



# Professional Provider Report

A newsletter for professional providers  
and their staff members

June 8, 2020 • S-6-20

## Billing for Preparation of Vials of Non-Venom Antigens

Procedure 95165 is used to report professional services for the provision of antigens for allergen immunotherapy. This procedure represents the physician's supervision and preparation of the antigen extract. The administration of the antigen injection is not included in this procedure. Evaluation and Management (E/M) services for test interpretation and report should not be billed in addition to or as the antigen extract preparation. If a significant separately identifiable E/M service is performed, the appropriate E/M service code should be reported using modifier 25.

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Sarah Shaw,  
Communications Coordinator

When billing CPT code 95165 for preparation of single or multiple-dose vials of non-venom antigens, a provider should not bill the code for more than 10 units per vial. Reimbursement is for preparation of a 10cc vial, despite the number of doses removed from the vial. Please see the examples below for further clarification:

- If a physician prepares one 10cc multiple-dose vial and uses .5cc doses for a total of 20 doses, the provider should bill for no more than 10 units.
- If the provider prepares two 10cc multiple-dose vials and uses .5cc from one vial and 1cc from the other, the provider

should bill for no more than 20 units.

Blue Cross and Blue Shield of Kansas will reimburse up to 30 units per day for procedure 95165. Claims should be submitted on the date the antigen serum is prepared. Split billing for additional units on subsequent dates of service is inappropriate and can result in initiation of post payment audits and recoupment of any erroneous payment.

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



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# Formulary Oxycodone switches to long-acting

## Reminder: Changes in preferred drug takes aim at deterring abuse

Effective July 1, Oxycodone ER and OxyContin® tablets are excluded from coverage on all of the Blue Cross formularies. Members should have been transitioned before July 1 to prevent treatment disruption as stated in our March 2, 2020 [S-1-20](#) newsletter.

Xtampza® is the new preferred/formulary alternative to OxyContin® and Oxycodone ER. Xtampza® is a long-acting, abuse deterrent formulation of Oxycodone. Members who are currently receiving Oxycodone ER products can be converted to Xtampza® with the following dose equivalents:

- 9mg Xtampza® equivalent to 10mg oxycodone ER
- 13.5mg Xtampza® equivalent to 15mg oxycodone ER
- 18mg Xtampza® equivalent to 20mg oxycodone ER
- 27mg Xtampza® equivalent to 30mg oxycodone ER
- 36mg Xtampza® equivalent to 40mg oxycodone ER

Xtampza must also be taken with food. Please review the Xtampza Prescribing Information for additional information on appropriate dosing for your patients. Prescribing information and product information may be found at [www.xtampzaer.com/hcp](http://www.xtampzaer.com/hcp).

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



## 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/2020/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS\\_Alpha\\_Drug\\_List.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/2020/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSPREFDRUG/KS_Alpha_Drug_List.pdf)

For BlueCare/EPO members, go to: [https://www.myprime.com/content/dam/prime/memberportal/forms/2020/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCREPO0/2020\\_KS\\_6T\\_BlueCare\\_Medication\\_List.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/2020/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSBLCREPO0/2020_KS_6T_BlueCare_Medication_List.pdf)

For BlueEdge/ResultsRx medication list, go to: [https://www.myprime.com/content/dam/prime/memberportal/forms/2020/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/KS\\_BlueEdge\\_MedicationList.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/2020/FullyQualified/Other/ALL/BCBSKS/COMMERCIAL/KSRXDRUG/KS_BlueEdge_MedicationList.pdf)

# National Drug Code (NDC) Format Change

The HIPAA 5010 standard NDC format requires 11 digits, even though the FDA only assigns 10 digits. A leading zero must be added to the appropriate segment to bring the total digits to 11. There are three segments: the first segment identifies who packaged the product and will have 4 or 5 digits, the second segment identifies the drug and will have 3 or 4 digits, and the third segment represents the package size and will have 1 or 2 digits. A leading zero must be added to the appropriate segment to bring it to the 5-4-2 HIPAA format.

