

BCBSM HCPCS Code Changes

Purpose of this communication:

- To inform providers contracted to provide home infusion services to Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) commercial members of HCPCS code changes.

What do I need to know?

- Effective January 1, 2024**, the HCPCS codes listed in the table below will be removed from the CareCentrix fee schedules for HIT and AIS providers rendering services to BCBSM and BCN commercial members.

HCPCS Codes					
B4034	B4035	B4036	B4081	B4082	B4083
B4087	B4102	B4103	B4104	B4105	B4149
B4150	B4152	B4153	B4154	B4155	B4157
B4158	B4159	B4160	B4161	B4162	B4185
B4187	B9002	B9998			

- Claims containing any of the above codes for services provided to the BCBSM and BCN commercial members with dates of service on or after January 1, 2024, should be billed to BCBSM and BCN under the DME benefit in accordance with their respective billing guidelines. If such claims are billed to CareCentrix, they will be rejected.
- As always, bill claims in accordance with industry standard claims coding and billing guidelines. For example, providers must only bill CareCentrix for S codes for enteral services if the services provided to the patient meet the industry definition for the applicable S code. If the enteral services provided meet the industry definition for the B code, the claim should be directed to BCBSM or BCN as applicable.
- If you are currently contracted for the above codes for BCBSM and BCN members, you will receive an amendment to your provider contract shortly to reflect this change.

What do I need to do?

- Please review the above information as well as the [Home Infusion Therapy and Ambulatory Infusion Suite Frequently Asked Questions](#) that will be updated by BCBSM prior to January 1, 2024.
- Reach out to your Provider Relations contact with any questions regarding this change.

Thank you in advance for your cooperation and continued partnership.