Pharmacist Contracting and Billing

BlueCross BlueShield Kansas

What can your Rep do for you

- Insurance billing education
- CAP mailing
- Policy Memos
- Medical Policies
- Documentation
- Coding
- Provider Visits

Pharmacy Practice Act

1. A pharmacist may initiate therapy within the framework of a statewide protocol for the following
    a. Influenza
    b. Streptococcal pharyngitis
    c. Urinary tract infection
2. A pharmacist may dispense an emergency opioid antagonist and necessary medical supplies needed to administer
    a. Counseling must be performed as well

https://pharmacy.ks.gov/docs/librariesprovider10/statues-regulations/full-version-pdf.pdf?sfvrsn=66fca701_29

Medication Therapy Management

Code range- 99605-99607

Choosing the level of care provided to patient should be based off the nomenclature of CPT codes associated with services and determined by the provider. All documentation should support codes billed.

Smoking Cessation Counseling

CPT code range- 99406-99407

Choosing the level of care provided to patient should be based off the nomenclature of CPT codes associated with services and determined by the provider. All documentation should support codes billed.

Flu Testing

CPT code range- 87252-87254, 87275-87276, 87400, 87501-87503, 87804

Choosing the level of care provided to patient should be based off the nomenclature of CPT codes associated with services and determined by the provider. All documentation should support codes billed.

COVID Testing

CPT code range- 87426, 87428, 87811

Choosing the level of care provided to patient should be based off the nomenclature of CPT codes associated with services and determined by the provider. All documentation should support codes billed.

UTI Testing

CPT code- 81001

Choosing the level of care provided to patient should be based off the nomenclature of CPT codes associated with services and determined by the provider. All documentation should support codes billed.

Eligibility

- Licensed Pharmacist- License must be current and unrestricted
- Current CAQH application
- Current professional liability coverage which meets of exceeds minimum limits as established by the State of Kansas
- You can find full listing of credentialing criteria for Pharmacist at https://www.bcbsks.com/documents/credentialing-program-plan-description-0

Enrollment

- Complete Provider Network Enrollment form
- Complete Network Application
- Email complete documents to prof.relations@bcbsks.com

Provider Information

- Provider Change Request Form
  - https://www.bcbsks.com/documents/provider-information-change-form-15-141-2022-04-19
- Provider Network Enrollment Request Form
  - https://www.bcbsks.com/documents/provider-network-enrollment-request-15-481-2021-11-23
- Initiate request at least 60 days before start date
- BCBSKS does NOT backdate the contract effective date because of URAC requirements
- CAQH must be current
- BCBSKS Credentialing Program
  - https://www.bcbsks.com/providers/professional/publications/credentialing-information

Cap – Competitive Allowance Program

- Annual Contract Update
- Provider contract is Perpetual
- Approved by Board of Directors at BCBSKS
- Emailed towards the end of July
- Where BCBSKS Ranks in Member Satisfaction
- Network Strength and Size
- Reimbursement Changes
- Provider Types / Specialties / Tiers
- Quality Based Reimbursement Program (QBRP)
- Changes / Updates

Policy Memos

1. Policies and Procedures
2. Office/Outpatient
3. Outpatient Treatment of Accidental Injuries
4. Quality of Care
5. In-Hospital Medical
6. Concurrent Professional Care
7. Radiology and Pathology
8. Obstetrical Services
9. Surgery
10. Assistant Surgery
11. Multiple Surgical Procedures
12. Anesthesia

Policy Memo #1

Retrospective Claim Review

- 120 days from date of Remittance Advice
  - Written inquiry

    https://secure.bcbsks.com/bcbsks-provider/facelets/allUsers/form/ProviderClaimEnrollmentInquiry.faces
- Void Claim
  - CMS 1500: Box 22 use #8 claim frequency code indicator and ICN #
- Corrected Claim
  - CMS 1500: Box 22 use #7 claim frequency code indicator and ICN#

Appeals – only "Not Medically Necessary" denials

- 1st Level: Written notification within 60 days from Retrospective Review Determination
- 2nd Level: Written request within 60 days from 1st Level Appeal

Content of Service

- Therapeutic, prophylactic, or diagnostic injection administration provided on the same day as an office, home, or nursing home visit.
- Telephone calls & web-based correspondence.
- Additional charges beyond the regular charge. Ex – after office hours, holidays, or emergency
- A list is located in Policy Memos 1 and 2. (not all-inclusive)

Non-Covered Services

Professional services are not reimbursed when provided to an immediate family member – spouse, children, parents, siblings, or legal guardian of the person who received the service (or themselves).

Member's contract may determine categories of services, procedures, equipment and/or pharmaceuticals. These denials are billable to the member.

