BLUESPEAK

PROVIDER NEWS AND UPDATES

Kansas City

July 2026 BlueSpeak

Welcome to the July 2026 BlueSpeak Provider Newsletter. **If you have questions about these updates, call the Blue KC Provider Hotline at 816-395-3929 for our Commercial line of business or 866-859-3822 for the Affordable Care Act (ACA) Provider Hotline.** Thank you for your partnership in providing quality care to our members.

Maternity Billing Services Updates

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP[1]	SMALL GROUP ACA	JAA[2]	FEP[3]	MEDICARE ADVANTAGE (BlueCard)[4]	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family
[2] JAA: Joint Administrative Account
[3] FEP: Federal Employee Program
[4] Medicare Advantage (BlueCard): Medicare Advantage for other Blue Cross Blue Shield Association plans

Blue Cross and Blue Shield of Kansas City (Blue KC) is updating our maternity services billing processes to align with new American Medical Association (AMA) requirements for all lines of business. The AMA has revised coding for global maternity billing, with updates **effective January 1, 2027.**

- The AMA has revised maternity coding and eliminated the use of traditional global maternity billing codes, effective January 1, 2027.
- This is an industry-wide AMA coding change that affects the way maternity services are reported.
- The transition will result in providers submitting claims throughout the pregnancy rather than waiting until delivery to submit a global maternity claim.
    - This change is viewed as a back-end change in how providers submit claims to Blue KC; moving away from one bundled claim to individual claims for the services performed.
- To support this transition, we encourage providers to begin making changes to the way maternity services are billed to support accurate reimbursement of services performed **on or after January 1, 2027**.
    - This includes providers making changes to the way they bill using E/M codes for prenatal visits starting **September 1, 2026**, for anyone expected to deliver **on or after January 1, 2027.**
- Providers should evaluate their clinical, billing and EHR workflows now to prepare for a transition from global maternity billing to encounter-based billing.

- Blue KC encourages providers to review guidance published by the American College of Obstetricians & Gynecologists (ACOG) and the AMA.

Prior Authorization Updates

Code additions

LINE OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	Medicare Advantage (BlueCard)	Dental

The BLUE highlighted box is the line of business impacted by this update.

The following codes will be added to our prior authorization list, effective **September 1, 2026.**

Code	Description	Effective Date	Lines of Business Impacted
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	9/1/2026	Commercial, ACA
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	9/1/2026	Commercial, ACA
62362	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance	9/1/2026	Commercial, ACA

63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural	9/1/2026	Commercial, ACA
63655	Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural	9/1/2026	Commercial, ACA
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	9/1/2026	Commercial, ACA
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) place via laminectomy, including fluoroscopy, when performed	9/1/2026	Commercial, ACA
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling	9/1/2026	Commercial, ACA

Payment Policy Updates

To find the complete version of Blue KC Payment Policies, click here or go to the login page at Providers.BlueKC.com and click on "Go to Payment Policies", which lists All Provider Payment and Coding Policies and Lab Payment Policies. **Note:** This is not a comprehensive list of updates.

Payment Policies Featured in this Section
Chiropractic and Osteopathic Manipulative Services
Hemodialysis, Home Hemodialysis and Peritoneal Dialysis Services
Joint Replacement C1776
Revenue Code 0710 Recovery Room

Chiropractic and Osteopathic Manipulative Services Payment Policy

LINES OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	**JAA**	**FEP**	Medicare Advantage (BlueCard)	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

Policy Number	Policy Name	Full Policy Location
POL-PP-212	Chiropractic and Osteopathic Manipulative Services	View our Chiropractic and Osteopathic Manipulative Services Payment Policy Visit our Payment Policies page Go to Providers.BlueKC.com, click on "Go to Payment Policies"

Reminder

- As a reminder, per the 2024 update to Blue KC's Chiropractic and Osteopathic Manipulative Services Payment Policy, an edit was implemented requiring that each spinal region manipulated be supported by a corresponding diagnosis. While Blue KC previously enhanced this edit to include diagnosis pointers, submission of diagnosis pointers is no longer required. *However, providers must continue to ensure that the number of diagnoses reported supports the number of spinal regions manipulated.* Below is additional guidance from the policy to support accurate billing and coding.
- **Spinal Manipulative Procedures**

