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COVID-19 Updates

Coverage Information

Blue KC remains focused on ensuring your patients have access to the care they need as the COVID-19 pandemic continues. The U.S. Department of Health and Human Services (HHS) announced it will extend the COVID-19 public health emergency period through Jan. 15, 2022 (it was previously set to expire on Oct. 17, 2021).

As a result, Blue KC announced we will again go beyond the public health emergency period and extend several COVID-19 policies through March 31, 2022. For the most up-to-date information about COVID-19 policies, coding and billing, see the COVID-19 section on the home page at Providers.BlueKC.com.

Blue KC's policy for certain Blue KC plans to waive all member cost sharing and copayments for inpatient hospital admissions due to the diagnosis of COVID-19 will expire on December 31, 2021. Certain Employer Groups may have chosen to extend this waiver in 2022.

Note: To find COVID-19 coverage information for patients with Blue Medicare Advantage plans, see the Medicare Advantage COVID-19 Information article in the COVID-19 section on the home page at Providers.BlueKC.com.

LINE OF BUSINESS IMPACTED						
COMMERCIAL	Blue Medicare Advantage	ACA QHP ¹	Small Group ACA	JAA ²	FEP ³	Dental

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Return to Work Testing

As employees head back to work, what kind of coverage is in place if a company wants to test for COVID-19? In accordance with federal guidance, COVID-19 tests will not be covered to screen for general workplace health and safety (such as employee return to work program(s) or for public health surveillance for SARS-CoV-2 or for any other purpose not primarily intended for individualized diagnosis or treatment of COVID-19).

For documentation requirements related to COVID-19 testing and coding guidelines, please see the COVID-19 Billing and Coding Payment Policy, which became effective Nov. 1, 2021. To find this policy, go to the log-in page at Providers.BlueKC.com and click on Go To Payment Policies.

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COVID-19 Vaccine Billing for Blue Medicare Advantage

Effective Jan. 1, 2022 per the Centers for Medicare & Medicaid Services (CMS), Blue KC will be required to pay for the COVID-19 vaccine and its administration (including approved booster doses) without cost sharing for our Blue Medicare Advantage line of business. This will apply to beneficiaries enrolled in our plans. As of Jan. 1 2022 according to CMS, Blue KC will also be obligated to pay for claims if providers vaccinate or administer monoclonal antibody treatment for patients enrolled in our Blue Medicare Advantage plans.

We wanted to make our contracted providers aware of this billing change to prevent avoidable billing errors. For information about COVID-19 vaccine policies and guidance, see the toolkits at <https://www.cms.gov/COVIDvax>.

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Modifier Education

Therapy Modifiers

Blue KC wants to educate our providers about therapy modifiers after experiencing a significant increase in the number of therapy claims (chiropractor and physical therapy) that have been denied because they did not have the correct modifier.



All claims containing a procedure code from the list of applicable “Therapy Code List and Dispositions” should contain a therapy modifier. The modifier will distinguish the discipline of the plan of care:

- Modifier GN – Services delivered under an outpatient speech-language pathology plan of care
- Modifier GO – Services delivered under an outpatient occupational therapy plan of care
- Modifier GP – Services delivered under an outpatient physical therapy plan of care

Providers/suppliers must continue to report one of these modifiers for any therapy code on the list of applicable therapy codes, except as noted above. This applies to all claims from the following provider types:

- Physicians
- Non-physician practitioners (NPPs)
- Physical therapists in private practice (PTPPs)
- Occupational therapists in private practice (OTPPs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Outpatient physical therapy providers (OPTs)
- Hospitals
- Skilled Nursing Facilities (SNFs)
- Any others billing for physical therapy, speech-language pathology or occupational therapy services (as noted on the applicable code list below)

Therapy codes can be found at <https://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate>.

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Modifier 90 on Gastroenterology Claims

Blue KC wants to help educate our providers regarding the use of modifier 90. We have received gastroenterology claims that list the procedure, as well as modifier 90 for the biopsy lab work. It is our policy not to pay for a modifier 90 lab code if the provider does not have a laboratory or is not a pathologist with a Clinical Laboratory Improvement Amendments (CLIA) number. We also do not pay the surgeon for both the procedure and pathology work since the specimen collection is included in the procedure code.

Labs reported with modifier 90 would not be payable under our Pass-Thru Billing Payment Policy. Modifier 90 is used by a physician or clinic when the laboratory tests performed for a patient are performed by an outside or reference laboratory.



This modifier is used to indicate that although the physician is reporting the performance of a laboratory test, the actual testing component was a service from a laboratory.

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Payment Policy Updates

Stereotactic Body Radiation Therapy and Stereotactic Radiosurgery

Blue KC has instituted coding and billing guidelines for Stereotactic Body Radiation Therapy (SBRT) and Stereotactic Radiosurgery (SRS) procedures, effective Nov. 1, 2021. For a list of the main codes that should be used for coding/billing these procedures and additional codes that may be used under specific circumstances, view the Payment Policy by going to the log-in page at Providers.BlueKC.com and clicking on Go To Payment Policies. The codes follow eviCore Radiation Therapy guidelines.

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Mohs Micrographic Surgery

Blue KC has a payment policy update for Mohs Micrographic Surgery (MMS), which is a technique that treats skin cancer by gradually removing thin layers of skin from a skin cancer site until a patient is cancer free. Effective January 1, 2022, Blue KC will only reimburse for MMS, repairs, and related services under one place of service and should be submitted on the same claim. Services submitted under multiple places of service sites will be denied payment. For the updated policy, visit the log-in page at Providers.BlueKC.com and click on Go To Payment Policies.

