

BLUE REVIEWSM

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](#)

Prior Authorization Update — Pharmacy Medical Oncology

Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements that may apply to some commercial and Blue Cross Community CentennialSM members. **Starting October 11, 2021**, AIM Specialty Health[®] (AIM), rather than BCBSNM, will manage prior authorization requests for drugs in the Pharmacy Medical Oncology care category for some BCBSNM members.

[Read More](#)

Behavioral Health Provider Access Standards

When it comes to our members and their mental health, it is important to ensure that they have access to care when and where they need it. All contracted providers for BCBSNM are required to comply with BCBSNM quality standards, including those relating to members' access to care.

[Read More](#)

Adhering to HPV and Shingles Vaccine Guidelines

Timely vaccinations can help protect your patients' health. For patient safety, it's important that you follow the U.S. Food and Drug Administration (FDA) guidelines and the Advisory Committee on Immunization Practices' (ACIP) recommendations and Child and Adult Immunization Schedules. BCBSNM reviews claims to ensure applicable guidelines are met. We've found that two categories of vaccines are often administered outside FDA and ACIP recommendations: those to prevent human papillomavirus (HPV) and those to prevent shingles caused by the herpes zoster virus.

[Read More](#)

Delivering Quality Care: Antidepressant Medication Management

Major depressive disorder is one of the most common mental disorders in the U.S., affecting more than 17 million adults each year, according to the Substance Abuse and Mental Health Services Administration. About a third of those don't receive behavioral therapy or medication treatment, or a combination. Major depression can seriously impair everyday functioning and increase suicide risk. We encourage providers to talk with our members about getting help for major depression if needed. A depression screening tool can help with this conversation.

[Read More](#)

Colorectal Cancer Screening for Members Age 45 to 75

In line with new U.S. Preventive Services Task Force (USPSTF) recommendations, BCBSNM recommends that colorectal cancer screening for our members begin at age 45 rather than 50. We are updating our Preventive Care Guidelines and our claims processing to reflect this change. Screening should continue until age 75.

[Read More](#)

National Drug Code (NDC) Fee Schedule Changes Effective Sept. 1, 2021

Effective Sept. 1, 2021, our professional NDC fee schedule for the following medications will be updated:

- ABECMA (J9999)
- BREYANZI (J9999)
- KYMRIAH (Q2042)
- LUXTURNA (J3398, J3590)
- TECARTUS (Q2053)
- YESCARTA (Q2041)
- ZOLGENSMA (J3399)

The NDC fee schedule will reflect the update for this drug/code. This update applies to commercial and retail plans.

You may request an interactive copy of the fee schedule by following the steps on our [Reimbursement Calculations webpage](#). If you have questions, contact the Provider Service Unit at 888-349-3706.

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)

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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Prior Authorization Update — Pharmacy Medical Oncology



What's Changing: Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements that may apply to some commercial and Blue Cross Community CentennialSM members.


Starting October 11, 2021, AIM Specialty Health® (AIM), rather than BCBSNM, will manage prior authorization requests for drugs in the Pharmacy Medical Oncology care category for some BCBSNM members.

Note: AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.

Important Reminder: Always check eligibility and benefits first through the [Availity®](#)  Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Keep in mind these **key dates and scenarios** as we transition to AIM:

- Authorizations initiated with BCBSNM will remain active with BCBSNM until the request expires, including dates before or after October 11, 2021.
- Contact BCBSNM to extend an active authorization for dates of service prior to October 11, 2021.
- Contact AIM via the [ProviderPortal](#)  to extend an active authorization for dates of service on or after October 11, 2021.
- Contact AIM for all authorizations initiated on and after October 11, 2021. Please use the AIM **ProviderPortal** for any new requests.
- Prior Determinations will no longer be offered for the Medical Oncology care category. All requests will be processed as a prior authorization.
- AIM's [ProviderPortal](#)  and call center will begin accepting prior authorization requests on Sep. 27, 2021 for dates of service on or after October 11, 2021.
- Do not submit prior authorization requests for Medical Oncology drug codes to BCBSNM for dates of service on or after October 11, 2021.
- Continue to submit prior authorization requests to BCBSNM through October 10, 2021, for dates of service before October 11, 2021.