- Chiropractic manipulative treatment (CMT) CPT codes 98940- 98942 are used to indicate the number of spinal areas manipulated.
- The problem/complaint addressed, and precise level of each subluxation treated, must be specified in the medical record.
- The level of the subluxation must be specified on the claim and must be listed as the primary diagnosis.
    - **Example:**
        - 98942 – Chiropractic manipulative treatment (CMT); spinal, 5 regions. Diagnosis should be specific to the location of the subluxation. CPT 98942 represents 5 different spinal regions; there must be a subluxation diagnosis to support each region.
        - Areas of treatment should be documented separately in spinal regions (e.g., cervical, thoracic, lumbar, sacrum and pelvic) and vertebral (C1-S5).
        - When billing, if providers are using the terms “all spinal regions”, “upper and lower spinal regions” and “all affected regions”, these terms do not support the service performed to the degree of specificity required.
- If your claim is denied, you may submit a written inquiry with documentation to support the additional spinal area(s).

Hemodialysis, Home Hemodialysis and Peritoneal Dialysis Services Payment Policy

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	Medicare Advantage (BlueCard)	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

Policy Number	Policy Name	Enforcement Date	Full Policy Location
POL-PP-233	Hemodialysis, Home Hemodialysis and Peritoneal Dialysis Services	7/1/2026	View our Hemodialysis, Home Hemodialysis and Peritoneal Dialysis Services Payment Policy Visit our Payment Policies page Go to Providers.BlueKC.com, click on "Go to Payment Policies"

Reminder

- As a reminder, POL-PP-233 Hemodialysis, Home Hemodialysis and Peritoneal Dialysis Services Payment Policy requires that procedure code is billed with the most recent Urea Reduction Ratio (URR) for the dialysis patient. URR modifier goes with Code 90999.
- **Effective July 1, 2026,** facility claims billed without a Urea Reduction Ratio modifier will be denied, and a corrected claim will need to be submitted.
- **Urea Reduction Ratio:** CPT 90999 (facility dialysis services) must be reported with the most recent Urea Reduction Ratio (URR) modifier for the patient. All hemodialysis facility claims require a URR modifier.
    - G1 Most recent URR of less than 60%
    - G2 Most recent URR of 60% to 64.9%
    - G3 Most recent URR of 65% to 69.9%
    - G4 Most recent URR of 70% to 74.9%
    - G5 Most recent URR of 75% or greater
    - G6 ESRD patient for whom less than seven dialysis sessions have been provided in a month

Joint Replacement C1776 Payment Policy

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	Medicare Advantage (BlueCard)	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

Policy Number	Policy Name	Effective Date for New Policy	Enforcement Date for New Policy	Full Policy Location
POL-PP-332	Joint Replacement C1776	7/1/2026	7/1/2026	View our Joint Replacement C1776 Payment Policy Visit our Payment Policies page Go to Providers.BlueKC.com, click on "Go to Payment Policies"

New Policy Summary

- **As a reminder, we communicated in previous BlueSpeak Newsletters that effective July 1, 2026,** Blue KC's Joint Replacement C1776 Payment Policy POL-PP-332 clarifies coding and billing practices for implantable joint devices and components.
    - **Note:** Blue KC first communicated these changes in the March and April BlueSpeak Provider Newsletters.
- The American Hospital Association (AHA) Coding Clinic states that HCPCS code C1776 represents a joint device functioning as its natural counterpart, and Blue KC agrees that individual joint elements should not be reported separately since C1776 covers the entire joint component.
- The device must be billed on the same claim as the corresponding surgical procedure.
- The Centers for Medicare and Medicaid Services sets a Medically Unlikely Edit (MUE) of 10 units for HCPCS C1776, allowing multiple units for joints in feet and hands. **One unit of C1776 is allowed for shoulder, knee or hip replacements, per the AHA Coding Clinic.**
- **If more than one unit of C1776 is submitted, the claim will be denied. If the provider feels the additional units submitted were medically necessary, supporting documentation may be sent for review.** Documentation must provide the following:
    - Support of additional units as reasonable and necessary
    - Details supporting the additional units reported

    - The rationale and medical reasonableness for performing additional units
- Documentation must clearly support the implanted joint device consistent with CMS requirements and Coding Clinic guidance.
- Anchors and screws used for bone fixation or connecting bone-to-bone or soft tissue-to-bone may be billed separately with codes C1713 and C1741.

