



Professional Provider Report

A newsletter for professional providers and their staff members

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Dustin Kimmel,
Communications Coordinator

Telemedicine Act defines use by providers, patients

The Kansas Legislature passed the Kansas Telemedicine Act, which is effective Jan. 1, 2019. The Act brings provider use and consumer/patient-initiated use of these services together under one definition:

Telemedicine, including telehealth, means the delivery of health care services or consultations while the patient is at an originating site and the health care provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, that facilitate the assessment,

diagnosis, consultation, treatment, education and care management of a patient's health care. "Telemedicine" does not include communication between:

- A. Health care providers that consist solely of a telephone voice-only conversation, email, or facsimile transmission; or
- B. A physician and a patient that consists solely of an email, or facsimile transmission.

More on Telemedicine can be found in [2019 Policy Memo No. 2](#), Section VI. Telemedicine.

Benefit coverage for health

Please see TELE, page 2



**BlueCross
BlueShield
of Kansas**

bcbsks.com



Tele: Bill using place of service 02, GT modifier

Continued from page 1

Care services that are medically necessary — subject to the terms and conditions of the covered individual’s health benefit plan — provided through telemedicine, rather than in-person contact or based upon the lack of commercial office for the practice of medicine, will be the same when such services are delivered by a health care provider.

Telephone calls and web-based correspondence are content of service when billed with another service on the same day.

A telephone call may be covered if it meets the telemedicine definition and is billed with place of service 02 and the GT modifier. All telemedicine services should be billed with place of service 02 and the GT modifier.

Other guidelines to keep in mind include:

- A. All inpatients must have an examination and history/

physical documented for admission.

- B. Daily rounds are performed on all inpatients, either via telemedicine or face-to-face. The attending provider must have experience managing the type of condition being treated, and practicing within the scope of their license.
- C. If there is a supervising physician providing care, that provider must also have experience managing the type of condition being treated, and practicing within the scope of their license.
- D. Medical Necessity for all services provided must be documented in the facility medical record.
- E. As noted in [2019 Policy Memo No. 2](#), text and eVisits are not included in Telemedicine.

For more information regarding Telemedicine, please contact your Professional Relations representative or Provider Network Services in Topeka at 785-291-4135 or 800-432-3587.

Provider Network Enrollment form now includes telemedicine

Provider Network Services has updated the [Provider Network Enrollment Request form](#) with a reference to telemedicine services. The form is located at bcbsks.com.

Providers are asked to identify at the time of enrollment if they will be providing telemedicine services.

Already contracting?

Complete the form, check the telemedicine box, and return the form.

Provider Network Enrollment Request

Use this document to request network enrollment forms for a new provider or group contract. Any additional paperwork necessary will be sent to the office contact person you have indicated below for completion.

Fax or e-mail the completed request to:
 Provider Network Services
 Fax: (785) 290-0734
 E-mail: Prof.Relations@bcbsks.com
 Telephone: 800-432-3587 or (785) 291-4135, ext. 3
 Attn: CC44302, P.O. Box 238, Topeka, KS 66601

Section 1 – Office Contact Information

First Name _____ Phone Number _____ Fax Number _____
 Last Name _____ Email Address _____
 Office Contact Person/Title _____

Section 2 – New Provider Information (complete for each provider)

Provider's First Name _____ CAQH Provider ID Number (CAQH must be updated/validated)
 Provider's Last Name _____ Social Security Number _____
 Gender Male Female Date of Birth _____/_____/_____
 Location Address _____ Provider's NPI Number _____
 City _____ Provider's Specialty/Degree _____
 State _____ ZIP Code _____ Office Hours _____
 Location Phone Number _____ Location Fax Number _____
 Will this provider be rendering telemedicine service? Yes No

Section 3 – New Group Contract

Entity Legal (NY/NJ Name) _____ Social Security Number _____
 Entity (Corporation, Domestic, Partnership, Trust/Trustee) _____ Organizational or Subject NPI Number (if applicable)
 Entity Name _____ Specialty _____
 Location Address _____ Location Phone Number _____ Location Fax Number _____
 City _____ Date patients will begin receiving services through this group _____
 State _____ ZIP Code _____ Office Hours _____
 Location Phone Number _____ Location Fax Number _____
 Will this provider be rendering telemedicine service? Yes No

For each provider tied to the group, complete Section 2. Attach additional pages for each location as needed.

