



BLUE REVIEWSM

A Provider Publication

August 2022

News & Updates

COVID-19 Information for Providers

Please check the following Blue Cross and Blue Shield of New Mexico (BCBSNM) resources frequently for updates to important information related to COVID-19:

- [Provider Information on COVID-19 Coverage](#)
- [BCBSNM News and Updates](#)
- [BCBSNM COVID-19 Member Website](#)

Current Procedural Terminology® (CPT) Codes Updated for Prior Authorization for Medicare programs, Effective Oct. 1

As of Oct. 1, we're changing prior authorization requirements that may apply for some Medicare members to reflect new, replaced or removed codes.

[Read More](#)

Current Procedural Terminology® (CPT) Codes Updated for Prior Authorization, Effective Oct. 1

As of Oct. 1, we're changing prior authorization requirements that may apply for some commercial and Blue Cross Community Centennial members to reflect new, replaced or removed codes.

[Read More](#)

Delivering Quality Care

Provider Directory Locations — CMS Guidance

Attention Providers — It is important to our members that your practice location(s) listed in our Provider Directories are where you regularly see patients. In this regard, the Centers for Medicare and Medicaid Services (CMS) guidance states, “For group practices, directories must only list individual providers at locations where they routinely see patients, as opposed to every location of the group practice. Plans may not include providers in their directory that serve as an on-call or substitute provider and who are not regularly available to provide covered services at an office or practice location.”

Provider directory accuracy is important to us because it is important to our members. To align with CMS guidance and in furtherance of improving directory accuracy, we are currently reviewing our provider directory data and may be reaching out to providers with a large number of practice locations listed to determine if individual providers are regularly seeing patients at all listed locations or make system updates, if needed. We encourage you to review your directory data and submit any address updates via [Avality](#) or through the online [Provider Web Demographic form](#). Please contact your provider representative using the [contact list](#) if you have any questions or need assistance with the tools mentioned.

We appreciate your continued support of our members and our goal of providing them with accurate directory information to assist them in finding the care they need.

Reminder: It's Time — Verify Your Directory Details

In [October](#), we told you about the Consolidated Appropriations Act (CAA) requirement that certain provider directory information be verified every 90 days. This requirement is effective as of Jan. 1, 2022.

[Read More](#)

Reminder: Provider Access and Availability Survey

Every year, we reach out to a selection of our provider community to find out how your office is doing in meeting our members' needs for accessibility. This survey is part of New Mexico state regulatory guidelines and necessary for accreditation. This year the survey will be sent by email with access to an online version of the survey for some providers in August. We will also reach out in August, by phone, to any provider who does not complete the email survey.

This survey takes less than 10 minutes and only requires awareness of provider office scheduling and, for Primary Care Providers (PCPs), the after-hours messaging used by your office. The Provider Reference Manual (section 4.2.7 for PCP and 4.3.3 for Specialist and BH Access

Standards) outlines the expected appointment availability your provider office has for our BCBSNM members as well as the requirements for PCP offices around after hours messaging to patients

Please take a moment to review these standards in the [Provider Reference Manual](#), as they have been updated in 2022 to comply with new NM state guidelines. Thank you in advance for making certain your office responds to this important survey.

Coding and Claims

Reminder: New Online Option to Confirm Medical Record Receipt Status


Providers no longer need to call Blue Cross and Blue Shield of New Mexico (BCBSNM) to confirm receipt of medical records for claim processing. We recently implemented a new application in our BCBSNM-branded Payer Spaces section via Availity® Essentials for you to verify receipt of medical records for claims submitted by mail or fax.

[Read More](#)

Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community CentennialSM. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 800-567-8540.

Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the [NM Medicaid Provider Web Portal](#) 

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*. [Signing up is easy](#).

Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th of each month. These policies may impact your reimbursement and your patients' benefits. These [policies](#) are located under the [Standards & Requirements](#) tab at bcbsnm.com/provider.

Clinical Payment and Coding Policies

BCBSNM has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g. Milliman Care Guidelines (MCG) and the CMS Provider Reimbursement Manual and are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. These policies are located under the [Standards & Requirements](#) tab at bcbsnm.com/provider.

Claims Inquiries

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits and claims processing for BCBSNM members. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

[Network Services Contacts and Related Service Areas](#)

Verify Your Directory Details & Look for Reminders

Your directory information must be verified every 90 days under a new federal law. It's easy and quick to get it done for all health plans in [Availity](#) 

[Demographic Change Form](#)




Member Rights and Responsibilities

[BCBSNM policies](#) help address the issues of members participating in decision making regarding their treatment; confidentiality of information; treatment of members with dignity, courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

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