



# Professional Provider Report

A newsletter for professional providers and their staff members

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# Telemed services site: Distant vs. Originating

## Same provider cannot bill for both sites for same member

As a reminder, a performing provider cannot bill the same member for a telemedicine service at both the distant and originating sites.

The “distant site” is the site that a health care provider is located while providing health care services by means of telemedicine.

The “originating site” means a site that a patient is located at the time of health care services are provided by means of telemedicine.

The Q code (Q3014) is appropriate to bill when there is an eligible provider at the originating site coordinating care.

All telemedicine services should be billed with place of service 02 and modifier GT.

More information regarding telemedicine services can be found on Page 4 of Policy Memo No. 2, available at <https://www.bcbsks.com/CustomerService/Providers/Publications/professional/PolicyMemos/pdf/2020/2020-BCBSKS-CAP-policy-memo-02.pdf>.

Providers still needing more information on telemedicine can contact your professional relations representative.



[bcbsks.com](https://www.bcbsks.com)



# Modifier 25 Do's, Don'ts

Modifier 25 indicates that a significant, separately identifiable Evaluation and Management (E/M) service by the same provider on the same day of the procedure or other service was rendered.

It may be necessary to indicate on the day a procedure or service was performed that a patient's condition may warrant a significant, separately identifiable E/M service above and beyond the additional service provided, or beyond the usual pre-operative and post-operative care associated with the procedure that was performed.

Reimbursement will be allowed at 75 percent of the maximum allowable payment (MAP) on the service billed with modifier 25.

## Modifier 25 Do's

- Do use modifier 25 on E/M

codes that are separately identifiable and done in conjunction with another service that is subject to the global fee concept.

- Do use modifier 25 on E/M codes only.

## Modifier 25 Don'ts

- Don't use modifier 25 when billing new patient E/M codes.
- Don't use modifier 25 when billing an E/M code with a code that is not subject to the global fee concept.
- Don't use modifier 25 when it is the only service on the claim.
- Don't use modifier 25 when billing an E/M along with a service that Policy Memos do not allow on the same date of service (i.e., therapeutic injection administration), more than one E/M on the same date of service, etc.
- Don't use modifier 25 for emergency room visits

## Place of Service for professional services must match hospital

When billing professional services for hospital visits and procedures, the place of service must match the place of service billed by the hospital.

Blue Cross and Blue Shield of Kansas has seen an increase of claims for professional services where the place of service does not match the status/place of service determined by the hospital.

Providers must verify the status of a patient with the hospital to confirm whether the patient is considered inpatient, observation, or outpatient.

Billing the incorrect place of service may result in adjustments to claims.

More information regarding the appropriate place of service can be found on Page 7 of Policy Memo No. 1, available at <https://www.bcbsks.com/CustomerService/Providers/Publications/professional/PolicyMemos/pdf/2020/2020-BCBSKS-CAP-policy-memo-01.pdf>.

Providers still needing more information can contact Provider Network Services in Topeka at 785-291-4135 or 800-432-3587.



# Medicare Advantage: Are you contracting?

Blue Cross and Blue Shield of Kansas (BCBSKS) established a Medicare Advantage (MA) provider network in 14 counties, introducing Blue MA in 2020.

Our work now is to expand the MA network throughout the state, allowing BCBSKS to serve MA members of other Blue Plans being treated by Kansas providers as part of the BlueCard network.

If you have not signed an MA-specific contract with BCBSKS, you are not currently MA contracting and your MA patients' benefits will process

as out-of-network. Out-of-network payments are sent to the member at a reduced rate.

If you are interested in becoming a Blue MA contracting provider, please contact us at [ma.contracting@bcbsks.com](mailto:ma.contracting@bcbsks.com) and include your practice name, billing NPI and Tax ID number. As a CAP-contracting provider, no additional enrollment paperwork is necessary other than an MA contract.

For more information, contact your professional relations representative.

## Use 99455 for KDOT physicals only

CPT code 99455 is only to be used when rendering a physical for the Kansas Department of Transportation (KDOT).

ALL other work- or school-related exams should be billed using the appropriate evaluation and management/ diagnosis code.

When billing 99455, please remember the type of physical (KDOT) being performed.

This should be noted in loop 2400 NTE field for electronic submission or box 19 of the CMS 1500 claim form.

This article is to clarify the use of 99455 from previous communications.

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

## EFT allows providers faster payment, less hassle, paperwork

Electronic Funds Transfer (EFT) is a process that allows a provider's Blue Cross and Blue Shield of Kansas payment to be deposited directly into their checking or savings account.

The process eliminates delays with mail procedures, for example holiday delays and/or lost checks.

Providers will receive payments sooner. Payments settle into provider accounts Wednesdays and require less paperwork in daily transactions.

The EFT enrollment form is available on the Blue Cross website at <https://secure.bcbsks.com/WebCom/Secure/forms/BCBSKS-provider-eft-form.htm>.

## Don't submit medical records on CD, USB drive

As a reminder, Medical Records cannot be submitted on a Compact Disc (CD) or USB drive (sometimes referred to as a flash or jump drive). If you need assistance submitting medical records, contact your professional relations representative.

# Formulary oxycodone switches to long-acting

## Changes in preferred drug takes aim at deterring abuse

Beginning July 1, Blue Cross and Blue Shield of Kansas will no longer cover Oxycodone ER and OxyContin® tablets on formularies. Blue Cross has made this change to encourage providers to use abuse-deterrent or tamper-resistant formulations of oxycodone.

To allow for members to transition to effective alternative therapies, Blue Cross will be making the following formulary changes beginning April 1:

- Xtampza® will become the preferred/formulary long-acting oxycodone product for Blue Cross. Members who switch to this product on or after April 1 will be able to obtain it at a preferred/formulary cost-share.
- Oxycodone ER and OxyContin® tablets will move to non-preferred/non-formulary status. Members may see a higher cost-share if they choose to remain on either product between April 1 and July 1.

Effective July 1, Oxycodone ER

and OxyContin® tablets will be excluded from coverage on all of the Blue Cross formularies. Members will need to be transitioned before July 1 to prevent treatment disruption.

Xtampza® is a long-acting, abuse-deterrent formulation of oxycodone. Members who are 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® also must 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 Provider Network Services at (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)