



BLUE REVIEWSM

A Provider Publication

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Education & Reference

Prepping for the 2018-2019 Flu Season

Flu season is upon us and we want to give you immunization updates to help you give your patients and our members the best possible care. The CDC recommends yearly flu shots for patients ages six months and older without contraindications. This year the prefilled intranasal sprayer flu vaccine is now recommended and there is a new vaccine available, pending FDA approval.

[Read More](#)

New Application Process for Joining Our Networks

Blue Cross and Blue Shield of New Mexico (BCBSNM), welcomes providers to apply to join our networks. We are making the process of applying for a BCBSNM provider record number and joining our networks even faster and easier. As of Oct. 27, 2018, instead of completing the paper Participating Provider Interest Form packet, prospective providers can now fill out our new electronic Provider Onboarding Form online. This change will streamline the application processes and lessen the amount of time it takes to get a response.

[Read More](#)

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In August 2018, we launched a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. This campaign is still in progress and, this month, we are focused on encouraging members with asthma to see their health care providers.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Screening and Management for Clinical Depression

BCBSNM encourages providers to complete annual depression screening for members and increase the percentage of members who remain on antidepressant medications consistent with evidence-based practice guidelines. Providers should consider an annual screening for Blue Cross Community Centennial members who are 18 years of age or older without an active diagnosis of depression, bipolar disorder, or other mood symptoms. Patients in an urgent or emergent situation where a delay in treatment may jeopardize the patient's health status may not be clinically indicated for depression screening.

[Read More](#)

Important Reminder: Rendering, Ordering, Attending and Referring Providers Must Enroll with NM Medicaid for Blue Cross Community Centennial Claims

BCBSNM has previously communicated the requirement for billing and rendering providers to enroll in the New Mexico (NM) Medicaid program. Effective for dates of service on and after Sept. 1, 2018, and in accordance with the New Mexico Human Services Department Supplements released on Sept. 11, 2017, the appropriate rendering, ordering, attending and referring providers listed on all Blue Cross Community Centennial claims must be enrolled with NM Medicaid.

[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

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](#)
- [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

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Prepping for the 2018-2019 Flu Season

Flu season is upon us and we want to give you immunization updates to help you give your patients and our members the best possible care.

The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients ages six months and older without contraindications during the 2018-2019 influenza season. Clinicians may administer any licensed, age-appropriate flu shot. The prefilled intranasal sprayer flu vaccine, which was not recommended the past two flu seasons, is now recommended for this season. Please remember, it's vital to review the "[Table of Approved Vaccines](#)" on the CDC website for the most recent updates on newly available products and the approved age ranges.

For 2018-2019, there is a new flu vaccine, pending FDA approval. The vaccine is preservative-free Fluad Quadrivalent Pediatric® with adjuvant MF59,C2 for people six to 23 months of age. The Current Procedural Terminology (CPT) code is 90689 for claims processed with dates of service (DOS) on or after Jan. 1, 2019. Before Jan. 1, 2019, claims may be submitted with 90749-Unlisted vaccine/toxoid or Q2039-Influenza virus vaccine, not otherwise specified.

Also, please file your claims with the accurate coding. The [coding chart](#) from the American Academy of Pediatrics (AAP) names which billing code to use based on the vaccine administered (this chart is not a comprehensive list). When billing flu vaccines, please note code descriptions contain descriptions specific to vaccine products such as dosage, formulations such as trivalent vs. quadrivalent, preservative vs. preservative free, or other distinctive features (i.e. split virus, recombinant DNA, cell cultures, or adjuvanted). Details on our complete, approved immunization schedule can be found on the BCBSNM Provider page under Standards & Requirements, Clinical Payment and Coding Policies, "[Preventive Services Policy CPCP006](#)."

New Application Process for Joining Our Networks

Blue Cross and Blue Shield of New Mexico (BCBSNM), welcomes providers to apply to join our networks. We are making the process of applying for a BCBSNM provider record number and joining our networks even faster and easier. As of October 27, 2018, instead of completing the paper *Participating Provider Interest Form* packet, prospective providers can now fill out our new electronic *Provider Onboarding Form* online. This change will streamline the application processes and lessen the amount of time it takes to get a response.

This *Provider Onboarding Form* will be used by BCBSNM to set up a provider record number and if indicated by the provider, request contracts for the networks they would like to participate in. Providers can locate the new electronic *Provider Onboarding Form* on the [BCBSNM provider website](#) under [Network Participation/How to Join](#).

This form should be completed by:

- Individual providers that would be new to our networks
- Groups and clinics that would be new to our networks
- Existing contracted groups or clinics who are adding a new provider

If you have any further questions, please contact your [Provider Network Representative](#).

'Annual Visit' Campaign Continues, Proper Coding is Crucial

In August 2018, we launched a preventive care awareness campaign to remind our members of the importance of scheduling annual visits for routine physical exams. This campaign is still in progress and, this month, we are focused on encouraging members with asthma to see their health care providers.

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 again 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 sufficient detail to support diagnoses and treatment.

