



Professional Provider Report

A newsletter for professional providers and their staff members

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Long Hold Times - Self Serve for Convenience

With open enrollment, hold times for providers calling into the Blue Cross and Blue Shield of Kansas (BCBSKS) Customer Service line have increased. To alleviate call volume and avert our providers' frustrations, please refer to the provider self-service options listed below where many of your answers may be found at your fingertips through our website, www.bcbsks.com.

- Member Benefits via [Availity](#) (where you can get a transaction ID number as a reference number)
- [COVID-19 Provider Information](#)
- [Institutional Provider Manual](#) (Availity Log-in Required)
- [Professional Provider Manual](#)
- [Medical Policies](#)
- [Policy Memos](#)
- [Precertification](#)

Providers are calling to request a predetermination for provider professional services. There are very few professional services that require a predetermination or prior authorization for a BCBSKS member. If you are seeking prior authorizations for a benefit that is not required, please contact your provider representative.

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To find pharmacy medical policies specific to a medication list, use the links below.

- [BCBSKS BlueCare/EPO Prior Authorization](#) (offsite link)
- [BCBSKS ResultsRx Prior Authorization](#) (offsite link)
- [BCBSKS Select Prior Authorization](#) (offsite link)

To view the out-of-area Blue Plan’s general precertification/pre-authorization information, visit

Biosimilars Reminder

Over the last few years a number of biosimilars have hit the market for products like Rituxan, Herceptin, and Remicade. Biosimilars are FDA-approved drugs that are highly similar to the reference product. This means that they have no clinically meaningful differences from a reference product, and are expected to deliver the same outcome as the brand-name product.

Many of our providers have started switching to biosimilar products for many of our Blue Cross and Blue Shield of Kansas members. BCBSKS is implementing a preferred product medical policy strategy. Providers who use a preferred product will **NOT** need to pursue a prior authorization to use the preferred product, but providers who choose to use a non-preferred product will need

our Precertification/Pre-authorization page under the providers tab on our website, <https://www.bcbsks.com/providers/precertification-prior-authorization>.

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

to obtain a Prior Authorization to use the non-preferred product.

Effective January 1, 2022, BCBSKS will begin using preferred products for infliximab. Please reference the below table for a list of preferred and non-preferred products. Rituximab and trastuzumab preferred products became effective November 1, 2021.

Preferred products listed below will NOT require a Prior Authorization and may be prescribed for medically necessary services within the terms of your provider contracts.

Non-Preferred products listed below will require a Prior Authorization.

Reference Product	Preferred Products - do NOT require a Prior Authorization	Non-Preferred Products - DO require a Prior Authorization
Infliximab	Inflectra Renflexis Remicade	Avsola
Rituximab	Ruxience Truxima	Rituxan Rituxan Hycela Riabni
Trastuzumab	Kanjinti Ogivri	Herceptin Herceptin Hylecta Herzuma Ontruzant Trazimera

Continuous Glucose Monitors (CGMs) Changes: Medical to Prescription

Industry-wide, manufacturers of Continuous Glucose Monitors (CGMs) have begun to shift from marketing their products as medical equipment, to marketing through pharmacies instead. BCBSKS recognizes the importance of maintaining patient access to these items, while promoting treatment guidelines and containing costs for our members. Beginning in 2022, coverage for CGMs will transition to our prescription drug plans.

Effective on the member's 2022 anniversary, CGMs will be covered under the member's drug coverage if the member has BCBSKS pharmacy benefits. Members will need to purchase their CGM sensors, transmitters, and receivers from

a pharmacy, subject to their prescription drug benefits. Most BCBSKS plans will require prior authorization for CGM items. Once a member's coverage has changed to pharmacy benefits, prior authorization requests for CGMs will need to be submitted electronically through the CoverMyMeds portal, or by fax using the dedicated Continuous Glucose Monitors request form which will be published on www.myprime.com.

If you have any questions regarding this newsletter, please contact your BCBSKS provider representative.



Reminder: 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 (BCBSKS) payment to be deposited directly into their checking or savings account. Deductions are not part of this authorization.

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 at <https://apps.availability.com/availability/web/public.elegant.login>.

Providers still needing more information on EFT, can contact their BCBSKS provider representative.



Refer Patients to MiResource for Mental Health Needs

MiResource is a unique, online mental health provider referral service that allows users to filter by specific patient needs. BCBSKS is piloting this product with mental health providers across the state to help Kansans easily find mental health care that best fits their needs.

