

BLUE REVIEWSM

A Provider Publication

September 2020

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](#)

Reminder For Billing Point-of-Use Convenience Kits

BCBSNM periodically checks availability and pricing of these kits to better manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. Non-drug supplies in the kits are inclusive of the practice expense for the procedure performed for which no added compensation is warranted to the provider. Reimbursement for these point-of-use convenience kits may be updated based upon the FDA-approved drug component.

[Read More](#)

[Submit Predetermination of Benefits Requests via Availity®](#)

BCBSNM is excited to introduce an electronic predetermination of benefits request process via the Availity Provider Portal using the Attachments tool. This new process is available to providers as of **July 30, 2020**, making it faster and easier to submit a predetermination of benefits request to BCBSNM.

[Read More](#)

iExchange® Deactivated on Aug. 17, 2020

Our electronic benefit preauthorization and predetermination of benefits request tool, iExchange, was deactivated on August 17, 2020. As of this date, all electronic benefit preauthorization and predetermination requests handled by BCBSNM should be submitted online via the Availity® Provider Portal.

[Read More](#)

Two New Behavioral Health Measures Tip Sheets

We've created two new behavioral health tip sheets to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code appropriately. These measures from the National Committee for Quality Assurance (NCQA) help ensure our members receive appropriate care. The two new tip sheets are for the Initiation and Engagement of Substance Abuse or Dependence Treatment (IET) and Follow UP After Hospitalization for Mental Illness (FUH) measures.

[Read More](#)

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.

[Read More](#)

NMSU, Blue Cross and Blue Shield of New Mexico Partner to Grow Health Care Workforce

Through a \$500,000 gift to New Mexico State University's College of Health and Social Services, Blue Cross and Blue Shield of New Mexico will play a pivotal role in expanding the workforce of nurses and social workers in New Mexico.

The college will use the gift to establish a new faculty position in the School of Nursing and fund 40 undergraduate scholarships for seniors in bachelor-level nursing and social work programs who have committed to working in New Mexico for at least one year after they graduate.

[Read More](#)

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

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 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.

[View the Pharmacy Program Updates effective as of Oct. 1, 2020](#)


BCBSNM Medical Policies

Blue Cross and Blue Shield of New Mexico (BCBSNM) Medical Policies are based on data from the peer-reviewed scientific literature, from criteria developed by specialty societies and from guidelines adopted by other health care organizations. Medical Policies are used to make benefit coverage determinations. These policies may impact your reimbursement and your patients' benefits.

New or revised medical policies, and their effective dates, are usually posted on our website the 1st and 15th of each month. Medical Policy drafts are also usually posted on our website and are available for provider comments prior to being approved. A link to these policies is located under the [Standards & Requirements](#) tab on our BCBSNM [provider website](#). In the event of conflict between a Medical Policy and any plan document, the Plan document will govern.

Federal Employee Program® (FEP®)

Imaging Studies for Low Back Pain for FEP Members

The preferred **conservative medical treatment** for **uncomplicated** low back pain (LBP) is prescription-strength analgesics and physical therapy. Evidence does not support routine imaging for uncomplicated LBP. Severe LBP improves for most individuals within the first two weeks of onset. Imaging when not indicated may [expose members](#)  to unnecessary radiation and expense.

[Read More](#)

Blue Cross Medicare AdvantageSM (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.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Threshold Amount for Claims Review for Blue Cross Community Centennial Members

BCBSNM is informing you that for dates of service (outpatient / professional) and admission (inpatient) on and after August 31, 2020, the threshold amount for reviews of claims for services furnished to Blue Cross Community Centennial members will be \$100,000.00.

For impacted claims, providers must submit complete medical records, itemized bills, and invoices for implants (if applicable), along with the claim. If requisite documents are not submitted with the claim, processing of the claim will be delayed until the documents are received.

[Read More](#)

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.

[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 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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Reminder For Billing Point-of-Use Convenience Kits

Blue Cross and Blue Shield of New Mexico (BCBSNM) regularly reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our member's benefit plan and meet BCBSNM's guidelines. Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. These prepackaged kits contain not only the injectable medicine, but also supply items, such as, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze.

BCBSNM periodically checks availability and pricing of these kits to better manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. Non-drug supplies in the kits are inclusive of the practice expense for the procedure performed for which no added compensation is warranted to the provider. Reimbursement for these point-of-use convenience kits may be updated based upon the FDA-approved drug component.

Services should be provided in the most cost-effective way and in the least-costly setting required for the appropriate care of the patient. As a reminder, only the drug component(s) of the kit will be reimbursable to the provider.

The listing of any particular drug or classification of drugs is not a guarantee of benefits. The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Submit Predetermination of Benefits Requests via Availity®

Blue Cross and Blue Shield of New Mexico (BCBSNM) is excited to introduce an electronic predetermination of benefits request process via the Availity Provider Portal using the Attachments tool. This new process is available to providers as of **July 30, 2020**, making it faster and easier to submit a predetermination of benefits request to BCBSNM.

