BlueCross BlueShield of New Mexico

BLUE REVIEW℠

A Provider Publication

March 2022

News & Updates

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

New Laboratory Management Program to Begin May 1, 2022

You may have seen that we delayed the launch of our new Laboratory Benefit Management program with Avalon Health Solutions. We delayed this launch because we required additional time to make improvements to the program.

Effective May 1, 2022, BCBSNM will implement its new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our commercial members.

This program does not apply to government programs.

The new program will:

- Help ensure our members have access to the right care at the right time and in the right setting

- Better prepare you to submit claims that support and reflect high quality, affordable care delivery to our members

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Differential Diagnoses of Depression: Free Webinar and Continuing Education Credit

Join us for a free one-hour webinar, Differential Diagnoses of Depression: Assessment and Treatment. We will offer the webinar twice:

- **Monday, March 7, 2022, at 7 a.m.** Mountain time
- **Wednesday, March 9, 2022, at 8 a.m.** Mountain time

Those who attend one of the sessions will earn one continuing medical education (CME) credit or continuing education unit (CEU). The webinar will provide a high-level overview of depression and differential diagnoses, as well as assessment and treatment. This introductory training focuses on addressing depression in the primary care setting, with treatment options across various care settings.

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6x15 — Six Well-Child & Immunization Visits in the First 15 Months of Life

According to the National Foundation for Infectious Diseases, well-child office visits have decreased 50% and vaccine doses distributed through the federally funded Vaccines for Children program have dropped significantly during the COVID-19 pandemic. The World Health Organization (WHO) and UNICEF have reported a decline in the number of children receiving life-saving vaccines around the world.

Click “Read More” below for tips for you and your office staff to help keep your patients on track.

Read More

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Apr. 1, 2022 — 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.

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Delivering Quality Care

Supporting Healthy Hearts

Heart disease and stroke are among the leading causes of death in the U.S., according to the Centers for Disease Control and Prevention (CDC). We encourage you to talk with our members about reducing and managing risks. We've created resources that may help, including information on high blood pressure and cholesterol.

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Imaging Studies for Low Back Pain

Low back pain (LBP) is common, affecting about 75 percent of Americans at some time in their lives. The preferred conservative treatment for uncomplicated LBP is prescription-strength analgesics and physical therapy, according to the American Association of Neurological Surgeons.

Evidence doesn't support imaging for LBP within the first 28 days of diagnosis, according to the National Committee for Quality Assurance (NCQA). When not indicated, imaging may expose members unnecessarily to radiation and additional treatment. LBP improves for most people within two weeks of onset.

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Coding and Claims

Reminder: Claim Editing Enhancements Coming April 1

As a reminder, BCBSNM will enhance our claims editing and review process with Cotiviti, Inc. for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

What this means for you: The enhancements require you to continue to follow generally accepted claim payment policies. With your help, the enhanced claims review process will help our members get the right care at the right time and in the right setting.

Note: Inaccurately coded claims will result in denied or delayed payment. Click "Read More" below for more details on these upcoming editing and review enhancements.

Read More

EXL Health Is Reviewing Complex Claims

As we told you in May, EXL Health is conducting post-payment reviews of complex claims from providers and facilities on behalf of BCBSNM.

This means that for commercial and Medicaid claims filed after June 30, 2021, EXL Health will contact you if your claim was incorrectly paid. Watch for reviews from EXL Health.

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Reminder: Blue Cross Community Centennial℠ Prior Authorization Update for MSK Therapies (Rehab) Effective March 13, 2022, and Training Webinars

As we told you in January, AIM Specialty Health® (AIM) will implement two updates for the Musculoskeletal (MSK) Therapies (Rehab) program for Blue Cross Community Centennial (Medicaid) members.

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Transparency In Care — Consolidated Appropriations Act

It's Time — Verify Your Directory Details

In October, we told you about the Consolidated Appropriations Act (CAA) requirement that certain provider directory information be verified every 90 days. This requirement is effective as of Jan. 1, 2022.