Section 2 – New Provider Information (complete for each provider)

Provider's First Name _____ CAQH Provider ID No. _____
 Provider's Last Name _____ Social Security Number _____
 Gender Male Female Date of Birth _____/_____/_____
 Location Address _____ Provider's NPI Number _____
 City _____ Provider's Specialty/Degree _____
 State _____ ZIP Code _____ Office Hours _____
 Location Phone Number _____ Location Fax Number _____
 Will this provider be rendering telemedicine service? Yes No

Insulin pump supplies coverage changing

Effective Jan. 1, 2019, Blue Cross and Blue Shield of Kansas (BCBSKS) will implement changes to coverage for insulin pump supplies.

Insulin pump supplies are currently processed under the pharmacy benefit for most of BCBSKS members. Beginning Jan. 1, these products must be billed under the medical benefit at the time of member contract renewal or effective date.

BCBSKS constantly monitors trends in prescription drug management and strives to reduce drug benefit costs while encouraging safe and effective drug use. The goal is to identify

opportunities to improve patient adherence and overall health, promote treatment guidelines, and reduce costs for members.

Please take this change into consideration when providing a prescription for insulin pump supplies. A supplier that can bill BCBSKS for Durable Medical Equipment (DME) must be used for the supplies to be billed under the medical benefit.

If you have questions regarding this change, please contact your Professional Relations representative or Provider Network Services in Topeka at 785-291-4135 or 800-432-3587.

Site of Care limits drug administration

Effective Jan. 1, 2019, Blue Cross and Blue Shield of Kansas (BCBSKS) member policies will be subject to the Site of Care Policy, which states specific drugs must be administered at certain sites. These sites are:

- Standalone infusion center
- Physician's office
- Home
- Designated hospital facility

For the most current list of medications, you can review the [Site of Care policy](#). If these medications are unable to be administered in the above mentioned sites, a prior authorization may be requested. Criteria and prior authorization forms can be found within the [Site of Care policy](#).

For the most current list of medications, visit the [Site of Care webpage](#) at bcbsks.com.



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 links below when prescribing or dispensing medications for your BCBSKS patients. Coverage is subject to the limitations of the member's individual plan.

For commercial members, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf

For BlueCare/BCBSKS Solutions/EPO members, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCREPO/KS_Complete_Formulary_2018.pdf

For BlueEdge/ResultsRx medication list, go to: https://www.myprime.com/content/dam/prime/memberportal/forms/2018/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/KS_BlueEdge_MedicationList.pdf



Guidelines for Network Pricing Groups members

Identifying groups leasing BCBSKS network

Network Pricing Groups are groups that lease the Blue Cross and Blue Shield of Kansas (BCBSKS) provider network.

BCBSKS has an agreement with the following groups to lease the BCBSKS provider network:

- Farmers Alliance Group
- IBEW Local Union 227 (International Brotherhood of Electrical Workers)
- Kansas Building Trade
- NCRA (National Cooperative Refinery Association)

The following are guidelines for identifying and handling claims for members of Network Pricing Groups:

- The identification card for Network Pricing Groups will indicate the CAP logo.
- All claims should be submitted to BCBSKS electronically.
- BCBSKS will price the

claim according to the CAP contracting provider network and forward it on to the Network Pricing Group for finalization.

- The Network Pricing Group (not BCBSKS) will finalize the claim and report the claim processing information, including payment, directly to the CAP provider.
- The Network Pricing Group (not BCBSKS) should be contacted with all requests for benefit/eligibility information, customer service assistance, or pre-admission certification. The backside of the identification card indicates the telephone numbers providers should use.
- Claim status and eligibility information about Network Pricing Groups is not available on the [Availity](#) or [BCBSKS](#) websites.

Solutions product coming to a close, EPO takes its place

As 2018 closes out, BlueCross BlueShield Kansas Solutions product offerings are coming to a close, and the BlueCare Exclusive Provider Organization (EPO) product is in full force.

