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2025 Monthly Provider Conference Call FAQ's

Q: Telemedicine - so are you saying you are not covering telehealth or to use E&M Office visit codes?
A: We are still covering telemedicine and E&M codes. Any in-office codes can be used with the correct place of service. The new codes will be covered but not separately reimbursed.

Q: Will this prefix change apply to Workers Comp claims?
A: You will continue to submit Workers Comp claims with the current prefix.

Q: Just to be clear on the RIS prefix... Is RIS only for the State of RI?
A: RIS and R2I are for the State of RI. RIN and RIA are for BCBSRI NEHP plans.

Q: I have a question about the elig portion of website. It seems that there is an issue or change with it. When I search now for a term date of policy, lets say, using today's date as search date, nothing comes up. I have to start putting in older months - month by month to try to find when the policy terminated. This never happened before - it used to just come up. Is there a problem with it, or is this new and permanent? Also when a plan does come up now, it shows the member as subscriber now, not the actual subscriber. maybe system error?
A: The February 6th update should address this issue. Please reach out to providerrelations@bcbsri.org if you are still seeing the issue after 02/06/25.

Q: Will the slides from today's mtg be shared via email?
A: They are posted online in the Provider Portal after sign-in, please go to the left menu option CONFERENCE CALL.

Q: I complete the directory attestation on time each quarter. The provider still gets a letter stating that the attestation has not been done. Why does a letter still get sent to the provider?
A: Letters are sent monthly if a provider has not fully attested. Please outreach to providerdirectory@bcbsri.org and we can review individually why you are seeing the pop up or receiving letters.

Q: I update provider info quarterly and last quarter we were getting the pop up that it wasn't done. I spoke with our rep and she stated she couldn't see anything wrong with our info. I did it again on 1/2 and received a letter and still showing the pop up of needing to be done on the website. Is there a systems error?
A: Letters are sent monthly if a provider has not fully attested. Please outreach to providerdirectory@bcbsri.org and we can review individually why you are seeing the pop up or receiving letters.

Q: If I have an authorization in place for a member with previous Z2M prefix and they now have ZBM prefix, is that authorization still valid?
A: Yes, any member who has a new prefix, but the same numeric portion the auth is still valid. However, if the entire ID# changed, the auth will need to be updated.

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Q: We're having an issue with genetic counselling. We were told that genetic counseling is not covered. Our billing dept told us that it is not covered. The genetic counselors were all licensed by the State of RI last year but not credentialled with BCBSRI.

A: CPT 96041 is covered and is the new code eff 01/01/25. CPT 96040 was deleted 12/31/24. We can review a claim denial. Please reach out to providerrelations@bcbsri.org for claims review.

Q: Can the slide deck be dropped in the chat for reference?
A: We cannot post the file in the chat but the slides will be posted to the web by the end of this week. Post verification under "Provider Conference Call" page.

Q: Are there plans to add coverage for the new Medicare apCM codes set? It is the new Advanced Primary Care codes - 3 G-codes.
A: The 2025 G APCM codes are currently considered Not Separately Reimbursed, by BCBSRI. As a result, they would not be reimbursed to providers. G0556, G0557, G0558.

Q: Last conference call, you mentioned a meeting with BCBS of MA concerning delays in updating PCP information. Any update?
A: BCBSMA is reviewing their internal process for updating PCP info timely
.
Q: If we do not bill CMS, is the DSNP training still required for everyone?
A: Yes, as long as you are opted into Medicare with BCBSRI and apart of the D-SNP network. If you do not know if you are part of the D-SNP network, please contact ProviderRelations@bcbsri.org and someone can advise you if you need to take the training or not.

Q: Regarding the BlueChip Direct Advance plan - is that prefix BUH? Is that what we should look for on card?
A: BUH is not a BlueCHiP Direct Advance prefix. The prefix for this product is ZBE

Q: Can one Practitioner Change Form be filled out for all providers if we include a provider roster?
A: Yes, please add a note that a roster is attached in the comments section of the PCF.