Coding	
HCPCS	Definition
C1776	Joint device (implantable)
C1741	Anchor/screw for bone fixation, absorbable, metallic (implantable)
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)

Revenue Code 0710 Recovery Room Payment Policy

LINES OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	**JAA**	**FEP**	Medicare Advantage (BlueCard)	Dental

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Policy Number	Policy Name	Effective Date for Updates	Enforcement Date for Updates	Full Policy Location
POL-PP-330	Revenue Code 0710 Recovery Room	10/1/2026	10/1/2026	View our Revenue Code 0710 Recovery Room Payment Policy Visit our Payment Policies page Go to Providers.BlueKC.com, click on "Go to Payment Policies"

Updates added

- This policy applies to outpatient surgical procedures submitted by facilities not contracted to use CMS reimbursement methodology.
- The recovery room, also called the Post-Anesthesia Care Unit (PACU), is where a patient goes right after surgery to wake up from anesthesia and where specially trained nurses monitor vital signs (breathing, heart rate, blood pressure) as the patient stabilizes. They may receive pain or nausea medication and gradually become alert before being moved to a hospital room or discharged home.
- Recovery Room time stops when a patient's vital signs are stable, they are fully alert and medically cleared to move to a regular hospital room or go home.
- Revenue code 0710 is only allowed on the day of surgery/procedure.
- Revenue code 0710 (Recovery Room) must be reported in conjunction with a valid anesthesia revenue code 037X. When revenue code 037X is not billed with revenue code 0710, the claim will be denied due to incomplete or incorrect data.

Medical Policy Updates

New policy

LINE OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	Medicare Advantage (BlueCard)	Dental

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The most up-to-date Medical Policy can be found by logging into Providers.BlueKC.com and clicking on the Medical Policies section. While on that web page, you can also find a link to view Milliman Care Guidelines (MCG), which complement our Blue KC policies.

The Blue KC Medical Policy encompasses internal Blue KC Medical Policy, Blue Cross Blue Shield Association derived Medical Policy, and policies adopted from our vendor partners, such as Avalon, MCG and eviCore.

Note: This is not a comprehensive list of updates.

Effective date – 8/1/2026	ID: Z108-003 Title: Percutaneous Electrical Nerve Field Stimulation (PENFS) – New Policy • PENFS for the treatment of functional abdominal pain may be considered medically necessary when **ALL** of the following criteria are met: ○ Individuals 8-21 years of age; **and** ○ Individual is diagnosed with Irritable Bowel Syndrome (IBS); **and** ○ The device is prescribed by a pediatric gastroenterologist; **and** ○ The device is U.S. FDA approved (i.e., IB-Stim); **and** ○ The individual has tried and failed standard of care IBS treatments (e.g. medication, psychotherapy); **and** ○ The device will not be worn for more than 120 hours per week, using 1 device per week over 4 consecutive weeks; **and** ○ The individual does not have **ANY** of the following contraindications: ▪ psoriasis or other skin condition affecting the skin behind the ear; **or** ▪ hemophilia; **or** ▪ cardiac pacemaker • PENFS not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore non-covered because the

	safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Blue KC retracting Radiology Site of Care Medical policy

LINE OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	Medicare Advantage (BlueCard)	Dental

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In last month's BlueSpeak Newsletter, we communicated that the following policy would be effective on July 1, 2026, however, Blue KC is retracting the policy.

ID: 10.01.543

Title: Radiology Site of Care – New Policy

- When policy topic is covered
  - Coverage for advanced diagnostic imaging services performed in a **hospital-based outpatient imaging facility** may be limited when the imaging service can be safely and effectively performed in a freestanding outpatient imaging facility and applicable site-of-care criteria are met.
- When policy topic is not covered
  - Advanced diagnostic imaging services are not covered when performed at a **hospital-based facility**, when the member meets the selected site of care criteria to have the service performed at a freestanding outpatient imaging center.

Pharmacy Policy Updates

Prescription drug list reminder

LINE OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	Medicare Advantage (BlueCard)	Dental

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- Effective July 1, 2026, updates were made to our Blue KC Premium, Select and Essential Health Benefits Prescription Drug Lists.
- For details, refer to the *Pharmacy Policy Updates* article in our June 2026 BlueSpeak Newsletter, which can be found under the BlueSpeak archive by navigating to Providers.BlueKC.com/Resources/Communications after logging into our Blue KC Provider Portal.

