

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

June 2021

## 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](#)

### ClaimsXten™ Quarterly Update Reminder

Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement the second and third quarter code updates for the ClaimsXten auditing tool on or after August 24, 2021.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

[Read More](#)

## **Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization**

BCBSNM is changing prior authorization requirements that may apply for some commercial members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

**Important Reminder:** Always check eligibility and benefits first through Availity® or your preferred vendor, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

[Read More](#)

## **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 — 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 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.

[View the Pharmacy Program Updates effective as of July 1, 2021](#) 

## **BCBSNM Members Have New Mail Order and Specialty Pharmacies as of May 1, 2021**

BCBSNM has chosen new mail order and specialty pharmacy service providers through our pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime).

As of May 1, 2021, BCBSNM members, whose pharmacy benefits are administrated through Prime, now have Express Scripts® Pharmacy for mail order services and Accredo® (a full-service specialty pharmacy) for related services. Based on the member's benefit plan, other in-network pharmacies may be available.

[Read More](#)

## **National Drug Code (NDC) Fee Schedule Change for Octagam (J1568)**

Effective Aug. 1, 2021, our professional NDC fee schedule for the medication Octagam (J1568) will be updated.

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.

### **Prepayment Reviews on Inpatient DRG Claims for BlueCard Members**

Beginning July 1, 2021, the Blue Cross and Blue Shield Association will require Blue Cross and Blue Shield of New Mexico (BCBSNM) to **review select inpatient, diagnosis-related group (DRG) claims before processing**. The review will check for medical appropriateness and compliance with ICD-10 procedure coding system guidelines. For those claims, providers must submit medical records for the claim to process.

[Read More](#)

### **EXL Health to Review Complex Claims July 1, 2021**

Our **post-payment reviewer of complex claims is changing**. Starting July 1, 2021, EXL Health will conduct post-payment reviews of complex claims from providers and facilities on behalf of BCBSNM. EquiClaim, a Change Healthcare Solution, will not conduct reviews of complex claims filed after June 30, 2021.

This means that for claims filed after June 30, 2021, EXL Health will contact you if your claim was incorrectly paid.

[Read More](#)

### **Delivering Quality Care: Treating Substance Abuse**

More than 20 million people ages 12 and older in the U.S. struggle with a substance use disorder each year. Fewer than 20% of them receive treatment, according to the Substance Abuse and Mental Health Services Administration. We encourage providers to talk with our members about the signs of substance abuse disorder and how alcohol can affect them. Consider urging the member to seek help, if appropriate.

Treatment, including medication-assisted treatment (MAT) with counseling or other behavioral therapies, can help reduce substance abuse mortality, according to the National Committee for Quality Assurance (NCQA). Treatment may also help improve health, productivity and social outcomes.

[Read More](#)

## Blue Cross Medicare Advantage<sup>SM</sup> (Medicare)

### **Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Blue Cross Medicare Advantage<sup>SM</sup> and Blue Cross Community Centennial<sup>SM</sup> Medicaid programs**

**What's Changing:** BCBSNM is changing prior authorization requirements for Blue Cross Medicare Advantage and Blue Cross Community Centennial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

[Read More](#)

### **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 Centennial (Medicaid)

### **Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Blue Cross Medicare Advantage<sup>SM</sup> and Blue Cross Community Centennial<sup>SM</sup> Medicaid programs**

**What's Changing:** BCBSNM is changing prior authorization requirements for Blue Cross Medicare Advantage and Blue Cross Community Centennial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

[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](https://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](https://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](http://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](http://bcbsnm.com/provider)

 You are leaving this website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

 File is in portable document format (PDF). To view this file, you may need to install a PDF reader program. Most PDF readers are a free download. One option is Adobe® Reader® which has a built-in screen reader. Other Adobe accessibility tools and information can be downloaded at <http://access.adobe.com> .

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

5701 Balloon Fiesta Pkwy NE, Albuquerque, NM 87113

© Copyright 2021 Health Care Service Corporation. All Rights Reserved.

[Legal and Privacy](#) |

# ClaimsXten™ Quarterly Update Reminder

Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement the second and third quarter code updates for the ClaimsXten auditing tool on or after August 24, 2021.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

Use **Clear Claim Connection™ (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSNM's code-auditing software.

Please note that C3 doesn't contain all of our claim edits and processes. Its results do not guarantee the final claim decision.

