



BLUE REVIEWSM

A Provider Publication

June 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](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 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 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 July 1, 2022.](#)

Education Information Required for Directory

The Blue Cross and Blue Shield Association requires us to collect medical school and residency information from physicians (MDs and DOs) who participate in BCBSNM networks. Please respond promptly if you receive a request from us for this information.

[Read More](#)

ClaimsXten™ Quarterly Update Reminder

We will implement third-quarter code updates for the ClaimsXten auditing tool on or after Aug. 22. Code updates may include additions, deletions and revisions to Current Procedural Terminology® codes and Healthcare Common Procedure Coding System codes.

[Read More](#)

Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization Effective July 1

As of July 1, we're changing prior authorization requirements that may apply for some commercial and Blue Cross Community Centennial members to reflect new, replaced or removed codes.

[Read More](#)

BCBSNM to Recommend Preferred Drugs through Enhanced Prior Authorization

Starting Aug. 1, we will begin recommending some preferred drugs over others when clinically appropriate. This is to improve access to more affordable care for some of our commercial and Blue Cross Community Centennial members.

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Behavioral Health Collaboration Requests

If you provide behavioral health services to our members, you may receive a request to collaborate with us as part of our Behavioral Health Case Management program.

[Read More](#)

Closing Gaps in Diabetes Care

Because diabetes symptoms can develop slowly, one in five Americans don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

[Read More](#)

Earn Continuing Education Credit at Webinar on Avoiding Inappropriate Antibiotic Use

Watch your email for an invitation to our free webinar about preventing antibiotics overuse. The webinar is on June 29, from 11:15 a.m. to 12:15 p.m. MT. Doctors, Physician Assistants and Nurse Practitioners will earn one continuing medical education credit for attending.

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Coding and Claims

2022 NM Annual NDC Drug Fee Schedule Impact and Timeline

BCBSNM National Drug Code rate changes will go into effect June 15. Reimbursement rates for some medications may change.

[Read More](#)

Availity® Essentials Claim Status Tool Update

Starting on May 22, providers must use the “Select a Provider” drop-down list in the Availity Claim Status tool for the NPI number to populate in the Member and Claim number search options. To ensure the provider information is available in the “Select a Provider” drop-down list, your Availity Administrator must add the NPI number to “Manage My Organization.”

[Read More](#)

New ‘Message This Payer’ Option Coming via Availity Essentials

We’re launching a new digital *Message This Payer* option for you to resolve your claim inquiries online. Starting in June, providers can use this convenient electronic method to send secure messages to BCBSNM for claim management questions.

[Read More](#)

Blue Cross Medicare AdvantageSM (Medicare)

Current Procedural Terminology Codes Updated for Prior Authorization for Medicare programs, Effective July 1

We’re changing prior authorization requirements that may apply for Medicare members to reflect new, replaced or removed codes, as of July 1, 2022.

[Read More](#)

Closing Gaps in Care for Group Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO)SM members, you'll receive requests only from BCBSNM or our vendor, Change Healthcare. This is part of the Blue Cross and Blue Shield (BCBS) National Coordination of Care program. You won't receive requests from multiple BCBS Plans or their vendors. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Submit Multiple Clinical Claim Appeal Requests Online

Providers can use the Availity Claim Status tool to electronically initiate one clinical claim appeal request for multiple claims when it is for the same patient and denial reason.

[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](#) [↗](#).

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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