



How to File a Claim for Professional Services Tier 2 Providers

Who:	When:	Where:	How:
<ul style="list-style-type: none"> All Community Blue / Blue Preferred PPO Network or other BCBSM Providers 	Claim form must be received by ABS within 24 months from the date of service. Claims submitted for secondary payment must be received 6 months from the date the primary payer processed the claim.	Submit all claims to: Blue Cross / Blue Shield of Michigan 600 E. Lafayette Detroit, MI 48231-2998	Electronically or by mail using prefix TJP Electronically or by mail using prefix TJP
<ul style="list-style-type: none"> All Blue Cross Blue Shield Providers outside of the State of Michigan 		Submit claims directly to your local Blue Cross Blue Shield Plan.	

- ***Reimbursement will be determined based on the BCBS contracted rate. Explanation of payment will be issued by the local Blue Cross Blue Shield Plan.***
- ***Follow billing guidelines based on Blue Cross Blue Shield rules and regulations.***

To avoid rejected claims, please be sure to include the following data elements:

- Member ID # (including TJP Prefix)
- Patient's name
- Patient's birth date and sex
- Insured's Group #
- Indication of Auto - Employment - Emergency related condition (when applicable)
- Authorization Number - include referral or authorization when applicable
- Name of Referring Physician. If the patient self-referred, type "self"
- Diagnosis code
- Date of Service
- Procedure Code (CPT or HCPCS when applicable, with appropriate modifiers)
- Billed Charges
- # of units
- Total Charges
- Provider Tax ID #
- Provider NPI #
- Provider's billing address and phone number

Claims received missing any of the above referenced data elements will be returned to the provider for completion.