

Blue Cross Blue Shield of Michigan announces changes to Traditional program participation criteria

Blue Cross Blue Shield of Michigan is making changes to the Traditional program participation criteria. As of Jan. 1, 2015, the criteria under which a practitioner may be refused participation in the BCBSM Traditional program include, but are not limited to, the following:

- Any felony or misdemeanor conviction, guilty plea, plea of nolo contendere or placement in a diversion program for any crime related to the payment or provision of health care involving BCBSM, Medicare, Medicaid or other health care insurers in the last five years
- Any felony or misdemeanor conviction, guilty plea, plea of nolo contendere or placement in a diversion program for any crime in the last three years
- Termination, suspension, revocation of licensure, certification, registration or accreditation in Michigan or in any other state in the last two years
- Reprimand, censure, restriction or reduction to probationary status of licensure, certification, registration or accreditation in Michigan or any other state in the last year
- Practitioners who have failed to reimburse BCBSM any amounts due and owing as a result of any overpayment or audit identified from previous affiliation with Blue Cross
- Practitioners who are currently on federal sanction list or have been on such a list within the last two years
- Practitioners who have been deparicipated by BCBSM within the last five years after being on pre-payment utilization review for at least two years and who did not meet criteria to be removed from PPUR.

If you have any questions about these changes, please call Provider Enrollment and Data Management at 1-800-822-2761.

Online tutorial will walk you through BCBSM's new individual plans with local networks

In last month's issue, BCBSM announced their [2015 individual products](#). They include two new plans with localized provider networks:

- Blue Cross® Metro Detroit EPO
- Blue Cross® Metro Detroit HMO

The Metro Detroit EPO covers six counties: Livingston, Macomb, Oakland, St. Clair, Wayne and Washtenaw. The Metro Detroit HMO covers three counties: Macomb, Oakland and Wayne.

Residents of these counties can now purchase the plans that become effective as of Jan. 1, 2015.

To learn more about the Metro Detroit EPO and HMO, an online tutorial will be available on web-DENIS by Dec. 5, 2014. To view the presentation, log in to web-DENIS:

- Click on BCBSM Provider Publications and Resources.
- Click on Newsletters & Resources.
- Go to the "What's New" section and click on Training presentation: Blue Cross® Metro Detroit EPO and HMO local networks.

How this affects your practice

Other than eligible emergency services and accidental injuries, patients with these plans may not have

coverage if they visit a doctor that is outside the network.

So it's very important to know if you are in either network to provide services to patients with these health plans. Find out if you're in the Metro Detroit EPO network, Metro Detroit HMO network or both. And be sure your office staff is also aware of which networks you are in.

Keep the following in mind:

- Before you provide a service, check your patient's plan name and network.
- Refer members to health care providers and hospitals in their networks. You can use the [Find a Doctor](#) search feature on bcbsm.com to verify that a doctor or hospital is in this network. BCBSM also created a flier with instructions on how to use this tool.

How BCBSM is educating members

BCBSM want to ensure a smooth transition for the providers in the Metro Detroit EPO and HMO networks and BCBSM members who have these new plans.

To do that, BCBSM is conducting ongoing outreach to educate members how the coverage works for BCBSM's plans with localized networks. BCBSM is highlighting the guidelines for their local network coverage and the importance of providing you with the complete name of their plan and network when making appointments and at the time of their services.

If you have questions about BCBSM's local network plans, you can get additional information from your provider consultant.

National drug code billing solution extended

Earlier this year, Blue Cross Blue Shield of Michigan implemented a solution to calculate the NDC quantity for medical drug claims until Nov. 1, 2014.

BCBSM is extending this solution until Feb. 1, 2015, which will align changes with Blue Cross fee schedule updates. The extension will also allow providers more time to update billing software and address billing issues.

On Feb. 1, 2015, BCBSM will require the correct NDC and NDC quantity information to be submitted. BCBSM will no longer calculate the NDC quantity of medical drugs as of Feb.1, 2015.

BCBSM is changing billing instructions for prenatal visits

In the past, BCBSM asked you to bill the last prenatal visit in the "from" field on the claim form and the first prenatal visit in the "to" field. Going forward, if the billing is for prenatal care only, enter the date of the first prenatal visit in the "from" field and the last prenatal visit in the "to" field on the 1500 form.

Do not hold claims for non-returning patients who have not been seen by the attending physician or another physician within the same group practice within 60 days. Professional providers should submit claims prior to the filing limits (180 days) to avoid rejections.

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