

# Prospective editing updates

In support of correct coding and payment accuracy, we are providing the information below to keep you informed about forthcoming payment policy updates, new policies and coding reminders.

Information is organized by line of business. To view previous editions, refer to *Prospective editing updates* in the [For Providers: Help Center](#) on bcbsm.com.

This month's updates:

## Blue Cross Blue Shield of Michigan commercial, Blue Care Network commercial, Medicare Plus Blue<sup>SM</sup>, BCN Advantage<sup>SM</sup>

### Complete and attach the *Prospective Editing Reconsideration Request Form* when submitting requests through Availity Essentials

Providers are encouraged to submit prospective editing reconsideration requests electronically using Availity Essentials™.

Starting May 1, providers must complete and attach the [Prospective Editing Reconsideration Request Form](#) to all reconsideration requests, including those submitted through Availity Essentials. **Blue Cross and BCN will return requests that are submitted without the form without reviewing them.**

Providers should start using the form immediately for all submission methods. However, we'll process requests submitted through Availity Essentials without the form through the end of April. Availity Essentials will remind you to include the form with your request starting March 1.

We're updating the *Prospective Editing Reconsideration Request Form* and the related document titled [Submitting a prospective editing reconsideration request: Instructions](#) to reflect the new requirement.

Reminders:

- Be sure to complete all required fields, which are marked with a red asterisk. If you don't complete all the required fields, your prospective editing reconsideration request will be returned without review. This includes the "reason / rationale for reconsideration request" field, into which you must enter:
  - What you're requesting reconsideration for
  - Your reason for requesting reconsideration
- Providers are already required to complete and attach the Managerial Review Request Form when requesting a managerial review conference (second level review) for Blue Cross commercial requests. You can access the *Managerial Review Request Form* in the *Secure Provider Resources* section of our provider portal. Here's how:
  1. Within our payer space, click on the *Resources* tab and then click on *Secure Provider Resources (Blue Cross and BCN)*.
  2. Under the *Billing and Claims* tab, click on *Codes and Criteria* from the drop-down menu, and then select the form.

## Blue Care Network commercial

### e14 denials for psychotherapy add-on procedure codes

We previously communicated a claim processing issue affecting psychotherapy add-on codes. When billed in conjunction with telehealth procedure codes \*98000-\*98015, add-on codes \*90833, \*90836 and \*90838 denied with denial code e14 (procedure only allowed with primary).

This issue has been resolved as of Dec. 22, 2025. Claims submitted on or after this date will be processed according to established billing guidelines.

This issue affected claims processed from July 1, 2025, to Dec. 21, 2025. Do not submit an appeal. Please submit a corrected claim for previously denied services affected by this issue.

This applies to professional and facility claims.

## Blue Cross Blue Shield of Michigan commercial and BCN Advantage<sup>SM</sup>

### Critical care with home discharge

When a patient is discharged to home from the emergency room, billing critical care services may not be appropriate unless the patient meets the definition of being critically ill as defined by the American Medical Association and the Centers for Medicare & Medicaid Services. In situations where the patient doesn't meet critical care criteria, billing an ER evaluation and management code may be more appropriate.

Blue Cross may deny critical care services billed on an ER outpatient claim when the patient is discharged to home (discharge status 01).

This applies to facility billing.

## Medicare Plus Blue<sup>SM</sup>

### We've enhanced our prospective editing process on Part B Drugs

In [a provider alert](#) dated Nov. 26, 2025, we informed you that we would be enhancing our prospective editing process for certain Part B drugs effective January 2026. This affects Part B drugs on professional and outpatient facility claims for Medicare Plus Blue<sup>SM</sup> PPO members.

#### Drugs impacted by prospective editing enhancements

- Botulinum Toxin Type A

Claim edits will be implemented to ensure compliance with:

- Covered clinical indications for preferred drugs (Botox<sup>®</sup>, Xeomin<sup>®</sup>)
- Adherence to quantity limits

- Ustekinumab

Claim edits will be implemented to ensure compliance with:

- Covered clinical conditions
- Adherence to quantity limits
- Appropriate age requirement
- Absence of duplicate or concurrent therapy

- Infliximab

Claim edits will be implemented to ensure compliance with:

- Covered clinical conditions
- Adherence to frequency limits

Please ensure submitted claims include the supported diagnoses, appropriate dosing and frequency to avoid denials or delays in claim processing.

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.