

Payer Connection: Blue Cross and Blue Shield of Minnesota – FAQ’s

This FAQ sheet is part of the Payer Connection Meeting with guest BCBS-MN. Below are questions that were received or were not fully answered during the live session on December 6, 2023. If you have additional questions, please contact the Payment Committee using the question form on the APTA Minnesota website. <https://www.mnapta.org/page/PaymentContact> Additional questions will be passed onto BCBS-MN for an answer. The question and answer will be added to the end of the FAQ document.

Do you have any topics or questions you would like BCBS-MN to address?

BCBS-MN Responses

<p>Is BCBS-MN paying for RTM Codes and Telehealth Codes?</p>	<p>Blue Cross has allowed Physical Therapists to bill for telehealth for years. See Reimbursement Policy General Coding – 007 which includes codes that can be billed for telehealth along with criteria. Telehealth services or RTM services are based on the members benefits.</p>
<p>Does BCBS-MN pay for Preventative Therapy visits (like primary care) for musculoskeletal conditions?</p>	<p>There are currently no Preventative Therapy codes at this time. E/M’s in scope for a PT would be the result of an injury or issue.</p>
<p>What about authorization for PT visits, what needs to be authorized, are there any general guidelines such as 10 are always approved?</p>	<p>Providers should always check benefits and/or use the Prior Auth look up tool to determine if PA is needed. We are unable to give a blanket statement as self-insured groups or policies from other Blue Plans may deviate from the requirements for most Commercial Blue Cross members.</p>
<p>I am interested to hear how BCBS-Mn views the work by Secure Care; what are the goals of their services?</p>	<p>Blue Cross views the work that SecureCare is doing as a necessary step to ensure that clinics are providing medically necessary service, assist in opportunities to improve documentation to support that and make sure we have high quality providers in our network. SecureCare does and has advocated for the Physical Therapy network in raising the benchmarks and annual increases.</p>
<p>How does BCBS feel about the SecureCare benchmarks, and how that affects POCs?</p>	<p>Blue Cross worked closely with SecureCare to determine benchmarks. As per the presentation, the benchmark encompasses the average of all patients within the particular line of business. It does not mean a provider will be terminated from the network, it gives us an opportunity to review records to determine if there may be an opportunity to change practice patterns or provide complete documentation to support the medically necessary service. Should a review be completed, and services are found to be medically</p>

	necessary, providers will be notified that no recommendations are being made.
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How does BCBS determine the value of Secure Cares services?	Blue Cross and SecureCare meeting quarterly to go over SecureCare performance around Contracting, Credentialing and provider analysis. Because SecureCare has designated PT individuals on their team, they are able to identify trends (good or bad) and advocate on the providers behalf.
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I am hoping that you will cancel your select care contract.	We will not be terminating our agreement with SCC for 2023. We collaborate with all of our vendors for quarterly reviews and analyze all the vendors we contract with annually to determine if they are performing as to what is written in our contract and to determine if the relationship fits within our strategic goals.
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Address Secure Care, limited care with patients who require more than \$800/year.	See slide 6. The \$850 and \$1000 (beginning 01/01/23) is a benchmark across the entire book of business. Some patients may need a couple of visits, and some may need more. This has absolutely nothing to do with the patients benefits.
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Why do we need to pay/unit billed to have SecureCare vs BCBS paying? Why is there a different fee schedule for PT vs OT?	This is the SecureCare model. Blue Cross bumped fee schedules up in 2019 when SecureCare began to manage the network to accommodate the charge to providers. The difference in fee schedules would be due to the different contracting entities. Providers are contracted with SecureCare for PT and Blue Cross for OT.
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What does secure care do with all those fees we pay every month? Let's ditch secure care; pass the savings onto the subscribers.	Admin fees are used to manage the network, which includes reporting to each clinic. SecureCare's model is very transparent in that they are billing providers directly instead of other vendors that either take the percentage off reimbursement to the provider or reduce fee schedules.
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We need more pay to stay open to keep up with inflation and rising salary demand-we are not allowed to negotiate - not okay.	Each year Blue Cross completes an analysis of the network spend when looking at budgets for the upcoming year. Physical Therapy providers have received increases each year since SecureCare started managing the network. As with all networks, a standard fee schedule is created, and the majority of providers fall into that bucket as they are providing the same services. Should a provider have a unique service that can't be found elsewhere and can provide
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	documentation as to why reimbursement is not sufficient, we would review to either change the standard reimbursement or possibly negotiate.
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Is dry needling a covered service?	Coverage is subject to the specific terms of the member's benefit plan. Medical policy VII-67-004 (Codes for Dry Needling are 20560/20561)
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What are the coding and billing practices for cupping and IASTM?	Many providers are using code 97139 for cupping and IASTM. This is an unlisted code so a narrative would be required on the claim. Reimbursement is dependent on member benefits. If billed with a 97140 for manual therapy, the 97139 will reject as cupping is incidental to 97140. See Reimbursement Policy: Rehabilitative Services - 004.
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Please provide the reasons why the PTA pay differential was implemented. And if the 15% reduction follows Medicare policy.	The 15% reduction when billing with a CO or CQ modifier was implemented to align with the Centers for Medicare & Medicaid Services (CMS). Please refer to Bulletin P25-R1-22 published on 07/01/22.
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What is the Current fee schedule, private (commercial) vs Medicaid?	SecureCare can provide the current Commercial fee schedule. Physical Therapy clinics are reimbursed 100% of the current DHS rate for Medicaid and 100% of the current CMS fee schedule for Medicare. Both fee schedules are posted on their respective websites.
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