## **Behavioral Health** Provider Areas of Expertise Form Kansas



This form applies to the following provider types and should be completed and submitted to Blue Cross Blue Shield of Kansas during the provider network enrollment process:

| LCP. | LCPC, LCMF | FT, LSCSW, F | Psychologis | t & Ps\ | ch Nurses ( | APRN or | CNS). | LMFT. | , LPC | , LMLP. | , LMSW |
|------|------------|--------------|-------------|---------|-------------|---------|-------|-------|-------|---------|--------|
|      |            |              |             |         |             |         |       |       |       |         |        |

| Date                 | Practitioner's Individual NPI#: |
|----------------------|---------------------------------|
| Practitioner's Name: |                                 |

- Check only the top 10 areas of expertise in which the provider is certified or has received specific or on-going training.
- BCBS members may use the Areas of Expertise Service Types when searching the National Doc Finder directory to find a specific type of service or provider.
- These services may or may not be a covered benefit.

| Internal<br>Code | I Section X or √ Area of Expertise Service Type |   | Internal Section X or √ |  | Area of Expertise Service Type     |  |  |
|------------------|---|---|-------------------------|--|------------------------------------|--|--|
| A01              |   | ATTENTION DEFICIT DISORDER<br>(ADD/ADHD)            | A21                     |  | HIV/AIDS RELATED ISSUES            |  |  |
| A02              |   | ADOPTION  | A22                     |  | INFERTILITY                        |  |  |
| A03              |   | ANXIETY AND PANIC DISORDERS                         | A23                     |  | MEDICATION MANAGEMENT              |  |  |
| A04              |   | AUTISM SPECTRUM DISORDERS<br>(AUTISM/PDD/ASPERGERS) | A24                     |  | MENS ISSUES                        |  |  |
| A05              |   | BARIATRIC ASSESSMENT (add'l form here)              | A25                     |  | NEUROPSYCHOLOGICAL TESTING         |  |  |
| A06              |   | BEHAVIOR MODIFICATION                               | A26                     |  | OBSESSIVE COMPULSIVIE DISORDERS    |  |  |
| A07              |   | BIPOLAR DISORDERS/MANIC DEPRESSIVE ILLINESS         | A27                     |  | PAIN MANAGEMENT                    |  |  |
| A08              |   | CHEMICAL DEPENDENCY/CHEMICAL DEPENDENCY ASSESSMENT  | A28                     |  | PERSONALITY DISORDERS              |  |  |
| A09              |   | CHRISTIAN COUNSELING                                | A29                     |  | PSYCHOLOGICAL TESTING              |  |  |
| A10              |   | COMPULSIVE GAMBLING                                 | A30                     |  | SCHIZOPHRENIC DISORDERS            |  |  |
| A11              |   | CULTURAL/ETHNIC ISSUES                              | A31                     |  | TRANSGENDER ISSUES                 |  |  |
| A12              |   | DEPRESSION  | A32                     |  | SEXUAL DISORDERS                   |  |  |
| A13              |   | DIALECTICAL BEHAVIORAL THERAPY (DBT)                | A33                     |  | ABUSE, ASSAULT AND TRAUMA (PTSD)   |  |  |
| A14              |   | DIVORCE/BLENDED FAMILY ISSUES                       | A34                     |  | PRENATAL ISSUES                    |  |  |
| A15              |   | BEHAVIORAL THERAPY FOR AUTISM SPECTRUM DISORDERS    | A35                     |  | WOMENS ISSUES                      |  |  |
| A16              |   | EATING DISORDERS                                    | A36                     |  | POSTPARTUM ISSUES                  |  |  |
| A17              |   | ELECTROCONVULSIVE THERPAY (ECT)                     | A37                     |  | BRIEF SOLUTION FOCUSED             |  |  |
| A18              |   | FAMILY THERAPY                                      | A38                     |  | END OF LIFE ISSUES                 |  |  |
| A19              |   | GAY/LESBIAN/BISEXUAL ISSUES                         | A39                     |  | GERIATRICS                         |  |  |
| A20              |   | GROUP THERAPY                                       | A40                     |  | COGNITIVE BEHAVIORAL THERAPY (CBT) |  |  |

NOTE: Only the first 10 AOEs checked will be added to the provider record if more than 10 are included. Completed forms may be mailed to BCBS of KS 1133 SW Topeka Blvd, Topeka, KS 66629, faxed to 785-290-0734 or emailed to Prof.Relations@bcbsks.com.

| Comi   | oleted by | v Title : |
|--------|-----------|-----------|
| COIIII | pierea bi | y riue    |