New effective date for specialty pharmacy change for three medications

LINE OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	Medicare Advantage (BlueCard)	Dental

The BLUE highlighted box is the line of business impacted by this update.

In our commitment to providing our members with the most effective therapies at the lowest possible cost, Blue KC will be **transitioning members to Lumicera Specialty Pharmacy as the exclusive dispensing pharmacy for the following medications, effective September 1, 2026.** Blue KC previously communicated an effective date of July 1, 2026, but has since moved the effective date to September 1, 2026, to ensure a smooth transition for providers and members.

Medication	Strength(s)
Temozolomide	5mg, 20mg, 100mg, 140mg, 180mg, 250mg
Fingolimod	0.5mg
Everolimus	2.5mg, 5mg, 7.5mg, 10mg

- Blue KC will partner with prescribers and dispensing pharmacies to ensure these prescriptions are transferred to Lumicera Specialty Pharmacy, effective September 1, 2026.
- Members impacted by this change will receive a letter explaining what to expect and how to reach Lumicera Specialty Pharmacy to confirm their contact and shipping information.
- As a reminder, specialty medications require prior authorization (PA). Any existing or active PAs for these medications will remain in place and continue through the remainder of their approved timeframe.

Pharmacy policies with changes

LINE OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	Medicare Advantage (BlueCard)	Dental

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Below are Blue KC pharmacy policies with updates effective **September 1, 2026,** for medications that already require prior authorization. **Note:** This is not a comprehensive list of updates.

Pharmacy Policies with Changes		
Policy Number	Policy Name	Summary
5.01.629	Ocrevus (ocrelizumab) and Ocrevus Zunovo (ocrelizumab and hyaluronidase)	Updated indication for Ocrevus to include RRMS in pediatric patients.

Provider Education

Phothera to be an in-network chronic skin treatment option, effective September 1, 2026

LINES OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	**JAA**	**FEP**	**MEDICARE ADVANTAGE (BlueCard)**	Dental

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Effective **September 1, 2026,** Phothera will be a new in-network Durable Medical Equipment option for Blue KC members and follow MCG Guideline A-0255.

- Phothera is an FDA-cleared narrowband home phototherapy device for treating chronic skin conditions
- Chronic skin conditions the device can be used to treat include:
  - Atopic dermatitis (eczema)
  - Cutaneous T-cell lymphoma
  - Vitiligo
  - Psoriasis
  - Chronic itching (pruritus)

The following codes will be used for billing Phothera, effective September 1, 2026:

Code	Description
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4-foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6-foot panel
E0694	Ultraviolet multidirectional light therapy system in 6-foot cabinet, includes bulbs/lamps, timer and eye protection

Implantable Continuous Glucose Monitor (CGM) reimbursement

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	MEDICARE ADVANTAGE (BlueCard)	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

Blue KC reimburses implantable CGM system when medically necessary under Provider Buy and Bill methodology using code 0446T and 0448T.

0446T	• Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0448T	• Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation

Provider buy and bill is where the provider purchases and maintains ownership of the implantable CGM sensor prior to implantation. The provider or qualified healthcare professional implants the sensor. The sensor is furnished directly to the member in conjunction with the implantation procedure.

The device is not separately reimbursed through:

- Durable Medical Equipment (DME);
- Specialty Pharmacy Benefit;
- Manufacturer Replacement Program; or
- Any other reimbursement source.

Example – Provider Buy and Bill (Eversense CGM)

- The provider purchases the Eversense CGM sensor from a supplier and maintains it as office inventory.
- The provider implants the sensor during a patient encounter.
- The provider bills Blue KC for:
    - The implantation procedure
    - The Eversense sensor supplied by the provider
    - Both services are bundled into payment for 0446T or 0448T.

New partnership with Cotiviti for periodic post-payment reviews

LINES OF BUSINESS IMPACTED						
COMMERCIAL	**ACA QHP**	**SMALL GROUP ACA**	**JAA**	**FEP**	**MEDICARE ADVANTAGE (BlueCard)**	Dental

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In continuing efforts to achieve greater payment accuracy, Blue KC is announcing a new partnership with Cotiviti for post-payment reviews to identify and recover billing and payment errors through data mining beginning **October 1, 2026.**

- Cotiviti will be performing post-payment data mining review and analysis to identify potential overpayments.
- Audit concepts for the retrospective claims' accuracy component include, but are not limited to:
  - Incorrect contracted rate
  - Incorrect claim coordination
  - Incorrect modifier reduction
  - Incorrect units
  - Duplicate payments
  - Coordination of benefits for both commercial and Medicare.
- Cotiviti's staff includes registered nurses and medical and claims experts with varying expertise, including, but not limited to:
  - Coding
  - Claims operations
  - Quality
- They work collaboratively with their clients and medical providers in creating effective strategies, plans and activities to prevent both future payment errors and improving the reimbursement process.
- You may already be familiar with Cotiviti as a leader in the industry with health plans across the United States.
- The reviews are based on documentation and are not based on medical necessity review.

