



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

January 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](#)

### **Providers receiving bamlanivimab for free should not bill for the product**

The federal government is currently purchasing bamlanivimab. It's providing bamlanivimab to states to distribute to health care providers at no cost for COVID-19 treatment. We won't reimburse for bamlanivimab that providers received for free. Providers should not charge members for the treatment. We will reimburse for the administration of the treatment. Other medically necessary treatment for COVID-19 will be covered consistent with the terms of the member's benefit plan. When providers begin to purchase bamlanivimab, we will update our position.

[Read More](#)

**Reminder: Transition of Care: Preauthorization Changes from eviCore to AIM Specialty Health® (AIM) for Some Members effective Jan. 1, 2021**

As we told you in News and Updates in October and in Blue Review in December, our vendor who processes preauthorizations for certain Blue Cross and Blue Shield of New Mexico (BCBSNM) group and individual members and Blue Cross Community Centennial<sup>SM</sup> members is changing. Starting Jan. 1, 2021, AIM Specialty Health<sup>®</sup> (AIM) will handle our preauthorizations for these members. This update below includes additional information: including key dates to consider as we transition care for some members between eviCore and AIM; new contact information for AIM and hours of operation; and reminders on upcoming training dates.

[Read More](#)

### **Reminder: Use the AIM ProviderPortal for Pre & Post-Service Reviews**

Effective Jan. 1, 2021, use the AIM [ProviderPortal](#) to request preauthorization and respond to post-service review requests by AIM. **Do not submit medical records to BCBSNM for preauthorization or post-service reviews for the care categories managed by AIM. Medical records may or may not be needed for pre or post service reviews using the AIM portal due to the smart clinical algorithms within the portal.**

### **Annual HEDIS<sup>®</sup> Medical Record Review for Measurement Year 2020 to begin February 2021**

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. To meet these requirements, BCBSNM will be collecting medical records using internal resources. If you receive a request for medical records, we encourage you to reply within 14 business days.

[Read More](#)

### **BCBSNM will update CPT<sup>®</sup> codes for some outpatient services, added benefits with AIM**

**What's New:** On March 15, 2021, BCBSNM will update its list of Current Procedural Terminology (CPT) codes requiring preauthorization, for certain members, to reflect new, replaced or removed codes due to a BCBSNM Utilization Management update.

**More Information:** A revised list of codes effective March 15, 2021, will be available on the [preauthorization section](#) of our provider website on or before Feb. 15, 2021.

## **Quality Health Standards — Prenatal and Postpartum Visits**

Blue Cross and Blue Shield of New Mexico (BCBSNM) needs your assistance in improving prenatal and postpartum visits.

[Read More](#)

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

### **Medicare adds benefit for members with inherited ovarian or breast cancer**

The Centers for Medicare & Medicaid Services (CMS) added a benefit this year for Medicare members with germline, or inherited, ovarian or breast cancer. The benefit covers a laboratory diagnostic test using Next Generation Sequencing (NGS). These tests provide genetic analysis of a patient's cancer.

[Read More](#)

### **Hospitals Must Provide Medicare Outpatient Observation Notice (MOON)**

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized MOON to our Blue Cross Medicare Advantage<sup>SM</sup> members in observation as outpatients for more than 24 hours. The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.

[Read More](#)

### **Obtain BCBSNM Patient ID Numbers Online via Availity<sup>®</sup> — Now Available for Government Programs**

In the August News and Updates, we introduced a new online tool via Availity called Patient ID Finder. This tool allows you to quickly obtain a Blue Cross and Blue Shield of New Mexico (BCBSNM) patient's insurance ID and group numbers after entering patient-specific data elements. We are excited to announce that you can now use the Patient ID Finder to obtain the insurance ID and group numbers for Medicare Advantage and New Mexico Medicaid members.

[Read More](#)

### **Patients in the Qualified Medicare Beneficiary (QMB) Program Should Not Be Billed**

If you participate in Blue Cross Medicare Advantage<sup>SM</sup> plans, you may not bill our members enrolled in QMB, a federal Medicare savings program.

QMB patients are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.

[Read More](#)

### **Blue Cross Medicare Advantage Dual Care (HMO SNP) 2019 Program Summary**

The Blue Cross Medicare Advantage Dual Care (HMO SNP) program started January 1, 2017. It continued in its current form for a three-year period. The program serves older adults and people with disabilities. Members must be Medicare Zero Cost Share Dual Eligible in the counties of Bernalillo, Sandoval, Tarrant, or Valencia. Members must also be enrolled in the Special Needs Program (SNP), receiving full Medicaid benefits. In addition, they must be eligible to receive Medicare benefits and choose to be in the SNP program.

