

Providers must report practice location and office hours changes to comply with CMS requirement

Beginning 2016, the Centers for Medicare & Medicaid Services is requiring health plans to contact providers monthly, to ascertain their availability and, specifically, whether they are accepting new patients. This is part of an effort to improve the information found on the online directories. CMS is also requiring contracted providers to inform the plan of any changes to street address, phone number, office hours or other changes that affect availability.

While Blue Cross Blue Shield of Michigan and Blue Care Network are working on a solution to be compliant, all professional organizational providers (groups) are strongly advised to use [self service](#) on [bcbsm.com](#) to identify any discrepancies in their addresses and affiliated providers' information.

To add or remove practice locations, mailing or remittance address use Provider Enrollment and Change Self-Service. This is an online application in the Provider Secured Services section of the BCBSM website that allows practice group administrators to electronically submit requests for updating group information with Blue Cross and Blue Care Network.

To use the Provider Enrollment and Change Self-Service, you must register for Provider Secured Services. Go to [bcbsm.com/providers](#). Select Help, then FAQs, then Provider Enrollment and Change Self-Service for professional groups and allied providers and follow the instructions.

Group practice administrators should continue to use the self-service option monthly to ensure all changes are submitted to their records on a timely basis.

Submissions increase for Blue Care Network tobacco cessation office staff contest after reward doubled

Blue Care Network is seeing the early results from doubling the monthly reward given to the winning office staff starting this past July, from \$500 previously to \$1,000 per winning staff.

Congratulations to the office staffs of Providence Medical Center in South Lyon and Sparrow Medical Group -- North, in East Lansing.

Starting last fall, BCN has sent Quit Guides and tobacco use surveys to primary care physician offices to help members quit using tobacco. The office staff contest was recently enhanced to provide \$1,000 in gift cards to office staff. See the PDF to the right for details. The staff at Providence South Lyon was the first to win the \$1,000 in Visa gift cards.

Extra surveys and Quit Guides are available from your provider consultant. Or you may call 248-799-6959 to request these supplies. Although BCBSM only sent these to PCP offices, all offices are welcome to join if their leadership allows. BCN members may also complete the survey online at [bcbsm.com/bcnquit](#).

View BCBSM's new Web-based [presentation](#) to learn more about the office staff contest.

[Tobacco cessation office staff contest PDF](#)

Providers and vendors are required to take CMS training on Medicare fraud

Providers are required by the Center for Medicare & Medicaid Services to take CMS-specific training about fraud, waste and abuse and compliance. Training is available at cms.gov.

Providers and vendors should make sure that governing body members and any employees (including volunteers and contractors) providing health or administrative services in connection with the BCN AdvantageSM program or the Blue Cross Blue Shield of Michigan Medicare Advantage program complete the training within 90 days of being hired and annually thereafter. Be sure to keep the certificate generated by the website as proof that you took the training and retain evidence of training for 10 years from the end date of your contract with BCN or Blue Cross. You need to be able to provide proof to BCN, Blue Cross or CMS if requested.

Providers can request criteria for utilization management decisions

Blue Cross Complete responds to clinical review (utilization management) requests within the following guidelines:

- Clinical review decision-making is based only on the existence of coverage and on the appropriateness of the care and service.
- Practitioners and other individuals are not specifically rewarded for issuing denials of coverage.
- Clinical review decision-makers do not receive financial incentives for decisions that result in underutilization.

Providers have the right to request the information used to make a decision. This includes benefit guidelines or other criteria. To request this information, providers should write to the Appeals Coordinator at the following address:

Appeals Coordinator
Blue Cross Complete of Michigan
Suite 210
100 Galleria Officentre
Southfield, MI 48034

Immunizations included in requirement to report national drug code number on professional drug claims beginning Nov. 1

Web-based training available on web-DENIS

In the last issue, BCBSM announced that Nov. 1, 2015 will be the date Blue Care Network will align with Blue Cross Blue Shield of Michigan by pricing and reimbursing medical professional drug claims at the national drug code level for BCN commercial patients. NDC-level pricing will also include claims for immunizations beginning Nov. 1. NDC-level pricing does not apply to BCN AdvantageSM claims.