Additional audit requirements for $1M claims

LINE OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	Medicare Advantage (BlueCard)	Dental

The BLUE highlighted box is the line of business impacted by this update.

Effective July 1, 2026, Blue KC is now performing an in-depth prepay review on any claim that will allow $1M or more. To ensure Blue KC can continue to perform this prepay review, medical records and/or itemized bills are required for these claims.

As a part of the Blue Cross Blue Shield Association requirements, host plans like Blue KC are required to review the following activities prepay:

- Itemized Bill Review
- DRG Review
- Claim Data and Financial Accuracy review including:
    - Pricing Review
    - Payment Policy review
    - Provider contract review
    - Line by Line review
    - Never Event Review and Hospital Acquired Condition Review
- Core Clinical Editing
- Advanced editing / Secondary Editing

In order for Blue KC to conduct these reviews on a prepay basis, medical records and/or an itemized statement may be required.

Please use the following fax number for these specific records: 816-926-4258.

Bridging the gap in risk adjustment documentation

LINES OF BUSINESS IMPACTED						
Commercial	**ACA QHP**	**SMALL GROUP ACA**	JAA	FEP	**MEDICARE ADVANTAGE (BlueCard)**	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

When coders and providers work together, everyone wins	• Accurate risk adjustment starts with strong, complete documentation. Yet in many organizations, providers and coders operate from different perspectives – providers focus on patient care, while coders ensure documentation meets compliance standards like MEAT criteria and accurate HCC capture. When documentation lacks specificity, patient complexity is understated, increasing compliance risk and leading to inaccurate care insights.
A shared goal, different perspectives	• Despite these differences, both roles share the same objective: telling the full, accurate story of the patient. Providers manage care in real time under tight time constraints, while coders interpret documentation through a compliance lens. Without alignment, gaps emerge—but with collaboration, documentation becomes more accurate, meaningful, and actionable.

What gets in the way?	• Common barriers include:
	  ○ **Time pressure:** Limited time for both patient care and documentation
	  ○ **Knowledge gaps:** Limited awareness of risk adjustment requirements
	  ○ **Communication challenges:** Queries that may feel administrative or unclear
	• These challenges are real—but they can be overcome with better collaboration.

How to close the gap?	• Organizations can strengthen documentation by:
	  ○ Delivering **brief, targeted education** (quick tips, lunch-and-learns)
	  ○ Creating **balanced feedback loops** that highlight both strengths and opportunities
	  ○ Holding **coder-provider huddles** using real examples
	  ○ Framing documentation in **clinical terms** that connect to patient outcomes
	• These strategies build understanding, trust, and lasting partnerships.

Key benefits for providers	• When documentation improves through collaboration, providers gain: ○ ✅ **Accurate representation of patient complexity** ○ ✅ **Reduced compliance and audit risk** ○ ✅ **Fewer queries and interruptions**, saving time ○ ✅ **Better continuity of care** across the team ○ ✅ **More accurate risk scores and reimbursement**
The bottom line	• When providers and coders work as partners, documentation becomes more than a requirement—it becomes a complete and accurate reflection of the patient's health journey. The result is stronger compliance, improved efficiency, and better care for every patient.

Attention referring providers: How to submit lab orders to avoid denials

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	MEDICARE ADVANTAGE (BlueCard)	Dental

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Blue KC is experiencing an increase in clinical edit denials for independent laboratory claims. This guidance outlines the causes and provides clear steps for referring providers to prevent denials and ensure proper reimbursement.