[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<sup>SM</sup> (Medicaid)**

### **Coverage for Coronary Artery Calcium Scan for Cardiovascular Disease Risk Assessment**

Effective Jan. 1, 2021 and in compliance with New Mexico House Bill 126 (2020 Regular Session), BCBSNM will be expanding coverage to include at least one Coronary Artery Calcium (CAC) scan for certain fully insured groups, IBAC, and Blue Cross Community Centennial members between the ages of 45 and 65 years old who have intermediate risk of developing coronary heart disease.

[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](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)

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](#) | [Unsubscribe](#)

## Providers receiving bamlanivimab for free should not bill for the product

Blue Cross and Blue Shield of New Mexico (BCBSNM) continues to provide access to medically necessary care for the treatment of COVID-19. The U.S. Food and Drug Administration [granted Emergency Use Authorizaton \(EUA\)](#) [↗](#) for Eli Lilly and Company's investigational neutralizing antibody bamlanivimab. Bamlanivimab is authorized under the EUA to treat mild to moderate COVID-19 in high-risk patients.

**What's reimbursed:** The federal government is currently purchasing bamlanivimab. It's providing bamlanivimab to states to distribute to health care providers at no cost for COVID-19 treatment. We won't reimburse for bamlanivimab that providers received for free. Providers should not charge members for the treatment. We will reimburse for the administration of the treatment. Other medically necessary treatment for COVID-19 will be covered consistent with the terms of the member's benefit plan. When providers begin to purchase bamlanivimab, we will update our position.

**Claims coding:** The Centers for Medicare & Medicaid Services identified the following codes for the bamlanivimab product and administration:

- Q0239 — Injection, bamlanivimab-xxxx, 700 mg
- M0239 — Intravenous infusion, bamlanivimab-xxxx, includes infusion and post-administration monitoring

---

## Transition of Care: Preauthorization Changes from eviCore to AIM for Some Members effective Jan. 1, 2021

### What's changing?

As we told you in [News and Updates](#) in October and in Blue Review in December, our **vendor** who **processes preauthorizations** for certain Blue Cross and Blue Shield of New Mexico (BCBSNM) group and individual members and Blue Cross Community Centennial<sup>SM</sup> members is changing. **Starting Jan. 1, 2021, AIM Specialty Health® (AIM)** will handle our preauthorizations for these members. eviCore healthcare will no longer handle our preauthorizations and post-service reviews for these members effective Jan. 1, 2021. We are also **adding preauthorization** requirements for our **Blue Cross Community Centennial** members.

This update below includes additional information: including key dates to consider as we transition care for some members between eviCore and AIM; new contact information for AIM and hours of operation; and reminders on upcoming training dates.

## Consider these Key Dates and Scenarios During the Transition of Care between eviCore and AIM

- AIM's ProviderPortal will be open for you to begin submitting preauthorization requests on Dec. 21, 2020, for dates of service on or after Jan. 1, 2021.
- Do not submit preauthorization requests to eviCore for dates of service on or after Jan. 1, 2021.
- Continue to submit preauthorization requests to eviCore through Dec. 31, 2020, for dates of service before or on Dec. 31, 2020.

### Join Us for A Webinar to Learn More

It's important to attend an online training session for more in-depth information how to use the AIM ProviderPortal. [Click here to view and register for training sessions.](#)

### Update: Use the AIM ProviderPortal for Pre & Post-Service Reviews

Use the AIM [ProviderPortal](#) to request preauthorization and respond to post-service review requests by AIM. **Do not submit medical records to BCBSNM for preauthorization or post-service reviews for the care categories managed by AIM. Medical records may or may not be needed for pre or post service reviews using the AIM portal due to the smart clinical algorithms within the portal.**

### Benefits of the AIM ProviderPortal for Pre & Post-Service Reviews

- **Medical records for pre or post-service reviews are not necessary unless specifically requested by AIM.**
- AIM's [ProviderPortal](#) offers self-service, smart clinical algorithms and in many instances real-time determinations
- Check preauthorization status on the AIM ProviderPortal
- Increase payment certainty
- Faster pre-service decision turnaround times than post service reviews

### Other Important Reminders

Make sure you're registered with AIM, prior to Jan. 1, 2021. There are two ways to register:

- **Online** — Go to the [AIM ProviderPortal](#); or
- **By Phone** — Call the **AIM Contact Center at 866-745-1789**, Monday through Friday, 7 a.m. to 7 p.m., CT.

**Member benefits will vary based on the service being rendered and individual and group policy elections.** Always check eligibility and benefits first, through the [Availity® Provider Portal](#) or your preferred web vendor, prior to rendering services. This step will help you confirm coverage and other important details, such as prior authorization requirements and vendors, if applicable. 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.



Learn more about preauthorization with BCBSNM and find code lists for the services that require preauthorization [on our website](#). Remember code lists are periodically updated.

