

Behavioral Health Provider Areas of Expertise Form



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, LCMFT, LSCSW, Psychologist & Psych Nurses (APRN or CNS), LMFT, LPC, LMLP, LMSW.

Date _____ Provider's Individual NPI#: _____

Provider's Name: _____

Physical Location/Practice Address: _____

City, State, Zip _____

- 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 Code	Section X or √	Area of Expertise Service Type	Internal Code	Section X or √	Area of Expertise Service Type
A01		ATTENTION DEFICIT DISORDER (ADD/ADHD)	A21		HIV/AIDS RELATED ISSUES
A02		ADOPTION	A22		INFERTILITY
A03		ANXIETY AND PANIC DISORDERS	A23		MEDICATION MANAGEMENT
A04		AUTISM SPECTRUM DISORDERS (AUTISM/PDD/ASPERGERS)	A24		MENS ISSUES
A05		BARIATRIC ASSESSMENT	A25		NEUROPSYCHOLOGICAL TESTING
A06		BEHAVIOR MODIFICATION (add'l form here)	A26		OBSESSIVE COMPULSIVE DISORDERS
A07		BIPOLAR DISORDERS/MANIC DEPRESSIVE ILLNESS	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 AOE's 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.

Completed by _____ Title : _____