Documentation

- Chief Complaint
- Complete S.O.A.P.
- Abbreviations – Have a Legend
- Diagnosis and Dx Code
- Electronic vs Hand Written Signature
- Time-Based Coding – Time In & Time Out or Total Time

Uniform Charging

What constitutes a provider's usual charge?

- A discount to every patient without health insurance would be considered the "usual charge," and you must bill BCBSKS the same amount.

Concierge/Club Services are not to be offered to BCBSKS members

Are discounts acceptable?

- Yes, if they are based upon an individual patient's situation
- Community mental health centers and county health departments are allowed to use a sliding scale due to agency regulations
- Only collect deductible, co-payment, co-insurance, or non-covered services at the time of service

Non-Contracting Provider

- A contracting provider must bill for any services ordered and performed by a non-contracting provider
- The contracting provider must hold the member harmless
- If a member requests referral to a non-contracting provider, a signed statement of financial obligation should be on file

Claims Filing

- Contracting provider agrees to file claims for all covered services.
- Timely Filing
  - BCBSKS - 15 months from date of service or discharge from hospital
  - FEP - by Dec. 31 of the year after the year the service was received
  - ASO's - may have different timely filing requirements
- Eligible contracting providers must file services under their own billing NPI.
- Use current Diagnosis and procedure codes.

Modifiers

- Modifier 22
  - Drop claim to paper and attach records (unless lab/path handling fee)
- Modifier 25
  - Established patient E/M code (not new patient E/M)
  - Reduces the E/M by 25 percent MAP.
  - Do not use when billing 96372 (therapeutic injection)

Refund & Right of Offset Policy

- BCBSKS must request refunds within 15 months from the date of adjudication.
- Refund requests for fraudulent claim payments and duplicate claim payment, including other party liability claims, are not subject to the 15-month limitation.
- BCBSKS uses auto deduction processes for Right of Offset for claims previously paid.

Policy Memo #2

- Office/Outpatient Visits
- New vs Established Patient
- Content of Service
- Outpatient Consultations
- Telemedicine
  - POS 02 or 10 / GT Modifier
  - Provider must be licensed in the state the patient is located at time of service
  - Telemedicine is service with audio, visual or audio/visual – Does not include emails, faxes or texts.

New patient vs. established patient

Which E&M code applies?

New patient – ***has not received*** any professional services from the physician or other qualified healthcare professional or another physician or other qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice, ***within the past three years***

Established patient – ***has received*** professional services from the physician or other qualified healthcare professional or another physician or other qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice, ***within the past three years***

Availity

Contact Availity for:

- Registration (www.Availity.com)
- Password issues
- Changes/updates to Availity provider profile
  - TIN / NPI changes
  - Name / address changes
- Questions regarding other Payers
- 1-800-Availity

Availity/Blue Access - BCBSKS

- Eligibility and Benefits
- Claim Status
- Search Patient by Name / Digital ID Card
- Update / Maintain Provider Information: 90 Day Attestation
- BAA Updates / Changes
- View / Print Remits
- QBRP Earned Report / Score Card
- Message Board
- Resources

Claim / Enrollment Inquiry Form

- Inquiry may be submitted for either claim or enrollment questions instead of calling customer service.
- Form is located at: bcbsks.com/bcbsksprovider/facelets/allUsers/form/ProviderClaimEnrollmentInquiry.faces
- Located in BlueAccess via Availity under Resources, Forms, Professional, Claim/Enrollment Inquiry Form

Business Associate Agreement (BAA)

- Required if you have a 3rd party entity representing your practice or to attest to not having any current business arrangements
- Protects Personal Health Information (PHI) and/or Personal Identifying Information (PII)
- Located in BlueAccess via Availity, BCBSKS Provider Secure Section (Blue Access), Provider Information, Business Arrangements.

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Electronic Funds Transfer (EFT)

- Quicker Payment
- Less Paperwork
- Located in BlueAccess via Availity, BCBSKS Provider Secure Section (Blue Access), Resources, Forms, Professional, Electronic Fund Transfer (EFT) form.
- Upon enrollment with BCBSKS network providers will be required to sign up for EFT payment.