### For More Information

Continue to watch the [News and Updates](#) for reminders, announcements and educational resources. that will help you transition to submitting commercial prior authorization requests through AIM.

AIM Specialty Health is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide utilization management services for members with coverage through BCBSNM.

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.

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

---

## Annual HEDIS® Medical Record Review for Measurement Year 2020 to begin February 2021

Blue Cross 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 review of information is not required.

To meet these requirements, BCBSNM will be collecting medical records using internal resources. If you receive a request for medical records, we encourage you to reply within 14 business days. Cooperation with the collection of HEDIS data or any quality improvement activities are required under a providers' contractual obligation at no cost to BCBSNM or as stated within the provider's individual contract.

Please feel free to reach out to one of our HEDIS teams at [NMHEDIS@bcbsnm.com](mailto:NMHEDIS@bcbsnm.com) if you would like for BCBSNM to host a virtual HEDIS overview for your medical records team. We can introduce your staff to the HEDIS measures and train them on what is needed for each record request. We can work together during this hectic HEDIS season for a quicker and smoother chart retrieval process.

BCBSNM representative may be contacting your office or facility anytime between December 2020 and February 2021 to identify a key contact person and to ascertain which data collection method your office or facility prefers (remote access, fax, secure email or onsite visit). 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 member's names and the identified measures that will be

reviewed. If you have any questions about medical record requests, please contact a BCBSNM HEDIS representative at the phone number listed on your provider letter.

HEDIS® is a registered trademark of NCQA.

---

## Quality Health Standards — Prenatal and Postpartum Visits

Blue Cross and Blue Shield of New Mexico (BCBSNM) needs your assistance in improving prenatal and postpartum visits.

- **Members who have been recently become pregnant should establish care with an obstetric provider, especially during the first 12 weeks of pregnancy.**
  - Documentation indicating the woman is pregnant or references to the pregnancy; for example:
    - Documentation in a standardized prenatal flow sheet
    - Documentation of LMP, EDD or gestational age
    - A positive pregnancy test result
    - Documentation of gravidity and parity
    - Documentation of complete obstetrical history
    - Documentation of prenatal risk assessment and counseling/education.
  - A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
  - Evidence that a prenatal care procedure was performed, such as:
    - Screening test in the form of an obstetric panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
    - TORCH antibody panel alone
    - A rubella antibody test/titer with a Rh incompatibility (ABO/Rh) blood typing
    - Ultrasound of a pregnant uterus
- **Members should have a postpartum visit between 7 and 84 days after delivery.** Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:
  - The provider name, credentials and date of prenatal and postpartum care visit  
Documentation of a pelvic exam and assessment of weight, blood pressure, breasts, and abdomen
  - Documentation of a perineal or cesarean incision/wound check, if applicable
  - Documentation of a screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders, if completed during postpartum visit
  - Documentation of glucose screening or women with gestational diabetes, if completed during visit
  - Documentation of any of the following topics, if discussed during the postpartum visit:
    - Infant care or breastfeeding

- Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity
  - Attainment of healthy weight.
- **Encourage** participation in BCBSNM maternity program – members may call the customer service number on the back of their ID card for more information.
  - **For Centennial Medicaid Members only, promote** BCBSNM’s Value-Added Services: members can receive a crib, car seat, and/or a baby carrier wrap at no cost. To qualify for these rewards, members must participate in the maternity program and complete certain prenatal/postpartum care visits requirements to receive these reward(s). More information and downloadable forms are available on the [BCBSNM Centennial Care website](#).
  - For Centennial Medicaid Members only, promote the Centennial Rewards program — members can earn additional rewards by completing prenatal and postpartum visits. Members are encouraged to see earned rewards by visiting the [Centennial Rewards](#) website or by calling 1-877-806-8964.
  - **Consider** assisting the member in scheduling a well child checkup for their newborn.

Recently, the National Committee on Quality Assurance (NCQA) allows telephone visits, e-visits, and virtual check-ins as meeting the criteria for **both** prenatal and postpartum care visits.

If you have questions or would like to request additional information, please call **BCBSNM Quality Department** at (855) 699-0042.

## Medicare Adds Benefit for Members with Inherited Ovarian or Breast Cancer

The Centers for Medicare & Medicaid Services (CMS) added a benefit this year for Medicare members with germline, or inherited, ovarian or breast cancer. The benefit covers a laboratory diagnostic test using **Next Generation Sequencing (NGS)**. These tests provide genetic analysis of a patient’s cancer.

### What is covered

For services performed **on or after Jan. 27, 2020**, Medicare covers NGS when:

- Performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory

- Ordered by a treating physician
- And the patient has all the following:
  - Ovarian or breast cancer
  - A clinical indication for germline testing for hereditary breast or ovarian cancer
  - A risk factor for germline breast or ovarian cancer
  - Has not been previously tested with the same germline test using NGS for the same germline genetic content

For more information, see CMS' [national coverage determination on NGS](#) .