**For more information**, refer to the [Clear Claim Connection page](#) in the Education and Reference/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSNM. Change Healthcare is solely responsible for the software and all the contents. BCBSNM makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Change Healthcare. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

---

## Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization

**What's Changing:** Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements that may apply for some commercial members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

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

Changes include:

- **April 16, 2021** — Removed sleep medicine/durable medical equipment certain codes previously reviewed by AIM
- **July 1, 2021** — Adding a Select Outpatient Services code to be reviewed by BCBSNM
- **July 1, 2021** — Removal of Advanced Imaging code previously reviewed by AIM
- **July 1, 2021** — Removal of Pain Management codes previously reviewed by AIM
- **July 1, 2021** — Removal of Genetic Testing codes previously reviewed by AIM

**More Information:** Refer to the updated Preauthorization CPT Code Lists section in the [Preauthorization](#) area of the website. The code changes will be designated with dates of removal or addition.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through BCBSNM.

The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

---

## BCBSNM Members Have New Mail Order and Specialty Pharmacies as of May 1, 2021

Blue Cross and Blue Shield of New Mexico (BCBSNM) has chosen new mail order and specialty pharmacy service providers through our pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime).

As of May 1, 2021, BCBSNM members, whose pharmacy benefits are administrated through Prime, now have Express Scripts® Pharmacy for mail order services and Accredo® (a full-service specialty pharmacy) for related services. Based on the member's benefit plan, other in-network pharmacies may be available.


These vendor changes apply for Blue Cross Community Centennial<sup>SM</sup>, commercial group and retail plan members. **Please note:** BCBSNM Medicare Part D subscribers will have these added choices starting August 1, 2021. These subscribers may ask you to move their prescription(s) to one of these new pharmacy services at that time.



**A summary of the new pharmacy services offered and some related actions you as the prescribing provider may need to take are described below.**

## **Mail Order Services**

Some of your patients will have a new mail order pharmacy, Express Scripts® Pharmacy, and/or a new choice to fill covered 90-day supply maintenance medicines. Mail order service provides a convenient way for your patients to get up to a 90-day supply of a maintenance (or long-term) medicine by mail.

- **There is no urgent action you need to take.** If your patients have existing mail order prescriptions, the prescriptions may have been sent to Express Scripts® Pharmacy on May 1, 2021. Some prescriptions that are not eligible for transfer to Express Scripts® Pharmacy are those for controlled substances and medicines regulated by a REMS (Risk Evaluation and Mitigation Strategy) program, or those that are expired or have no refills left as of May 1, 2021.
- After May 1, 2021, some of your patients may ask you to send a new prescription to Express Scripts® Pharmacy. These patients may be new to mail order or did not have prescriptions that moved to Express Scripts® Pharmacy but wish to keep using a mail order service.
- When renewing your patients' current maintenance prescriptions or when writing new prescriptions for mail order, send them to Express Scripts® Pharmacy:
  - *Electronically* — Use your EMR system to e-prescribe to: Express Scripts Home Delivery. For questions on e-prescribing, call 1-800-211-1456, option 5.
  - *By Fax* — Call 888-327-9791 for faxing instructions. (Faxes can only be received from a doctor's office.)
  - *By Phone* — Call the pharmacy at 833-715-0942 for commercial group and retail plan members or 833-599-0509 for Blue Cross Community Centennial Centennial plan members.
- About Express Scripts® Pharmacy:
  - With a thorough validation process, the pharmacy has a 99.99% dispensing accuracy and more than 30 years of prescription home delivery experience.
  - Pharmacists leverage their clinical knowledge and experiences to review for possible drug therapy issues and address adherence gaps.
  - There are many locations across the US, allowing for fast processing and dispensing with no added cost for standard delivery.
  - Support staff are on hand 24 hours a day, 7 days a week to help with any medicine questions or concerns.
  - Members can use digital tools to refill prescriptions, track orders, set reminders to take medicine(s) and more.
  - For more information on Express Scripts® Pharmacy, visit [express-scripts.com/rx](https://express-scripts.com/rx) .

## **Specialty Pharmacy Services**

Some of your patients will have Accredo as a new choice to get specialty drugs covered under the pharmacy benefit. Accredo provides patients with access to specialty drugs, as well as personalized care and dedicated clinical resources to help them manage their health condition(s).

BCBSNM members should use an in-network specialty pharmacy to take full advantage of their pharmacy benefit coverage. Based on a member's benefit plan, there may be other in-network options. **Please note:** Specialty pharmacies that supply specialty drugs covered under the member's medical benefit are not affected by these changes and can still be used.

