BlueCross BlueShield of New Mexico

BLUE REVIEW℠

A Provider Publication

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Education & Reference

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

In-Home Test Kits for Diabetics

Blue Cross and Blue Shield of New Mexico (BCBSNM) is working with Home Access Health Corporation to provide **in-home test kits** for some of our fully insured individual members with diabetes. Because of the COVID-19 pandemic, many have delayed getting appropriate care. Home Access Health Corporation is sending out two different kits to members who have not received the recommended testing to close care gaps: **hemoglobin A1c test kits and microalbumin urine test kits**.

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identify you when referring their patients for medication assisted treatment (MAT) care and services.

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Blue Distinction® Message via the Availity® Eligibility and Benefits Results

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020, Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program

updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions or drugs moving to a lower out-of-pocket payment level, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of New Mexico (BCBSNM) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

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Provider Finder® Gets an Upgrade

View Our Network of Providers for Your Patients' Needs

Do you need help finding a specialist or facility for a consultation or procedure for a Blue Cross and Blue Shield of New Mexico member? This October, our **enhanced** online **Provider Finder** will make finding care for our members a lot easier.

What's New?

The new Provider Finder is **visually appealing** and **easy to navigate** with a **streamlined menu** and **filter options**. The filter and sort options include:

- Specialty
- Accepting new patients
- Distance (with map tool)
- Member rating
- Gender of provider
- Quality metrics & awards
- Best match (weighted by quality and accessibility)

Update Your Info

Please help our members find you by **making sure your information is accurate** and up-to-date by visiting the current Provider Finder. If you have any changes, use our Demographic Change Form.

Blue Cross Medicare Advantage℠ (Medicare)

CMS-Required Training for Dual-Special Needs Plans

Providers who treat dually-eligible Medicare and Medicaid members are required by the Centers for Medicare and Medicaid Services (CMS) to complete an annual Dual-Special Needs

Plan (DSNP) training on DSNP plan benefits and requirements, including coordination of care and Model of Care elements.

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Blue Cross Community Centennial℠ (Medicaid)

In-Home Diabetes Monitoring Tests Coming to Select Blue Cross Community Centennial℠ Members

BCBSNM and Home Access Health Corporation have collaborated so that select Blue Cross Community Centennial members ages 18 and above can receive in-home diabetes monitoring test kits. Members with diabetes for whom we have not received a claim evidencing annual completion of either or both of the glycated hemoglobin (A1c) or microalbuminuria (MAU) tests may receive in-home testing kits. The in-home testing kits are a convenient option for members to be tested in the comfort and privacy of their homes at no additional charge to them.

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Required Cultural Competency Training Available Online

The New Mexico Human Services Department (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.

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Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. 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. Failure to update information on the NM Medicaid Provider Web Portal may result in the denial of claims

Such services are funded in part with the State of New Mexico.

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

Do We Have Your Correct Information?

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please complete our quick and easy online form for any changes to your contact or practice information.

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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In-Home Test Kits for Diabetics

Blue Cross and Blue Shield of New Mexico (BCBSNM) is working with Home Access Health Corporation to provide **in-home test kits** for some of our fully insured individual members with diabetes. Because of the COVID-19 pandemic, many have delayed getting appropriate care. Home Access Health Corporation is sending out two different kits to members who have not received the recommended testing to close care gaps: **hemoglobin A1c test kits** and **microalbumin urine test kits**.

Eligible Members

Fully insured individual members in our Blue Community HMO Network℠ **may receive one or both** kits, depending on their test history. Eligible members are:

- Between 18 and 75 years old
- Diabetic
- Have not had a hemoglobin A1c or microalbumin urine test in the recommended timeframe

Recommended Testing

The American Diabetes Association says people living with diabetes should have the following:

- Hemoglobin A1c every three to six months depending on their diabetes treatment and level of control
- Urine microalbumin once a year to detect early signs of kidney damage

In-Home Test Kit Process

The process is quick and easy for members to follow:

- We notify members that they will receive one or both test kits and that completing the kits is **voluntary**.
- Home Access Health Corporation sends the appropriate test kits to eligible members.
- Members **complete the test kit at home**, provide the name of their primary care provider and **mail the test** for processing to Home Access Health Corporation. Completed tests are due to Home Access Health Corporation **by Dec. 18, 2020**. An addressed, postage-paid envelope is included in the kit.
- Home Access Health Corporation sends the **results** to the **member** and their **primary care provider** in **three to four weeks**.