Why are denials increasing?	• Clinical edit denials are primarily occurring due to:
	  ○ **Missing, invalid, or incorrect modifiers** submitted on claims
	  ○ **Primary diagnosis codes that do not support medical necessity**
	• **Important:**
	  ○ Independent laboratories **cannot change or correct diagnosis codes**.
	  ○ They depend entirely on the referring provider to submit complete and accurate clinical information when the test is ordered. Because of this:
	  ▪ Labs **cannot resolve denials without provider involvement**
	  ▪ Claims may go **unpaid for services already performed**

What providers must do	• To prevent denials, referring providers must follow these steps:
	1. **Follow Blue KC Laboratory Medical Policies**
	  a. Adhere to all **coverage criteria**, **medical necessity requirements**, and **coding guidelines** for lab services
	2. **Submit Accurate Diagnosis Codes**
	  a. Before ordering lab tests:
	  i. Ensure **diagnosis codes are complete and accurate**
	  ii. Confirm codes **support medical necessity**

	iii. Verify alignment with **Blue KC medical policies** 3. **Educate Members on Coverage** a. If a test is **not covered**: i. Inform the member **before services are performed** ii. Explain any **potential out-of-pocket costs** • **Key Reminder** ○ Independent laboratories rely entirely on referring providers for correct clinical and coding information. ○ Errors at the time of order entry can lead to denials that **only the provider can resolve**.

August Lunch-n-Learn

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	MEDICARE ADVANTAGE (BlueCard)	Dental

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Blue KC is offering a free Lunch-n-Learn session. Please register for the Zoom event at the link below.

https://bluekc.zoom.us/meeting/register/r7_2eMbKQ6-0nanNEa9XkQ

After registering, you will receive a confirmation email containing information about joining the meeting.

Date	Tuesday, August 4, 2026; 12:00 – 12:30 p.m. CT
Title	*Strategies to Enhance Primary Care Access and Reduce Avoidable ED Utilization*
Presenter	Wil Franklin, CEO, KC Care Health Center and William Railsback, Director, Caldwell County Ambulance District (Kingston, MO), Mobile Integrated Healthcare program
Description	• The presenters will share strategies that they have implemented to enhance access to primary care and reduce avoidable ED utilization for their patients and their communities. KC Care initiated a daily walk-in clinic at their KC Metro locations in early 2026. Franklin will share about their journey to enhance access, patient satisfaction and lessons learned. • The Mobile Integrated Healthcare program, in partnership with Northwest Health Services, brings care directly to the individual in their home, removing access barriers. Care is provided by community paramedics and Community Health Workers, who assist community members to find resources to meet both medical and non-medical needs. Railsback will discuss the program, partnership with Northwest Health Services and other community providers in their region. • KC Care and Northwest Health Services are Federally Qualified Health Centers (FQHCs) and participants in Blue KC ‘s Primary Care First program.

Free documentation & coding webinar in August

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Join us for the August monthly webinar hosted by our partner, Veradigm! This is a free documentation and coding education webinar. Each 1-hour webinar is approved for one AAPC CEU when you achieve a 70% or higher on the post-test. To register for the webinar, click here for details:

August 25 & 27 7:30 a.m. & 11:30 a.m. CT	Don't Sugarcoat It: Accurate Diabetes Coding Matters	Learn essential documentation practices for accurate coding of Diabetes and its associated manifestations.

New Provider Portal login page

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	MEDICARE ADVANTAGE (BlueCard)	DENTAL

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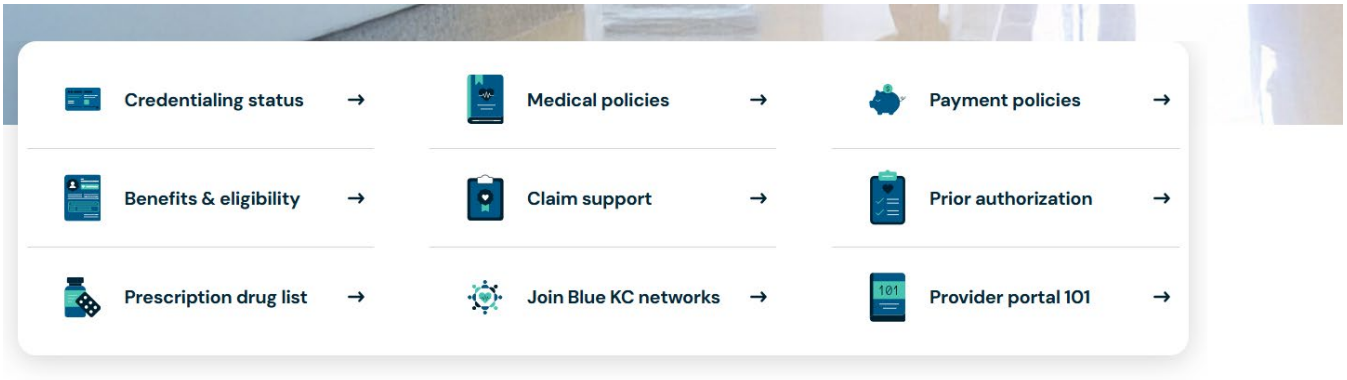
Have you noticed our new-look Blue KC Provider Portal login page at Providers.BlueKC.com?

