BlueCross BlueShield of New Mexico

Blue Review℠

A Provider Publication

January 2017

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities that this email address represents.
You can find *Blue Review* online!

Ideas for articles and letters to the editor are welcome;
emailNM_Blue_Review_Editor@bcbsnm.com

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. Additionally, the Centers for Medicare & Medicaid Services require Blue Cross and Blue Shield of New Mexico (BCBSNM) to make sure that our online Provider Finder® and provider directory are kept current with our provider demographic information. Please complete our quick and easy online form if you have:

- Moved to another location
- Left a group practice
- Changed your phone number
- Changed your email address
- Retired
- Any other changes to your practice information

Medical Policy Updates

Approved new or revised Medical Policies and their effective dates are usually posted on our website the first and fifteenth of each month. These policies may impact your reimbursement and your patients' benefits. On our website, you may view active, pending and updated policies and/or view draft policies and provide comments. The policies are located under the Standards & Requirements tab at bcbsnm.com/provider.

Office Staff

Claims inquiries? Call the Provider Service Unit (PSU) at 888-349-3706

Our PSU handles all provider inquiries about claims status, eligibility, benefits, and claims processing for BCBSNM members. *For out-of-area claims inquiries, please call the BCBSNM BlueCard PSU at **800-222-7992***.

Network Services Contacts and Related Service Areas

Network Services Regional Map

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to or deleted from the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Read more

Annual Medical Record Data Collection for Quality Reporting begins February 1, 2017

Blue Cross and Blue Shield of New Mexico (BCBSNM) collects performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS) and by the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS). HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and HHS requires reporting of QRS measures. These activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule and patient authorization for release of information is not required. Read more

Opiates

It has been shown that people who use opiates at daily doses greater than 100 to 120 morphine equivalents have a substantially higher risk of accidental overdose when compared with patients receiving less than a 100 to 120 morphine equivalents per day.1-5 Therefore, as of January 1, 2017, BCBSNM Centennial Care members will be subject to a Morphine Equivalent Dose (MED) quantity limit of 120 mg per day over a rolling 90-day period. Patients who require quantities of opiates at doses exceeding 120 MED per day, over a 90-day period, will need to obtain prior authorization. Read more

LARC use in Adolescents 15-19

Forty-two percent of adolescents aged 15-19 in the United States have had sexual intercourse1. Adolescents most commonly use contraceptive methods with a higher risk of failure, such as condoms, withdrawal, or oral contraceptive pills. Furthermore, 82% of adolescent pregnancies are unplanned, which may indicate that this population may not have access to reliable and effective contraceptive methods. Read more

BCBSNM Vision Plan Transitions to EyeMed - Revisions

Effective Jan. 1, 2017, Blue Cross and Blue Shield of New Mexico (BCBSNM) members will transition from Davis Vision to EyeMed Vision Care. This impacts BCBSNM members with the voluntary plan (premier or preferred), pediatric members (in individual, small group and student health markets) and Blue Cross Medicare Advantage℠ members.

In November, we sent letters to affected members notifying them of the new vision vendor. With EyeMed Vision Care, the member also receives discounts on eyewear materials in addition to the

funded benefit. Should you have any questions regarding this transition, please contact your BCBSNM Provider Network Representative for assistance.

For all other BCBSNM members, providers for vision care could vary. Contact the customer service number on the back of the member's ID card to verify the member's vision benefits.

Medicaid only

Blue Cross Community Centennial℠ (Medicaid)

Not yet contracted?

BCBSNM's Medicaid plan is Blue Cross Community Centennial.

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. To become a Blue Cross Community Centennial provider, you **must** sign a Medicaid amendment to your Medical Services Entity Agreement (MSEA).

If you have any questions, please call 505-837-8800 or 1-800-567-8540 if you are interested in becoming a Blue Cross Community Centennial provider.

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

ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to or deleted from the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version.

Blue Cross and Blue Shield of New Mexico (BCBSNM) will normally load this additional data to the BCBSNM claim processing system within 60 to 90 days after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSNM Provider website. Advance notification of updates to the ClaimsXten software version (i.e., change from ClaimsXten version 4.1 to 4.4) also will be posted on the BCBSNM Provider website.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to utilize Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSNM's code-auditing software. Refer to our website at bcbsnm.com/provider for additional information on gaining access to C3.
For more details regarding ClaimsXten, refer to the C3 page. Additional information may also be included in upcoming issues of the *Blue Review.*

Checks of eligibility and/or benefit information are 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 applicable on the date services were rendered.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third party vendor that is solely responsible for its products and services.