MiResource's foundation comes from the heart, and its mission aligns with the commitments of its co-founders, Mackenzie Drazan and Gabriela Asturias. Mackenzie experienced the death of her sister by suicide and Gabriela experienced her own overwhelming anxiety during college. Each made commitments to dedicate their lives to helping people connect to the right mental health care, at the right time in the right way. BCBSKS is thrilled to be able to offer this free resource to all Kansans.

MiResource guides users to answer specific questions to be matched with the right mental health resource. The questions help the tool filter the user's needs with some of the following:

- Type of care, such as: talk therapy and medication management
- Areas of focus, such as: grief or loss, trauma, sexual or gender identity, and sleep concerns
- Preferred method of payment
- In-person or telehealth
- Provider identity, such as: race/ethnicity and languages spoken
- Accessibility, such as: step-free entry and elevators

If your patients have mental health care needs, please direct them to use <https://bcbsks.miresource.com>.

Reminder: EDI requirement change

Beginning December 7, 2021 ASK will begin validating the last four of the zip code submitted in N403 fields. Claims containing default values in these fields will reject.

S9328 Home Infusion Therapy billed for Implantable Pain Pumps

As of January 1, 2022 procedure code S9328 – Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment will be considered “content of service” and not reimbursed as a separate allowance.

Clarifications:

- Tiered Reimbursement does not apply to laboratory services, radiology services, or pharmaceutical services. For additional information please see pg 7, in our [Annual CAP Report](#).
- Anesthesia should be billed in whole units, in increments of 15 minutes, Any half unit billed will be rounded up to 15 minutes.

Coding for Initial Hospital Care, Discharge, or Observation

Blue Cross Blue Shield Kansas (BCBSKS) follows CPT guidelines allowing one initial hospital care code and one discharge code for admitting to/discharging from inpatient or observation care.

Codes 99221 – 99223 are used for initial inpatient hospital encounter with the patient by the **admitting physician**. For initial inpatient hospital encounter by a physician other than the admitting physician, see initial inpatient consultation code (99251-99255) or subsequent hospital care codes (99231-99233) as appropriate.

For discharge, only one provider can bill for discharge management. CPT codes 99238 and 99239 are used to report the total duration of time spent by a physician for final hospital discharge of a patient. Included in the codes are final exam, discussion of inpatient stay, instructions for continuing care to all relevant caregivers, prep of records, and prescription and referral forms.

Concurrent care services should be billed using subsequent day codes 99231-99233 for inpatient stays.

Codes 99218, 99219, 99220 are used to report the encounter by the supervising physician or other qualified health care professionals with the patient when designated as outpatient hospital “observation status”. For observation encounters by other physicians see codes 99241-99245.

BCBSKS will allow only one initial observation service unless the 23-hour observation extends into the next calendar day. In that instance a discharge observation would also be allowed. In any other scenario, regardless of the length of stay, the subsequent observation services are content of service to the initial observation service.

Claims billed outside of these guidelines may result in adjustments.

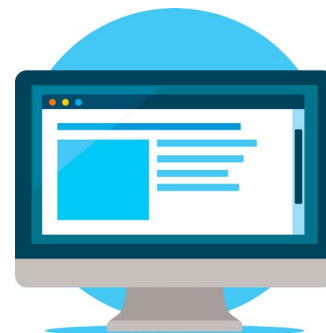
BCBSMA New Utilization Management Program

Blue Cross Blue Shield of Massachusetts is initiating a new utilization management program for certain services for their Commercial EPO and PPO Members. These requirements have been in place for their HMO and POS membership and this change aligns their EPO and PPO products with them. Additionally, they are implementing these medical policies for their Medicare Advantage members.

Authorization for these services will be required for dates of services on or after January 1, 2022. Please visit BCBSMA’s UM program(s) for additional information regarding services. Please note that:

- Providers can contact the authorization area by calling 1-800-676-BLUE or by calling the Pre-Authorization number on the back of the member’s card

- As always, they recommend checking benefits and eligibility to determine the member’s benefits and any authorization requirements
- All services must continue to meet medical necessity criteria. They will only provide reimbursement for services that meet these requirements and for which a prior authorization has been obtained
- The Medical Policy Router and the General Pre-Requirements will be updated by January 1, 2022.