Beginning Nov. 1, 2015, you must include the NDC and the appropriate NDC quantity on your BCN commercial drug claims. Once BCN begins processing claims using the NDC codes and quantities, if you do not include the appropriate NDC code and quantity, you will not receive the payment you expect.

- A medical claim for a specialty drug submitted by a professional provider will be paid at the lowest NDC

fee for that HCPCS/CPT code if the claim does not include the NDC code.

- A medical drug claim submitted by a home infusion therapy provider or specialty pharmacy that does not include an NDC code will be denied.
- A medical drug claim will also be denied if it is billed with an invalid NDC and HCPCS/CPT code combination.

Please refer to the article on Page 43 of the July-Aug issue for more information.

However, please note the following correction on units of measure.

Units of measure

Please do not use milligrams (ME) as a unit of measure on your BCN or Blue Cross professional drug claims. You can use these units of measure:

- Weight -- grams (GR)
 - Volume -- milliliter (ML)
 - Count -- unit (UN)
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Injections reimbursement

BCN will use the Blue Cross Blue Shield of Michigan Injections Minimum Fee Schedule to pay most professional medical drug claims, including immunizations. Refer to the BCN Professional Fee Schedule for pricing on the following drugs:

- Aranesp[®] (darbepoetin alfa) J0881-J0882
- Avastin[®] (bevacizumab) for ophthalmic diagnoses J9035
- Intra-articular hyaluronic acid J7321-J732717

The Blue Cross Injections Minimum Fee Schedule is available on web-DENIS; contact your provider consultant for a copy of the BCN Professional Fee Schedule.

Immunization reimbursement

Effective Nov. 1, 2015, BCN will no longer have a separate immunization fee schedule for BCN commercial members. Instead, BCN commercial reimbursement for immunizations will be similar to that of Blue Cross.

- If the NDC code is not included on the claim, BCN will reimburse the minimum fee listed on the BCN professional fee schedule. In most cases, this will be the same as the fee listed on the Blue Cross Injections Minimum Fee Schedule.
- If the NDC code is included on the claim, BCN will reimburse the average wholesale price less a specific discount. In most cases this is the same as the fee listed on the Blue Cross Injections Minimum Fee Schedule.

Contact your provider consultant for a list of the NDC discounts.

Web based training

BCBSM is offering Web-based training to help you understand this change and code your claims correctly. The training can be found at brainshark.com/bcbsm/ndc-billing.

It is also available in web-DENIS. Go to BCN Provider Publications and Resources and then go to the Learning Opportunities tab.

Specialty Drug Visit Summary form

In addition, a new [Specialty Drug Visit Summary form](#) is available for your use. The form asks for the specialty drug name, dosage and unit of measure. It can be completed to help you gather the information you need before calling Provider Inquiry with any questions about using NDC codes. This form may also be helpful in your office for sharing information with your biller. You do not need to share this form with BCN or Blue Cross.

Complete Coding Updates for 2016

December 10, 2015

1:00 - 4:00 p.m.

MSMS Headquarters - East Lansing

The new CPT codes are out for 2016. Which ones affect your practice coding? Which ones affect your practice reimbursement? Are there any Medicare comments on the new codes? What other Medicare updated information is available in these last days before the new year and their implementation? Come and hear the most up to date information on the new CPT codes to be used January 1 and information about the ICD-10 codes you should have been using for the past two months.



Jill Young, CPC, CEDC, CIMC, will provide an overview of all of the 2016 changes to CPT and HCPCS.

Who Should Attend

This course is intended for billers, coders, office managers, billing managers, and physicians.

Registration

- MSMS Members/Office Staff: \$135
- Non-Members: \$185

[Details & Registration >>](#)

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