## Check eligibility and benefits

Use the [Availity](#)® Provider Portal or your preferred web vendor to check eligibility and benefits for all patients before providing services. This step will help you confirm coverage and other important details, such as prior authorization requirements.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified is 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. If you have any questions, call the number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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

---

## Hospitals Must Provide Medicare Outpatient Observation Notice (MOON)

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized MOON to our Blue Cross Medicare Advantage<sup>SM</sup> members in observation as outpatients for more than 24 hours. **The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.**

### Steps for providers to complete the MOON

- Download the notice from the [Centers for Medicare and Medicaid Services \(CMS\) website](#).
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.

The notice **must be completed no later than 36 hours after observation begins or sooner** if the patient is admitted, transferred or released.

Learn more from [CMS' Notice Instructions](#).

The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

---

## Obtain BCBSNM Patient ID Numbers Online via Availity® — Now Available for Government Programs

In the [August News and Updates](#), we introduced a new online tool via Availity called Patient ID Finder. This tool allows you to quickly obtain a Blue Cross and Blue Shield of New Mexico (BCBSNM) patient's insurance ID and group numbers after entering patient-specific data elements.

We are excited to announce that you can now use the Patient ID Finder to obtain the insurance ID and group numbers for Medicare Advantage and New Mexico Medicaid members.

### How do you use the Patient ID Finder via Availity?

Searching online for BCBSNM patient ID number is easy and consists of only four steps:

1. Log into [Availity](#)
2. Select Payer Spaces from the navigation menu and choose BCBSNM
3. Select Patient ID Finder from the Applications tab, then complete and submit the request
4. Patient ID and group numbers are returned

**Note:** This tool does not reflect the patient's eligibility or benefits. Refer to the [Eligibility and Benefits User Guide](#) for assistance with obtaining real-time eligibility and benefits information via Availity.

Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance call Availity Client Services at 800-282-4548.

### For More Information

- Refer to the [Patient ID Finder User Guide](#) in the Provider Tools section of our website.
- Visit the [Training page](#) on our website to register for an upcoming Availity 101 session hosted weekly to learn more about online offerings, including the Patient ID Finder.
- If you need further assistance or customized training, contact our [Provider Education Consultants](#).

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is 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. If you have any questions, call the number on the member's ID card.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

---

## Patients in the Qualified Medicare Beneficiary (QMB) Program Should Not Be Billed

If you participate in Blue Cross Medicare Advantage<sup>SM</sup> plans, you may not bill our members enrolled in QMB, a federal Medicare savings program.

QMB patients are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. **QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.**


For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full


### Tips to avoid billing QMB patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare cost-sharing

To avoid billing QMB patients, please take these precautions:

- Identify QMB patients by looking for **Blue Cross Medicare Advantage Dual Care<sup>SM</sup>** or **Blue Cross Medicare Advantage Dual Care Plus<sup>SM</sup>** on member ID cards
- Check the New Mexico [Medicaid portal](#)  to confirm QMB beneficiary status
- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare Advantage cost-sharing billing and related collections efforts

### Questions?

Call Customer Service at 1-877-774-8592 to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the Centers for Medicare & Medicaid Services [website](#) .

The information provided here is only intended to be a summary of the law that has been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

---

---

## Coverage for Coronary Artery Calcium Scan for Cardiovascular Disease Risk Assessment

Effective Jan. 1, 2021 and in compliance with New Mexico House Bill 126 (2020 Regular Session), Blue Cross and Blue Shield of New Mexico (BCBSNM) will be expanding coverage to include at least one Coronary Artery Calcium (CAC) scan for certain fully insured groups, IBAC\*, and Blue Cross Community Centennial members between the ages of 45 and 65 years old who have intermediate risk of developing coronary heart disease.

CAC scans are used to predict the recipient's likelihood of having a heart attack. A health care provider must use an evidence-based algorithm to determine a member's 10-year cardiovascular disease risk, including a score calculated using a pooled cohort equation, to determine if a member may be eligible for coverage of a CAC scan. Members who have previously received a CAC score of zero may be eligible for coverage of subsequent CAC scans at five-year intervals. Members whose CAC scans score greater than zero may not be covered for subsequent CAC scans.

Patient eligibility and benefits should be verified prior to every scheduled appointment. Eligibility and benefit quotes include membership verification, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. It's strongly recommended that providers **ask to see the member's ID** card for current information and photo ID in order to guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly.

\*The IBAC consists of: Albuquerque Public Schools (APS), New Mexico Public Schools Insurance Authority (NMPSIA), New Mexico Retiree Health Care Authority (NMRHCA, and State of New Mexico Risk Management Division (SONM)

Verification of eligibility and/or benefit information is 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, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

---

---