How You Can Help

As a trusted provider, you can encourage our members to take advantage of this opportunity to learn more about their health.

- Discuss the importance of screening and healthy lifestyle choices with our member
- If our member receives a kit and calls your office with questions, discuss their screening options

- Document any test results in the member's medical record and discuss the results with our member

If you have any questions, please contact your BCBSNM Provider Network Representative.

Home Access Health Corporation is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide laboratory testing services for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.

Share Your Medication Assisted Treatment Designation

If you offer **opioid addiction or withdrawal treatment**, consider making this **information available to our members** and **other providers** in our Provider Finder®. This will help others identify you when referring their patients for medication assisted treatment (MAT) care and services.

Update Your Existing Information

Use our demographic change form to share details on your addiction/withdrawal treatment services. Here's how:

1. Go to the **Change Existing Demographic Information** section.
2. Select **Other Provider Updates**.
3. Enter your MAT and/or OTP provider information under the **Medication Assisted Treatment** section
4. Indicate on the last question if you prefer to keep your answers private or share with our members via Provider Finder.
5. Specify the **Effective Date of Change**. You must enter this to submit your updates.

The update will be shared on Provider Finder which typically takes about **two weeks**.

New Providers

New providers can voluntarily provide their certified MAT services during the onboarding process using the onboarding form.

Opioid Treatment Designations

The Blue Cross and Blue Shield Association has defined four provider types that deliver treatment for opioid use disorders. The types are based on certification through the Substance Abuse and Mental Health Services Administration (SAMHSA):

- MAT for Opioid Use Disorders is provided at a given location
- Provider at a given location is authorized to dispense MAT for Opioid Use Disorders
- This location is a certified Opioid Treatment Program (OTP)
- Counseling for Opioid Use Disorders is provided at this location

Details about Provider Types

View details about each provider type certification.

Verification of Disclosure

We will verify MAT and OTP provider certification through the SAMHSA before posting in our Provider Finder.

Blue Distinction® Message via the Availity® Eligibility and Benefits Results

The Availity Eligibility and Benefits Inquiry results now includes informational Blue Distinction® Center (BDC) messaging for the below specialty care categories when the member's policy has a Blue Distinction component. The Availity benefit response includes applicable coverage for the service selected. However, if you need to confirm the specific BDC benefit differential, you will need to call the Customer Service phone number found on the back of the member's Blue Cross and Blue Shield of New Mexico (BCBSNM) member ID card.

BDCs offer quality care, treatment expertise and better overall patient results. A Blue Distinction® Center+ (BDC+) offers more affordable care in addition to quality, care, cost, treatment expertise, and better overall patient results.

Blue Distinction Specialty Care includes the following categories:

- Bariatric (weight-loss) surgery
- Cardiac Care
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Transplants

For More Information

Find facilities recognized for expertise in bariatric surgery, cardiac care, knee and hip replacement, maternity, spine surgery and transplants on the Blue Distinction® Specialty Care page.

Refer to the Availity Eligibility and Benefits user guide for navigational assistance. If you need further assistance or customized training, contact our Provider Education Consultants. ***This information in this notice is not applicable to Medicare Advantage members.***

A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction® National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. Neither Blue Cross and

Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction® or other providers.
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The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Verify Procedure Code Preauthorization Requirements and Submit the Request via Availity®

Providers can electronically verify Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code-specific preauthorization requirements and submit preauthorization requests handled by Blue Cross and Blue Shield of New Mexico (BCBSNM) all within the Availity Provider Portal.