More Information: Refer to the [Preauthorization section of our Provider website](#). The updated Specialty Drug Code list includes the drugs for Medical Oncology that AIM will review starting October 11, 2021. [Find the Speciality Drug Code list here.](#) 

Find information about our prior authorization program with **AIM** [at this microsite](#) .

Other Important Reminders: Make sure you're registered with AIM, prior to October 11, 2021.

There are two ways to register:

- **Online** — Go to the AIM *ProviderPortal*; or
- **For Commercial Members: By Phone** — Call the AIM Contact Center at 866-7455-1789, Monday through Friday, 7 a.m. to 7 p.m., MT.
- **For Blue Cross Community Centennial Members: By Phone** — Call the AIM Contact Center at 877-291-0513, Monday through Friday, 7 a.m. to 7 p.m., MT.

Join Us for A Webinar to Learn More: It's important to attend an online training session for more in-depth information on key dates. You can also get a preview of the AIM *ProviderPortal* and the Medical Oncology program. **Visit the [AIM microsite for links to future training dates](#) or register using the links below.**

Medical Oncology Training Dates and Times	
Wednesday, September 15, 2021 from 2 – 3 p.m. CST	Register
Friday, September 24, 2021 from 9 – 10 a.m. CST	Register
Tuesday, September 28, 2021 from noon – 1 p.m. CST	Register
Wednesday, October 6, 2021 from noon – 1 p.m. CST	Register
Tuesday, October 12, 2021 from noon – 1 p.m. CST	Register

For More Information: Continue to watch the [News and Updates](#) for reminders, announcements and educational resources that will help you transition to submitting prior authorization requests through AIM.

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

Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through BCBSNM. 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 third-party vendors and the products and services offered by them.

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Behavioral Health Provider Access Standards

When it comes to our members and their mental health, it is important that they have access to covered services when and where they need it.

All contracted providers for Blue Cross and Blue Shield of New Mexico (BCBSNM) are required to comply with BCBSNM quality standards, including those relating to members' access to care. The standards for member access to behavioral health appointments can be found in section 4.3 of the BCBSNM Provider Reference Manual and are as follows:

The following access standards define the minimum requirements of timely access to care. Individual cases will vary, and the standards represent the aggregate average of a provider's practice for the condition and care required. Employer groups and regulatory agencies frequently ask us to provide access audits. Please be prepared to respond if asked for access information.

Symptomatic, recipient-initiated, outpatient appointments and follow-up visits	No greater than 10 business days (unless the member requests later date) No greater than 3 months for follow-up visits
Urgent conditions	Within 48 hours of notification; 7 days-a-week, 24-hour availability and 24-hour access to behavioral triage
Non-life-threatening emergency care	Care for a non-life-threatening emergency within 6 hours; 7 days-a-week, 24-hour access to triage or hospital emergency room

Please note these requirements and if you have any questions regarding these standards, please contact us at BHQualityImprovement@bcbstx.com.

Adhering to HPV and Shingles Vaccine Guidelines

Timely vaccinations can help protect your patients' health. For patient safety, it's important that you follow the U.S. Food and Drug Administration (FDA) guidelines and the Advisory Committee on Immunization Practices' (ACIP) recommendations and Child and Adult Immunization Schedules.

How are claims affected?

Blue Cross and Blue Shield of New Mexico (BCBSNM) reviews claims to ensure applicable guidelines are met. We've found that two categories of vaccines are often administered outside FDA and ACIP recommendations: those to prevent human papillomavirus (HPV) and those to prevent shingles caused by the herpes zoster virus.

For these categories, if vaccines are administered outside of the FDA and ACIP recommendations, BCBSNM will:

- Consider the services to be experimental, investigational or unproven, (EIU), which are not a covered benefit for BCBSNM members; and
- Recover reimbursements as per the claim payment recovery process outlined in our participating provider contracts.

BCBSNM will continue to reimburse medically necessary claims for vaccines administered according to FDA approval guidelines and ACIP recommended schedules.

Know the Facts: HPV Vaccination

Gardasil 9 (9vHPV) is the vaccine for the prevention of HPV infections and associated diseases, including oropharyngeal and other head and neck cancers.

