MEDICAL SYSTEMS
HELPING DOCTORS BE DOCTORS

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THE BILLING BULLETIN

Blue Cross to Enforce Timely Filing Limits

Blue Cross will begin systematically enforcing claims filing limits **effective May 24, 2013**. If you submit claims after your filing limit, they will no longer offer any special handling or filing extensions, and no payment will be due from Blue Cross or the subscriber. Deadline submissions for original claims remain the same, 180 days for professional health care providers and 12 months from the date of service for facility providers. All health care providers must also submit secondary claims, status inquiries and adjustments within 24 months of the date of service

Meet Our Experts

Phil Kimmel ~ Information Technologies Coordinator

How many years have you been employed at CRT? 2

How many years have you been in the medical billing or healthcare industry? 12

Education/Certifications: BS Degree in Technical Management with a concentration in Information Systems Security.

Hobbies/Interests: Currently serving as Manager of the CRT Medical Co-ed Softball Team (GO CRT!)

What do you find most challenging about your job? Staying informed and proactive with regards to HIPAA and potential information security threats.

BCBS Launches NDC Initiative

Blue Cross is launching an initiative to process professional medical drug claims at the national drug code level with the specific quantities that correlate to the **NDC.** They are asking that health care providers submit **NDC** codes on claims for these drugs starting **May 1, 2013**. Providers are currently submitting this information for NOC procedure codes. The second phase will begin **Aug. 1, 2013**. At that time, BCBSM will provide a list of drugs that they will begin to process at the **NDC** level. The third phase begins **November 1, 2013**, at which time BCBSM will require the **NDC** number on all professional claims. See the March issue of the **Blue Cross RECORD** for more information and NDC format requirements.

Medicare Revalidation Mandatory For Some Providers

All providers who enrolled with Medicare **PRIOR** to March 25, 2011, will be **REQUIRED** to revalidate their Medicare enrollment by submitting the appropriate CMS-855 Medicare enrollment forms to their Medicare contractor. This is in response to notices that were sent between September 2011 and through March 2015. This is a requirement under the **Patient Protection and Affordable Care Act**, which also requires that all providers be reevaluated under the screening guidelines established in Section 6028 of the law. Providers have 60 days from the date of the revalidation notice to submit their complete enrollment information.

Failure to submit complete enrollment application(s) and all supporting documentation **within 60 calendar days** of the postmark date of the revalidation notice letter may result in providers' Medicare billing privileges being **deactivated.**

For further information as well as the appropriate forms, please go to www.wpsmedicare.com/j8macpartb and go to the **DEPARTMENTS** tab for Provider Enrollment information.