

# 2017 Blue Dot Changes to the *Blue Cross Complete Provider Manual* and related documents

The most recent changes are shown with a Blue Dot.

## Change Description

 The following updates are made to the *Blue Cross Complete Provider Manual* (January 2017):

- Removed “Providers can request assistance through Provider Inquiry” in section one
- Added Quest Diagnostics to “Preferred vendors for outpatient laboratory services, DME and diabetic supplies”

 The following updates are made to the *Blue Cross Complete Provider Manual* (March 2017):

- Added “Emergency Care” standards to “Access to appointments”
- The chief medical officer at Blue Cross Complete will receive access and after hours corrective action plans from providers if a reply is not sent within 14 days
- Updated steps in “Corrective action plan required for noncompliance”

 The following updates are made to the *Blue Cross Complete Provider Manual* (May 2017):

- Changed “Michigan Department of Human Services” to “Michigan Department of Health and Human Services”
- Added “label on front of the card and the...”
- Removed “Healthy Michigan Plan ID cards issued starting May 1, 2015, also show the Health Michigan Plan label on the front of the card”
- Added “Plan” to “Healthy Michigan”
- Removed “remaining sums” and added “services rendered”
- Changed procedure code “99420” to “96160”
- Added “attestation” to “physician signature and date”
- Updated the most recent Michigan Department of Health and Human Services bulletin notice from “MSA 14-39” to “MSA 17-02”
- Updated tobacco phone number to “1-800-480-7848”

# 2017 Blue Dot Changes to the *Blue Cross Complete Provider Manual* and related documents

The most recent changes are shown with a Blue Dot.

## Change Description

 The following updates are made to the *Blue Cross Complete Provider Manual* (June 2017):

- Removed “Providers can request assistance through Provider Inquiry” in section one
- Added Quest Diagnostics to “Preferred vendors for outpatient laboratory services, DME and diabetic supplies”

 The following updates are made to the *Blue Cross Complete Provider Manual* (July 2017):

- **Section 2 - Systems of Managed Care (p. 15):** Added *credentialing - Healthcare professional and provider rights* notice
- **Section 5 - Standards and Ratings (p. 28):** Added *Monitoring timeliness of appointment* notice
- **Section 10 - Utilization Management (p. 54):** Added “a Peer to Peer request will be accepted up to three calendar days from the date of original denial”
- **Section 13 - Claims**
- **Time limit for filing claims - Resubmissions (p. 70):**
  - Removed “latest remittance advice date or other activity” and added “last date of service”
- **General guidelines for filing claims (p. 70)**
  - Added “Electronic Data Interchange (EDI) allows faster, more efficient and cost-effective claim submission for providers. It has also been proven to reduce claim re-work (adjustments). Therefore, it is preferred that all claims be submitted electronically”
  - Added “The National Drug Code (NDC), Unit of Measure and Units supplied are required for all drugs as indicated by MDHHS policies.”
- **Claims Paper claims that do not meet HIPAA 5010 X12 format requirements (p. 76):**
  - Added Field # 25 - Federal Tax I.D. Number SSN/EIN information
  - Added Field #5 Federal Tax Number information (p. 77)
  - Added Field #43 - Revenue Description information (p. 77)

# 2017 Blue Dot Changes to the *Blue Cross Complete Provider Manual* and related documents

The most recent changes are shown with a Blue Dot.

## Change Description

- The following updates are made to the *Blue Cross Complete Provider Manual* (July 2017) continued:
  - **Section 13 - Claims continued**
  - **Guidelines for submitting corrected claims (p. 79):**
    - Added “Neither the Member ID nor the Billing Provider can be changed using a corrected claim. Providers must void the original claim and submit a new claim with the correct Member ID and Billing Provider.
    - Added “On the CMS-1500, Field 22 must contain “7” followed by the original claim ID. On the UB-04, the original claim ID must show in Field 64 and the bill type in Field 4 must end in “7”.
    - Added “Corrected claims will replace the original claim and must contain all of the dates of service and line items needed to complete the claim for the member.”
    - Added “Corrected claims will replace the original claim and must contain all of the dates of service and line items needed to complete the claim for the member.” (p. 80)
    - Added Preferred vendors table (p. 81)
- The following updates are made to the *Blue Cross Complete Provider Manual* (September 2017):
  - **Section 2 - System of Managed Care (p. 6):** Added “Blue Cross Complete covers unlimited outpatient mild to moderate mental health intervention services and treatment. There are no referrals or authorizations required.” Removed 20 limit maximum visits.
  - **Section 8 - Member Benefits (p. 48):** Added “Mental health services: inpatient psychiatric services and outpatient psychiatric care for persons with severe and persistent mental illness”
  - **Section 12 - Pharmacy Services (p. 66):**
    - Changed “All prescriptions are limited to a 34-day from 30-day supply.”
    - Added “Medications included on the common formulary are preferred. Before approving any non-formulary medication, members must first try and fail treatment with preferred medications. Exceptions may be made if preferred medications are inappropriate for treating the member’s condition.”
    - Added “MDHHS MCO Common Formulary Workgroup and, when compliant with the Common formulary requirements...”

# 2017 Blue Dot Changes to the *Blue Cross Complete Provider Manual* and related documents

The most recent changes are shown with a Blue Dot.

## Change Description

- The following updates are made to the *Blue Cross Complete Provider Manual* (September 2017) continued:
  - Added “Additional information regarding the MDHHS MCO Common Formulary may be accessed by visiting [www.michigan.gov/mcopharmacy](http://www.michigan.gov/mcopharmacy). Plan information, prior authorization criteria, and step therapy criteria are also available on this site.” (p. 67)
  - Removed “Blue Cross Complete encourages physicians to refer to the Blue Cross Complete Preferred Drug List when considering drug therapy for Blue Cross Complete members.” (p. 67)
  - Added “MDHHS MCO Common Formulary” and removed “State of Michigan Managed Care Pharmacy”.