BlueCross BlueShield of New Mexico

BLUE REVIEW℠

A Provider Publication

February 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

Update — New Laboratory Policies and Laboratory Management Program Delayed

You may have seen a communication that we have delayed the launch of our new Laboratory Benefit Management program with Avalon Health Solutions.

We delayed this launch, originally set for Jan. 1, 2022, because we required additional time to improve the program with Avalon. These improvements will increase operational efficiencies, including, but not limited to, a more robust claims advice tool and additional trainings.

Our new date to launch the program with Avalon will be on or after May 1, 2022.

In the meantime, we will continue to offer the same high level of service to our members and you, as a provider, for lab claim processing. Please continue to follow the normal claim submission process.

We will continue to update you through our normal provider communications channels of News Updates and Blue Review. Watch for new dates and times for future training opportunities.

Chiropractic & Mixed Therapy Benefits Contained in IVR Phone System as of Jan. 3, 2022

On Jan. 3, 2022, the option to speak to a Customer Advocate was removed for the chiropractic and mixed therapy benefit category within our automated Interactive Voice Response (IVR) phone system. The IVR quotes the same level of patient eligibility and benefits information as a Customer Advocate provides. Remain assured; our Customer Advocates will continue to be available for more complex benefit quotes.

Read More

2021 Annual HEDIS® Medical Record Review Begins February 2022

Annually, BCBSNM collects healthcare effectiveness data through medical record chart review for reporting to the National Committee for Quality Assurance (NCQA) and the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS) for services provided in the previous calendar year (2021). To meet these requirements, BCBSNM will be requesting and collecting medical records using internal resources. Should your provider office receive a request for medical records, a reply is requested within 3 to 5 business days to ensure timely collection of medical records.

Read More

Availity® Tools to Support Providers in 2022

In October we highlighted changes starting Jan. 1, 2022, for the Consolidated Appropriations Act (CAA) of 2021 and the Transparency in Coverage Final Rule. To further support you, the Availity Provider Portal helps providers and BCBSNM quickly and securely share information, including information defined by the CAA.

You can access the self-service tools below through the Availity portal. Refer to the below Resources for each tool to learn more, including instructional user guides and important tips.

Read More

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2022 — Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

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 Jan. 1, 2022

Delivering Quality Care

Cervical and Breast Cancer Screenings

Regular screenings for cervical cancer and breast cancer play an important role in women's health. The new year is an opportunity to remind our members to schedule their screenings, which can detect problems early when they're easier to treat.

The U.S. Preventive Services Task Force recommends:

- Screening all women for cervical cancer starting at age 21
- Screening women ages 50 to 74 for breast cancer every two years. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

Read More

Coding and Claims

Reminder: Claim Editing Enhancements Coming in 2022, Register for a Training Webinar

As we recently announced, 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. 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. We encourage you attend a free webinar to learn more about the edit enhancements.

Read More

ClaimsXten™ Quarterly Update Reminder

BCBSNM will implement its first quarter code updates for the ClaimsXten auditing tool on or after April 11, 2022.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

Read More

Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Commercial and Medicaid Members

BCBSNM is changing prior authorization requirements that may apply for some commercial and Medicaid Blue Cross Community Centennial℠ members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

Read More

Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Medicare Members

BCBSNM is changing prior authorization requirements that may apply for some Medicare members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

Read More

Blue Cross Medicare Advantage℠ (Medicare)

Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) — 2020 Program Summary

The Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) program started January 1, 2020. It will continue in its current form for a three-year period. The program serves older adults and people with disabilities. Members must be Dual Eligible in the counties of Bernalillo, Doña Ana, Sandoval, Santa Fe, Torrance, 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℠ (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.

Read More

Federal Employee Program® (FEP®)

FEP Annual Medical Record Data Collection for Quality Reporting — HEDIS® Measurement Year (MY) 2021

FEP collects performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS). To meet

this annual quality reporting requirement, FEP will be collecting medical records using internal resources, beginning February 2022 through April 2022. If you receive a request for medical records, we encourage you to reply within 5 business days.

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

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

---

Chiropractic & Mixed Therapy Benefits Contained in IVR Phone System as of Jan. 3, 2022

On **Jan. 3, 2022**, the option to speak to a Customer Advocate was removed for the chiropractic and mixed therapy benefit category within our automated Interactive Voice Response (IVR) phone system. The IVR quotes the same level of patient eligibility and benefits information as a Customer Advocate provides. Remain assured; our Customer Advocates will continue to be available for more complex benefit quotes.

