

ICD-10 Coding: How Confident Are You?

September 28, 2015
9:00 a.m. - 4:00 p.m.
MSMS Headquarters, East Lansing



Do you think you can code ICD-10 but haven't had any formal training yet? This session is geared toward the experienced biller/coder that thinks they may have a handle on ICD-10 coding. The first half of this session will discuss the ICD-10 guidelines and where they may differ from ICD-9. The second half of this session will be hands-on coding exercises to get you comfortable with the ICD-10 codebook layout and the specificity of ICD-10 codes. We ask that each attendee bring 5 de-identified chart notes to use for the coding exercise. This will help identify any documentation gaps you may have in your office that may impact being able to code in ICD-10. Also, you will need to bring your ICD-10 book to use for the coding exercise. Come join us to confirm what you do know and learn what you don't know.

[Details & Registration >>](#)

Blue Cross reinstates reimbursements for medical record requests related to diagnoses submission

BCBSM recently told you about a policy change, effective May 1, 2015, related to reimbursement for Blue Cross Blue Shield of Michigan risk adjustment medical records. This change indicated BCBSM would no longer reimburse in-network physicians for the administrative costs associated with medical record retrieval.

BCBSM decided to suspend that policy retroactive to May 1, 2015. The previous risk adjustment policy, which reimbursed in-network, Medicare Advantage physicians for medical records, will remain in effect. You may resume submitting reimbursement requests under that policy. BCBSM apologizes for any inconvenience this shift may have caused.

As you know, the Centers for Medicare & Medicaid Services expects health plans and providers to conduct accurate documentation and complete medical record coding. Performing well in this regard is in our collective best interest. BCBSM appreciates your continued partnership in meeting these compliance expectations.

As BCBSM looks to the future, they believe electronic medical record connectivity between Blue Cross, Blue Care Network and the provider community will reduce costs and administrative challenges.

BCBSM continues striving to use information technology, wherever possible, to reduce the need for providers and Blue Cross to manually collect medical records. To that end, they are working to identify additional connectivity options to support our provider community in the use of electronic medical records and retrieval.

Contact your provider consultant if you have any questions or concerns related to medical record requests.

Resolving your issues: Do I call or do I write?

First article in a series providing guidance on the best way to get your questions answered.

BCBSM is committed to resolving your inquiries as soon as possible and making it easier for you to do business with them. That's why BCBSM wants to let you know that many of your inquiries can be handled more quickly and efficiently by calling [Provider Inquiry](#) rather than by writing to BCBSM.

When you need to write

To improve your service experience, beginning Nov. 1, 2015, we'll only process written inquiries for the following reasons:

- Preauthorization for Blue Cross Blue Shield of Michigan-enrolled members. (For more details, see the [June 2012 article](#) on requesting medical reviews.)
- Ten or more claims regarding the same issue, including refund requests

When you can call

Below is a list of inquiries that will be handled by phone (list is not all-inclusive):

- Benefit and eligibility questions
- Duplicate rejections
- Benefit rejections
- Incorrect claim rejections
- Precertification rejections
- BlueCard rejections that don't require medical documentation
- Provider affiliation rejections
- Claims processed after Medicare has paid or rejected
- Issues related to quantities billed (e.g., number of procedures, amount of drugs)
- In or out-of-network payments
- Refund requests
- Requests for additional payment
- Payment discrepancies
- Questions regarding patient benefits and claims
- COB claim inquiries

A provider service representative will review your claim and determine how to best resolve the issue. If the issue requires further investigation, the representative will document your concerns and forward your inquiry for review and resolution.

In the next article in this series, we'll take a look at the many self-service tools and resources that can help answer your questions.

Magellan will stop servicing Blue Cross behavioral health authorization requests Oct. 1

Providers are **strongly encouraged** to finish all activities they have with Magellan Behavioral of Michigan Inc. as soon as possible. This includes incomplete authorizations and continued stay reviews, as well as initiating denial appeals or inquiries for dates of service prior to April 1, 2015.

New Directions LLC began managing Blue Cross Blue Shield of Michigan's behavioral health services on April 1, replacing Magellan. Magellan discontinued the fax and e-mail process and contacts for obtaining authorizations on April 22. **It will discontinue servicing of Blue Cross authorizations and related appeals effective Oct. 1.**

Group accounts that have behavioral health services currently managed by another vendor arrangement are not affected by this reminder. This includes the State of Michigan, autos customers, UAW retirees and DENSO. The transition to New Directions does not affect these customer groups or network providers.