

Blues Brief



For physical, occupational and speech therapy offices

Welcome to the first edition of *Blues Brief* for PT/OT/ST offices

This special issue of *Blues Brief* is designed to cover topics of interest just for you. It will be published at least once per year. For more frequent news from us, you can subscribe to our monthly edition of *Blues Brief* for professional providers or quarterly edition for hospitals and facilities. These publications, along with the *BCN Provider News* and *The Record* newsletters, are 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 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](#).

We're changing categorization process for physical therapy

Beginning in January 2020, physical therapists will be assigned to one category — A, B or C — for all four networks: Blue Cross Blue Shield of Michigan, Medicare Plus BlueSM, Blue Care Network and BCN AdvantageSM. Categories are based on the physical therapy paid claims data for all four networks.

Due to the upcoming changes in the categorization process, you won't be receiving profile reports that were originally scheduled for July 2019 for Blue Cross and for November 2019 for BCN. You'll maintain your current provider categories and current program requirements until the new combined categories are sent by eviCore healthcare, an independent company, in February 2020.

For more details, see [Page 4 of the September–October 2019 BCN Provider News](#) or the [August 2019 issue of The Record](#).

Outpatient therapy benefit change for Jan. 1, 2020

BCN is changing its outpatient therapy visit limit to 60 visits per year for combination of therapies. Currently, the benefit is one period of treatment within 60 consecutive days per year for a combination of therapies. The change is effective Jan. 1, 2020 for large groups of 51 members and greater with the following certificates:

- Classic Large – CLSSLG
- High-Deductible Health Plan Large – HDHPLG
- Blue Elect Plus Large – BEPLG

The benefit enhancement is driven by the large number of member grievances about outpatient therapy limit and change in care management practices. Now, members who start physical therapy to avoid surgery and end up having surgery will be able to seek post-surgery physical therapy without exhausting their benefit. Read more in the [November–December 2019 BCN Provider News](#) published Oct. 23.

No authorization required for BCN initial PT, OT and ST evaluations

As a reminder, BCN no longer requires authorization for initial evaluations for physical, occupational and speech therapy by therapists or for physical medicine services by chiropractors. Also, the initial evaluation should be completed before you request authorization for treatment. If you submit the request before the evaluation, you may not be able to complete all of the required questions in the pathway, which could result in your request being pended.

For more information, see the message posted under June 2019 on ereferrals.bcbsm.com and the [Outpatient rehabilitation services: Frequently asked questions \(PDF\)](#).

Continued on the next page

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

Key:  BCN HMOSM  Blue Cross PPO  BCN AdvantageSM HMO  Medicare Plus BlueSM PPO

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Continued from front page

Contact eviCore's Client & Provider Services for help using the new provider portal for BCN PT, OT and ST authorizations



Need help submitting authorization requests or finding cases in the eviCore healthcare provider portal? Contact eviCore's Client & Provider Services department to get help.

Email clientservices@eviCore.com to get eviCore's assistance with authorization requests for outpatient physical, occupational and speech therapy and physical medicine services by chiropractors for BCN HMO or BCN Advantage members. For urgent cases, call eviCore at **1-800-646-6418**; select option 4.

For more details, see [Page 37 of the September–October 2019 BCN Provider News](#).

Utilization management programs summary document updated

The *Summary of utilization management programs for Michigan providers* (PDF) has been updated and is now available on ereferrals.bcbsm.com. Click *BCN* or *Blue Cross*, then the *Authorization Requirements & Criteria* page.

Finding RAVE score information

If you have questions about your Risk-Adjusted Visits per Episode scores, visit the eviCore provider portal at evicore.com and log in.

- Select *Practitioner Performance Summary* in the menu
- Select the health plan
- Select a provider that you have added to your web user account
- Click on *View PPS*

To access your Utilization Management category information, click the *UM Category* tab in the

Practitioner Performance Summary portal. Here, you can make online reconsideration requests, if necessary.

Procedures that require clinical review by eviCore healthcare document available

If you're looking for a list of procedure codes eviCore reviews, this document can be found on ereferrals.bcbsm.com. Click *BCN* or *Blue Cross* and then *eviCore-Managed procedures* under the *Authorizations / Referrals* section.

How to check benefits

If you need help or a refresher on how to check a member's benefits in web-DENIS, see chapters 7 and 11 in our *Benefit Explainer in web-DENIS* online training.

Where to get help using the e-referral system

Please follow these guidelines for e-referral issues other than password reset, navigation and technical help:

- For Blue Cross PPO (commercial) members, you can find the appropriate Provider Inquiry phone number in the *Blue Cross provider resource guide at a glance* document.
- For Medicare Plus Blue PPO members, you can find the appropriate Provider Inquiry phone number in the *Services That Require Authorization – Medicare Plus Blue PPO* document.
- For BCN HMO (commercial) or BCN Advantage members, call **1-800-392-2512**.

For system issues, contact the Web Support Help Desk. For additional help using e-referral, contact your provider consultant or consult the user guides and online training available on the *Training Tools* page of ereferrals.bcbsm.com.

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