

## BCBSM Laboratory Fee Increases

Effective **July 15, 2013**, BCBSM will pay providers an additional \$5 per billing for LDL-C and HbA1c screening lab services performed in a physician office setting for members with Medicare Advantage PPO, BCBSM PPO and Traditional plans when billed with the correct CPT Category II codes. This increase impacts LDL-C screening procedure codes 83721 and 80061 (PPO and Traditional only) and HbA1c screening procedure code 83036. CPT Category II codes must be reported on the same claim as the service to receive the additional reimbursement.

Lab Test	CPT Code	CPT II	AMA Description
LDL-C screen	83721,80061	3048F	LDL-C ,100mg/dl
		3049F	LDL-C 100-129 mg/dl
		3050F	LDL-C > 130 mg/dl
HbA1c Screen	83036	3044F	HbA1c < 7%
		3045F	HbA1c 7.0 - 9.0 %
		3046F	HbA1c > 9%

**PLEASE NOTE:** On or after Oct. 15, 2013, **BCBSM** will no longer reimburse the selected lab services without submission of the associated CPT Category II code.

## Meet Our Experts

**Raymond E. Deming**  
 ~ Operations Manager



How many years have you worked at CRT? 32

How many years have you worked in the Healthcare field? 36

**Education:** Wayne State University

**Personal:** I enjoy boating, fly fishing, hunting and all water activities. I also enjoy traveling throughout the United States.

**What do you find challenging about your position?**  
 Working with the various government agencies with regards to new claims submission requirements. Also, working with insurance carriers to troubleshoot electronic payment file issues. I enjoy assisting in the development of new products and services that will not only help our clients become more profitable, but will help staff at CRT work more efficiently.

## “Blue Cross Complete” Changes Begin August 1st

**Blue Cross Complete** has made it’s debut in Michigan! The new Medicaid plan being administered by **Blue Cross Blue Shield** currently covers the service areas of **Livingston, Washtenaw and Wayne Counties**. Blue Cross hopes to expand the program as National Health Care Reform progresses in 2014 and beyond.

**Beginning August 1, 2013**, requirements for referrals, plan notification and clinical review will change. Providers need to be enrolled in the program in order to bill. You may contact **Blue Cross Provider Inquiry** at **888-312-5713** to see if you are currently enrolled. Providers will also be able to access **NaviNet** to request prior authorizations, as well as check claims status. These claims will no longer be able to be statused through WebDenis.

Office staff need to be aware that **Blue Cross Complete** members will have the alpha prefix “**XYU**” before the enrollee ID number on the front of the member’s ID card. That prefix **MUST** be entered in the patient’s **profile** in EBC in order for the claims to be properly processed. For more information;

<http://www.bluecrosscomplete.com>

## Medicaid Expo August 21st

The **Michigan Department of Community Health** Provider Relations Section will be hosting a **Medicaid Expo**, August 21, 2013. The Expo will take place at the Michigan Technical Education Center at Henry Ford Community College from 9:00am to 3:30 pm.

The Expo is open to **all providers** and will have billing specialists available to address individual billing needs for several specialties including Durable Medical Supply, Home Health and Hospice, Inpatient Hospital and others. For more information and to register <http://www.michigan.gov/mdch>