- **There is no urgent action you need to take.** If your patients have existing pharmacy benefit specialty drug prescriptions, the prescriptions may have been sent to Accredo on May 1. Some prescriptions that are not eligible for transfer are controlled substances, expired prescriptions or prescriptions with no refills left as of May 1, 2021.
- After May 1, 2021, some of your patients may ask you to send a new prescription to Accredo. These patients may be new to specialty drug treatments or did not have prescriptions that moved to Accredo but wish to keep using an in-network specialty pharmacy.
- When renewing your patients' current specialty drug prescriptions or when writing new prescriptions, you can send them to Accredo. To get started, visit [accredo.com/prescribers](https://accredo.com/prescribers) for referral forms by therapy, **e-prescribe** to Accredo<sup>1</sup> or call the pharmacy at **833-721-1619** for commercial group and retail plan members as well as Blue Cross Community Centennial plan members.
- About Accredo:
  - You and your patients have access to a team of 500 condition-specific pharmacists and more than 600 nurses with extensive training and experience.
  - Staff support one of 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition, and are on hand 24 hours a day, 7 days a week to help answer questions.
  - Through one-on-one counseling, personal support and routine contact, your patients are encouraged to stick to their treatment regimens for the best results. Accredo may reach out to you at times to coordinate care.<sup>2</sup>
  - The pharmacy has broad access to specialty drugs, including many with limited distribution, with no added cost for standard delivery.
  - Accredo aims to provide a simple member experience, through a member's preferred means of communication (phone call, email, texting, mobile app and/or online member website).
  - Providers have varied support tools, such as physician concierge, e-prescribe, ePA and interoperability with EHRs.
  - You have visibility to the status for all of your Accredo patients through Accredo's prescriber portal at <https://myAccredoPatients.com>, where you can:
    - See patient referrals, refills and renewals
    - Flag patients or prescriptions for follow-up
    - Check on prior authorizations
    - Track prescriptions as they're processed and filled
  - For more information about Accredo, visit [accredo.com/prescribers](https://accredo.com/prescribers).

Please take this opportunity to update any pharmacy information that may be stored in your patients' records. Also, if your patient had a current benefit prior authorization approval on file, it will follow the standard BCBSNM process for renewals.

Members can call us at the number listed on their BCBSNM Member ID card if they have any questions. They can also log in to their Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account on [bcbsnm.com](https://bcbsnm.com) for online resources. If you have any questions, need further help or need to check a patient's coverage, please call us at the number on your patient's ID card.

1 eRx to NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, TN 38134

2 Treatment decisions are between you and your patient.

Express Scripts<sup>®</sup> Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of New Mexico (BCBSNM). The relationship between Express Scripts<sup>®</sup> Pharmacy and BCBSNM is that of independent contractors. Express Scripts<sup>®</sup> Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of New Mexico (BCBSNM). The relationship between Accredo and BCBSNM is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

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

Such services for Blue Cross Community Centennial<sup>SM</sup> members are funded in part with the State of New Mexico.

Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. For more complete details, including benefits, limitations and exclusions, members should refer to their certificate of coverage. Regardless of benefits, the final decision about any medication and pharmacy choice is between the member and their health care provider.

---

## Prepayment Reviews on Inpatient DRG Claims for BlueCard<sup>®</sup> members

Beginning July 1, 2021, the Blue Cross and Blue Shield Association will require Blue Cross and Blue Shield of New Mexico (BCBSNM) to **review select inpatient, diagnosis-related group (DRG) claims before processing**. The review will check for medical appropriateness and compliance with ICD-10 procedure coding system guidelines. For those claims, providers must submit medical records for the claim to process.

**Which claims:** This is for inpatient, **DRG claims** for services rendered to any hosted **BlueCard member**. Hosted BlueCard members are members of any Blue Cross and Blue Shield plan outside New Mexico receiving health care services in New Mexico.

**What next:** If we review your claim and find an error in how it's coded in relation to the diagnosis, you'll receive a letter that explains the review and the outcome.

**How to submit medical records:** When you are notified a claim is selected for review, you may be requested to submit medical records. You can submit them electronically using our [Claim Inquiry Resolution tool](#). **Include** the corresponding **claim number** for quicker review and turnaround time.

For information about BlueCard, see our website under [Claims & Eligibility](#).

Checking eligibility and benefits and/or obtaining benefit preauthorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, please call the number on the member's BCBSNM ID card.

---

## EXL Health to Review Complex Claims July 1, 2021

Our **post-payment reviewer of complex claims is changing**. Starting July 1, 2021, EXL Health will conduct post-payment reviews of complex claims from providers and facilities on behalf of Blue Cross and Blue Shield of New Mexico (BCBSNM). EquiClaim, a Change Healthcare Solution, will not conduct reviews of complex claims filed after June 30, 2021. This means that for claims filed after June 30, 2021, **EXL Health will contact you if your claim was incorrectly paid**.