Claims for MMS services are payable under the following places of service:

- Office – 11
- Inpatient hospital – 21
- Outpatient hospital – 22
- Ambulatory Surgery Center – 24
- Independent clinic – 49
- Federally Qualified Health Center – 50



- State or local public health clinic – 71
- Rural health clinic – 72

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Pharmacy Policy Updates

Medicare Formulary Enhancements

The calendar will soon turn to a new year, and Blue KC is pleased to announce Medicare Formulary Enhancements for your patients starting in January 2022.

- Part D Senior Savings Model
 - This program makes the cost of insulin more affordable and predictable for our members by providing all covered insulins for a \$35 copay per one month supply during the initial and gap coverage phases. Blue KC will also offer all pre-diabetic and diabetic members a reward incentive for completing a comprehensive medication review and for demonstrating adherence to their diabetic medications.
- Tier 1 and Tier 2 drugs will allow for 100 day supply at \$0 cost to the member. These two tiers are composed of most of the adherence medications.
- Shingrix vaccine is moving from Tier 3 to Tier 2 to allow the member a lower cost share.

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Intra-articular Hyaluronic Acid Injections

On June 1, 2021, Blue KC changed its medical policy to allow coverage of the hyaluronic acid knee injections if members meet certain criteria. Three preferred products within this class became effective November 1, 2021:

- Synvisc/Synvisc-One
- Orthovisc
- Monovisc

All products will continue to require prior authorization. However, to obtain prior authorization for one of the non-preferred products, such as Euflexxa or Gel-One, members need to meet medical policy criteria AND step through all three of the preferred products first.



Members with a current authorization for a non-preferred product need to change to a preferred product upon authorization renewal.

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Colony Stimulating Factors for Oncology

Effective November 1, 2021, Blue KC updated its policy to require prior authorization for the filgrastim and pegfilgrastim products with preferred products in each category.

The preferred filgrastim product is Zarxio. The other products, Neupogen, Granix and Nivestym are non-preferred. Members need to step through preferred Zarxio before Neupogen, Granix or Nivestym are covered.

The preferred pegfilgrastim products are Neulasta/Neulasta OnPro and Udenyca. Members need to step through BOTH Neulasta and Udenyca before receiving coverage for Fulphila, Nyvepria or Ziextenzo.

Filgrastim		Pegfilgrastim	
Zarxio	Q5101	Neulasta/Onpro	J2505
Nivestym	Q5110	Udenyca	Q5111
Granix	J1447	Fulphila	Q1508
Neupogen	J1442	Nyvepria	Q5122
		Ziextenzo	Q5120

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Preventive Visits Codes

Providers who are on the new Medicare-based methodology contracts and have billed for preventive services using codes 99381 through 99397 for their Commercial patients beginning Oct. 1, 2021 may have seen a change in reimbursement. These claims processed at the default discount rate. The Blue KC Gap Fill fee schedule will be updated to include these codes effective October 1, 2021 based on the CMS MO-02 rate. Providers should continue to use the AMA preventive health codes for their Commercial patients.



We want to assure you that a claims report will be pulled, and impacted claims will be adjusted.

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Reminder: Advanced Practice Provider Credentialing

In order to comply with the CMS, Blue KC wants to remind you we have updated our provider credentialing policies for all lines of business. **All Advanced Practice Providers (APPs), which were previously called Mid-Level Practitioners**, must be credentialed with Blue KC by January 1, 2022. APPs include, but are not limited to:

Nurse Practitioners	Clinical Nurse Specialists
Nurse Midwives	Physician Assistants
Nurse Anesthetists	Anesthesiologist Assistants

To meet the January 1, 2022 deadline, APPs should apply for credentialing as soon as possible. For credentialing instructions and other details, refer to the Advanced Practice Provider Credentialing article in our Blue Speak Newsletter, which can be found in the Communications section of the Provider Portal at Providers.BlueKC.com.

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New Edits for Inpatient Billing

Beginning March 1, 2022, Blue KC will have new data elements required on inpatient institutional claims (837I). All institutional claims (837I) with an inpatient bill type of 11x (Loop 2300/CLM05) that contain a patient status code (Loop 2300/CL103) equal to one of the following: 02, 03, 05, 50, 51, 61, 62, 63, 65, 66, 70, and have an admit date (Loop 2300/DTP03) that is the same as the statement through date (Loop 2300/DTP03), must contain a valid condition code (Loop 2300/HI01:2) to avoid a claim rejection. Claims without a valid condition code will receive a 277CA rejection of A6:460. Please use the following chart for reference to the new required data elements and edit:



Name of Data Element	837I Loop and Data Element	Data Element Information
Inpatient Bill Type	Loop 2300 CLM05	11x
Patient Status Code	Loop 2300 CL103	02, 03, 05, 50, 51, 61, 62, 63, 65, 66, 70
Admit Date	Loop 2300 DTP03	Same as statement through date
Statement Through Date	Loop 2300 DTP03	Same as admit date
Code List Qualifier	Loop 2300 HI01:1	BG
Condition Code	Loop 2300 HI01:2	Applicable Condition Code

All institutional claims (837I) with an inpatient bill type of 11x (Loop 2300/CLM05) and an operating room revenue code equal to 036x (Loop 2400/SV201) will require a valid principal procedure code (Loop 2300/HI01:2). Claims without a valid principal procedure code will receive a 277CA rejection of A6:465. Please use the following chart for reference to the new required data elements and edit:

Name of Data Element	837I Loop and Data Element	Data Element Information
Inpatient Bill Type	Loop 2300 CLM05	11x
Revenue Code	Loop 2400 SV201	036x
Code List Qualifier	Loop 2300 HI01:1	BBR
Principal Procedure Code	Loop 2300 HI01:2	Applicable ICD-10 Principal Procedure Code

For more information on electronic claims or questions, please call the Blue KC provider hotline at 816-395-3929.

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