

COVID-19 Updates

Blue Cross and Blue Shield of Kansas City (Blue KC) remains dedicated to working with our valued healthcare partners during these unprecedented times to ensure our members get the right care, at the right place, at the right time. Furthermore, we're extremely grateful to all the healthcare providers who are on the frontline of the COVID-19 outbreak and working so hard to protect the health and wellbeing of our community.

Please continue to visit Providers.BlueKC.com using your login user ID and password for the most up-to-date information about policies, coding, billing and other operational details as they relate to COVID-19. Thank you again for your partnership in providing quality care to our members.

Livongo for Diabetes

Blue KC is committed to providing our members with the care they need. An important part of our service is taking actions to keep quality care available to our members with chronic conditions, whether at home or in the clinical setting.

To help members dealing with chronic conditions, especially those with diabetes, Blue KC is making the following changes, effective immediately.

- Livongo for Diabetes is designed to make living with diabetes easier by providing eligible members with a connected glucose meter, unlimited strips and lancets, acute monitoring and scheduled coaching. Livongo is available to most Blue KC covered members with either Type 1 or Type 2 diabetes. The program is NOT available to members with gestational diabetes.
- The provided meter is not a Continuous Glucose Monitor (CGM); however, members with a CGM are eligible to enroll.
- The program does NOT supply any medications.
- Registration is available online at join.livongo.com/BlueKC or by calling (800) 945-4355 and using Blue KC as the registration.
- Remote Patient Monitoring: Blue KC continues to work with best in class partners to enhance our care management programs. As of March 2020, Blue KC will no longer have a relationship with Health Harmony/Care Innovations. All members with diabetes currently enrolled with Health Harmony will have the opportunity to enroll with Livongo. We are vetting partners for additional conditions.

Click [here](#) to view a copy of the member facing Livongo collateral.

If you have questions, please call Theresa Piggee, Health Advocacy Coordinator at 816-395-2222, ext. 8283. As always, thank you for your participation in our networks.

Continuous Glucose Monitors

Effective April 1, 2020, Blue KC will also offer coverage for Continuous Glucose Monitors (CGMs) as a pharmacy benefit. While members can continue to utilize their DME benefits instead of pharmacy benefits for CGMs, some brands may eventually no longer be available through DME suppliers. Additionally, the process of obtaining a CGM through the pharmacy is likely a more timely, convenient, and overall better member experience. Your patients should check their benefits.

CGMs are most often used in the management of type 1 diabetes and may also be used in individuals with type 2 diabetes dependent on meal time injections of either short or fast-acting insulin. The pharmacy system automatically checks the prescription history, and if your patients are using short or fast-acting insulin, their CGM prescription will process accordingly. If your patient is new to Blue KC or has a new prescription for short or fast-acting insulin, you may be asked to provide additional medical records through the traditional pharmacy prior authorization process.

If your patients want to obtain the supplies listed below via pharmacy benefit, please submit a prescription to their in-network pharmacy.

Product List Available at Pharmacy (as of April 1, 2020. The list will change as products become available)

Brand (generic)	NDC	Quantity Limit (remove if no QL)
Dexcom G5 Receiver	08627-0080-11	1 receiver every 365 days (1 year)
Dexcom G5 Receiver	08627-0080-21	1 receiver every 365 days (1 year)
Dexcom G5 Receiver	08627-0080-31	1 receiver every 365 days (1 year)
Dexcom G5 Transmitter	08627-0014-01	1 transmitter every 84 days
Dexcom G5 Sensor	08627-0051-04	1 sensor every 7 days
Dexcom G6 Receiver	08627-0091-11	1 receiver every 365 days (1 year)

Dexcom G6 Transmitter	08627-0016-01	1 transmitter every 84 days
Dexcom G6 Sensor	08627-0053-03	1 sensor every 10 days
Freestyle Libre Reader Kit – 10 Day	57599-0000-21	1 reader every 365 days (1 year)
Freestyle Libre Sensor Kit – 10 Day	57599-0000-19	1 sensor every 10 days
Freestyle Libre Reader Kit – 14 Day	57599-0002-00	1 reader every 365 days (1 year)
Freestyle Libre Sensor Kit – 14 Day	57599-0001-01	1 sensor every 14 days

Provider Reference Guide (PRG)

Blue KC is excited to announce that the new Provider Reference Guide (PRG), formally known as the Provider Office Guide (POG), is now available and became effective on January 1, 2020.

The PRG contains important information, guidelines, and procedures that all contracted physicians, hospitals and ancillary healthcare providers should follow when providing medical services to any Blue KC member. The PRG supersedes the previous POG.

It's important for all contracted healthcare providers and administrators to review this document, as your participation agreement with the Blue KC network contains compliance obligations with the provisions of the PRG.

IMPORTANT – The PRG will be updated on a quarterly basis.

If you have questions or recommendations about the information in the PRG, please contact your designated Account Executive or the Provider Hotline at 816-395-3929

Fee Schedule Payment Guidance

Provider reimbursement is based on the fee schedule listed in your contract. If you submit a code that is not within your static fee schedule, Blue KC will crosswalk the CPT code to a like code that is on your contracted fee schedule or pay at a discount off billed charges. In general, Blue KC uses the Resource Based Relative Value Scale (RBRVS) methodology as a guide for establishing physician and healthcare

professional allowances as well as facility-based pricing. This guidance is informational only and will not have any impact on your reimbursement as it is intended to clarify payment for codes that are not listed in the fee schedule defined in your contract.

IMPORTANT REMINDER: Medicare (MA) Crossover Claims

As a reminder, effective October 13, 2013, when a Medicare claim has crossed over, providers are to wait 30 calendar days from the Medicare remittance date prior to submitting the claim to the local Plan if the charges have still not been considered by the member's home Plan.

To help ensure timely and accurate payment processing, providers should submit services that are covered by Medicare directly to Medicare. Even if Medicare may exhaust or has exhausted, providers should continue to submit claims to Medicare to allow for the crossover process to occur and for the member's benefit policy to be applied.

To avoid duplicate claim submissions, use the Health Care Claim Status Inquiry and Response (276/277) to verify claim and decision status prior to re-submission of electronic claims. You can also access claim status information on the Blue KC Provider Portal by visiting Providers.BlueKC.com.

IMPORTANT REMINDER: Corrected Claim Submissions

The provider has 12 months to submit a corrected claim from the date the claim was paid; however, a corrected claim will not be accepted after an official overpayment notice has been sent to the provider outlining the reason for a recoupment and dispute process.

Please contact your designated Provider Relations Representative with questions or concerns.

Contact Us

Reader's comments are welcome and can be sent to BlueSpeak@BlueKC.com.



Anyone can join the BlueSpeak email distribution list by signing into the Blue KC Provider Portal at Providers.BlueKC.com and then selecting the “**Register for BlueSpeak eNewsletter**” link on the homepage.

Please visit Providers.BlueKC.com, or contact the Blue KC Provider Hotline at (800) 456-3759 or (816) 395-3929 for more information or with any questions or concerns.