

For physician offices

## Changes to BCN member transfer request form

We've made the following changes to the form you use to ask us to transfer a member to another BCN primary care physician:

- You no longer have to enter the medical care group's name, number or region.
- You must enter the NPI for the current primary care physician assigned to the member.
- We added a statement that you can check the web-DENIS Member Eligibility/Coverage screen to verify that the member has an active BCN contract, to confirm that you're the primary care physician assigned to this member and to see the date you were assigned to the member.

You can access the process description and the form in a single document posted on BCN's *Forms* page within Provider Secured Services:

- Visit [bcbsm.com/providers](http://bcbsm.com/providers).
- Click *Login*.
- Log in to Provider Secured Services using your user ID and password.
- Click *BCN Provider Publications and Resources*.
- Click *Forms*.
- Click *Member Transfer FAQ and Request Form*.

## Sign up today: New training webinars for providers and staff

We're continuing our series of training webinars for health care providers and staff. The webinars are designed to help you work more efficiently with Blue Cross and BCN. To find out more and register, see the *October 2019 issue of The Record*.

## Direct reimbursement available to clinical nurse specialists, Jan. 1

Clinical nurse specialists will have the opportunity to participate in Blue Cross Blue Shield of Michigan's Traditional and TRUST PPO networks and Medicare Plus Blue<sup>SM</sup>, as well as the BCN HMO<sup>SM</sup> and

BCN Advantage<sup>SM</sup>, starting Jan. 1, 2020.

Participating clinical nurse specialists will receive direct reimbursement for covered services within the scope of their licensure at 85% of the applicable fee schedule, minus any member deductibles and copayments. For more information, see the *October 2019 issue of The Record*.

## We'll cover hemophilia drugs under the pharmacy benefit for most commercial members, starting Jan. 1

Starting Jan. 1, 2020, if a commercial, non-Medicare member has Blue Cross or BCN pharmacy coverage, all hemophilia drugs should be billed under their pharmacy benefits.

If a member has pharmacy coverage through a company other than Blue Cross or BCN, hemophilia drugs will continue to be covered under the medical benefit. Also, groups with administrative service contracts can opt out and continue to use the medical benefit for hemophilia drugs. For more details, see the *October 2019 issue of The Record*.

## Tell us how satisfied you are with our Utilization Management services – survey now open

Blue Cross and BCN want to know how satisfied you are with our Utilization Management services. Let us know by completing a short survey at [tinyurl.com/y5ukrfr9](http://tinyurl.com/y5ukrfr9). The survey closes Dec. 31, 2019. Encourage your office colleagues, including physicians, nurses and referral coordinators, to take the survey as well so we can improve our processes to better support you as you care for our members.

*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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### Changes to reimbursement policy for board-certified behavior analysts take place Jan. 1 PPO

Effective Jan. 1, 2020, the following two reimbursement policy changes affecting board-certified behavior analysts will occur.

1. Regarding Blue Cross Blue Shield of Michigan's *Board Certified Behavior Analyst Participation Agreement*, Addendum C (Reimbursement Methodology), the payment policy will change to reflect that "BCBSM will pay the lesser of the billed charge or **80%** of the published maximum payment."
2. Approved amounts for adaptive behavior assessment and treatment codes will also change Jan. 1, 2020. Revised amounts will be available for viewing on web-DENIS on Oct. 1, 2019.

Read more in the [October 2019 issue of \*The Record\*](#).

### Physical, occupational and speech therapy claims require appropriate modifier PPO

Blue Cross Blue Shield of Michigan is updating the claims processing system to require all outpatient physical, occupational and speech therapy claims to be billed with one of the following therapy modifiers: GN, GO or GP.

The updated claims processing system will reject all professional outpatient therapy services submitted without an appended modifier. The system update is expected to be completed in early 2020.

Read more in the [October 2019 issue of \*The Record\*](#).

### Here's when to bill for an originating site facility fee PPO

Providers have expressed some confusion about when and how to bill for the telehealth originating site facility fee (HCPCS code Q3014).

**Providers should only bill the originating site facility fee when telehealth technology is used to connect the patient to a provider at a distant location.** If the patient is in the same location of the provider who is rendering a professional service, the originating site code isn't required and, therefore, is not payable.

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

### Reference Based Benefits feature closing Dec. 31 PPO

Effective Dec. 31, 2019, Blue Cross Blue Shield of Michigan is closing the Reference Based Benefits feature. The RBB feature allows employers to set a maximum (reference) price for their employees' select inpatient, outpatient and imaging services.

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

### Changes to all Blue Cross practitioner participation agreements announced PPO MA PPO

Effective Jan 1, 2020, changes will be made to the amendment provisions for all Blue Cross professional practitioner agreements and the Blue Cross MAPPO agreement.

For more information regarding these provisions, see the [October 2019 issue of \*The Record\*](#).

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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