- As of October 2018, the FDA approved Gardasil 9 for women and men ages 9 to 45.
- In June 2019, ACIP recommended catch-up vaccinations for women and men through age 26. ACIP also recommended vaccinating adults older than 26. Involve your patients in the decision to vaccinate. Find help for shared clinical decision-making [here on our Provider web site](#).
- For patients between 9 and 14 years old, ACIP recommends two or three doses. For patients between 15 and 45 years old, ACIP recommends three doses.
- As reported by the Centers for Disease Control and Prevention (CDC), as of the [end of 2016](#), Gardasil 9 is the [only HPV vaccine available](#) in the U.S. Please check your systems and processes to avoid using 2vHPV or 4vHPV billing codes.

Know the Facts: Shingles Vaccinations

Shingrix and Zostavax help prevent shingles and its complications:

- **Shingrix** is approved by the FDA. ACIP recommends Shingrix for people age 50 or older. It requires two doses. The second dose should be two to six months after the first.
- **Zostavax** is no longer available in the U.S. It was removed from the 2021 ACIP adult immunization schedule.
- In compliance with the FDA approval guidelines, BCBSNM considers Shingrix and Zostavax as medically necessary for anyone age 50 or older.

More Information

The summary of the ACIP changes to the adult immunization schedule are in the February 12, 2021, [Morbidity and Mortality Weekly Report](#).

ACIP's recommendations include immunization schedules for children and adolescents as well as adults, which can be found on the [CDC website](#).



Also refer to [BCBSNM's Clinical Payment and Coding Policies](#) for our Preventive Services Policy (CPCP006).

This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly.



Delivering Quality Care

Antidepressant Medication Management

To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in News and Updates.

Major depressive disorder is one of the most common mental disorders in the U.S., affecting more than 17 million adults each year, according to the [Substance Abuse and Mental Health Services Administration](#) . About a third of those don't receive behavioral therapy or medication treatment, or a combination. Major depression can seriously impair everyday functioning and increase suicide risk. We encourage providers to talk with our members about [getting help](#) for major depression if needed. A [depression screening tool](#)  can help with this conversation.

Closing Care Gaps

As part of monitoring and helping improve quality of care, we track [Antidepressant Medication Management](#)  (AMM), a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). By managing their patients' antidepressant medication, providers can help increase medication compliance, monitor side effects and improve treatment outcomes, according to [NCQA](#) .

AMM applies to our members with major depression who are age 18 and older. It captures the percentage of members who are newly treated with antidepressant medication and remain on it. Providers who prescribe antidepressants should support members in reaching these two phases:

- **Effective Acute Treatment Phase:** Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Treatment Phase:** Adults who remained on antidepressant medication for at least 180 days (six months)


Each phase starts when the prescription is first filled.

Tips to Consider

- Document all the following:
 - Date of service
 - Diagnosis of major depression

- Clear evidence that antidepressant medication was prescribed
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of discontinuing suddenly. If they take medication for fewer than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

Resources


- [HEDIS tip sheets](#)
- [Documentation and coding resources](#) for major depressive disorder
- [Depression screening tools](#) 

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Colorectal Cancer Screening for Members Age 45 to 75

In line with new [U.S. Preventive Services Task Force](#)  (USPSTF) recommendations, Blue Cross and Blue Shield of New Mexico (BCBSNM) recommends that colorectal cancer screening for our members begin at age 45 rather than 50. We are updating our [Preventive Care Guidelines](#) and our claims processing to reflect this change. Screening should continue until age 75.

Why Screening Is Important

Colorectal cancer is the third leading cause of cancer-related deaths in the U.S., according to [USPSTF](#). New cases among adults younger than 50 are increasing. Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective.

Recommended Screening

USPSTF recommends screening with any of the following tests for members age 45 to 75:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT every one to three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

Providers may want to discuss [earlier screening](#) with members with a family history of colorectal disease or other risk factors. We encourage providers to [discuss colon health](#) with all members.

Checking Eligibility and Benefits

For most of our members, colorectal cancer screening is covered at no cost share.

Check member [eligibility and benefits](#) using [Availity® Provider Portal](#) [↗](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles. Ask to see members' ID card and photo ID to guard against medical identity theft.

Some screenings involve a member's pharmacy benefits in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than BCBSNM.

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