What This Means for You

As of Jan. 1, you must:

- Verify your name, address, phone, specialty and digital contact information (website) for our Provider Finder® every 90 days, and
- Update your information when it changes, including if you join or leave a network

Under CAA, **we're required to remove providers from Provider Finder** whose data we're unable to verify.

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Verify and Update Your Information Online via Availity® Provider Data Management

The Availity Provider Data Management (PDM) tool offers professional providers a quick and easy way to update, validate, and attest to the accuracy of their information on file with BCBSNM. This multi-payer tool in Availity Essentials also allows you to make updates once and have that information sent to all participating payers.

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All Contracted Providers Will Now Display in Provider Finder®

In October, we told you about the Consolidated Appropriations Act (CAA) of 2021 and its requirements for provider directory information. One requirement is that **all our contracted providers** must be listed in our Provider Finder, including those who chose not to be displayed in the past.

What This Means for You

- **If you previously chose not to be listed in Provider Finder, your directory information will be displayed starting in February.** Directory information includes name, location and hours, contact information, specialties, languages spoken, credentials, affiliations and whether you are accepting new patients. The address you've provided to Blue Cross and Blue Shield of New Mexico (BCBSNM) will be displayed.
- **To verify or update your information,** you may use the Availity Provider Data Management feature (preferred) or our Demographic Change Form. Facilities may only use the Demographic Change Form to verify and update information. Under CAA, your provider directory information must be verified every 90 days. Learn more on our Verify and Update Your Information page.
- **We won't accept changes by email, phone or fax** to enable us to meet the two-day update requirement defined by CAA. Any demographic updates requested through these channels will be rejected and closed.
- **If you're a hospital– or facility-based provider** who is not credentialed with BCBSNM, you must apply for credentialing. Watch for more information in upcoming News and Updates and *Blue Review* newsletters.

Blue Cross Medicare Advantage℠ (Medicare)

New Medicare Advantage Flex (PPO) Plan — Questions and Answers for Providers

In December, we told you about the new **Blue Cross Medicare Advantage Flex (PPO)**℠ Plan. As of Jan. 1, 2022, Flex plan members can see **any provider in the U.S. who accepts Medicare**. Here are questions and answers about the plan and how it may affect your payments.

Click "Read more" below to learn more about this new plan and how to identify plan members.

Read More

Closing Gaps in Care for Group Medicare Advantage Members

Through the Blue Cross and Blue Shield (BCBS) National Coordination of Care program, we can work with you to help close gaps in care for **Blue Cross Group Medicare Advantage (PPO)**℠ (Group MA PPO) members. These include BCBSNM members with Group MA PPO coverage, as well as Group MA PPO members enrolled in BCBS plans who are living in New Mexico.

What This Means for Medicare Providers

If we need medical records for Group MA PPO members, you will receive requests only from BCBSNM or our vendor, Change Healthcare. You won't receive requests from multiple BCBS plans or their vendors. We may request medical records for:

- Risk adjustment gaps related to claims submitted to BCBSNM
- Healthcare Effectiveness Data and Information Set (HEDIS®) measures
- Centers for Medicare & Medicaid Services (CMS) Star Ratings

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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.

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Blue Cross Community Centennial℠ (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.

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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.

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

Verify Your Directory Details & Look for Reminders

Your directory information must be verified every 90 days under a new federal law. It's easy and quick to get it done for all health plans in Availity®, or if you prefer, you can use our Demographic Change Form . If we haven't received your verification, look for emails and postcards from us with the checkmark symbol . They're a friendly reminder that it›s time to verify or update.

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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6×15 — Six Well-Child & Immunization Visits in the First 15 Months of Life

According to the National Foundation for Infectious Diseases, well-child office visits have decreased 50% and vaccine doses distributed through the federally funded Vaccines for Children program have dropped significantly during the COVID-19 pandemic. The World Health Organization (WHO) and UNICEF have reported a decline in the number of children receiving life-saving vaccines around the world.

