

## For physician offices

### New oncology management program for BCN starting Aug. 1

The Oncology Management Program promotes optimal cancer care and allows providers to compare planned cancer treatment against evidence-based regimens. The program will require providers to obtain authorizations from AIM Specialty Health® for medical oncology and supportive chemotherapy drugs, as well as immunotherapy. AIM applies Blue Cross Blue Shield of Michigan and Blue Care Network medical policies and identifies a subset of regimens as a Cancer Treatment Pathway. Blue Cross and BCN medical policies support Food and Drug Administration labeled indications and/or the National Comprehensive Cancer Network guidelines.

To learn more:

- Join a webinar about this new medical oncology program and how to use the AIM ProviderPortal (see [Page 26 of the May–June 2019 BCN Provider News](#)).
- Visit the [AIM Specialty Health website](#).
- See the medical oncology drug lists for BCN HMO or Blue Cross URMBT non-Medicare members on [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com). Click **BCN** or **Blue Cross** then *AIM-Managed Procedures* under the Authorizations / Referrals section.

### Find billing help on our website

We offer billing resources within Provider Secured Services. Just log in to Provider Secured Services and click *BCN Provider Publications and Resources*. Then click *Billing/Claims*.

On the Billing/Claims page you'll find:

- The *BCN Provider Manual Claims* chapter
- General information, including claims troubleshooting tips
- Clinical editing resources, including archived clinical editing billing tips from *BCN Provider News*

- Professional Claims - Billing Instructions
  - We've updated the billing information for Healthy Blue Living<sup>SM</sup> visits and forms.
- Facility Claims - Billing Instructions
  - An FAQ document was added about billing for rural health clinics, federally qualified health centers and critical access hospitals for BCN Advantage members. Click *RHCs*, *FQHCs* and *CAHs*.

If you have an urgent question and can't find the answer on our website, call Provider Inquiry. Professional providers phone 1-800-344-8525; ancillary and facility providers phone 1-800-249-5103. See this information on [Page 30 of the May–June 2019 BCN Provider News](#).

### More BCN questionnaires to open on June 23 in e-referral

Starting June 23, 2019, questionnaires will open in the e-referral system for BCN authorization requests for several procedures which already require authorization. The questionnaires will open for both BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> requests unless otherwise noted. See the list of procedures in the May 2019 messages on [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).

### 2019 Quality Measure Description booklet now available

The new *2019 Quality Measure Description* booklet provides additional reference material to help Blue Cross Blue Shield of Michigan and Blue Care Network providers achieve 2019 Quality Rewards incentives. The Quality Rewards program is designed to support Blue Cross and BCN in achieving the objectives of the Healthcare Effectiveness Data and Information Set, or HEDIS®, and the Centers for Medicare & Medicaid Services' star ratings program. The booklet is posted on BCN Health e-Blue<sup>SM</sup> under *Health Management Program Supporting Documents* in the *Resources* section.

*Continued on the next page*

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

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

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### You must use network laboratories for your Blue Cross and BCN patients

During our regular reviews of claims data, we've seen that a number of providers continue to send lab work for Blue Cross Blue Shield of Michigan and Blue Care Network patients to noncontracted laboratories. Also, we've found some patients are taking their scripts for lab work to noncontracted labs, not realizing this may result in higher costs.

According to your participation agreement, you must use in-network providers when referring patients for non-emergency services. Make sure to verify a laboratory's participation in the appropriate network before referring patients for lab samples.

When patients go out of network for lab services, it may cause unnecessary cost-sharing expenses and balance-billing by the labs — and we're committed to helping control costs for our members.

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

### Use new and improved forms for provider web tools applications

Keeping your account secure is highly important to us. To improve your online security, we updated our requirements for requesting access to provider web tools. Due to these updates, we can no longer accept any of the previous versions of application requests you may have saved for future use. We recommend not storing copies of our forms. Please only use [bcbsm.com](http://bcbsm.com) to ensure you're always completing the most up-to-date versions of our application forms.

For help filling out the applications, see the [June 2018 issue of \*The Record\*](#).

### Blue Cross makes changes to its drug testing policy on urine, oral fluids, hair PPO

On May 1, 2019, Blue Cross changed the reporting policy for definitive drug testing. A definitive drug test is one that's medically necessary and clinically justified when the results of presumptive testing have been evaluated and support the need for follow-up definitive testing that will contribute to clinical decision making.

For additional details related to the policy change, [June 2019 issue of \*The Record\*](#).

### Medication reconciliation reimbursement increases to \$35 for Medicare Advantage members MA HMO MA PPO

When medication reconciliation is conducted within 30 days of a hospital discharge and a claim is submitted for CPT II code \*1111F, Blue Cross will reimburse providers \$35 for its Medicare Advantage products: Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup>. Blue Cross commercial continues to reimburse at \$35.

"Medication Reconciliation Post-Discharge" is a HEDIS<sup>®</sup> measure.\*

See the [June 2019 issue of \*The Record\*](#) for more information.

\*HEDIS is a registered trademark of the National Committee for Quality Assurance.

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**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