### EXL Health will review claims for:

- Compliance with the provider agreement
- Compliance with [clinical payment and coding policies](#)
- Accuracy of payment

If a claim is determined to be reimbursed incorrectly, EXL Health will tell you how to repay the funds or appeal the decision. BCBSNM may recoup payment for any claim that doesn't meet our policies. For more information, refer to our [Provider Manuals](#).

EXL Health is an independent company that has contracted with BCBSNM to provide medical claim audits for members with coverage through BCBSNM.

EquiClaim, a Change Healthcare Solution, is an independent company contracted with BCBSNM to provide medical claim audits for members with coverage through BCBSNM.


BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

---


## Delivering Quality Care

## Treating Substance Abuse

*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.*



More than 20 million people ages 12 and older in the U.S. struggle with a substance use disorder each year. Fewer than 20% of them receive treatment, according to the [Substance Abuse and Mental Health Services Administration](#) .

We encourage providers to talk with our members about the [signs of substance abuse disorder](#) and [how alcohol can affect them](#). Consider urging the member to seek help, if appropriate.

Treatment, including medication-assisted treatment (MAT) with counselling or other behavioral therapies, can help reduce substance abuse mortality, according to the [National Committee for Quality Assurance \(NCQA\)](#) . Treatment may also help improve health, productivity and social outcomes.

## Closing care gaps

As part of monitoring and improving quality of care, we track two measures related to substance abuse:

- [Initiation and Engagement](#)  of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- [Follow-up after Emergency Department Visit](#)  for Alcohol and Other Drug Abuse or Dependence (FUA)

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the NCQA.

## What IET Measures

IET applies to members ages 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence. The measure captures two stages of adequate and timely follow-up treatment:

- **Initiation of treatment**, one treatment within 14 days of the diagnosis
- **Engagement of treatment**, at least two additional treatment sessions within 34 days of the initiation appointment

Treatment may occur in an inpatient, residential, outpatient or telehealth setting or as MAT.

## What FUA Measures

FUA applies to members ages 13 and older with a principal diagnosis of AOD abuse or dependence during an emergency department (ED) visit. The measure captures rates for AOD follow-up visits after an ED visit:

- **Within seven days** of the ED visit (eight total days)
- **Within 30 days** of the ED visit (31 total days)

If the first follow-up visit is within seven days after discharge, both rates are counted for this measure.

For more information, see our [HEDIS tip sheets](#).

## Tips to Consider

- Discuss the importance of timely follow-up visits.
- Use the same diagnosis for substance use at each follow-up.
- Coordinate care between behavioral health and primary care physicians. Share progress notes and include the diagnosis for substance use.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.
- For FUA, ED providers can help members schedule an in-person or telehealth follow-up visit within seven days. Send ED discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.


The above 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. 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.

HEDIS is a registered trademark of the NCQA.

---

## Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Blue Cross Medicare Advantage<sup>SM</sup> and Blue Cross Community Centennial<sup>SM</sup> Medicaid programs

**What's Changing:** Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements for Blue Cross Medicare Advantage and Blue Cross Community Centennial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

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

Changes include:

- **April 16, 2021** — Removed \*Sleep Medicine / Durable Medical Equipment codes previously reviewed by AIM.
- **July 1, 2021** — Removal of Advanced Imaging codes previously reviewed by eviCore\*\*
- **July 1, 2021** — Removal of Genetic Testing codes previously reviewed by eviCore\*\*
- **July 1, 2021** — Adding Genetic Testing codes to be reviewed by eviCore\*\*

- **July 1, 2021** — Adding Specialty Drug codes to be reviewed by eviCore\*\*
- **July 1, 2021** — Removal of Joint and Spine Surgery code previously reviewed by AIM
- **July 1, 2021** — Removal of Advanced Imaging code previously reviewed by AIM
- **July 1, 2021** — Removal of Pain Management codes previously reviewed by AIM

**More Information:** Refer to the updated Preauthorization CPT Code Lists section in the [Preauthorization](#) area of the website. The code changes will be designated with dates of removal or addition.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

\* Sleep Medicine / Durable Medical Equipment code may require prior authorization by BCBSNM.

\*\* eviCore Health™ (eviCore) is contracted to provide certain utilization management preauthorization services for Medicare Members  
CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Availity is a trademark of Availity, L.L.C., a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM.

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for BCBSNM.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSNM.

BCBSIL 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.

The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

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

---

---