



BLUE REVIEWSM

A Provider Publication

October 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](#)

New Tool to Verify Credentialing Information

We're using a new tool to streamline credentialing and verify your data. It's called VeriFide™ from the Council for Affordable Quality Healthcare® (CAQH).

[Read More](#)

Reminders When Using the Claims Inquiry Resolution (CIR) Tool

Save time with the Claim Inquiry Resolution (CIR) tool when submitting claim reconsideration requests for certain finalized claims at Availity® Essentials.

[Read More](#)

Coverage Information for Monkeypox

We are closely monitoring activity around monkeypox. The government is currently supplying the vaccine, so there should not be a need to seek reimbursement. However, if the vaccine is received by means other than government supply, and a claim is submitted, our standard vaccine coverage applies.

Vaccine coverage: Under medical benefits, the monkeypox vaccine and administration of the vaccine is covered at no member cost share from an in-network provider.

For **out-of-network** claims, we cover at the out-of-network preventive level, which may result in cost sharing.

If and when **pharmacies** have access to monkeypox vaccines, we will cover under our member's pharmacy benefit.

Testing and treatment: Monkeypox is diagnosed by taking a swab of a lesion and sending it to a lab for PCR testing. Any tests or treatment for monkeypox are covered under a member's standard medical benefit. This means there may be member cost share since it is not a preventive service.

Dig deeper: For more information on monkeypox, see the [Centers for Disease Control and Prevention](#) or the [World Health Organization sites](#).

Updates made to the Provider Reference Manual

The BCBSNM Provider Reference Manual (PRM) has been updated, effective November 6, 2022.

Changes to the PRM include, but are not limited to, the following sections:

- 3 — Network Services
 - 3.5.4 — Prohibited Contract Terms
- 10 — Prior Authorization
 - 10.1.1 — Requesting Prior Authorization
 - 10.1.6 — Prior Authorization Determinations
- 14 — Pharmacy Services
 - 14.4 — Drugs Requiring Prior Authorization

The updated PRM is available on the [Provider Reference Manual](#) webpage at bcbsnm.com/provider. BCBSNM reminds providers to review the PRM for all changes.

Reminder: Verify Your Directory Details Every 90 Days

As a reminder, the Consolidated Appropriations Act (CAA) of 2021 requires that certain directory information be verified every 90 days. It must be verified every 90 days even if your data hasn't changed since you last verified it.

[Read More](#)

Short Term Complications of Diabetes Admission Questionnaire

Providers caring for members diagnosed with diabetes, aged 18 and older who have had a hospital admission because of Short-Term Complication(s) related to diabetes (STCA) may receive a provider notification letter informing them of this hospital admission from Blue Cross Community Centennial Quality Improvement Department.

[Read More](#)

Health Equity and Social Determinants of Health: New Resources for Providers

Visit our new web page to learn about our Health Equity efforts.

[Read More](#)

Earn Continuing Education Credit through Webinar on Suicide Prevention

Join us for a webinar, Suicide Prevention with the Military Community, on Thursday, Nov. 3, 2022, from 8 to 9:30 a.m. MT. It is free to providers.

[Read More](#)

Addressing Disparities in Breast Cancer for Black Women

Breast cancer is one of the most common cancers among women in the U.S. About 1 in 8 women will be diagnosed with breast cancer at some point in their life. According to the American Cancer Society, breast cancer disproportionately affects Black women.

[Read More](#)

Coding and Claims

ClaimsXten™ Quarterly Update Effective Dec. 5, 2022

BCBSNM will implement its fourth quarter code update for the ClaimsXten auditing tool on or after Dec. 5, 2022

[Read More](#)

Transparency In Care — Consolidated Appropriations Act

We're Reducing Prior Authorization Requirements for Certain Applied Behavioral Analysis (ABA) Codes for Some Commercial Members, in some instances

Based on your claims history you may not have to request prior authorization for some ABA Assessment CPT® codes.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Coronavirus Public Health Emergency Ending

Throughout the Coronavirus Public Health Emergency (PHE), the federal government issued a mandate to states that required “maintenance of effort”, meaning that those enrolled in the state’s Medicaid program could not be disenrolled. Now that the PHE is expiring, the State of New Mexico Human Services Department (HSD) will begin asking our members, and your patients, to go through the process of “redetermination” to maintain their Medicaid eligibility.

[Read More](#)

Required Cultural Competency Training Available Online

HSD requires all providers contracted within a New Mexico Medicaid Network, like Blue Cross Community Centennial, to take annual cultural competency training. This training is intended to include all cultures and not be limited to any particular group and is designed to address the needs of racial, ethnic, and linguistic populations that may experience unequal access to health services.

[Read More](#) 

New Mexico Medicaid Benefit Preauthorization Procedure Code List Update, Effective Oct. 1

Effective October 1, 2022, BCBSNM is changing prior authorization requirements that may apply for some Medicaid Blue Cross Community Centennial members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association.

Refer to the updated [2022 New Mexico Medicaid Procedure Codes Requiring Prior Authorization](#)  list under the Prior Authorization CPT Code Lists section in the [Prior Authorization](#) area of the website. The code changes will be designated with dates of removal or addition.

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®](#), or if you prefer, you can use our [Demographic Change Form](#). If we haven't received your verification, look for emails and postcards from us with the checkmark symbol . They're a friendly reminder that it's time to verify or update.

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.

bcbsnm.com/provider

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