BCBSKS ID Cards

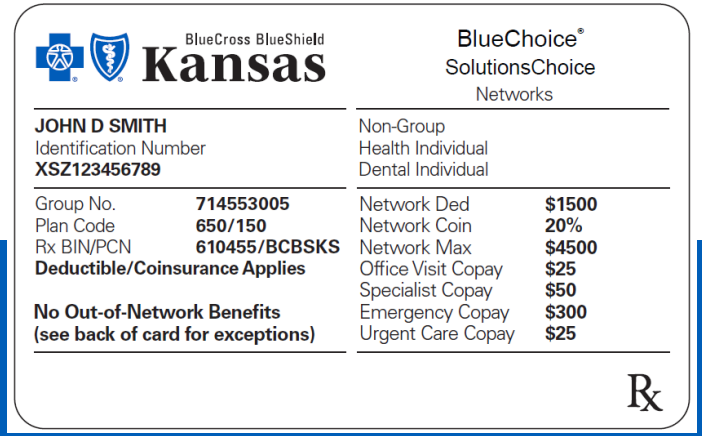
- Majority have a three-digit prefix (i.e.. XSB, KSE)
- Suitcase (PPO, PPOB, Empty, MA PPO, No Logo)
- No Suitcase (EPO) – No BlueCard benefits – can't travel
- Co-pays and deductibles listed
- Medical and Dental (if applicable)
- Group number
- CSC phone number on the back

BlueCard

- BlueCard program serves BCBS members worldwide.
- "BlueCard" is the term used for out-of-state plans.
- One source (Host Plan) for providers for claims submission.
- Claim Filing – All medical claims for out-of-state Blue Plans file to BCBSKS
- Terminology
  - HOME Plan: The BCBS plan where the patient's policy was issued.
  - HOST Plan: The BCBS plan where the services are rendered.

BlueCard EPO

- Non-emergent, out-of-area care requires a prior authorization
- Covered benefits are for the BCBSKS service area
  - Request to receive service outside of Solutions Network form
- Zero coverage if the member is referred to a non-contracting entity for any service, including lab and radiology.
- Special contract with The University of KS Health System (KU Med in KC) and Children's Mercy



Prefixes for EPO members

- XSN – Individual on Exchange
- XSZ – Individual off Exchange
- KSA – Small Group off SHOP

Claims Filing

- Corrected claims are considered the retrospective review
  - Resubmission code 7 and original claim number
  - Do not write "corrected claim" on the claim form
- Void claim
  - Resubmission code 8 and original claim number
  - Wait for verification of voided claim on remittance advice
- New claim

Claim Control Number Examples

252312300001

- 25 – Electronic claim
  - * 20 – Paper Claim
  - * 57 – Blue Card Claim
- 23 – It was received in 2023.
- 123 – It was received on May 3rd (Julian date).
- 00001 – It was the first claim in the sequence.

Remittance Advice

- Located in Blue Access via Availity
- QBRP Prerequisite
- Includes details on finalized claim
- Claim Adjustment Reason Codes (CARC)
- Remittance Advice Remark Codes (RARC)
- https://x12.org/codes

Specialty Guidelines

Heather Schultz, Specialty Provider Representative

- Heather.Schultz@bcbsks.com

Specialty Guidelines found on the BCBSKS.com website

- Ambulance
- Autism Guidelines
- Durable Medical Equipment/Home Medical Equipment
- Home Infusion Therapy
- Pharmacist

Other Party Liability (OPL)

- Determines if services are eligible for coverage under another provider.
  - Verified annually for members and/or dependents.
  - Verifies if injuries/certain conditions are eligible under Work Comp or auto insurance.
- Helps contain costs that affect rates paid by members.
- Checks for:
  - Duplicate coverage
  - Workman's Compensation
  - No-fault Auto
- Does not coordinate with Medicare or Medicaid.

Medicare Advantage

- 26 Counties, including Sedgwick and Shawnee
- Medicare rates and policies apply
- No additional premiums for added services
- Not included in the QBRP
- Prefix – M3AK
- MA Provider Representative – Patrick Artzer
  - Patrick.Artzer@bcbsks.com
  - 785-291-6289

Customer Service Center (CSC)

Office Hours: Monday - Friday
7:00 a.m. - 4:30 p.m.

Questions regarding:
- Claim status
- Appeals
- Pre-determinations
- Benefits
- Eligibility

Contacts:
Email: csc@bcbsks.com

800-432-3990 or 785-291-4180
Fax (written inquiries and predets): 785-290-0711
Fax (all others): 785-290-0783

CSC Providers Only Benefits Line

Office Hours: Monday - Friday
7:00 a.m. - 4:30 p.m.

Questions regarding:
- Benefits
- Eligibility

Contacts:
Email: csc@bcbsks.com
800-432-0272 or 785-291-4183

Provider Network Services

Office Hours: Monday - Friday
8:00 a.m. - 4:30 p.m.