Below are examples to assist with the formatting of the NDC:

- 5555-4444-22 would become 05555-4444-22
- 55555-444-22 would become 55555-0444-22
- 55555-4444-2 would become 55555-4444-02

Another issue with the NDC that providers may be experiencing is not having an NDC on file with Medispan or First Data Bank (FDB). For example, a product is packaged for sale in a carton of 10 with the required package insert.

This package of 10 would have an NDC on file because that is how the drug is available for purchase. The NDC on the carton of 10 might be 55555-4444-11. This is the NDC that should be used. However, each of the individual vials in the package might have an NDC of 55555-4444-10; there is no consistency for the package size details. If this drug is not available for purchase as a package of one, NDC 55555-4444-10 may not be in the drug data base, and would be denied. For this example, the NDC on the carton is the one that must be submitted.

# BCBSKS Agreement with KHIN for HIE Reminder

On [December 23, 2019](#) in our [Latest News](#) article, we stated that beginning in 2020 BCBSKS and KHIN agreed to work together in the procurement of EMR data. While all HL7 V2 feeds or CCD HL7 V3 (with HL7 V2 ADT

and HL7 V2 Lab) qualified for QBRP incentives in 2020, in 2021 we will be moving to only pay QBRP incentives when all five HL7 V2 feeds or CCD HL7 V3 (with HL7 V2 ADT and HL7 V2 Lab) are transmitted.

Our goal is to have a

comprehensive, complete, and usable clinical data repository. We want you to be aware of this change for 2021 now, so you can consider it as you plan for adding new feeds to KHIN.

# New Wellness Maternity Program

Our Disease Management and Wellness Programs will be offering a Wellness Maternity Program starting June 15th. This program is open to pregnant women with both FEP or regular lines of coverage. Members can either enroll through our website ([bcbsks.com](http://bcbsks.com)), call 1-800-520-3137 or providers are welcome to refer.

Women can enroll anytime during their pregnancy. This is a telephonic program where the member will receive 4 calls (first, second, third trimester and postpartum assessments) with follow up calls as needed. We will provide education and materials for both prenatal and postpartum care. This includes what to expect and plan for,

symptoms of complications to watch for, planning for their delivery and baby and mother care at home. Our hope is that this helps to reduce anxiety along with increasing awareness by providing one on one support throughout their pregnancy. Our support is in addition to their physician who is the director of their care.

We are looking to help women have healthy deliveries, healthy babies, and to assess for any potential complications throughout their pregnancy and postpartum care. Nurses will notify the physician at initial and postpartum assessment via a written provider summary and as needed (abnormal depression scores, having

symptoms of complications, etc) by being an extra support for them during their pregnancy. We hope to positively impact HEDIS scores, reduce risk of pregnancy complications, NICU admissions and increase initiation of childhood vaccinations.

The nurses will collaborate with the main provider involved in pregnancy whether it be the OB/GYN/Midwife or General/Family Practice. We are very excited to work with this member population and appreciate your support.

## Web Changes — Medical Policy

Since the publication of Blue Shield Report [S-4-19](#), the following new or revised medical policies have been posted to our Web site at: <https://www.bcbsks.com/Customerservice/Providers/MedicalPolicies/policies.shtml>

- [Identification of Microorganisms Using Nucleic Acid Testing](#)
- [Aqueous Shunts and Stents for Glaucoma](#)
- [Artificial Pancreas Device Systems](#)
- [Contrast-Enhanced Coronary Computed Tomography Angiography \(CCTA\) for Coronary Artery Evaluation](#)
- [Magnetic Resonance Imaging \(MRI\) of the Breast](#)
- [Scintimammography and Gamma Imaging of the Breast and Axilla](#)
- [Transcranial Magnetic Stimulation \(TMS\)](#)
- [Virtual Colonoscopy / CT Colonography](#)



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