Overview

+ About the BCBSNC Dietitian Network
  - Credentialing and Enrollment

+ Member Eligibility for Medical Nutrition Therapy (MNT) Benefits

+ Healthy Outcomes

+ FEP and State Health Plan

+ Electronic Solutions

+ Claims and Billing

+ Provider Tools
+ Licensed registered dietitians (LDNs) actively credentialed and independently contracted with BCBSNC are eligible for direct reimbursement for providing medical nutritional therapy (MNT) services to eligible BCBSNC members.
Eligible providers enrolled with BCBSNC can provide services that are considered for member’s in-network benefits.

Additional benefits of contracting with BCBSNC include:

- Claims payment sent directly to you
- Lower member out-of-pocket costs
- Online access to view eligibility, benefits, and detailed claim information via Blue eSM
Getting Started:
Credentialing and Contracting

+ Credentialing is the process by which we evaluate education, training and other relevant information submitted by health care providers to verify they meet BCBSNC standards for providing services to our members. BCBSNC’s credentialing process is NCQA-accredited.
+ Contracting with BCBSNC is a separate process from credentialing.
+ Once a health care provider enters into a contract with BCBSNC, he or she is now part of the BCBSNC provider network and can submit claims for services provided to eligible members.
Getting Started: Credentialing and Contracting

* Enrollment and credentialing applications, along with directions for completion, are located on the Web at: http://www.bcbsnc.com/content/providers/network-participation/index.htm.

* You will receive a contract from BCBSNC after becoming credentialed. Once BCBSNC is in receipt of your signed agreement, an executed contract with your network participation effective date will be mailed to you.

* Your name, location and phone number will appear in the online BCBSNC provider directory after you receive your BCBSNC provider number, complete credentialing, and are notified of your contract’s effective date.
Member Eligibility for Medical Nutrition Therapy (MNT) Benefits
Member Eligibility for MNT Benefits

- Members must be enrolled in an eligible BCBSNC product.

- MNT benefits for State Health Plan members and Federal Employee Program members are covered later in this presentation.

- Several large self-insured employer groups may choose to exclude this benefit.

- Benefits may not be available for out-of-state BlueCard® or other Blue Cross and Blue Shield Plan members.

- Always verify a patient’s benefits before providing services.
Member Eligibility for MNT Benefits:  
100% Benefit for Nutrition Counseling

+ As eligible groups or individuals renew their policies, in-network nutrition counseling is covered at 100% with no set visit limits (subject to medical review).
  - Self-funded groups (ASO) are an exception and can opt out of this benefit or set their own nutrition counseling visit limits.

+ Many members have more than 6 free visits available.
  - Please contact the customer service number listed on the member’s BCBSNC ID card to determine if they are eligible for this benefit.

+ HSA members who in the past had dietitian services apply to deductible and coinsurance, may have benefited from this change, if their employer did not opt out.
Member Eligibility for MNT Benefits: Healthy Outcomes

+ Members on a grandfathered policy who do not have access to preventative benefits for nutrition counseling will benefit from the following Healthy Outcomes program benefits:

  ▪ Six (6) MNT visits per year are eligible as part of a patient’s participation in the BCBSNC Healthy Outcomes programs (these are disease prevention and management programs).
  ▪ Copayment and/or coinsurance is waived if MNT is provided in an office-based setting.
    ✓ Deductible and coinsurance may apply if the member is in a HSA/HRA product.
  ▪ MNT specifically for diabetes management is also covered. If the member is not enrolled in a Healthy Outcomes program, they are responsible for a copayment or coinsurance.
  ▪ Dietitians are considered by BCBSNC as specialists; not as primary care providers.
Federal Employee Program and State Health Plan
Federal Employee Program (FEP)

- Nutritional counseling for the FEP for both standard and basic options has a visit limit of six visits per year, if the diagnosis is not anorexia or bulimia. There is no visit limitation, if nutritional counseling is provided for the diagnosis of anorexia or bulimia.

State Health Plan (SHP)

- SHP members on the 70/30 plan are eligible to receive four (4) in-network dietitian visits per benefit period and they are covered at a primary care copay. Members with diabetes receive six (6) free visits per benefit period. Members on the 80/20 and CDHP plan have unlimited visits covered at 100%.
Electronic Solutions
Get Connected!