Both products do not have benefits outside of the Blue Cross and Blue Shield of Kansas (BCBSKS) service area, with the exception of emergency situations or for services not provided within the BCBSKS service area and University of Kansas Medical Systems (KU Med). The BCBSKS service area includes the state of Kansas excluding Johnson and Wyandotte counties.

KU Med joined the network in 2018 to eliminate the need for providers to request exceptions to refer patients.

If requesting an exception for services outside of the network, providers should fill out the [Request to Receive Service Outside of Solutions Network form](#) at [bcbsks.com](#).

Providers are reminded that 15-month timely filing guidelines still apply for all BCBSKS products, including the now-discontinued Solutions.



Transitioning T-codes to 2019 AMA CPT codes for ABA services

At right is the American Medical Association (AMA) Current Procedural Terminology (CPT) Applied Behavior Analysis (ABA) code conversion table. Please use the 2019 AMA CPT codes for all dates of service beginning Jan. 1. You will not need to take any steps in order for the new 2019 AMA CPT codes to work with your current authorizations.

Authorizations made using Category III CPT codes (T-codes) for dates of service extending into 2019 will be valid in 2019 using the new Category I CPT codes (97151-58, 0362T, 0373T). The claims system will automatically convert T-code units to Category I CPT code units to ensure all of the hours authorized for care are available for the member's treatment. For example, every unit of 0364T/0365T currently authorized will be converted to two units of 97153 for claims payment.

The new 97151 CPT code is timed in 15-minute increments, whereas the previous 0359T code was untimed. Up to six hours (24 units) will be allowed for the six-month ongoing treatment plan review.

Current Code '18	Mapped Code '19	CPT Code Description
0359T (untimed)	97151	Behavior identification assessment (15min)
0360T/0361T (30 min)	97152	Behavior identification- supporting assessment (15min)
0362T/0363T (30 min)	0362T	Behavior identification- supporting assessment with four components (15min)
0364T/0365T (30 min)	97153	Adaptive behavior treatment by protocol (15min)
0366T/0367T (30 min)	97154	Group adaptive behavior treatment by protocol (15m)
0368T/0369T (30 min)	97155	Adaptive behavior treatment with protocol modification (15min)
0370T (1 hour)	97156	Family adaptive behavior treatment guidance (15min)
0371T (1 hour)	97157	Multiple-family group adaptive behavior treatment guidance (15min)
0372T (1 hour)	97158	Group adaptive behavior treatment with protocol modification (15m)
0373T (1 hour)	0373T	Adaptive behavior treatment with protocol modification with four components (15min)
0374T (30 min)		

The new 97156 CPT code covers caregiver training with or without the member present. To account for the change in definitions between the T-codes and the Category I CPT codes, the claims system will automatically add an additional one hour per week (four units) of 97156 to address caregiver training with the child present authorized under the

0368T/0369T codes.

Please contact Professional Relations specialty representative Jennifer Falk at 785-291-7724 in Topeka or 800-432-0216 ext. 7724, or Provider Network Services in Topeka at 785-291-4135 or 800-432-3587 if additional caregiver training time will be needed on a member's current authorization.

Pharmacy, Labs, DME, filing Blue claims

Filing claims with proper Blue Plan reduces delays

Generally, as a health care provider, you should file claims for your Blue Cross and Blue Shield patients to the local Blue Plan. However, there are unique circumstances when claims filing directions will differ based on the type of provider and service.

Ancillary providers are Independent Clinical Laboratory, Durable/Home Medical Equipment (DME) and Supplies and Specialty Pharmacy providers. The local Blue Plan as defined for ancillary services is as follows:

Independent Clinical Laboratory (Lab) — The Plan in whose state* the specimen was drawn.

Durable/Home Medical Equipment and Supplies (DME) — The Plan in whose state* the equipment was shipped to or purchased at a retail store.

Specialty Pharmacy — The Plan in whose state* the Ordering Physician is located.

*If you contract with more than one Plan in a state for the same product type, i.e. PPO



or Traditional, you may file the claim with either Plan.

The ancillary claim filing rules apply regardless of the provider's contracting status with the Blue Plan where the claim is filed.

