

For physician offices

## BCN no longer accepts referrals for BCN Advantage members staying in network MA HMO

Effective March 2019, Blue Care Network no longer accepts referrals for BCN Advantage<sup>SM</sup> members to see a provider in their health plan's network. These referrals are no longer needed. Authorizations and plan notifications are still required for certain services. For more information, see [Page 7 of the March–April 2019 BCN Provider News](#).

## Reminder: New clinical editing system changes HMO MA HMO

Although we've delayed our upgrade to a new clinical editing system — from ClaimCheck to ClaimsXten — we want to remind you about key changes. Please see the explanation of changes with new explanation codes and the clinical editing form on [Page 27 of the March–April 2019 BCN Provider News](#).

## Complete new questionnaires in e-referral for BCN members HMO MA HMO

New questionnaires are open for BCN authorization requests in the e-referral system for the following outpatient procedures:

- Abdominoplasty
- Otoplasty
- Rhinoplasty

In addition, updated or new questionnaires for the following services opened for BCN authorization requests in the e-referral system on Nov. 25, 2018:

- Arthroscopy, knee, diagnostic
- Arthroscopy, knee (surgical) for chondroplasty
- Arthroscopy, knee (surgical) for removal of loose body or foreign body
- Arthroscopy, knee (surgical) for removal or stabilization of intra-articular osteochondral lesion
- Arthroscopy, knee, synovectomy, limited

We've made preview questionnaires available at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com). To find them, click **BCN**, then click **Authorization Requirements & Criteria**. Next, look in the "Authorization criteria and preview questionnaires" section.

For more information, see [Page 31 of the March–April 2019 BCN Provider News](#).

## Sign up to receive Blues Brief electronically

As announced previously, *Blues Brief* has a new look and is now available via email subscription. To sign up and avoid possible subscription errors, add *Blues Brief* to your subscriptions by clicking the Manage Subscriptions link at the bottom of your *BCN Provider News* or *The Record* newsletter emails. You can also visit the subscription page on [bcbsm.com/providers](http://bcbsm.com/providers) to choose your preferred *Blues Brief* versions. Read more on [Page 6 of the March–April 2019 BCN Provider News](#) or the March 2019 issue of *The Record*.

## Prior authorization changes coming to AIM authorization program MA PPO

Beginning May 1, 2019, the PPO radiology management program, administered by AIM Specialty Health, will be adding a cardiology and in-lab sleep study prior authorization program for Medicare Plus Blue PPO members. This includes UAW Retiree Medical Benefits Trust members with Medicare Plus Blue coverage.

For more information, see the [February 2019 issue of The Record](#).

Articles apply to all lines of business unless noted by the icons below:

**Key:** HMO BCN HMO<sup>SM</sup> PPO Blue Cross PPO MA HMO BCN Advantage<sup>SM</sup> HMO MA PPO Medicare Plus Blue<sup>SM</sup> PPO

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## We're removing providers on the CMS preclusion list from our commercial and MA networks

In January, we notified providers that we're required by the Centers for Medicare & Medicaid Services to remove providers from our Medicare Advantage networks if they are on the CMS preclusion list. We are also removing providers who are on the CMS preclusion list from all Blue Cross Blue Shield of Michigan commercial and Blue Care Network HMO provider networks. These providers will be removed from our online provider directories, and providers on the preclusion list won't be permitted to enroll in any of our commercial or Medicare Advantage networks.

For more information about the CMS preclusion list, go to [cms.gov](http://cms.gov)\*\* and type *Preclusion list* in the search box.

\*\*Blue Cross Blue Shield of Michigan doesn't own or control this website.

## DME/P&O telehealth prescription restrictions don't include CPAP devices

In October 2018, we reported that members can no longer receive prescriptions for DME or P&O items through telehealth visits. This doesn't apply to CPAP devices. (Blue Cross will continue to cover medically necessary DME items ordered by providers after face-to-face visits.)

## Northwood to cover DME/P&O utilization management and claims starting in May MA PPO

Beginning with dates of service on or after May 1, 2019, Northwood Inc., an independent company that manages the DME, P&O and medical supply provider network for Medicare Plus Blue PPO members, will also handle authorizations, utilization management and claims processing. Northwood-contracted providers will be required to obtain authorizations and submit their claims to Northwood.

In the next few months, Northwood will send provider education communication materials to its contracted providers with details on the transition and information about handling authorizations, utilization management and claims for Medicare Plus Blue members.

For more information, see the [February 2019 issue of \*The Record\*](#).

## Procedure code \*87798 will require supportive documentation PPO

Effective March 1, 2019, Blue Cross will require identification of the organism being tested and/or supportive documentation when a claim for laboratory procedure code \*87798 (not-otherwise-classified) is submitted.

For more information, refer to the *Claims* chapter of the Blue Cross PPO (commercial) Provider Manual (*Medical records and other claim attachments > Services that Always Require Medical Records*).

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