As you know, medical record data is also used to help create provider report cards and show meaningful use in electronic health records. Potential patients may use provider profiles and other online comparison tools to choose 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, the following CDI basics may be used 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.

Careful medical record documentation for each patient at every visit will help ensure your claims accurately reflect the care and services you give to our members.

Thank you for your efforts to support our members' health and wellness at their annual exams and all other appointments.

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.

Screening and Management for Clinical Depression

Blue Cross and Blue Shield of New Mexico (BCBSNM) encourages providers to complete annual depression screening for members and increase the percentage of members who remain on antidepressant medications consistent with evidence-based practice guidelines. Providers should consider an annual screening for Blue Cross Community CentennialSM members who are 18 years of age or older without an active diagnosis of depression, bipolar disorder, or other mood symptoms. Patients in an urgent or emergent situation where a delay in treatment may jeopardize the patient's health status may not be clinically indicated for depression screening.

The Patient Health Questionnaire – 9 (PHQ-9) is a depression screening tool that can be completed by patients in the office and is easily accessible in multiple languages at www.phqscreeners.com.

Did you know?

- BCBSNM reimburses providers that participate in the Blue Cross Community Centennial network for administering an annual depression screening tool using procedure code G0444 (administration).
- Results are reported simultaneously with either G8431 (positive screen with plan) or G8510 (negative screen) result code. Through December 31, 2018, additional reimbursement will be provided for G8431 and G8510. Add the modifier, U8, in the modifier section on the CMS 1500 when submitting the claim that includes G0444 with

the addition of either G8431 or G8510. Any reimbursement will be made according to Blue Cross Community Centennial medical/reimbursement policies for services and other billing and reimbursement practices.

Medication Management and Adherence Improvement Strategies Recommended by the American Psychiatric Association (APA).*

- The provider should assess and acknowledge potential barriers to treatment adherence, including lack of motivation, side effects of treatment, logistical, economic or cultural barriers to treatment.
- The provider should collaborate with the patient (and if possible the family) to minimize the impact of these potential barriers.
- Patients should be given realistic expectations during the different phases of treatment, including the time course of symptom response and the importance of adherence for successful treatment.
- Misperceptions, fears and concerns about antidepressants should be addressed with the patient.
- Education should be provided about major depression, the risk of relapse and the early recognition of recurrent symptoms.
- Patients should be informed about the need to taper antidepressants rather than discontinuing them prematurely.
- Common side effects of antidepressants should be discussed with the patient. The provider should encourage the patient to identify side effects they would consider reasonable and those they would consider unbearable.
- Providers should explain when and how to take the medication, reminder systems, information about continuing the medication after symptoms of depression improve, strategies to incorporate medication into the daily routine, and minimizing the cost of antidepressant regimens to improve adherence.

Psychotherapy is also a recommended treatment for depression, and a referral is often the appropriate treatment for mild situational blue moods (or adjustment disorders).

*"Practice Guideline for the Treatment of Patients with Major Depressive Disorder 3rd Edition" (2010). APA Practice guidelines are meant to serve as general guidelines and are not intended to substitute for clinical judgment in individual cases.

Rendering, Ordering, Attending and Referring Providers Must Enroll with NM Medicaid for Blue Cross Community CentennialSM Claims

May 11, 2018

Blue Cross and Blue Shield of New Mexico (BCBSNM) has previously communicated the requirement for billing and rendering providers to enroll in the New Mexico (NM) Medicaid program. Effective for dates of service on and after Sept. 1, 2018, and in accordance with the requirements detailed in the New Mexico Human Services Department (HSD) Supplements [17-07](#), [17-08](#), and [17-09](#) released on Sept. 11, 2017, the appropriate

rendering, ordering, attending and referring providers listed on all Blue Cross Community Centennial claims must be enrolled with (NM) Medicaid. If these providers are not enrolled with NM Medicaid, (BCBSNM) will deny Blue Cross Community Centennial claims for dates of service on or after Sept 1, 2018.

This requirement ensures that rendering, ordering, attending, and referring providers can always be identified on claims and encounter reports by having their NPI numbers registered in the Medicaid provider file. This requirement also assures BCBSNM's encounter submission data will be accepted by the Medical Assistance Division (MAD).

You may enroll with NM Medicaid online, or check your enrollment status at:

<https://nmmedicaid.acs-inc.com/webportal/>

As previously communicated, effective for claims with dates of service on or after July 1, 2018, providers must include the appropriate rendering, ordering, attending and referring providers on all Blue Cross Community Centennial claims. If this detailed information is not included in the claim submission, BCBSNM will deny these claims.

Please refer to the HSD Supplements for situations which may be exempt from the requirement to list rendering, ordering, attending, and referring providers on these claims.

For more information about including the appropriate rendering, ordering, attending and/or referring provider information on Blue Cross Community Centennial claims, please refer to the HSD Supplements above or contact your [Provider Network Representative](#) at (505) 837-8800 or toll free at 1-800-567-8540.

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