Q: Once providers have been attested, how long does it take to update providers information on your end?
A: The update can take 3-5 business days if the information is clean without questions. PR will contact the username that attested to confirm the update if we have questions.

Q: How early can we re-attest? I have tried to do it early but cannot.
A: The first day of the quarter. Quarters start Jan 01, April 01, July 01, October 01.

Q: Last month there was a system error in the portal and authorization requirements were waived. Providers are still complaining that they are receiving the same errors where the portal is stating No Auth Required on procedures that require one. Is the system still not working?
A: Referral's were waived for 01/15-02/21. Please contact Provider Relations with details.

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Q: I am getting a lot of denials on referrals required for a nurse practitioner even when the NP works with the PCP. Is this correct?
A: An NP is considered a specialist. A NP-PCP should not require a referral within the same office. Please contact Provider Relations with details.

Q: Why do we occasionally get denials on paper that are not submitted into the system i.e.prefix not recognized?
A: If we cannot find the pre-fix for an out of area member, those claims are kicked out and a sendback letter is sent because the claim cannot be processed. Please contact Provider Relations with details.

Q: I have attested them in Jan and just yesterday I was informed we need to attest and after reviewing it was all approved
A: Please contact Provider Relations with details. Include your username and the providers information.

Q: Are you following Medicare rule regarding telehealth, i.e., not providing coverage after March 31?
A: As of right now, nothing is changing for telehealth coverage for Medicare Advantage members

Q: What do we do if prefix not recognized and we have to submit to our home plan
A: We recommend contacting Provider Services to research with the BlueCard Team.

Q: Blue Chip Medicare has recently required the 366 day rule for G0439. Our physicians have been pushed for years to perform as early as possible in the calendar year. Will this policy be reconsidered?
A: As of right now, the policy is not changing.

Q: Is there a known error with prefix FAE? Having some trouble with claims being sent electronically. When dropped to paper, it denies. BCBS of South Carolina plan.
A: Not that we are aware of. If you have example, please contact Provider Relations with details.

Q: Prepayment reviews go through Optum correct? Can we submit records on the BC portal for Optum requests?
A: You are correct, you should be following the instructions on the medical record request to submit to Optum if they request.

Q: Are we able to send claim adjustments via the portal for OOS members as well? I thought it was just for RI members.
A: Physicians claims adjustments and corrected claims can be submitted through the provider portal for local BCBSRI members and OOS members but not for FEP members.

Q: I attested to practice info last week, but the tab keeps popping up saying I haven't done it. Happens all the time. Is this something BC/BS is working on fixing?
A: The prompt to complete the quarterly attestation can pop-up at the beginning of the quarter even after you recently completed the attestation but if you continue to see it after this Friday, please contact Lauren at providerdirectory@bcbsri.com.

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Q: Optum is not letting me upload denied claims to be approved/appealed. They ask for medical records and Optum still denies. When I appeal the denial, they tell me I can't upload the records. Trying to upload an appeal to Optum and it is not working.
A: Please send us an error message and email to ProviderRelations@bcbsri.org with the claim and provider information.

Q: I am still not receiving an e-mail invite for this meeting, and I have added my e-mail a few times.
A: We are aware of this issue and are reviewing.

Q: Prepayment review through Optum applies to only Medicare Advantage plans or all BCBSRI plans?
A: All BCBSRI plans are subject to the pre-payment review process.

Q: The new ID cards showing PPO/HMO will be out when?
A: Depending on when the groups renew starting Oct 2025. PPO and the suitcase will be removed from future cards.

Q: Do we know when BCBS RI will be updating their telehealth policies?
A: There is no update planned at this time.

Q: Have you heard anything about the CMS telehealth deadline for 9/30/25?
A: We have not and will provide a 60-day notice if a policy update with negative impact occurs.

Q: I have a question regarding the Optum denials. I have many claims that Optum are reviewing our notes and saying they do not support, and we can't appeal. So I called and they told me appeal to BCBS. Is that correct?
A: That is not correct. Please send examples to your PR rep or providerrelations@bcbsri.org. There is no second level appeal and Optum denials cannot be appealed to BCBSRI after they make their decision.

