

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

March 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](#)

### BCBSNM will update CPT® codes for some outpatient services, added benefits with AIM Specialty Health® (AIM) Effective April 1, 2021

**What's New:** On April 1, 2021, Blue Cross and Blue Shield of New Mexico (BCBSNM) will update its list of Current Procedural Terminology (CPT) codes requiring preauthorization, for certain group and individual members and Blue Cross Community Centennial<sup>SM</sup> members, to reflect new, replaced or removed codes due to a BCBSNM Utilization Management update.

**More Information:** For a revised list of codes effective April 1, 2021, go to the [preauthorization section](#) of our provider website. These changes will become visible in the AIM [ProviderPortal](#) on March, 15, 2021, but will not be in effect until April 1, 2021.

AIM Specialty Health (AIM) is an operating subsidiary of Anthem, Inc., an independent specialty medical benefits management company that provides utilization management services for 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.

## CPT Category II Codes Can Help Close Care Gaps

Using the proper Current Procedural Terminology (CPT®) Category II codes when filing claims can help streamline your administrative processes and ensure gaps in care are closed. CPT II codes are more specific than CPT I codes, and are tracked for certain performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA). We use these measures to monitor and improve the quality of care our members receive.

[Read More](#)

## Overpayment Recovery for Multiple Surgical Procedures

On **June 1, 2021**, Blue Cross and Blue Shield of New Mexico (BCBSNM) will begin additional reviews of claims after payment to make sure they adhere to our reimbursement policy for multiple surgical procedures. Our payment policy states that when multiple procedures are performed by the same physician or physician group on the same patient in the same operative session, only the **primary procedure** will **pay 100%** of the allowed amount. **Secondary or subsequent procedures** will **pay at 50%**.

[Read More](#)

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Apr. 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 Apr. 1, 2021](#) 

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

### Updates Made to the Blue Cross Community Centennial Section of the BCBSNM Provider Reference Manual

The Blue Cross Community Centennial section of the BCBSNM Provider Reference Manual (PRM) has been updated, effective April 1, 2021. Changes to the PRM include, but are not limited to, the following sections:

- Program Overview
- Claims
- Reimbursement Methodologies
- Selection and Retention of Participating Providers
- Health Care Management
- Pharmacy Services
- Contact Lists

The updated PRM is available for review on the [Provider Reference Manual](#) and [Medicaid](#) webpages at [bcbsnm.com/provider](https://bcbsnm.com/provider). Blue Cross and Blue Shield of New Mexico reminds providers to review the PRM for all changes.

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

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## CPT Category II Codes Can Help Close Care Gaps

Using the proper Current Procedural Terminology (CPT®) Category II codes when filing claims can help streamline your administrative processes and ensure gaps in care are closed.


Why it matters: CPT II codes are tracked for certain performance measures, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the [National Committee for Quality Assurance \(NCQA\)](#) . We use these measures to monitor and improve the quality of care our members receive.

**How CPT II Codes Can Help:** CPT II codes are more specific than CPT I codes. When submitted for services performed during office, lab or facility visits, CPT II codes can help:

- Provide more accurate medical data and decrease requests for members' records for review
- Identify and close gaps in care more accurately and quickly; this drives HEDIS measures and quality improvement initiatives
- Track member screenings to help you monitor care and avoid sending unnecessary reminders

**How to Submit CPT II Codes:** CPT II codes may be submitted on claims with other applicable codes. The list of CPT II codes is updated annually according to HEDIS specifications published by NCQA. See our [Claims and Eligibility](#) webpage for claims filing tips.

Here are examples of 2021 measurement year HEDIS measures and applicable codes.

CPT II Coding Quick Reference		
HEDIS Measure	Description	Applicable Codes
<a href="#">Controlling High Blood Pressure (CBP)</a> 	<p>Members ages 18-85 with a diagnosis of hypertension (HTN) and BP adequately controlled at 139/89 mmHg or less during the measurement year</p> <ul style="list-style-type: none"> <li>• A diagnosis of Essential Hypertension should be documented in the medical record.</li> <li>• Last blood pressure reading in 2021</li> </ul>	<p><b>Hypertension Diagnosis</b>  <b>ICD-10-CM:</b> I10, I11.9, I12.9, I13.10 (Essential Hypertension)  <b>CPT II:</b>            3074F (systolic &lt;130 mmHg)            3075F (systolic =130-139 mmHg)            3077F (systolic &gt;140 mmHg)            3078F (diastolic &lt;80 mmHg)            3079F (diastolic =80-89)</p>

		mmHg) 3080F (diastolic > 90 mmHg) <b>Remote BP Monitoring</b> <b>CPT:</b> 93784, 93788, 93790, 99091
<a href="#">Comprehensive Diabetes Care (CDC)</a>	Members ages 18-75 diagnosed with diabetes who have documentation in their medical record indicating the date and result of a Hemoglobin A1c test in the measurement year <ul style="list-style-type: none"> <li>Last A1c result in 2021</li> </ul>	<b>HbA1c level less than 7.0</b> <b>ICD-10-CM:</b> E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 <b>CPT II:</b> 3044F
		<b>HbA1c level Between 7.0–7.9</b> <b>ICD-10-CM:</b> E10.9, E10.10-E13.9, O24.011-O24.33, O24.811-O24.83 <b>CPT II:</b> 3051F
<a href="#">Prenatal and Postpartum Care (PPC)</a>	Pregnant members who delivered live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year and received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health plan.	<b>Prenatal Visits</b> <b>ICD-10-CM:</b> Use appropriate code from “O” family; Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36 <b>CPT II:</b> 0500F, 0501F, 0502F

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HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. 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.

# Overpayment Recovery for Multiple Surgical Procedures

On **June 1, 2021**, Blue Cross and Blue Shield of New Mexico (BCBSNM) will begin additional reviews of claims after payment to make sure they adhere to our reimbursement policy for multiple surgical procedures.

**Key Point:** Our payment policy states that when multiple procedures are performed by the same physician or physician group on the same patient in the same operative session, only the **primary procedure** will **pay 100%** of the allowed amount. **Secondary or subsequent procedures** will **pay at 50%**.

If you submit claims with multiple billable units of the **same procedure**, for the **same member**, on the **same date of service**, at the **same location**, you may be paid 100% for each procedure, despite our current payment policy. However, claims with dates of service on and after **June 1, 2021**, will be processed consistent with our payment policy. Some procedures may be exempt from this policy and pay 100% of the allowed amount.

**What this means:** If we overpay you, we'll **recoup** the amount overpaid against future claims. This could also **impact member cost-share**, so you may need to reimburse members.

## Multiple Surgical Procedure Guidelines

- **Primary procedure:** The surgical procedure with the **highest allowed amount** is the primary procedure. If two procedures have the same allowed amount, **only one** will be considered primary. Other procedures are secondary or subsequent. The primary procedure will be reimbursed 100% of the allowed amount.
- **Secondary procedures:** Secondary procedures will be **reimbursed 50%** of the allowed amount.
- **Bilateral procedures:** If the surgical procedure for either side is the highest allowed amount, then one procedure will pay at 100% and the second at 50%, all other secondary procedures will also be reimbursed at 50%. If at least one other surgical procedure is the highest allowed amount, then the bilateral procedure (both sides combined) will be reimbursed at 75% and all other secondary procedures will be reimbursed at 50%.

**Exclusions:** Claims for members with the following benefit plans are excluded from this policy

- BCBSNM is the secondary payer
- Medicare Supplement

**More information:** If you have any questions, please call the number on the back of the member's ID card or contact your BCBSNM Provider Network Representative.

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