Blue KC is making it easier for you to get the information you need by providing additional quick access link options that take you directly to the section of the portal you are interested in seeing.

Here's how this new section appears on the login page:



Make sure to log in to take advantage of all the Blue KC Provider Portal functions, including submitting a new or viewing an existing prior authorization and our provider data forms. Here are some helpful forms on our Portal:

- General Inquiry Form
  - For a faster way to answer your questions.
- Provider Updates Form
  - For updates in between initial credentialing and re-credentialing cycles
- Initial Credentialing Forms
  - For solo/rendering practitioners and ancillary/facility providers new to Blue KC.
- Revalidation Credentialing Forms
  - For existing solo/rendering practitioners and ancillary/facility providers.

For non-contracted provider groups, ancillaries and facilities interested in joining Blue KC's networks, select "Join Blue KC Networks" on our login page at Providers.BlueKC.com.

For claims related inquiries, please use the Claim Inquiry Form (Providers.BlueKC.com/eForms/Form/ClaimInquiry), which provides the following category options:

You are also able to use this Claim Inquiry form to request the status of a previous inquiry if a response has not been received within 30 days.

Blue KC earns national accreditation for driving better health outcomes

LINES OF BUSINESS IMPACTED						
COMMERCIAL	ACA QHP	SMALL GROUP ACA	JAA	FEP	MEDICARE ADVANTAGE (BlueCard)	DENTAL

BLUE highlighted boxes are the lines of business impacted by this update.

Blue KC is proud to have earned National Committee for Quality Assurance (NCQA) Health Outcomes Accreditation (HOA) for its Commercial PPO product.

While Blue KC has long maintained NCQA Health Plan Accreditation (HPA), this HOA designation represents a distinct and more specialized recognition that highlights Blue KC's commitment to using data, analytics, and continuous improvement to enhance member health outcomes. This achievement was supported by strong collaboration with our provider partners, whose dedication to high-quality care helps drive meaningful improvements for the members we collectively serve.

Nationally, only about 10% of NCQA-accredited commercial health plans hold this accreditation, placing Blue KC among a select group.

"The accreditation demonstrates that Blue KC has built the infrastructure, governance, processes and accountability necessary to continuously improve member outcomes and experiences over time," said Jenny Housley, President of Blue KC. "It reinforces our commitment to delivering high-quality, equitable care and advancing better health outcomes for the members and communities we serve."

NCQA describes the HOA program as a framework for translating population insights into meaningful improvements in care and outcomes. The accreditation, which is effective through June 29, 2029, validates Blue KC's ability to:

- Understand the unique needs of the populations Blue KC serves through robust data and analytics.
- Identify opportunities to improve health outcomes, access to care, and member experience.
- Implement targeted interventions and monitor progress through ongoing measurement and evaluation.
- Sustain a culture of continuous quality improvement that is integrated throughout the organization.

BLUESPEAK
PROVIDER NEWS AND UPDATES
Kansas City

Community Investment

Blue KC gives where we live through our support of First Call

Blue KC is focused on providing access to care and improving the health of our community through our support of partners like First Call, which provides services for those affected by substance use disorder.

Rachel Arnett, Blue KC Vice President of Sales and First Call Board Member, and Emily Hage, First Call CEO, share how our partnership is creating change. View our video by clicking here.

Contact us

Please join the BlueSpeak email distribution list by sending a request to BlueSpeak@BlueKC.com. You can also use this email address to give us any feedback about BlueSpeak. We would love to hear from you!

If you have questions about any of these updates, please call the Blue KC Provider Hotline at 816-395-3929 for Commercial line of business or 866-859-3822 for the ACA Provider Hotline. We value and appreciate you as our partner in providing quality care.