

# Professional Provider

# Report



A Newsletter for  
Professional Providers and  
their Staff Members

**JUNE 1, 2016**  
**S-2-16**

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## Balloon sinuplasty to follow multiple surgery rules

Effective July 1, 2016, Blue Cross and Blue Shield of Kansas will follow standard multiple surgery rules for balloon sinuplasty procedures (31295-31297) as outlined in Policy

Memo No. 11. Unit limitation of “2” will be applied. Therefore, additional compartments within the same cavity will be contented to the primary procedure.

## Imaging acute rhinosinusitis (sinus x-ray)

Radiographic imaging for the evaluation and treatment of most acute rhinosinusitis cases is considered not medically necessary.

In cases of recurrent or complicated infections when imaging may be medically necessary, plain sinus x-rays

(70210/70220) have limited clinical utility and are not considered medically necessary.

In complicated or recurrent infections that require imaging, a Limited Sinus CT scan (70486) would be the study of choice and considered medically necessary.

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OUR WEB ADDRESS:  
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**Questions:** Contact your professional relations representative or provider network services in Topeka at (785) 291-4135 or (800) 432-3587.

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## Pharmaceutical Formulary Update

Prime Therapeutics updates the Blue Cross and Blue Shield of Kansas formulary (preferred medication list) on a quarterly basis. Please refer to the link below when prescribing or dispensing medications for your BCBSKS patients. Coverage is subject to the limitations of the member's individual plan.

A searchable version of the formulary is available at:

► [https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS\\_Alpha\\_Drug\\_List.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/2016/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf)



# InterQual users must upgrade browser

Providers using InterQual will need to upgrade to Internet Explorer 11 before July 1 to keep using the product.

InterQual, a McKesson product, is a set of criteria used to determine if a patient's hospital length of stay is appropriate. The criterion is based on the diagnoses and any treatments involved in the patient's care.

InterQual is used by Blue Cross and Blue Shield of Kansas (BCBSKS) for the submission of the inpatient clinical information into the BCBSKS electronic inpatient precertification system for your BCBSKS patients.

Annually, McKesson makes changes and upgrades to InterQual and this year's upgrade is tentatively scheduled for late June. With this year's upgrade comes the support for Internet Explorer 11. Providers

will be able to upgrade their Internet Explorer (IE) version to IE11 and successfully access InterQual to submit the patient's clinical information. The Review Manager (RM) is what enables access to InterQual and the RM should continue to work with the IE 8, 9, and 10, however McKesson will not provide support for those versions should providers experience problems accessing the system and will only

provide support for IE 11. Other web browsers, such as Chrome and Firefox, are not an option for accessing InterQual.

Because Microsoft no longer supports any Internet Explorer version preceding Internet Explorer 11, both McKesson and BCBSKS highly recommend providers upgrade their browsers to IE11 for ease of access to the electronic precertification system in conjunction with this InterQual upgrade.

It is very important that you share this information with any other co-workers who utilize the electronic inpatient precertification system and your technology support staff in preparation for this upgrade, including the charts below. BCBSKS will pass along further detailed information as it is made available.



# CPTA/COTA guidelines

Since Oct. 1, 2010, Blue Cross and Blue Shield of Kansas (BCBSKS) recognized Certified Physical Therapist Assistants (CPTAs) and Certified Occupational Therapy Assistants (COTAs) as eligible providers. Requirements include:

- The CPTA/COTA must be certified/licensed by the Kansas State Board of Healing Arts (KSBHA) and comply with all regulations to maintain certification/licensure.
- The CPTA must be supervised by a licensed Physical Therapist and the COTA must be supervised by a licensed Occupational Therapist. KSBHA regulates who can supervise and how many one provider may supervise. Accordingly, for the purposes of BCBSKS business, services supervised by a Medical Doctor, Doctor of Osteopathy, or Chiropractor are not billable.
- BCBSKS shall define “supervision” as in the same building, on the same floor and/or within the same suite, 100 percent of the time the CPTA or COTA is performing the service.
- Services that a CPTA or COTA can perform and separately bill are those identified annually in AMA/CPT. When performed by the CPTA/COTA, those identified services must be billed only by

the CPTA/COTA, not by any other professional.

- “Constant attendance” shall be defined as fully committed and with this patient 100 percent of the time the service is being provided.
  - Covered services performed by CPTAs and COTAs will need to be billed in accordance to Policy Memo No. 1, Section XVIII, Services Provided By Non-Physicians and Resident Physicians, item A (or any amendment thereof), by using their own performing number/NPI. Services performed by CPTAs and COTAs will be subject to tiered reimbursement as described in Policy Memo No. 1, Section XXV, Tiered Reimbursement And Provider Number Requirements. BCBSKS will reimburse CPTAs/COTAs at 50 percent of the maximum allowable payment established for each covered service they provide and bill for members.
  - CPTAs/COTAs may bill CPT codes 97010 – 97546, and S9090.
  - To further clarify, the above guidelines also apply to services provided to FEP members by eligible CPTAs/COTAs.
- Failure to designate the individual NPI number will result in improper claim processing and/or denial of service.