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To meet these requirements, BCBSNM will be collecting medical records using internal resources and leveraging independently contracted third party vendor CIOX. If you receive a request for medical records, we encourage you to reply within 3 to 5 business

days. Cooperation with the collection of HEDIS data or any quality improvement activities are required under providers' contractual obligation at no cost to BCBSNM or as stated within the provider's individual contract.

A BCBSNM representative or a representative from the vendor referenced above may be contacting your office or facility anytime between December 2016 to February 2017 to identify a key contact person and to ascertain which data collection method your office or facility prefers (fax, secure email, or onsite). Appointments for onsite visits will be scheduled with your staff, if applicable. You will then receive a letter outlining the information that is being requested, and the medical record request list with members' names and the identified measures that will be reviewed. If you have any questions about medical record requests, please contact a BCBSNM representative at the phone number listed on your provider letter.

HEDIS is a registered trademark of NCQA.

CIOX is an independent third party vendor that is solely responsible for the products or services they offer. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors. If you have any questions regarding the services they offer, you should contact the vendor directly.

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The MED uses a standard conversion table to translate the dose and route of each opioid a patient has received over a 24 hour period to a morphine equivalent. For patients taking more than one opioid, the MED of different opioids must be added together to determine a cumulative dose. An MED calculator can be found online at: https://www.easycalculation.com/medical/opioid-conversion-calculator.php

The CDC recommends nonpharmacologic and nonopioid therapy as the preferred treatment for chronic pain. In terms of pain relief and function, clinicians should weigh the benefits versus the risk when using opioid therapy.[6]

Prior authorizations can be submitted via covermymeds.com

1. Braden JB, Russo J, Fan MY, et al. Emergency department visits among recipients of chronic opioid therapy. *Arch Intern Med*. 2010;170(16):1425-1432.
2. Dunn KM, Saunders KW, Rutter CM, et al. Opioid prescriptions for chronic pain and overdose: a cohort study. *Ann Intern Med*. 2010;152(2):85-92.
3. Bohnert AS, Valenstein M, Bair MJ, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. *JAMA*. 2011;305(13):1315-1321.
4. Gomes T, Mamdani MM, Dhalla IA et al. Opioid dose and drug-related mortality in patients with nonmalignant pain. *Arch Intern Med*. 2011;171:686-691.
5. Paulozzi LJ, Kilbourne EM, Shah NG, et al. A history of being prescribed controlled substances and risk of drug overdose death. *Pain Med*. 2012;13(1):87-95.
6. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain-United States, 2016. MMWR Recomm Rep 2016; 65:1-49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1.

LARC use in Adolescents 15-19

Forty-two percent of adolescents aged 15-19 in the United States have had sexual intercourse[1]. Adolescents most commonly use contraceptive methods with a higher risk of failure, such as condoms, withdrawal, or oral contraceptive pills. Furthermore, 82% of adolescent pregnancies are unplanned, which may indicate that this population may not have access to reliable and effective contraceptive methods.

Long-acting reversible contraception (LARC) methods, which include intrauterine devices (IUDs) and the contraceptive implant, are safe and effective for most adolescents and women. Both can be used to prevent pregnancy for several years and the effects are reversible. The IUD and the implant are the most effective forms of birth control available, with less than 1% of users becoming pregnant.

In other states, family planning initiatives that have increased health care provider training and LARC access have led to unprecedented declines in the number of unintended pregnancies and abortions.

The New Mexico Human Services Department is asking New Mexico Centennial Care health plans to increase the use of Long Acting Reversible Contraception among members ages 15-19 for 2017. Blue Cross Community Centennial℠ currently covers all LARC forms at a $0 copay. Please consider LARCs as an effective contraceptive option for your patients. Additional LARC resources can be found at: http://www.acog.org/Patients/FAQs/Long-Acting-Reversible-Contraception-LARC-IUD-and-Implant

1. Abma JC, Martinez GM, Copen CE. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006–2008. National Center for Health Statistics. Vital Health Stat 23 2010;(30):1–47.