Q: For a cross-border referral, if the PCP is in RI and the specialist is in Mass, is this processed as the pre auth cross boarder or on Health Trio?
A: If the PCP is a RI PCP go to the BCBSRI provider portal under NEHP Cross Border Request to submit the PCP approval.

Q: Also, why when a cross-border is processed, we call BCBSRI to look up and the agents cannot find it. But if we look it up on the site, we are able to find it.
A: It is a manual process, and cross-borders may not be loaded in our claims system. Please send examples to the providerrelations@bcbsri.org.

Q: Can you explain upcoming changes to your Medicare advantage plans for Nutrition Counseling. Currently patients can be seen with any diagnosis under this plan. Per the recent provider update I can see that information has changed to reflect the following guidance:
***Nutrition counseling is for people with diabetes, renal disease (but not on dialysis) or after a kidney transplant.**
A: More information will be coming in the October Provider Update and Conference Call.

Q: With the new BlueCHiP for Medicare plans will the co-pays change for x-rays and high-tech

radiology?
A: Each plan is different. Providers can review the benefits on BCBSRI.com. Do not log in and navigate to the EOC's in the Medicare section on the web to review the benefits specific to your practice. Benefits will be loaded to the provider portal on 01/01/26.

Q: Do you have to be a Medicare provider in order to accept this plan?
A: If you are a participating Medicare provider, you are in-network for all Medicare Advantage and DSNP. If you do not accept Medicare, you cannot see Medicare Advantage or DSNP members.

Q: Will we be able to file adjustment forms for FEP claims online in the future?
A: There is no current plan to allow for this.

Q: Since Medicare no longer covers telehealth does that effect any of the Medicare plans?
A: This CMS change for Telehealth will not effect BCBSRI policy for Telemedicine. Benefits may change in 2026 but not BCBSRI policy for coverage. Please review BCBSRI Update - https://www.bcbsri.com/providers/update/cms-removal-telemedicine-0 .

Q: Just to confirm... new cards will be issued to members for all these plan changes? Will the prefix remain ZBM for all these plans?
A: Yes. They will get new cards with their new plan name, but prefixes will remain ZBM, Z2M or Z9K.

Q: What actually goes towards the Medicare members dental maximum "cap". I'm asking because I see $0 listed for root canals etc. What restorative services apply towards that "cap".
A: Restorative services apply towards the cap, and $0 is listed for root canals and similar procedures.

Q: In reference to the DSNP annual training and say each provider needs to complete the training. Is that for our MD/NPs or for the facility?
A: Yes, all providers need to attest and take the D-SNP training, MD's, DO's, and if it's for a hospital, someone will need to attest on behalf of the hospital. If a provider / physician / facility is not participating with Medicare, the training does not need to be taken.

Q: In the SNF setting, do we need a prior auth for PT/OT/St services under part B/non skilled?
A: Inpatient or Home Setting does not require the PA.

Q: Can we have a copy of this power point in an email?
A: The slides will be posted to the provider web under the Conference Call page within a few days. The flow chart will also be posted to the alerts and updates section as well.

Q: For new auth requirements for PT, is it 14 visits after 1/1, or if they already have been treated and have had 14 visits will they need auth right away? Can the auth be backdated if we miss one? And is it only for BCBS Med adv plans?
A: Outpatient PT/OT requires PA. Inpatient or Home Setting does not require the PA. The 14 visit window will begin 1/1/2026.

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Q: I just have a question regarding capitation; how is point of care testing reimbursed with capitation? Is there someone my office can contact directly regarding questions pertaining to capitation?
A: Please email providerrelations@bcbsri.org

Q: What if you are non-par with Medicaid but only a MCO provider? Do we still have to attest?
A: Yes.

Q: Will Blue Chip Medicare Preferred auths carry over?
A: Yes.

Q: For PT / OT authorizations, does that include the Dual plan?
A: Yes

Q: Can Federal Blue Appeals be email or faxed to GAU Unit?
A: Yes.

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