Here are some tips for you and your office staff to help keep your patients on track:

Schedule All Six Well-Child Visits Now

1 Month	2 Months	4 Months	6 Months	12 Months	15 Months

Both the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatricians agree on the same immunization schedule and well-child visit schedule for children 1 to 15 months of age. When scheduling a patient's 1-month checkup, you can save time and encourage the appropriate follow up appointments by scheduling all six well-child and immunization appointments on the same call.

Be Prepared

When preparing for well-child visits, make sure to have each scheduled antigen available and physically present in the exam room, or make arrangements with the patient to receive the antigen at another location (such as a New Mexico Department of Health Office in your area).

Document Vaccinations

Complete the required New Mexico State Immunization Information System (NMSIIS) documentation for each visit. Doing so will help accurately track your patients' vaccination schedule, prevent unnecessary needle sticks, and ensure credit for your hard work to help keep New Mexico's newest and most vulnerable population healthy.

Talk with Parents

Discuss the importance of well-child check-ups and vaccinations with parents. Share materials that give solid evidence for the efficacy and safety of vaccines. Explain the importance of tracking developmental progress during infancy.

Get Help

The Blue Cross and Blue Shield of New Mexico (BCBSNM) Quality Improvement Department wants to help you keep your patients' vaccination schedules on track. You can request a list of patients who may need well-child visits and/or immunizations by emailing the Quality Improvement team at qualityinquiry@bcbsnm.com.

Delivering Quality Care

Imaging Studies for Low Back Pain

Low back pain (LBP) is common, affecting about 75 percent of Americans at some time in their lives. The preferred conservative treatment for uncomplicated LBP is prescription-strength analgesics and physical therapy, according to the American Association of Neurological Surgeons.

Evidence doesn't support imaging for LBP within the first 28 days of diagnosis, according to the National Committee for Quality Assurance (NCQA). When not indicated, imaging may expose members unnecessarily to radiation and additional treatment. LBP improves for most people within two weeks of onset.

Supporting Quality Care

The Healthcare Effectiveness Data and Information Set (HEDIS®) from NCQA measures the appropriate use of diagnostic imaging studies, including X-rays, for LBP. We track data from HEDIS measures to help assess and improve our members' care. The LBP measure captures **members ages 18 to 75 with a principal diagnosis of LBP who did not have an imaging study** (plain X-ray, MRI or CT scan) within 28 days of the LBP diagnosis in the following care settings:

- Office visits, outpatient evaluations, telemedicine/telehealth visits, emergency department visits and observation level of care
- Physical therapy and/or osteopathic and/or chiropractic manipulative treatment

A higher score indicates better performance.

Exclusions for Other Medical Concerns

Imaging within 28 days of diagnosis may be necessary if a member has other medical conditions, such as:

- Cancer
- Recent trauma
- IV drug use
- Neurologic impairment
- Human immunodeficiency virus (HIV)
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Document the condition and appropriate code, when applicable, to exclude a member with LBP from the HEDIS measure. See HEDIS Measures and Technical Resources for more details.

Reminder: Claim Editing Enhancements Coming April 1

As we recently announced, Blue Cross and Blue Shield of New Mexico (BCBSNM) will enhance our claims editing and review process with Cotiviti, Inc. for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

What this means for you: The enhancements require you to continue to follow generally accepted claim payment policies. With your help, the enhanced claims review process will help our members get the right care at the right time and in the right setting.

Note: Inaccurately coded claims will result in denied or delayed payment.
What's changing: Components of the editing and review enhancements include:

Effective Jan. 10, 2022

Coding for services within the global surgical period — The global surgery package payment policies include all necessary services normally provided by the surgeon before, during and after a surgical procedure, and applies only to primary surgeons and co-surgeons. The global surgery package applies only to surgical procedures that have post-operative periods of 0, 10 and 90 days, as defined by CMS.