Providers are encouraged to verify Member Eligibility and Benefits by contacting the phone number on the back of the Member ID card or log on to Availity.com, before providing any ancillary service.

Providers that utilize outside vendors to provide services (example: Sending blood specimen for special analysis that cannot be done by the Lab where the specimen was drawn) should utilize in-network participating

Ancillary Providers to reduce the possibility of additional member liability for covered benefits. A list of in-network participating providers may be obtained at <https://www.bcbsks.com/ProviderDirectory/index.htm>

Members are financially liable for ancillary services not covered under their benefit plan. It is the provider's responsibility to request payment directly from the member for non-covered services.

If you have any questions about where to file your claim, please contact Customer Service, (800) 432-3990 or (785) 291-4180, or email csc@bcbsks.com at Blue Cross and Blue Shield of Kansas.



Labs, DME and Specialty Pharmacy Providers Filing Blue Claims

Provider Type	How to file (required fields)	Where to file	Example
<p>Independent Clinical Laboratory (any type of non hospital based laboratory)</p> <p>Types of Service include, but are not limited to: Blood, urine, samples, analysis, etc.</p>	<p>Referring Provider:</p> <ul style="list-style-type: none"> Field 17B on CMS 1500 Health Insurance Claim Form or Loop 2310A (claim level) on the 837 Professional Electronic Submission or Loop 2420F (line level) on the 837 Professional Electronic Submission 	<p>File the claim to the Plan in whose state the specimen was drawn*</p> <p>*Where the specimen was drawn will be determined by which state the referring provider is located.</p>	<p>Blood is drawn* in lab or office setting located in Kansas. Blood analysis is done in Oklahoma. File to: Blue Cross and Blue Shield of Kansas.</p> <p>*Claims for the analysis of a lab must be filed to the Plan in whose state the specimen was drawn.</p>
<p>Durable/Home Medical Equipment and Supplies (D/HME)</p> <p>Types of Service include but are not limited to: Hospital beds, oxygen tanks, crutches, etc.</p>	<p>Patient's Address:</p> <ul style="list-style-type: none"> Field 5 on CMS 1500 Health Insurance Claim Form or Loop 2010CA on the 837 Professional Electronic Submission <p>Ordering Provider:</p> <ul style="list-style-type: none"> Field 17B on CMS 1500 Health Insurance Claim Form or Loop 2420E (line level) on the 837 Professional Electronic Submission <p>Place of Service:</p> <ul style="list-style-type: none"> Field 24B on the CMS 1500 Health Insurance Claim Form or Loop 2300, CLM05-1 (claim level) on the 837 Professional Electronic Submissions or Loop 2400 SV105 (line level) on the Professional Electronic Submission <p>Service Facility Location Information:</p> <ul style="list-style-type: none"> Field 32 on CMS 1500 Health Insurance Form or Loop 2310C (claim level) on the 837 Professional Electronic Submission 	<p>File the claim to the Plan in whose state the equipment was shipped to or purchased in a retail store.</p>	<p>Wheelchair is purchased at a retail store in Kansas. <i>File to:</i> Blue Cross and Blue Shield of Kansas.</p> <p>Wheelchair is purchased on the internet from an online retail supplier in Florida and shipped to Kansas. <i>File to:</i> Blue Cross and Blue Shield of Kansas.</p> <p>Wheelchair is purchased at a retail store in Florida and shipped to Kansas. <i>File to:</i> Blue Cross and Blue Shield of Florida.</p>
<p>Specialty Pharmacy</p> <p>Types of Service: Non-routine, biological therapeutics ordered by a health care professional as a covered medical benefit as defined by the member's Plan's Specialty Pharmacy formulary. Include but are not limited to: injectable, infusion therapies, etc.</p>	<p>Referring Provider:</p> <ul style="list-style-type: none"> Field 17B on CMS 1500 Health Insurance Claim Form or Loop 2310A (claim level) on the 837 Professional Electronic Submission 	<p>File the claim to the Plan whose state the Ordering Physician is located.</p>	<p>Patient is seen by a physician in Kansas who orders a specialty pharmacy injectable for this patient. Patient will receive the injections in Oklahoma where the member lives for six months of the year. File to: Blue Cross and Blue Shield of Kansas.</p>