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to providing efficient and secure access to patient information. **To better assist providers with understanding the recent IVR change, a list of the benefit categories that are currently contained in the IVR is included below.** This listing is continually reviewed and may vary across our different BCBSNM networks, products and/or group policies.

Note: *This information/listing is not applicable to Medicare Advantage or Blue Cross Community Centennial℠ members. When calling to verify eligibility and benefits for one of these members, refer to the Customer Services phone number on the back of the member's BCBSNM ID card.*

Air Ambulance	Electrocardiogram (EKG)	***Mixed Therapy****	Preventive Care
Allergy	Extended Care Facility	MRI	Private Duty Nursing
Anesthesia	Ground Ambulance	Office Services	Prosthetics
Assistant Surgeon	Hospice	Office Visit	Prostate-specific Antigen (PSA)
CAT Scan	Hospital	Pap Smear	Sterilization
Chiropractic Services*	Inhalation Therapy	Pathology	Ultrasound
Colonoscopy	Laboratory	PET Scan	23-Hour Observation
Consultations	Mammogram	Physical Exam	
Dialysis	Medical Supplies	Physical Therapy	

This change does not impact the Federal Employee Program® (FEP®) IVR. Refer to page 5 of the Eligibility and Benefits Caller Guide to view a listing of contained benefit categories within the IVR for FEP members.

**** Chiropractic Services and Mixed Therapy will be contained in the IVR as of Jan. 3, 2022.***

For additional help with navigating the IVR, refer to the Eligibility and Benefits Caller Guide in the Claims and Eligibility section of our Provider website.

Consider Electronic Options

Checking eligibility and benefits electronically through Availity® or your preferred Web vendor is the quickest way to access information for BCBSNM members. To learn more about online solutions, refer to the Provider Tools section of our website.

Checking 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 and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, please call the number on the member's ID card.

2021 Annual HEDIS® Medical Record Review Begins February 2022

Annually, Blue Cross and Blue Shield of New Mexico (BCBSNM) collects healthcare effectiveness data through medical record chart review for reporting to the National Committee for Quality Assurance (NCQA) and the U.S. Department of Health and Human Services (HHS) for the Quality Rating System (QRS) for services provided in the previous calendar year (2021). The Healthcare Effectiveness Data and Information Set (HEDIS) are performance measures that measure quality of care and outcomes. HEDIS performance measures are developed and maintained by NCQA® and is the most widely used set of performance measures utilized by the managed care industry.

To meet these requirements, BCBSNM will be requesting and collecting medical records using internal resources. Should your provider office receive a request for medical records, a reply is requested within 3 to 5 business days to ensure timely collection of medical records. Cooperation with the collection of HEDIS data is part of BCBSNM's quality improvement activities and is required under your contractual obligation with BCBSNM. Medical records will be furnished at no cost to BCBSNM. 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.

A BCBSNM representative may be contacting your office or facility to ensure accuracy and timely submission of requested medical records. On-site appointments for medical record retrieval may be requested and scheduled, if applicable. Please be aware, that

your office may get more than medical records request. Please ensure accuracy by reviewing our requests and confirm that your office has the medical records requested for the given measure and timeframe requested. Should you have any questions regarding our request for medical records, or on-site appointments, please contact the BCBSNM HEDIS representative listed on our request for medical records.

Delivering Quality Care

Cervical and Breast Cancer Screenings

Regular screenings for cervical cancer and breast cancer play an important role in women's health. The new year is an opportunity to remind our members to schedule their screenings, which can detect problems early when they're easier to treat.

Recommended Screenings

The U.S. Preventive Services Task Force recommends:

- Screening all women for cervical cancer starting at age 21
- Screening women ages 50 to 74 for breast cancer every two years. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

See our preventive care guidelines for more information.

Closing Care Gaps

Cervical Cancer Screening and Breast Cancer Screening are Healthcare Effectiveness Data Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance (NCQA). We track data from HEDIS measures to help assess and improve the quality of our members' care.

For Cervical Cancer Screening, NCQA measures the following:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years
- Women ages 30 to 64 who had either:
    - cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years or
    - cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years

Breast Cancer Screening assesses the percentage of women ages 50 to 74 who had at least one mammogram in the past two years.

