



October 2011

Are you ready for 5010?

The 5010 version of the Health Insurance Portability and Accountability Act of 1996 becomes law on Jan. 1, 2012. At that time, Blue Cross Blue Shield of Michigan will reject claims submitted in the 4010A1 format.

Don't wait! Please confirm now that your software vendor, clearinghouse and other business partners can support the new 5010 requirements and meet the transition deadlines.

For detailed information about the new requirements, please read the article on Page 6 of the Sept.-Oct. *BCN Provider News*.

Ask a billing question

Blue Care Network features Frequently Asked Questions about claims in each issue of *BCN Provider News*. If you have a general billing question, we would like to hear from you. Please do not include any personal health information, such as patient names or contract numbers, in your question to us. We may answer your question in an upcoming issue of our newsletter or have the appropriate person contact you directly. To read more about this opportunity, please read "Ask a Question" on Page 41 of the Sept.-Oct. *BCN Provider News*.

Self-service enhancements

- You no longer need to call the Web Support Help Desk or your provider representative to reset your e-referral password. Now you can reset your own password using the new self-service feature. To learn about this feature, please see the *e-referral Self-Service Password Setup User Guide* on the e-referral Training Tools page.
- Practice group administrators may sign up for the Provider Enrollment and Change Self-Service application. To register, go to bcbsm.com/provider/self-service.

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Designates information intended for primary care physicians only.

Medicare preventive visits

The Affordable Care Act makes annual wellness visits available to Medicare beneficiaries. BCN Advantage HMO-POSSM members may choose from the following annual wellness visits as applicable:

- Welcome to Medicare (Initial Preventive Physical Exam) has no member cost sharing. Billing code is G0402.
- Annual Wellness Visit has no member cost sharing. Billing codes are G0438 for the first visit (one-time-only) and G0439 for subsequent annual visits.
- Routine Physical Exam or Annual Health Maintenance Exam requires copayment based on member's benefit. Beginning Jan. 1, 2012, there will be no member cost sharing. Bill with *99381 - *99387 and *99391 - *99397.

For more information about Medicare preventive visits and physicals, see Page 13 of the Sept.-Oct. *BCN Provider News*.

Immunization code denials

Have you experienced denial of some preventive immunization administration codes such as *90460 and *90461 as *duplicate denials*? This will sometimes occur if you bill immunizations on multiple claims for the same date of service.

Blue Care Network's EDI transaction set allows billing up to eight diagnosis codes per professional claim. Split BCN claims only if you are billing more than eight diagnosis codes.

Venipuncture claim denials

Blue Care Network recently made a change to its claims processing logic that resulted in denial of claims submitted by physicians for venipuncture services for both BCN commercial and BCN Advantage HMO-POSSM members. BCN is taking steps to correct this situation and will adjust impacted claims in the coming weeks. Please do not submit status inquiries for venipuncture services denied in error.



If you have questions or need assistance, please contact
(name)
Phone:

E-mail: