

BLUE REVIEWSM

A Provider Publication

August 2018

Pharmacy

Appropriate Use of Opioids Program, Launched Aug. 1, 2018

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Education & Reference

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Making the Health Care System Work Better Together

At BCBSNM, we believe that having access to affordable, quality coverage can make a positive, and often profound, difference in our members' lives. Making the Health Care System WorkSM is BCBSNM's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

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Blue Cross Community CentennialSM (Medicaid)

2019 Blue Cross Centennial CareSM Contracts

You may have received an updated Blue Cross Centennial Care contract for 2019. If you have not yet signed and returned this updated contract, please do so as soon as possible. If you did not receive an updated contract you are not required to take any action at this time.

If you have any questions please reach out to your provider network representative at 1-800-567 8540 or 505-837-8800.

New Mexico Medicaid Fee Schedule for Behavioral Health Providers Effective July 1, 2018

The State of New Mexico Human Services Department, Medical Assistance Division, has released an updated Medicaid fee schedule for behavioral health providers effective July 1, 2018.

[Read More](#)

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 1-800-567-8540.

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](#).

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.

Claims Inquiries

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

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

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](https://www.bcbsnm.com/provider)

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Appropriate Use of Opioids Program Launched August 1, 2018

August 1, 2018

On August 1, 2018, Blue Cross and Blue Shield of New Mexico (BCBSNM) implemented the new Appropriate Use of Opioids Program. This program was developed to encourage the appropriate use of prescription opioids and advocate patient safety for our members. Elements in the new program follow safety guidelines as recommended by the Centers for Disease Control and Prevention (CDC) and other nationally recognized guidelines.

The Appropriate Use of Opioids Program elements include:

- **Opioid Immediate Release (IR) Duration Limit**

Limits an initial immediate release (IR) prescription opioid fill for up to a seven-day supply for an opioid naïve patient. A member is considered “opioid naïve” if he or she has not had an opioid prescription filled within the past 60 days. Once the initial seven-day supply has been filled, subsequent fills will not be subject to the seven-day duration requirement as long as the member is not opioid naïve.

- **Morphine Equivalent Dose Concurrent Drug Utilization Review (MED cDUR) Hard Edit**

Promotes the lowest effective dosage of opioids by monitoring and limiting the cumulative daily Morphine Equivalent Dose (MED) to no more than 200 mg per day. The MED is calculated across the submitted claim and selected historical claims. This point of sale edit denies claims when total MED is greater than or equal to 200 mg per day for seven consecutive days.

- **Opioid Quantity Limits**

Continue to apply existing opioid dispensing limits/quantity limits to single-entity extended-release (ER) and some IR opioids consistent with FDA-recommended dosage guidelines. Dispensing limits are published on the bcbsnm.com website and updated quarterly.

Please note: The Appropriate Use of Opioids Program was implemented based on the member’s benefit. Most members with BCBSNM prescription drug coverage may be subject to the criteria threshold limits established within this program, regardless of the member’s plan renewal date. This program will not apply to members with Medicare Part D or Medicaid coverage. Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

If your patient requires a prescription order for an opioid that exceeds the established limits of this program, you may submit an authorization request to BCBSNM for coverage consideration on behalf of your patient. You can find the fax forms on the [Prior Authorization and Step Therapy Program webpage](#).

There may be future drug list changes in the opioid drug category. Please refer to News and Updates, the Blue Review provider newsletter and Pharmacy Program section on the BCBSNM Provider website for any future opioid updates that may be applicable to your patient(s).

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. MMWR Recomm Rep 2016; 65 (No. RR-1): 1-49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.

This information is for informational purposes only and is not intended to replace your clinical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. Only you, in direct consultation with your patient, can determine your patient's drug therapy, regardless of the member's benefits.

Prime Therapeutics LLC (Prime) is a separate pharmacy benefit management company contracted by BCBSNM to provide pharmacy benefit management and other related services. BCBSNM, as well as several Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Voluntary Recall of Medications Containing the Valsartan Active Ingredient

July 27, 2018

The U.S. Food and Drug Administration (FDA) announced on July 13, 2018, a nationwide voluntary recall of several drug products containing the active ingredient valsartan and/or valsartan/hydrochlorothiazide (HCTZ), used to treat high blood pressure and heart failure.

Trace amounts of N-nitrosodimethylamine (NDMA), a probable human carcinogen, have been found in the recalled products. The presence of NDMA is unexpected and thought to be related to changes in the way the active substance was manufactured. No adverse events related to this recall have been reported.

The manufacturers participating in this recall include: Major Pharmaceuticals, Solco Healthcare and Teva Pharmaceutical Industries Ltd. (labeled as Actavis). Valsartan containing products from other manufacturers are not impacted and remain available on the market. It is unknown whether this recall will impact overall market supply.

Based on a review of prescription drug claims submitted to Blue Cross and Blue Shield of New Mexico (BCBSNM) within the last four months, our pharmacy benefit manager, Prime Therapeutics®, will be notifying all impacted members and their prescribing physicians of the recall.

You are encouraged to discuss the recall with your patient and discuss treatment options. For additional information on the recall, please visit the [FDA's website](#) to review the press release.

If your patients have any questions or concerns about their pharmacy benefits, please have them call the number on their member ID card.

This information is for informational purposes only and is not intended to replace your clinical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage. Only you, in direct consultation with your patient, can determine your patient's drug therapy, regardless of the member's benefits.

References

- 1. (2018, July 13). FDA News Release. FDA announces voluntary recall of several medicines containing valsartan following detection of an impurity. Retrieved from: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm613532.htm>
- 2. Drug Recalls. Retrieved from: <https://www.fda.gov/Drugs/DrugSafety/DrugRecalls/default.htm> on July 17, 2018.

Prime Therapeutics LLC (Prime) is a separate pharmacy benefit management company contracted by BCBSNM to provide pharmacy benefit management and other related services. BCBSNM, as well as several Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

'Annual Visit' Campaign Leads to Importance of Proper Coding

August 7, 2018

Blue Cross and Blue Shield of New Mexico (BCBSNM) is currently conducting a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. We know you already see a lot of patients and, since this annual visit campaign may increase patient traffic to your office, we wanted to take this opportunity to emphasize the importance of careful medical record documentation.

Careful documentation is critical for proper assignment of ICD-10-CM/PCS codes. To help ensure that claims are properly billed and appropriate benefits are applied, your documentation must paint a clear and complete picture of each patient's condition with details to support subsequent diagnoses and treatment.

As you know, medical record data is also used to help develop provider report cards and demonstrate meaningful use in electronic health records. Provider profiles may be made publicly available through online transparency or comparison tools, and potential patients may use this information when they are choosing where to go for care.

Clinical documentation improvement tools and services are widely available. Regardless of whether your organization or office has implemented a clinical documentation improvement (CDI) program, there are some basic CDI principles you can use to help support accurate ICD-10 coding on your claims:

1. **Lay the groundwork** by outlining a complete history

2. **Go below the surface** by highlighting potential red flags and risk factors
3. **Include progress notes** to illustrate how the patient was monitored and evaluated
4. **Put the pieces together** with details on why decisions were made
5. **Focus on teamwork** between medical, coding and billing staff

We appreciate your efforts to support our members' health and wellness at their annual visits and every visit thereafter. Careful medical record documentation for each patient at every visit will help ensure your claims accurately reflect the care and services you provide to our members.

This material is for educational purposes only and is not intended to be a definitive source for what codes should be used for submitting claims. Health care providers are instructed to submit claims using the most appropriate codes based upon the medical record documentation and coding guidelines and reference materials.

Online Magazine Spotlight: Three New Articles

August 6, 2018

At Blue Cross and Blue Shield of New Mexico (BCBSNM), we believe that having access to affordable, quality coverage can make a positive, and often profound, difference in our members' lives. [Making the Health Care](#)

[System Work](#)SM is BCBSNM's online magazine that helps tell our story and explore ways we can all work together to help make the health care system work better for everyone. Insurers, providers, employers and members all have a vital role to play in finding new solutions for the future.

Did you catch these recent stories in our online magazine? Here are some highlights below:

[Building Communities for Better Health](#) . Community organizations are improving health equity by tackling the cycle of poverty in urban neighborhoods. The article includes data backed by multiple studies that reflect the adverse effects of poverty on health, and that while physical effects of poverty may be limited to certain ethnic, income or geographic groups, their impact can be felt throughout the U.S. economy.

[Communication Is Key in Assessing and Addressing Suicide Risk](#) A well-timed call, a few extra questions during a routine check-up, or even paying close attention to the answer to "How are you?" may be the difference between life and death. Offering support can make the difference between life and death for someone considering suicide. Learn the 12 warning signs of suicide.

[Why Pharmacy Benefit Managers Matter for Drug Costs and Better Care.](#) The debate about drug prices has raised the profile of a traditionally quiet player in health care: the pharmacy benefit manager, or PBM.

These are quiet players in health care that have a big impact on the affordability of drugs. Find out who they are and why they matter.

To view the full stories and also browse other articles that may be of interest to you and your patients, visit us online at makingthehealthcaresystemwork.com.

Join the Conversation

[Subscribe](#) to get updates from [Making the Health Care System Work](#) delivered right to your inbox. We will let you know when new stories are published and share featured stories that explore how we may help expand access to quality coverage and care, reduce costs and improve health.

New Mexico Medicaid Fee Schedule for Behavioral Health Providers Effective July 1, 2018

August 3, 2018

The State of New Mexico Human Services Department, Medical Assistance Division, has released an updated Medicaid fee schedule for behavioral health providers effective July 1, 2018. The fee schedule is available on the state website at <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>.

Please be sure to read "Notes on interpreting the fee schedule" at the top of page 1 on the fee schedule. In addition, please note that some CPT codes billed with the modifier TV (holidays) or UH (after hours) have special pricing.