As a reminder, a predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. BCBSNM recommends submitting a predetermination of benefits request if the service may be considered experimental, investigational, or unproven, as specified within the [BCBSNM Medical Policy](#).

You must be registered with Availity to use the new Attachments tool. You can sign up today at [Availity](#), at no charge. For registration assistance, call Availity Client Services at 800-282-4548.

Note: *If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed [Predetermination Request Form](#) and pertinent medical documentation.*

How does the new online process work?

Submitting online predetermination of benefits requests through the Availity Attachments application is simple and convenient:

1. Log in to [Availity](#)
2. Select **Claims & Payments** from the navigation menu
3. Select **Attachments — New**
4. Within the tool, select **Send Attachment** then **Predetermination Attachment**
5. Download and complete the Predetermination Request Form
6. Complete the required data elements
7. Upload the completed form and attach supporting documentation
8. Select **Send Attachment(s)**

For More Information

If you need further assistance or customized training, contact our [Provider Education Consultants](#). Also watch for a new **Electronic Predetermination Request user guide**, coming soon to the [Tools section](#) of our website.

The information in this notice does not apply to requests for Medicare Advantage members.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

iExchange® Deactivated on Aug. 17, 2020

Our electronic benefit preauthorization and predetermination of benefits request tool, iExchange, was deactivated on August 17, 2020. As of this date, all electronic benefit preauthorization and predetermination requests handled by Blue Cross and Blue Shield of New Mexico (BCBSNM) should be submitted online via the Availity® Provider Portal.

How to Submit Online Benefit Preauthorization Requests

Benefit preauthorization requests for inpatient admissions and select outpatient services handled by BCBSNM may be submitted online using **Availity's Authorizations tool**. Refer to the educational [Availity Authorizations User Guide](#), located in the Provider Tools section of our website for navigational assistance. The process of submitting benefit preauthorization requests to eviCore healthcare (eviCore) or other vendors has not changed. As a reminder, it's imperative to check the patient's eligibility and benefits online first to determine if the service requires preauthorization. For online assistance, refer to the [General Eligibility and Benefits Expanded User Guide](#).

How to Submit Online Predetermination of Benefits Request

Benefit predetermination requests handled by BCBSNM may be submitted electronically using **Availity's Attachment tool**. Watch for the new **Electronic Predetermination Request user guide** coming soon to the [Provider Tools](#) section.

As a reminder, a predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. BCBSNM recommends submitting a predetermination of benefits request if the service may be considered experimental, investigational or unproven, as specified within [BCBSNM Medical Policy](#).

If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed Predetermination Request Form and supporting medical documentation. If faxing supporting medical documentation for a previously submitted request, please include the request number.

For More Information

You must be registered with Availity to use the Authorizations and Attachments tools. You can sign up today at [Availity](#), at no charge. For registration assistance, call Availity Client Services at 800-282-4548.

If you need further assistance or customized training for these Availity solutions, contact our [Provider Education Consultants](#).

Please note that the fact that a service has been preauthorized/pre-notified, that a guideline is available for any given treatment or that a service or treatment has been predetermined for benefits, 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 of coverage applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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Two New Behavioral Health Measures Tip Sheets

We've created two new behavioral health tip sheets to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS®) measures and code appropriately. These measures from the National Committee for Quality Assurance (NCQA) help ensure our members receive appropriate care.

The tip sheets include measurement requirements, medical record best practices and billing codes. Compliance with HEDIS measures reduces the need for you to send medical records later for review.

[Initiation and Engagement of Substance Abuse or Dependence Treatment \(IET\)](#)

- Members ages 13 and older
- New¹ diagnosis of alcohol or other drug (AOD) abuse or dependence
- Treatment may occur in the inpatient, residential, outpatient,² medication-assisted treatment (MAT) or Telehealth setting

[Follow Up After Hospitalization for Mental Illness \(FUH\)](#)

- Members ages 6 and older
- Discharged from an acute inpatient hospital stay
- Principal diagnosis at discharge is mental illness or intentional self-harm
- Outpatient³ visit can be a telehealth visit
- Follow-up visit must be with a mental health practitioner⁴

1 Defined as no diagnosis of AOD abuse or dependence in previous 60 days

2,3 Outpatient treatment includes an intensive outpatient or partial hospital program

4 Psychologist, Psychiatrist, Clinical Social Worker, Mental Health Occupational Therapist, Psychiatric/Mental Health Nurse Practitioner/Clinical Nurse Specialist, Neuropsychologist, Psychoanalyst, Professional Counselor, Marriage and Family Therapist

HEDIS is a registered trademark of the NCQA

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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 BCBSNM medical and reimbursement policies.

Program limitations

Blue Cross and Blue Shield of New Mexico 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 the [Behavioral Health Quality Improvement Team](#).