Participation is strongly encouraged in all electronic options available to BCBSNC providers, including:

- **Blue e:**
  - Internet-based application for verification of membership eligibility, claims submission and inquiry, admission notification, and much more.
  - BCBSNC provides this service free-of-charge.

- **Electronic Funds Transfer (EFT):**
  - Easiest and most convenient choice for receiving reimbursement from BCBSNC.
  - Payments transferred electronically post to your account before normal checks, making your funds accessible sooner.
In order to utilize Blue e, providers must have a registered NPI with BCBSNC. Please make sure the NPI is registered prior to submitting the Blue e agreement.

Complete the Blue e Interactive Network Agreement online. Agreements and templates should be signed and completed by authorized practice personnel, including managers, providers, or owners.

- After your completed forms are received, eSolutions will process your setup request. At the time of submission, your electronic copy of the signed agreement will be available for printing.

An eSolutions analyst will then contact you via email (when available) to provide you with your User ID and password, and instructions to utilize the system. You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.
Signing up for Blue e is easy!

+ In order to utilize Blue e, providers must have a registered NPI with BCBSNC.
+ Complete the Blue e Interactive Network Agreement online.
+ After your completed forms are received, eSolutions will process your setup request.
+ An eSolutions analyst will then contact you via email to provide you with your User ID and password, and instructions to utilize the system.
+ You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.
Signing up for EFT is easy!

- Access Blue e to complete the enrollment form or visit us online at: www.bcbsnc.com/providers.
  - The form is available for download from the “Network Participation” page, as well as the “Forms and Documentation” page.
- There is no cost for the service.
Features of Blue e

https://providers.bcbsnc.com

Internet based application for:

- Eligibility verification
- Claim status
- UB04 & CMS-1500 claim entry including corrected claims
- Claim denial listings
- Remittance inquiry (EOP) detail for all lines of business
- Electronic Fund Transfer enrollment
- Self guided training via online computer based training modules
- Resources
On the Blue e Homepage, you are able to instant access all the main features in one place – Eligibility, Billing, Health Management and much more!
To Verify Benefits – click Eligibility

Providers are able to verify eligibility for the following members on Blue e:
• Local lines of business
• State Health Plan
• Federal Employee Program
• IPP Blue Card (out-of-state)
Health Eligibility

Please enter the member number and/or the member last name, first name, and date of birth. A member number is required to search for FEP or out-of-state members. You may enter a single date for the date of service, or if left blank, it will search on today's date.

* Required fields

* Provider Number

Member Number

Ex: YPP000000000

and/or

* Member Last Name

Member First Name

Member Date of Birth

Ex: MMDCCYY

Date of Service

Ex: MMDDCCYY

Search
Claim submission via Blue e - Claim Entry

- To Add Claim, select a provider number and enter a member number.
- To Retrieve a Claim, select a provider number and enter a claim number OR a member number.
  - Claim Status on the claim should be available within 24-36 hours of claim submission.
- To View a Claim or Error Listing, select a provider number and click the applicable button.

Home » Billing » CMS 1500

To Add Claim, select a provider number and enter a member number.
To Retrieve a Claim, select a provider number and enter a claim number OR a member number.
To View a Claim or Error Listing, select a provider number and click the applicable button.

To clear all pre-populated fields, click the Clear button.

*Required Field

*Provider Number: 
Member Number: 
Claim Number:

Add a Claim  View Claims Listing  View Error Listing  Retrieve a Claim
You can enter a new CMS 1500 claim using the CMS 1500 Add page.

All required fields must be properly completed before a claim can be submitted.

- If any errors are made, an error message will appear at the top of the page.
The CMS 1500 Claim Listing Display page lists all CMS 1500 claims associated with the National Provider Identifier (NPI) selected on the CMS 1500 Input page.

The CMS 1500 Claim Listing Display page is accessed by clicking the View Claims Listing button on the CMS 1500 Input page.
The CMS 1500 Error Listing Display page lists all CMS 1500 claims with errors associated with the NPI selected on the CMS 1500 Input page.

The CMS 1500 Error Listing Display page is accessed by clicking the View Error Listing button on the CMS 1500 Input page.
Claim Status

- Available for BCBSNC local, Federal Employees Program (FEP), Medicare Supplement, and Inter-Plan Program (BlueCard® members).
- Provides link to the Explanation of Payment (EOP).
- Has line level detail for professional claims.
The Claim Status Search Results display page provides a list of the requests to the members’ home plans (BCBS or FEP) and the status of the responses to those requests.