Tips to Consider

- Talk with our members about risk reduction and prevention. We've created resources on cervical cancer and breast cancer screenings that may help.
- Document screenings in the medical record. Indicate the specific date and result.
- Document medical and surgical history in the medical record, including dates.
- Use correct diagnosis and procedure codes. Submit claims and encounter data in a timely manner

---

Reminder: Claim Editing Enhancements Coming in 2022, Register for a Training Webinar

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.
Attend a training webinar: We encourage you attend a free webinar to learn more about the edit enhancements. To sign up, select your preferred date and time from the list below:

- Jan. 18, 2022 from 3 to 4 pm CST
- Jan. 19, 2022 from 9 to 10 am CST
- Jan. 25, 2022 from 3 to 4 pm CST
- Jan. 26, 2022 from 9 to 10 am CST

- Feb. 2, 2022 from 9 to 10 am CST

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, visit our Clinical Payment and Coding Policies section. Watch News and Updates for future updates.

ClaimsXten™ Quarterly Update Reminder

Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement its first quarter code updates for the ClaimsXten auditing tool on or after April 11, 2022.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSNM may also post advance notice of significant changes, like implementation of new rules, in the News and Updates section of our Provider website and the Blue Review monthly newsletter.

Use **Clear Claim Connection™ (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSNM's code-auditing software.
Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

For more information, refer to the Clear Claim Connection page in the Education and Reference/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.

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

What's Changing: Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements that may apply for some commercial and Medicaid Blue Cross Community Centennial℠ members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

Important Reminder: Always check eligibility and benefits first through Availity® or your preferred vendor, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable. Changes include:

- **April 1, 2022** — Addition of Musculoskeletal codes to be reviewed by AIM (Commercial and Medicaid)
- **April 1, 2022** — Addition of Molecular Genetic Lab Testing codes to be reviewed by AIM (Commercial and Medicaid)
- **April 1, 2022** — Removal of one Musculoskeletal code previously reviewed by AIM (Commercial and Medicaid)
- **April 1, 2022** — Removal of Radiation Therapy/Radiation Oncology codes previously reviewed by AIM (Commercial and Medicaid)
- **April 1, 2022** — Addition of Advanced Imaging /Radiology codes to be reviewed by AIM (Commercial and Medicaid)
- **April 1, 2022** — Addition of Medical Oncology codes to be reviewed by BCBSNM (Medicaid Only)

More Information: Refer to the updated Prior Authorization CPT Code Lists section in the Prior Authorization area of the website. The code changes will be designated with dates of removal or addition.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. 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.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through BCBSNM.

Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Medicare Programs

What's Changing: Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements for Medicare members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

Important Reminder: Always check eligibility and benefits first through Availity® or your preferred vendor, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.
Changes include:

- **April 1, 2022** — Addition of Lab codes to be reviewed by eviCore
- **April 1, 2022** — Addition of Specialty Drug codes to be reviewed by eviCore
- **April 1, 2022** — Addition of Medical Oncology codes **to be reviewed** by BCBSNM

More Information: Refer to the updated Prior Authorization CPT Code Lists section in the Prior Authorization area of the website. The code changes will be designated with dates of removal or addition.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. 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.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through BCBSNM.

Blue Cross and Blue Shield Federal Employee Program® (FEP®) Annual Medical Record Data Collection for Quality Reporting — HEDIS® Measurement Year (MY) 2021

Blue Cross and Blue Shield Federal Employee Program (FEP) collects performance data using specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is the most widely used and nationally accepted effectiveness of care measurement available and used for Federal Employees Health Benefits Program (FEHBP).

To meet this annual quality reporting requirement, FEP will be collecting medical records using internal resources, beginning February 2022 through April 2022.

If you receive a request for medical records, we encourage you to reply within 5 business days. FEP may be contacting your office or facility in February or March 2022 to identify a key contact person and to ascertain which data collection method your office or facility prefers (fax, secure email, sFTP 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.

Patient authorization for release of medical record data is not required. These reporting activities are considered health care operations under the Health Information Portability and Accountability Act (HIPAA) of 1996 and its implementing regulations (45 C.F.R. Parts 160 and164), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, as incorporated in the American Recovery and Reinvestment Act (ARRA) of 2009, and its implementing regulations, each as issued and amended.

We appreciate your time and continued collaboration. If you have any questions about medical record requests, please contact the FEP QI (HEDIS) Department at (888) 907-7918.