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Blue Cross Blue Shield of Michigan

Provider Delivered Care Management and Blue Distinction Total Care

What is PDCM and BDTC?

- PDCM stands for Provider Delivered Care Management and includes the delivery of care management services by a care manager, working with a physician and care team, in the primary care or eligible specialist office.
- BDTC stands for Blue Distinction Total Care and is a way for value-based programs in different Blues plans to integrate so that employers have access to similar quality programs when they have employees in multiple states. These members are referred to as “hosted”. This program will allow care management services for members whose coverage is provided through another Blues plan.

PDCM/BDTC Procedure Codes

- G9001* - Initiation of Care Management (Comprehensive Assessment)
- G9002* - Individual Face-to-Face Visit
- 98961* - Education and training for patient self-management for 2–4 patients; 30 minutes
- 98962* - Education and training for patient self-management for 5–8 patients; 30 minutes
- 98966* - Telephone assessment 5-10 minutes of medical discussion
- 98967* - Telephone assessment 11-20 minutes of medical discussion
- 98968* - Telephone assessment 21-30 minutes of medical discussion
- 99487* - First hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month
- 99489* - Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. (An add-on code that should be reported in conjunction with 99487)
- G9007* - Coordinated care fee, scheduled team conference
- G9008* - Physician Coordinated Care Oversight Services (Enrollment Fee)
- S0257* - Counseling and discussion regarding advance directives or end of life care planning and decisions

Eligibility

- What is MOS? MOS stands for Michigan Operating System . This eligibility system houses our Local BCBSM groups such as the State of Michigan, BCBSM employee's and the majority of our school and government systems just to name a few. When checking WebDenis for a MOS group, you will be directed to Explainer, then you have to click on topic and key in the HCPCS code and then search to determine if the member has the PDCM benefit.
- What is NASCO? NASCO eligibility houses our National NASCO groups such as General Motors, Ford Motor Company and Lear Corporation, just to name a few. When checking WebDenis for a NASCO group, you will not be directed to Explainer, rather under the "Message" section it will indicate if the member is participating in the PDCM program.
- BCBSM's Medicare Advantage population is included in the PDCM program; however, there are four groups which are excluded and they are MPSERS, URMBT, BCBSM retiree's and Accident Fund retiree's.

Eligibility Continued

All patients must have an active eligible contract to be eligible for the PDCM/BDTC programs.

For PDCM Services:

- Providers should check normal eligibility channels (e.g., WebDENIS, PARS IVR) to confirm contract and benefit eligibility. *A practice should follow its current process for determining patient eligibility. Please note the **FEP is participating** in the PDCM program but these individuals do not appear on your patient list.*

PDCM issues that have been identified

- Currently, not all our participating National NASCO groups benefit information is listed in WebDenis. This system issue should be completed by mid December. This issue has been fixed and you should be able to verify the benefits.
- Michigan Public School Retiree System (MPSERS), this group is participating in the PDCM program for their Commercial Business only. This means that individuals who are **NOT** enrolled in Medicare Advantage are eligible; however, the benefits for this group were not loaded. If you have received a denial for an eligible member, all claims will automatically be reprocessed and you do not have to resubmit those services. This issue has been fixed and we are in the process of adjusting all eligible denied claims.
- Procedure codes 98966, 98967 and 98968 have been rejecting requesting that a modifier be billed with these codes. The system is currently being fixed and all eligible denied claims will automatically be reprocessed. You do not have to resubmit those claims. This issue has been fixed and we are in the process of adjusting all eligible denied claims.

BDTC Issues that have been identified

- Some plans do not pay for the telephone or care coordination procedure codes (98966, 98967, 98968, 99487 and 99489), specifically Anthem and HCSC. At this time, we are working with the BCBS Association and the specific plans to resolve this issue.
- Some BCBS plans implemented this program by only allowing one of the procedure codes to be billed per month. As a result, if multiple services are billed during the same month, for the same patient, we are seeing the claim denials indicating "capitation met". Again, we are working on a resolution for the outstanding claims.
- For BDTC, if you are billing ongoing care coordination for the same date of service (i.e., G9002, G9007 etc), you must submit the claims separately to receive reimbursement.
- For BDTC, when billing a G9001 (comprehensive assessment), you can include other medical services on the claim form; however, you can't include other care coordination services on the same claim form (i.e., G9008).
- We are seeing claims that have taken a copayment, coinsurance or deductible in error. There is NO costshare associated with these services.
- Lastly, due to the number of issues for the BDTC hosted members, BCBSM has been recommending that physicians and practices no longer render services to these members. If your practice chooses to render care management, payment may not be issued.

Questions?

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