Statuses include: Available, Reviewed, Pending, Pending Medical Records, Pending Information from Provider, Pending Information from Member or Closed.
The Claim Status Multiple Claims Found display page provides a list of the multiple claims that match the search query (this page only appears if the search query returns multiple local claims).

- To view details about a specific claim, click the Claim Number hyperlink in the first column.
The Claim Status Line Level Detail display page includes detailed claim information, such as diagnosis code, place of service and member liability.
Remittance Inquiry -

+ You must select a provider from the *Provider Number* dropdown to begin a search for remittance advice data. You may also enter the check number and check date to narrow your search. If no date is entered, the system will show remittance advice data for the past seven days.

+ The Remittance Inquiry Input Page is accessed from the Remittance Inquiry hyperlink on the *Blue e* Home Page.
The Remittance Inquiry Display page displays remittance advice data for BCBSNC, FEP and State products.

**Note**: For FEP plan results, the Total Amount Paid can only be obtained by clicking the "View PDF" hyperlink to open the complete EOP.
Blue e - What’s New

The *What's New* feature on the Blue e home page provides informative bulletins, tips, and other new information relating to Blue e. You can access these messages by clicking on a hyperlink in the *What's New* section at the top of the Blue e home page. Clicking the "View All Articles" hyperlink takes you to the What's New Archive page where you can view past articles.

- **Note:** The green "New!" text indicates that the story was added within the last 14 days.
Ancillary Claims Filing BCBSNC Requirements
06/21/2012

Effective October 14, 2012, Blue Cross and Blue Shield of North Carolina (BCBSNC) will make changes to our claims processing system, which will automate claim filing requirements for Ancillary Providers and some providers may see changes in where their claims are processed.

Please see the attachment for the ancillary claim filing guidelines.

Ancillary Claims Filing – BCBSNC Requirements

Claim status and Eligibility inquiry responses
06/13/2012

The Department of Health and Human Services (HHS) has adopted the CAQH CORE Phase I & II Operating Rules as part of the Affordable Care Act related to Operating Rules for Health Care Eligibility/Benefit Inquiry and Response (270/271), as well as Claim Status Inquiry and Response (276/277). The mandated implementation date is by January 1, 2013.
Blue e Training and Help

Helpful Links

Related Links
- Important Provider News
- Prior Plan Approval (PPA) List
- Out of state member Medical Policy/Pre-cert/auth
- ePrescribe for online prescriptions
- Medicare Advantage Private Fee for Service Plans
- Electronic Funds Transfer (EFT) Registration Form
- Dental Blue Select
- BCBSNC eSolutions Website
- BCBSNC.com Specifically for Healthcare Providers
- Provider Refund Return Form
- Coordination of Benefits Questionnaire
- Care Gap Change Request Form

Computer-Based Training (CBT’s)
Spotlight: E Mail the Blue e Helpdesk!

The Blue e Help Desk is available to answer your questions about Blue e via e-mail. A Help Desk analyst will respond to your e-mail within two business days.

Click on one of the hyperlinks below to identify the area of your problem. Please include: 1.) a detailed description of your problem/question, 2.) the transaction in Blue e, 3.) your User ID, 4.) NPI, 5.) the date and time of your issue, 6.) any other information that would help us research your issue.

Click on a subject/topic below to send an email:

- Administration
- Billing
- Eligibility
- Health Management
- Other Blue e General Issues

If you have difficulty launching an email from this page, send an email to Bluee.HelpDesk@bcbsnc.com.

BCBSNC uses encryption to enhance the security and privacy of confidential email. In order to receive emails from BCBSNC that contain PHI or other confidential data, you will be required to create an account and password with Voltage.

Please refer to the SecureMail User Guide for more information

Secure Mail Recipient Guide
Claims and Billing
Claims and Billing

+ The best way to submit claims to BCBSNC is electronically. Electronic claims process faster than paper claims and save on administrative expense for your practice.
  - If you must file a paper claim, please use the most current red and white CMS-1500 form – no hand written claims will be accepted.

+ File claims with the correct member ID number. At every visit, verify a member’s coverage information to avoid filing claims under an invalid member ID number.

+ You must submit the claims with the appropriate alpha prefix and suffixes. This information is located in Blue e or on the member’s ID card.

+ File under the member’s given name, not his or her nickname.