## Correctly billing kinesio taping

As noted in the Professional Provider Report S-8-12 dated Sept. 21, 2012, when billing kinesio taping, the service should be coded as 97039 with a description of “Kinesio taping” in the narrative field, 2400 Loop NTE segment with qualifier ADD electronically, or in

box 19 of a paper claim.

This service is considered experimental/investigational, and is a provider write-off unless, as stated in Policy Memo No. 1, a written waiver of liability is obtained by the provider before the service being rendered.

## Essential Community Providers

The Secretary of United States Department of Health and Human Services (HHS) has established criteria for Health Plans participating in the Marketplace. The criteria includes having a sufficient number and geographic distribution of Essential Community Providers (ECP) in an issuer’s network. This is to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in their service areas.

To meet the requirement, Qualified Health Plan (QHP) issuers must submit an ECP template as part of their QHP application. The application must list ECPs the issuer has contracted to provide health care services to low-income, medically underserved individuals in their service areas.

If your practice fits the descriptoin of an ECP, a separate notice is being sent requesting you submit a petition ([https://data.healthcare.gov/ccii/ecp\\_petition](https://data.healthcare.gov/ccii/ecp_petition)) and notify BCBSKS at [network.maintenance@bcbsks.com](mailto:maintenance@bcbsks.com) when completed.



# Web Changes — Medical Policy

Since the publication of Blue Shield Reports S-1-16, the following new or revised medical policies have been posted to our website at: <http://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- Actimmune (interferon gamma-1b)
- Afrezza (human insulin)
- Ambulatory Event Monitors and Mobile Outpatient Cardiac Telemetry
- Ampyra (dalfampridine)
- Androgens and Anabolic Steroids
- Anodyne - Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions
- Aqueous Shunts and Stents for Glaucoma
- Bio-Engineered Skin and Soft Tissue Substitutes
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Cardiac Rehabilitation in the Outpatient Setting
- Catheter Ablation as Treatment for Atrial Fibrillation
- Corneal Topography/Computer-Assisted Corneal Topography/Photokeratoscopy
- Dynamic Posturography
- Endoscopic Radiofrequency Ablation or Cryoablation for Barrett Esophagus
- Fundus Photography
- General Approach to Evaluating the Utility of Genetic Panels
- Genetic Testing for Marfan Syndrome, Thoracic Aortic Aneurysms and Dissections, and Related Disorders
- Hereditary Angioedema (Berinert, Cinryze, Firazyr, Kalbitor, Ruconest)
- Idiopathic Pulmonary Fibrosis (Esbriet/pirfenidone, Ofev/nintedanib)
- Implantable Bone-Conduction and Bone-Anchored Hearing Aids
- Implantable Cardioverter Defibrillators
- Insulin Prior Authorization Criteria (for individuals who purchased health care on the Marketplace)
- Insulin Pump
- Intra-articular Hyaluronan Injections for Osteoarthritis
- Kalydeco (ivacaftor), Orkambi (lumacaftor/ivacaftor)
- KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy
- Magnetic Resonance Spectroscopy
- Measurement of Lipoprotein-Associated Phospholipase A2 in the Assessment of Cardiovascular Risk
- Multiple Sclerosis Agents
- Natpara (parathyroid hormone)
- Novel Biomarkers in Risk Assessment and Management of Cardiovascular Disease
- Nucala® (mepolizumab)
- Oxycodone Extended Release (ER)
- Photodynamic Therapy for Choroidal Neovascularization
- Recombinant and Autologous Platelet-Derived Growth Factors as a Treatment of Wound Healing and Other Non-Orthopedic Conditions
- Screening for Lung Cancer Using CT Scanning
- Self Administered Oncology Agents
- Surgical Deactivation of Headache Trigger Sites
- Surgical Treatment of Gynecomastia
- Surgical Treatment of Snoring and Obstructive Sleep Apnea (OSA) Syndrome
- Testing for Vitamin D Deficiency
- Tysabri (natalizumab) and Lemtrada (alemtuzumab) (IV Multiple Sclerosis Agents)
- Vagus Nerve Stimulation
- Wearable Cardioverter Defibrillators
- Xolair (omalizumab)
- Xyrem (sodium oxybate)

## Verisk continuing to collect medical records, data

Verisk Health will continue gathering medical records on behalf of Blue Cross and Blue Shield of Kansas (BCBSKS) and other Blue Cross and/or Blue Shield companies to support HEDIS, risk adjustment and government-required programs related to the Affordable Care Act.

Verisk Health is an experienced health care analytics and services company and best-in-class supplier. Verisk Health is not a third-party vendor. Verisk Health will provide an efficient, centralized process to coordinate medical record requests from Blue Plans and help reduce multiple requests for patient data.

All pertinent and complete medical records must be provided or made available by the contracting provider upon request. This includes requests from

Verisk Health.

Medical records may be submitted to Verisk Health in the following ways:

- Via uploading the record's image to a secure portal at [www.submitrecords.com](http://www.submitrecords.com) – enter password "bcbsa89" and select the files to be uploaded.
- Via secure fax to (888) 231-9601, or
- If the above options are not feasible for your office, please contact Verisk Health directly at (877) 489-8437 to discuss retrieval options.

Verisk Health is contractually bound to preserve the confidentiality of members' protected health information in accordance with HIPAA regulations. BCBSKS may continue to request records when needed for claims adjudication.