Web Changes — Medical Policy

Since the publication of Professional Provider Report [S-4-18](#), the following policies have been posted at: <https://www.bcbsks.com/CustomerService/Providers/MedicalPolicies/policies.shtml>

- Ampyra™ (dalfampridine)
- Artificial Pancreas Device Systems
- Automated Point-of-Care Devices for Nerve Conduction Testing
- Biologic Immunomodulators Therapy (Pharmacy Benefit Only)
- Botulinum Toxin (BT)
- Cardiovascular Magnetic Resonance (CMR)
- CGRP (calcitonin gene-related peptide)
- Circulating Tumor DNA Management of Non-Small-Cell Lung Cancer (Liquid Biopsy)
- Computed Tomographic Angiography (CTA) and Magnetic Resonance Angiography (MRA) of the Head, Neck, Abdomen, Pelvis, and Lower Extremities
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid
- Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA) for Coronary Artery Evaluation
- Cystic Fibrosis Transmembrane Conductance Regulator (CFTR)
- Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures
- Electromyography (EMG), Nerve Conduction Studies (NCS), and Other Electrodiagnostic (EDX) Related Services
- Fundus Photography
- Genetic Cancer Susceptibility Panels Using Next Generation Sequencing
- Hepatitis C First Generation Agents - Through Preferred Agent
- Hepatitis C Second Generation Antivirals – Through Preferred Agent(s)
- Hereditary Angioedema (Berinert, Cinryze, Firazyr, Haegarda, Kalbitor, Ruconest, Takhzyro)
- Influenza Virus Diagnostic Testing and Treatment in the Outpatient Setting
- Injectable Atopic Dermatitis Agent(s)
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
- Insomnia Agents (Sherwood Employer Group)
- Intensity Modulated Radiotherapy (IMRT)
- Intravenous and Subcutaneous Immune Globulin Therapy
- Intravenous Antibiotic Therapy and Associated Diagnostic Testing for Lyme Disease
- Laboratory Tests for Heart and Kidney Transplant Rejection
- Low-Level Laser Therapy
- Molecular Testing for the Management of Pancreatic Cysts or Barrett's Esophagus
- Monitored Anesthesia Care
- Multigene Expression Assay for Predicting Recurrence in Colon Cancer
- New to Market Drugs: Including Epidiolex (cannabidiol)
- Noninvasive Prenatal Screening for Fetal Aneuploidies and Microdeletions Using Cell-Free Fetal DNA
- Ocaliva (obeticholic acid)
- Opioids, Extended Release (ER)
- Optical Coherence Tomography (OCT) of the Anterior Eye Segment
- Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation
- Periureteral Bulking Agents as a Treatment of Vesicoureteral Reflux (VUR)
- Positron Emission Tomography (PET) Scanning: Cardiac Applications
- Positron Emission Tomography (PET) Scanning: In Oncology to Detect Early Response During Treatment
- Positron Emission Tomography (PET) Scanning: Miscellaneous (Non-cardiac, Non-Oncologic) Applications of Fluorine 18 Fluorodeoxyglucose
- Positron Emission Tomography (PET) Scanning: Oncologic Applications
- Posterior Tibial Nerve Stimulation
- Progesterone Therapy as a Technique to Reduce Preterm Birth in High-Risk Pregnancies
- Prostatic Urethral Lift
- Proton Pump Inhibitors (PPIs) (Sherwood Employer Group)
- Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors
- Retinoids (topical)
- Scintimammography and Gamma Imaging of the Breast and Axilla
- Self Administered Oncology Agents
- Site of Care Infusion Management
- Small Bowel/Liver and Multivisceral Transplant
- Soliris® (eculizumab)
- Statin Therapy
- Testing for Vitamin D Deficiency
- Total Artificial Hearts and Ventricular Assist Devices
- Transcranial Magnetic Stimulation (TMS)
- Virtual Colonoscopy / CT Colonography
- Xermelo (telotristat)
- Xolair® (omalizumab)

Questions? Contact your professional relations representative or provider network services in Topeka at (785) 291-4135 or (800) 432-3587.

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