+ Include your NPI.
## Billable licensed dietitian nutritionist services

<table>
<thead>
<tr>
<th>Billing code</th>
<th>Service description</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
<td>1 unit (1 unit equals 15 minutes)</td>
</tr>
<tr>
<td>97803</td>
<td>Re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes</td>
<td>1 unit (1 unit equals 15 minutes)</td>
</tr>
<tr>
<td>97804</td>
<td>Group (2 or more individual[s]), each 30 minutes</td>
<td>1 unit (1 unit equals 30 minutes)</td>
</tr>
<tr>
<td>S9465</td>
<td>Diabetic management program, dietitian visit</td>
<td>Per visit</td>
</tr>
<tr>
<td>S9470</td>
<td>Nutritional counseling, dietitian visit</td>
<td>Per visit</td>
</tr>
</tbody>
</table>
Claims must be submitted within 180 days of services being rendered, with the exception of claims for FEP members.

Claims for FEP members must be filed by December 31 of the year after services were rendered or date of discharge.
Claims and Billing

+ When submitting a claim, you will need to include both a CPT code (procedure code) and a ICD-9* code (diagnosis code).

+ The ICD-9* code will depend on the patient’s diagnosis: obesity, diabetes, etc.

+ Bill in 15 minute units (one on one) or 30 minute units (group services).

For complete details on billing for Licensed Dietician Nutritionist services, please see the Provider eManual – Chapter 9, Section 9.42

*All codes should be filed with ICD-10 diagnosis codes following the implementation of ICD-10.
Claims filing is simple!

+ Submit claims to BCBSNC.

+ Providers can collect from the member any applicable cost-sharing amount (i.e., co-pay, deductible).

+ Members may not be balance billed for any additional amounts.

Electronic Claims

Submit electronic claims to BCBSNC under your current BCBSNC billing practices

Paper Claims

Mailing address for paper claim forms:

P.O. Box 35
Durham, NC 27702
Provider Tools
Customer Service Phone Numbers

+ **Provider Blue Line** – 1.800.214.4844
  – Dedicated provider line for health care providers participating in BCBSNC commercial lines of business.

+ **Blue Medicare HMO/PPO** – 1.888.296.9790
  – Dedicated provider line for health care providers participating in BCBSNC Blue Medicare HMO and Blue Medicare PPO benefit plans.

+ **Provider Service Associates** – 1.800.777.1643

+ **eSolutions Customer Service** – 1.888.333.8594

+ **IPP Blue Card (verify eligibility)** – 1.800.676.BLUE (2583)

+ **IPP Blue Card (claims assistance)** – 1.800.487.5522.

+ **State Health Plan** – 1.800.422.4658

+ **Federal Employee Program (FEP)** – 1.800.222.4739
Provider Services Associates (PSA)

+ Your PSA’s are able to assist with:

  – Providing you information on how to obtain your fee schedule (if you are unable to retrieve via Blue e)
  – Making any necessary demographic changes – notice address, billing address and etc.
  – Add/Remove providers from your practice
  – Questions

P: (800) 777-1643 8am-4pm
F: (919) 765-4349
NMSpecialist@bcbsnc.com
Social media
Find Us On 🌐

Twitter

Facebook

YouTube

Blue Cross and Blue Shield of North Carolina

BCBSNC and UNC Health Care Introduce Carolina Advanced Health

HealthNAV™
Your iPhone® and Android™ health connection.

bcbsnc.com/mobile
BCBSNC has identified and developed patient assessment and patient education materials to help jumpstart preventive health conversations.

Healthy Lifestyle Programs
- Adult Obesity Assessment and Treatment
- Childhood Obesity Assessment and Treatment
- Tobacco Cessation
- Stress Management

Preventive Screening Topics
- Breast Cancer Screening
- Chlamydia Screening
- Colorectal Cancer Screening
- Depression Screening

These *complimentary* tools can help you assess your patients on important preventive health issues – to request, please complete the online order form at [http://www.bcbsnc.com/content/providers/toolkit/order-toolkit.htm](http://www.bcbsnc.com/content/providers/toolkit/order-toolkit.htm).
Online resources - bcbsnc.com/providers/

- Online provider manuals
- Medical policies
- Important news
- Prior review pages
- Newsletters
- Much more!
Questions

This presentation was last updated on March 11, 2014. BCBSNC tries to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.