Imaging Studies for Low Back Pain for FEP® Members

The preferred **conservative medical treatment** for **uncomplicated** low back pain (LBP) is prescription-strength analgesics and physical therapy. **Evidence does not support** routine imaging for uncomplicated LBP. Severe LBP improves for most individuals within the first two weeks of onset. Imaging when not indicated may [expose members](#) to unnecessary radiation and expense.¹

Healthcare Effectiveness Data and Information Set (HEDIS®) Measures for 2020-21²

One measure we collect for the National Committee for Quality Assurance (NCQA) evaluates the appropriate use of imaging studies for uncomplicated LBP.

This measure evaluates the percentage of members ages 18 to 50 diagnosed with LBP without the following:³

- Prior diagnosis of LBP in the past six months
- Imaging studies in the first 28 days (includes X-ray, MRI and CT scans) after diagnosis

Note: A higher percentage on this measure indicates better performance.

Associated Medical Conditions

Imaging within 28 days after diagnosis may be necessary if the member has other medical concerns. Examples of medical conditions that may require early imaging studies are listed in the chart below. Document the medical condition and appropriate code when able to show the need for early imaging studies. Doing so will not affect your HEDIS score.

Early Imaging Exclusions	PICD-10 Codes
63688	C00.0-96.Z and D00.00-49.9
Cancer (personal history)	Z85-86.03
Corticosteroid Use (90 consecutive days)	During 12 months prior to LBP diagnosis
HIV	B20; Z21

IV Drug Abuse	F11.10-15.29 (any time during 12 months prior to LBP diagnosis)
History of Kidney Transplant (Kidney Transplant)	Z94.0; (0TY00Z0-2, 0TY10Z0-2)
Organ Transplant Other Than Kidney	02YA0Z0-2, 07YM0Z0-2, 07YP0Z0-2, 0BYC0Z0-2, 0BYD0Z0-2, 0BYF0Z0-2, 0BYG0Z0-2, 0BYH0Z0-2, 0BYJ0Z0-2, 0BYK0Z0-2, 0BYL0Z0-2, 0BYM0Z0-2, 0DY50Z0-2, 0DY60Z0-2, 0DY80Z0-2, 0DYE0Z0-2, 0FY00Z0-2, 0FYG0Z0-2, 0UY00Z0-2, 0UY10Z0-2, 0UY90Z0-2, 0WY20Z0-1, 0XYJ0Z0-1, 0XYK0Z0-1, 3E030U1, 3E033U1, 3E0J3U1, 3E0J7U1, 3E0J8U1
Neurologic Impairment	G83.4 (any time during 12 months prior to LBP diagnosis)
Spinal Infection, Osteomyelitis, and Discitis	A17.81, G06.1, M46.25-46.28, M46.35-46.38, M46.46-46.48 (any time during 12 months prior to LBP diagnosis)
Trauma/Fractures	G89.11; "S" series (any time during 3 months prior to LBP diagnosis)

Whom can I contact with questions?

If you have questions regarding the use of the HEDIS LBP measure with your FEP members, please contact [Dr. Sonja Hughes](#).

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

1 [HEDIS measure for Use of Imaging Studies for Low Back Pain](#); accessed 7/7/2020

2 Measurement year 2020 and measurement year 2021

3 NCQA HEDIS Measurement Year 2020 & Measurement Year 2021 Technical specifications for health plans, volume 2, Washington DC, 2020

HEDIS is a registered trademark of the NCQA.

Threshold Amount for Claims Review for Blue Cross Community CentennialSM Members


In furtherance of payment integrity and adherence to claims payment policy, Blue Cross and Blue Shield of New Mexico (BCBSNM) performs post-service, pre-payment reviews of claims with potential payments greater than a certain amount.

By this letter, BCBSNM is informing you that for dates of service (outpatient / professional) and admission (inpatient) on and after August 31, 2020, the threshold amount for such reviews of claims for services furnished to Blue Cross Community CentennialSM members will be \$100,000.00.

This process update will impact the following claims:

- Inpatient claims where the facility has a DRG contract with a stop-loss provision and the potential payment is \$100,000.00 or greater; and
- All outpatient and professional claims with a potential payment of \$100,000.00 or greater.

For impacted claims, providers must submit complete medical records, itemized bills, and invoices for implants (if applicable), along with the claim. If requisite documents are not submitted with the claim, processing of the claim will be delayed until the documents are received. Medical records, itemized bills, and invoices can be submitted electronically via Availity or through Epic.

If you have questions about this process update, please contact your assigned [provider representative](#) . You may also want to explore the resources available under the Providers tab at bcbsnm.com, which includes medical policies, medical records documentation standards, clinical payment and coding policies, and much more.

Sincerely,

Blue Cross Community Centennial Claims & Customer Service
Blue Cross and Blue Shield of New Mexico

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