Checking patient eligibility and benefits is an imperative first step to confirm coverage and preauthorization requirements prior to rendering services. The Availity Eligibility and Benefits Inquiry allows you to quickly obtain preauthorization requirements by procedure code, along with contact information for the preauthorization entity. If BCBSNM requires preauthorization for the service or CPT/HCPCS code(s), you can easily submit the request online using the Availity Authorizations tool. As a reminder, the procedure code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits.

Step 1 — Determine code-specific preauthorization requirements via the Availity:

- Complete the eligibility and benefit inquiry entry (ANSI 270) by selecting a benefit/service type and/or enter a valid CPT/HCPCS code(s) and the associated place of service. Providers may enter up to eight CPT/HCPCS codes in the inquiry.
- The eligibility and benefit inquiry response (ANSI 271) displays specific preauthorization requirements in the Pre-Authorization Info tab for the benefit/service type and/or CPT/HCPCS codes entered in the inquiry.

Note: If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. If a CPT/HCPCS code is not entered, the place of service and benefit/service type is required.

Exceptions

CPT/HCPCS code inquiry for preauthorization is not yet supported for the following lines of business:

- Federal Employee Program® (FEP®)
- Blue Cross Medicare Advantage (HMO)℠ and Blue Cross Medicare Advantage (PPO)℠

Step 2 — Submit required preauthorization requests handled by BCBSNM via Availity:

- Select the Patient Registration menu option, choose Authorizations & Referrals, then Authorizations
- Select Payer BCBSNM, then select your organization
- Select Inpatient Authorization or Outpatient Authorization
- Enter preauthorization request
- Review and submit

Important Reminders

The process of submitting benefit preauthorization requests through eviCore healthcare (eviCore) or other vendors has not changed.

For More Information

Refer to the educational Availity Eligibility and Benefits user guide and Availity Authorizations user guide located under the Provider Tools section of our website. Additionally, you can visit our Provider Training page to register for upcoming online training sessions.

Have additional questions or need customized training? Email our Provider Education Consultants for assistance.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate or contract of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

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eviCore healthcare (eviCore) is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide preauthorization for expanded outpatient and specialty utilization management.for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.

Outpatient Provider Incentive Program for Behavioral Health Follow-up Visit

We invite you and your group to take part in our temporary **Outpatient Provider Incentive Program**. You may receive financial incentives for follow-up visits with our members after an acute mental health admission. The follow-up visit must be within seven days of discharge.

Eligible visits

You will be eligible to earn $30 per claim if the visit is:

- Between March 4 and Dec. 31, 2020
- Within seven days after discharge from an acute mental health admission
- Psychotherapy or pharmacologic management **(PLEASE NOTE THIS CAN BE A TELEHEALTH VISIT)**
- Member is NOT a Medicare or Medicare Supplement member

How to submit a claim for an eligible follow-up visit using CMS 1500

- Use **procedure code G9002**
- Use the **modifier U9** in the modifier section
- Use the code and modifier only once for the same member within a 30-day period
- Only one provider may use the code and modifier for the same member within the same seven-day period

If more than one provider uses the code and modifier for the same member, we will allow the incentive for the provider with the earlier date of service only. Any reimbursement will be made according to Blue Cross and Blue Shield of New Mexico (BCBSNM) medical and reimbursement policies.

Program limitations

BCBSNM may extend, discontinue or change this program at any time. We will tell you if we do.

Program rules

By submitting procedure code G9002 with modifier U9 on the claim, your organization is representing to BCBSNM that the terms and conditions of this letter for use of the procedure code and modifier are agreeable and have been met. Your organization is also consenting to possible selection for a random audit to confirm the members for whom claims with the procedure code and modifier were seen within seven days post-discharge, along with general medical record quality elements to include, without cost to BCBSNM for any copies,

signed consent, biographical data, documented diagnosis, service dates, medication information, treatment plan, and confidentiality safeguards.

Please note: This incentive replaces any similar incentive for Blue Cross Community Centennial℠ members as of March 4, 2020. The incentive amount is now $30 per claim.

More information

For questions and comments, please email BHQualityImprovement@bcbstx.com or contact your Provider Network Representative.