Reminder: COVID-19 Changes to end, Additional Ones to Take Place

For nearly two years, Blue Cross and Blue Shield of Kansas (BCBSKS) has worked with providers to ease some of the financial stress and burdens during the COVID-19 pandemic. As we near the end of the year, we want to make sure you are aware that some of the modifications put in place are coming to an end or are changing. We had communicated through our newsletter that these changes would occur at the end of the year or the end of the declared public health emergency, whichever occurred first.

Effective January 1, 2022:

- **Telehealth reimbursement** – We recognize the importance and value of telehealth services and are adjusting the pre-COVID allowance to 100% of the professional component of the CPT code billed. QBRP incentives will continue to apply to telehealth. In addition, we will increase the professional component from 100% to 105% for behavioral health telehealth services (applicable CPT codes) to support access to behavioral health services via telehealth due to geographic behavioral health professional shortages in Kansas. Pre-COVID, BCBSKS allowed 85% of the professional

component of the CPT code billed.

- **Telehealth expansion** – BCBSKS is expanding the use of telehealth by doctors and other healthcare providers for conditions that are medically reasonable to be treated in this manner – e-Visits, virtual hospice services, partial hospitalization and hospital-based physical, speech and occupational therapy services.
- **In-patient pre-certification** – BCBSKS will require pre-certification for all in patient stays. We will no longer waive the inpatient pre-certification and continued stay review requirement for COVID-19 admissions.
- **COVID-19 cost share** – Members will be responsible for their cost share for COVID-19 treatment. BCBSKS will no longer be covering the full cost of care. COVID-19 testing and vaccinations are still fully covered.

If you have any questions regarding this newsletter, please contact your BCBSKS Professional Provider Representative.

Web Changes – Medical Policy

Since the publication of Professional Provider Report S-2-21, the following policies have been posted at: <https://www.bcbsks.com/CustomService/Providers/MedicalPolicies/policies.shtml>

- Amniotic Membrane and Amniotic Fluid
- Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening
- Aqueous Shunts and Stents for Glaucoma
- Balloon Dilation of the Eustachian Tube
- Bio-Engineered Skin and Soft Tissue Substitutes
- Bone Mineral Density Studies
- Breast Reconstructive Surgery After Mastectomy
- Computed Tomography (CT) to Detect Coronary Artery Calcification
- Cryosurgical Ablation of Primary or Metastatic Liver Tumors
- Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Select Intra-Abdominal and Pelvic Malignancies
- Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome
- Electrical Stimulation Devices for Home and Provider Use
- Electromyography (EMG), Nerve Conduction Studies (NCS), and Other Electrodiagnostic (EDX) Related Services
- Electromyography and Nerve Conduction Studies
- Esophageal pH Monitoring
- Facet Joint Denervation
- Fundus Photography
- Gastric Electrical Stimulation
- Genetic Testing for Lynch Syndrome and Other Inherited Colon Cancer Syndromes
- Identification of Microorganisms Using Nucleic Acid Testing
- Influenza Virus Diagnostic Testing and Treatment in the Outpatient Setting
- Injectable Bulking Agents for the Treatment of Urinary and Fecal Incontinence
- Intensity Modulated Radiotherapy (IMRT)
- Interspinous Fixation (Fusion) Devices
- Interventions for Progressive Scoliosis
- Low-Level Laser Therapy
- Lumbar Spinal Fusion
- Magnetic Resonance Imaging (MRI) of the Breast
- Microwave Tumor Ablation
- Miscellaneous Genetic and Molecular Diagnostic Tests
- Outpatient Pulmonary Rehabilitation
- Pachymetry
- Percutaneous Intradiscal Electrothermal Annuloplasty, Radiofrequency Annuloplasty, Biacuplasty and Intraosseous Basivertebral Nerve Ablatio
- Positron Emission Tomography (PET) Scanning: Cardiac Applications
- 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
- Reduction Mammoplasty for Breast-Related Symptoms
- Sacral Nerve Neuromodulation / Stimulation
- Site of Care Infusion Management
- Temporomandibular Joint (TMJ) Disorder
- Total Artificial Hearts and Ventricular Assist Devices
- Transcranial Magnetic Stimulation (TMS) as a Treatment of Depression and Other Psychiatric/ Neurologic Disorder
- Virtual Colonoscopy / CT Colonography