Effective April 1, 2022

Anatomical Modifiers — CMS-defined anatomical modifiers validate the area or part of the body on which a procedure is performed. Procedure codes that do not specify right or left require an anatomical modifier. This includes procedures on fingers, toes, eyelids and coronary arteries which have specific CMS-defined modifiers.

Effective April 1, 2022

Diagnosis Code Guidelines — Use of correct ICD_10 codes will be verified. ICD-10-clinical modification (CM) diagnosis coding guidelines, including reporting of inappropriate code pairs, as well as correct coding of secondary, manifestation, sequelae, chemotherapy administration, external causes and factors influencing health status diagnoses. These guidelines are contained in the ICD-10-CM Diagnosis Codes Manual.

More Information: view our previous announcement on the Global Surgical Period edit that took effect on Jan. 10, 2022 and the announcement of the Anatomical Modifiers and Diagnosis Code Guidelines edits that will take effect on April 1, 2022.

Also, view our Cotiviti Edit Enhancements Descriptions for more information.
Watch News and Updates for future updates.

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSNM.

New Medicare Advantage Flex (PPO) Plan

Questions and Answers for Providers

In December, we told you about the new **Blue Cross Medicare Advantage Flex (PPO)℠ Plan**. As of Jan. 1, 2022, Flex plan members can see **any provider in the U.S. who accepts Medicare**. Here are questions and answers about the plan and how it may affect your payments.

How do I recognize Flex plan members?

You can identify Flex plan members by their member ID card. Look for the Flex plan name on the front:

Members may give you information they received with their Flex plan welcome kit that includes a toll-free number for claims questions: **877-774-8592**. Calls are answered between 8 a.m. and 8 p.m. daily.

Is this a Medicare Supplement plan?

No. This plan is a Medicare Advantage Prescription Drug (MAPD) Plan (PPO). It provides access to any provider who accepts Medicare and agrees to bill Blue Cross and Blue Shield of New Mexico (BCBSNM). It includes medical coverage and prescription drug coverage. All claims are paid by BCBSNM.

How do Medicare Parts A and B work with the Flex plan?

The Flex plan is a Medicare Advantage PPO plan. It covers the same benefits as Parts A and B as well as additional benefits per plan. Members are required to pay a premium for this plan.

Who can see Flex plan members?

- ANY provider who accepts Medicare assignments and bills BCBSNM can see Flex plan members.
- The Flex plan is an open access plan. Members may access providers contracted with any Blue Cross and Blue Shield plan or non-contracted providers willing to bill BCBSNM.
- Medicare providers don't need to have a Medicare Advantage contract with BCBSNM to see a member under the Flex plan.
- Providers who don't have contracts with Medicare may not accept Flex plan members.

How do I get reimbursed if my patients are in this plan?

- Follow the billing instructions on the member's ID card and file claims with BCBSNM.
- If you are a Medicare Advantage-contracted provider with any Blue Cross and Blue Shield (BCBS) plan, you will be paid at your contracted rate. You are required to follow utilization management review requirements and guidelines. Learn more about prior authorization below.
- If you are not a Medicare Advantage-contracted provider with BCBSNM, you will receive the Medicare allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount. You do not need to follow prior authorization guidelines.
- If you have questions about submitting claims or receiving payment, call 877-774-8592 between 8 a.m. and 8 p.m. daily.

What if I treat a member outside their plan service area?

Follow the billing instructions on the member's ID card and bill BCBSNM.

Are prior authorizations required for the Flex plan?

Some services require prior authorization. Learn about utilization management and view our prior authorization summary and code lists on our website. Use Availity® to verify prior authorization requirements. If you have questions, call 877-774-8592.
For non-participating providers: You aren't required to follow utilization management guidelines. However, you may request a review to confirm medical necessity, as is typical for other MAPD PPO plans.

Can Medicare recipients with pre-existing health conditions enroll in this plan?

Yes. Like all Medicare Advantage plans offered through BCBSNM, there are no pre-existing exclusions with the Flex plan.