy services.

The claim status section of our Web site will have an indicator showing that a claim has been received and forwarded to KBTHWTF, who will generate the payment and remittance advice. The ID Cards will display the CAP logo, with the group number KBTHW. Identification numbers will be the same as the member’s social security number. Eligibility information can be obtained by calling KBTHWTF at 785-267-0140 or 800-432-3595.

National Provider Identifier (NPI)
The administrative simplification provisions of HIPAA required that the Secretary of Health and Human Services (HHS) adopt a standard unique health identifier for covered health care providers. HHS has adopted the National Provider Identifier (NPI) as that standard and the Centers for Medicare and Medicaid Services (CMS) has developed a National Plan and Provider Enumeration System (NPPES) to process applications and issue NPIs.

The NPI will be a ten-digit number that will be used to submit claims and transmit any electronic health information to all payers. In addition, CMS will discontinue the Unique Physician Identification Number (UPIN) enumeration process.

Providers who will be required to obtain an NPI include physicians, non-physician health care practitioners, other suppliers, and certified providers such as institutions, home health agencies, and skilled nursing facilities. Each individual practitioner will receive one NPI; however, an organization provider may obtain an NPI for each of its subparts. A subpart can be considered a separate physical location of an organization provider, member of a chain, or an organization provider separately licensed or certified.
Providers may apply for NPIs beginning May 23, 2005 and will be required to use NPIs beginning May 23, 2007. All dates are subject to change based on CMS direction.

BCBSKS is in the process of evaluating all systems that are impacted by the NPI enumeration process and will inform providers of our NPI collection and conversion plans.

Current information about NPIs can be found on the following Web sites.

Summary of the regulation:

Complete regulation:
http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/pdf/04-1149.pdf

**Right of Offset**

In our annual Competitive Allowance Program (CAP) mailing of July 2004, we communicated an addition to Policy Memo No. 1, Section XIV, Right of Offset. We had indicated we would be implementing auto deduct as well as some automated policy applications, for example, bundling and content of service. It was our anticipation that these changes would take place in early 2005. We would like to update you with the following new timelines.

Auto deduct is being implemented in two phases. The first phase is for overpayments and refund situations, where previously a refund request letter was sent allowing 30 days for a refund to be made before the adjustment would auto deduct. The second phase encompasses the system enhancements to automate policy applications such as bundling and content of service.

Phase one is now being tested with several providers. Once testing is completed, implementation will take place following 30 days’ advance notice of the effective date. The remittance advice will provide complete information on adjustments for these situations. Many providers identify overpayments and return a check to balance their books. We will continue to receive and process these refunds, thus eliminating the auto deduct segment.

The second phase is scheduled to begin September 1, 2005 for the claims history edits. The remittance advice will continue to report as it does today.

**Section 3: Pharmaceuticals**

**Proton Pump Inhibitor (PPI) Formulary Incentive Program for Members**

All FDA approved Proton Pump Inhibitors (PPI) are potent, acid-suppressing drugs. Studies published using secondary endpoints of *in vitro* pH and acid suppression suggest minimal differences between PPIs. Protonix and Aciphex are formulary brand drugs on the BCBSKS formulary. Nexium and Prevacid are non-formulary brands. Members with a three-tier prescription drug benefit typically pay a $15 to $20 higher copayment for non-formulary brand drugs.
To reduce our members’ out-of-pocket costs by increasing the use of formulary brand PPIs, BCBSKS will promote manufacturer coupons for Protonix and Aciphex to our members who are currently utilizing any brand PPI. The coupons will provide a copayment refund to the member of up to $30 for each prescription. Members will receive an initial mailing that includes a coupon for each product and a letter advising the member to talk with their physician to determine if changing to a formulary PPI is appropriate. Members will also be instructed on how to obtain additional coupons from BCBSKS customer service or from our Web site, www.bcbsks.com.

We appreciate your support in this effort to reduce drug costs and our members’ out-of-pocket expense.

### Section 4: Health and Wellness

#### Mental Health Screening Tools
Confidential, free screening tools for conditions such as depression, eating disorders, and alcohol use are available on our Web site at BCBSKS - Members - Health & Wellness - Mental Health Screening. Confidential screening tools for depression and alcohol use are also accessible by telephone at 877-384-8055.

### Section 5: Other News

#### Basic Coding Workshops
BCBSKS is conducting workshops on April 26 (Topeka), April 27 (Salina), and April 28 (Wichita). The workshops are tailored to teach new office staff the basics of using CPT and ICD-9-CM coding. Our speaker this spring is Michelle Shipley, Director of Health Information Technology Programs at Washburn University. Invitations will be mailed in the near future. Questions about these workshops should be directed to Velda Fresquez-Gray, Wichita, at 316-269-1674 or 800-432-0216, ext. 1674.