Questions regarding:
- Business procedures (option 1)
- Claim form completion (option 1)
- Claim status/adjustments (option 2)
- Coding (option 1)
- Credentialing (option 3)
- Network enrollment/contracting (option 3)
- Newsletter information (option 1)
- Policy memos (option 1)
- TriWest VA specialty network support (option 4)
- Workshops (option 5)

Contacts:
Email: prof.relations@bcbsks.com
800-432-3587 or 785-291-4135
(select option from list at left)
Fax: 785-290-0734

Availity® Health Information Network

Office Hours: Monday - Friday
7:00 a.m. - 6:00 p.m.

Contact Availity Client Services toll free at 800-Availity (800-282-4548) or email questions to support@availity.com.

Availity Client Services is available during the hours listed above.

BlueCard®

Office Hours: Monday - Friday
8:00 a.m. - 4:30 p.m.

Questions regarding:
- Eligibility for out-of-state members

Contact:
800-676-BLUE (800-676-2583)

BlueCard®

Office Hours: Monday - Friday
7:00 a.m. - 4:30 p.m.

Questions regarding:
- Claim info for out-of-state members

Contact:
800-432-3990, ext. 4058

Case Management

Office Hours: Monday - Friday
8:00 a.m. - 4:30 p.m.

Questions regarding:
- Assistance with coordination of care for patients with complicated health Issues.

Contacts:
800-432-0216, ext. 6628 or 785-291-6628
For FEP members: 800-782-4437, ext. 6611

Medicare Advantage

Office Hours: Monday - Friday
8:00 a.m. - 6:00 p.m.

- Provider Services: 800-240-0577 Fax: 800-976-2794
- Prior Authorization/Utilization Management / Care Transition: 800-325-6201 Fax: 877-218-9089
- After Hours Utilization Management / Care Transition: 800-331-0192 Fax: 877-218-9089
- Behavioral Health Services (New Directions): 877-589-1635
- Hearing Services: 800-334-1807
- Vision Services: 877-226-1115

Federal Employee Program (FEP)

Office Hours: Monday - Friday
7:00 a.m. - 4:30 p.m.

All FEP inquiries except OPL

Contacts:
800-432-0379 • 785-291-4181 • Fax: 785-290-0764

Electronic Data Interchange (ASK-EDI)
Payor ID: 47163

Office Hours: Monday - Friday
7:00 a.m. - 4:30 p.m.

Questions regarding:
- Electronic claims transmissions
- Electronic RA
- Billing software
- Clearinghouse services
- Internet file transfer and passwords
- Real-time vendors

Contacts:
Email: askedi@ask-edi.com
Website: ask-edi.com
800-472-6481
785-291-4178
Fax: 785-290-0720

Fraud Hotline

Office Hours: Monday - Friday
8:00 a.m. - 4:30 p.m.

Questions regarding:
- Reporting of any illegal activity involving BCBSKS. Callers may remain anonymous.

Contacts:
800-432-0216, ext. 6400
785-291-7000, ext. 6400

New Directions

Office Hours: 24/7/365

Questions for behavioral health care:
- Preauthorizations
- Outreach services for high-risk patients
- Coordination with behavioral health care

Contacts:
800-952-5906
Fax: 816-237-2364

Other Party Liability (OPL) & Pre-Existing

Office Hours: Monday - Friday
8:00 a.m. - 4:30 p.m.

Questions regarding:
- Duplicate coverage
- No-fault auto exclusion
- Subrogation
- Workers' compensation
- Pre-existing

Contacts:
800-430-1274
785-291-4013
OPL Fax: 785-290-0771

Pre-certification, Concurrent Review and Alternate Care

Office Hours: Monday - Friday
8:00 a.m. - 5:00 p.m.

Questions regarding:
- All hospital inpatient admissions

Contact:
800-782-4437

Teleorder

Office Hours: 24/7/365

Contacts:
800-346-2227 or 785-291-8130

Location Address:
1133 SW Topeka Blvd
Topeka, KS 66629-0001

Billing Address:
P.O. Box 239
Topeka, KS 66601-0239

Code description

87252- Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253- Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate
87254- Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87275- infectious agent antigen detection by immunofluorescent technique; influenza b virus
87276- infectious agent antigen detection by immunofluorescent technique; influenza a virus
87400- infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [eia], enzyme-linked immunosorbent assay [elisa], fluorescence immunoassay [fia], immunochemiluminometric assay [imca]), qualitative or semiquantitative; influenza, a or b, each
87501- infectious agent detection by nucleic acid (dna or rna); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87502- infectious agent detection by nucleic acid (dna or rna); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87503- infectious agent detection by nucleic acid (dna or rna); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2
87804- infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; influenza
87426- Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]
87428- Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B.

Code description

87811- Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])
81001- Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents
99406- Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
99407- Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
99605- Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient.
99606- Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient with assessment and intervention if provided; initial 15 minutes, established patient.
99607- Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (list separately in addition to code for primary service).

Thank you for being a BCBSKS contracting provider