

May 2026 BlueSpeak

Welcome to the May 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.

Use Claim Inquiry Form to help avoid delays

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) wants to inform providers that we are seeing an increase in written correspondence inquiries that providers are sending via fax without a claim inquiry form, which could cause delays. Blue KC is providing information to help resolve this issue.

- It is important to submit our claim inquiry e-form to take advantage of our automated process and help ensure we can handle your inquiry as quickly as possible.
- Please allow up to 30 days for a response.
- As a reminder, providers should submit our claim inquiry e-form for any of the following reasons:
 - Allowable Questions
 - Billed in Error / Void
 - Complete Medical Records Request
 - Corrected Claim
 - Lab Service Denial
 - Overpayment
 - Prior Authorization Denial
 - Other
- To find this recently enhanced e-form, go to the log in page at Providers.BlueKC.com, select the forms option and click on “Claim Inquiry Form” in the Claim Forms section.



Prior authorization updates

Code additions

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

Code	Description	Effective Date	Lines of Business Impacted
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children	7/1/2026	Commercial, ACA
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof	7/1/2026	Commercial, ACA
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	7/1/2026	Commercial, ACA

Pharmacy policy updates

Specialty pharmacy change for three medications

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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 July 1, 2026.**

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 July 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.

New pharmacy policies

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

New Pharmacy Policies		
Policy Number	Policy Name	Summary
5.02.696	Exdensur (depemokimab-ulaa)	FDA approved for Severe Eosinophilic Asthma; SubQ; Medical-Rx benefit

Pharmacy policies with changes

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Below are Blue KC pharmacy policies with updates effective **June 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
5.01.824	Gemcitabine (Accord, Gemzar, Infugem, Avgemsi)	Added Avgemsi to policy as non-preferred requiring step through generic gemcitabine

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

[Hemodialysis, Home Hemodialysis and Peritoneal Dialysis Services](#)

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
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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.
- **Beginning July 1, 2026**, facility claims billed with a missing, incorrect or invalid modifier will be denied, and a corrected claim will need to be resubmitted with the appropriate modifier to be considered for payment.
- **Urea Reduction Ratio:** All hemodialysis claims must indicate the most recent Urea Reduction Ratio (URR) for the dialysis patient. If the modifier is not present, the claim will be denied and returned for the appropriate 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

Provider Education

Additional audit requirements for \$1M claims

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Effective July 1, 2026, Blue KC will be 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 will be required for these claims.

As a part of the Blue Cross Blue Shield Association mandate, 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.

Primary payer Explanation of Benefits requirement

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As a reminder, the Blue Cross Blue Shield Association requires that providers submit an Explanation of Benefits (EOB) for all services to Blue KC when another insurance carrier is the primary payer, including Medicare. The EOB is necessary to support claim processing, as it documents the primary payer payment or denial information.

Even if the other insurance carrier does not cover the service (ex. hearing aids), Blue KC still requires providers to submit an EOB to process the claim.

We appreciate your assistance in helping ensure a smooth and efficient claims process.

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

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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.

<p>Why are denials increasing?</p>	<ul style="list-style-type: none"> • Clinical edit denials are primarily occurring due to: <ul style="list-style-type: none"> ○ Missing, invalid, or incorrect modifiers submitted on claims ○ Primary diagnosis codes that do not support medical necessity • Important: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ▪ Labs cannot resolve denials without provider involvement ▪ Claims may go unpaid for services already performed
<p>What providers must do</p>	<ul style="list-style-type: none"> • To prevent denials, referring providers must follow these steps: <ol style="list-style-type: none"> 1. Follow Blue KC Laboratory Medical Policies <ol style="list-style-type: none"> a. Adhere to all coverage criteria, medical necessity requirements, and coding guidelines for lab services 2. Submit Accurate Diagnosis Codes <ol style="list-style-type: none"> a. Before ordering lab tests: <ol style="list-style-type: none"> i. Ensure diagnosis codes are complete and accurate ii. Confirm codes support medical necessity

	<ul style="list-style-type: none"> iii. Verify alignment with Blue KC medical policies <p>3. Educate Members on Coverage</p> <ul style="list-style-type: none"> a. If a test is not covered: <ul style="list-style-type: none"> i. Inform the member before services are performed ii. Explain any potential out-of-pocket costs <ul style="list-style-type: none"> • Key Reminder <ul style="list-style-type: none"> ○ 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.
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Free documentation & coding webinar in June

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Join us for the June 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:

<p>June 23 & 25</p> <p>7:30 a.m. & 11:30 a.m. CT</p>	<p>Breathe Easy: Pulmonary Coding Essentials</p>	<p>Work through coding and documenting for some of the most frequently treated diseases of the respiratory system like, Chronic Obstructive Pulmonary Disease, Asthma and more.</p>
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New Provider Portal login page

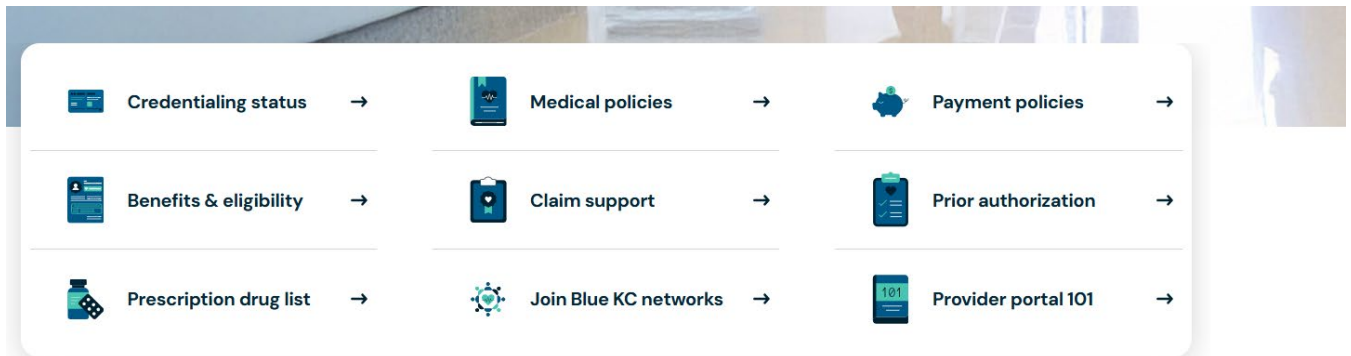
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Have you noticed our new-look Blue KC Provider Portal login page at Providers.BlueKC.com?

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:

Select the most accurate reason for this inquiry

- Allowable Questions
- Billed in Error / Void
- Complete Medical Records Request
- Corrected Claim
- Lab Service Denial
- Overpayment
- Prior Authorization Denial
- Other

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.

Community investment

Blue KC makes meaningful impact during National Volunteer Month



During Volunteer Appreciation Week and Volunteer Month, Blue KC employees came together to make a meaningful impact across our communities.

- **248 employees participated**
- **Employees contributed 686 volunteer hours**
- **We supported 12 nonprofit partners** focused on food access, education and literacy, health, basic needs and family support.

This strong level of participation reflects the passion and commitment our employees bring to giving where we live, as Blue KC continues to focus on making a positive difference for individuals and families throughout our communities.

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](tel:816-395-3929) for Commercial line of business or [866-859-3822](tel:866-859-3822) for the ACA Provider Hotline. We value and appreciate you as our partner in providing quality care.