



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

May 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](#)

### **Some Codes Removed from AIM® Prior Authorization**

Blue Cross and Blue Shield of New Mexico has removed the prior authorization requirement through AIM Specialty Health® effective April 1, 2021 for six “Musculoskeletal” codes for commercial members.

[Read More](#)

### **Select Medication List to be Updated June 1, 2021**

The viscosupplement products on the Select Medication List will be updated effective June 1, 2021.

Euflexxa® will be removed from the Select Medication List and be replaced by Orthovisc®. Synvisc-One® will remain on the list.

Please note reimbursement may change to reflect these product changes.

The current Select Medication List can be found on the Specialty Pharmacy section of our Provider website.

The listing of any particular drug or classification of drugs is not a guarantee of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, terms, conditions, limitations and exclusions set forth in the member's policy or benefits document. Members should refer to their contract of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Euflexxa is a registered trademark of Ferring B.V. Orthovisc is a registered trademark of DePuy Synthes. Synvisc-One is a registered trademark of Genzyme Corporation.

## **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 — 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 Apr. 1, 2021](#) 📄

## **Documentation and Coding: Major Depressive Disorder**

Depression is one of the most common mental disorders. It carries a high cost in terms of relationship problems, family suffering and lost work productivity. Accurately and completely documenting and coding Major Depressive Disorder (MDD) can help our members access needed resources.

[Read More](#)

## **Delivering Quality Care: Cervical Cancer Screening May Save a Life**

Cervical cancer was once one of the most common causes of cancer deaths for women in the U.S. It is now the most preventable gynecological cancer, and the only one with both screening

tests and a vaccine. Encourage our members to talk with you about having human papillomavirus (HPV) or Pap tests to screen for cervical cancer.

[Read More](#)

### **Delivering Quality Care: Caring for the Colon**

Colorectal cancer is the third most common cancer in the U.S., and the third leading cause of cancer deaths. Nearly one-third of adults ages 50 to 75 don't get recommended colorectal screenings, according to the Centers for Disease Control and Prevention (CDC). Discuss the importance of colorectal cancer screenings with your patients and encourage them to ask questions about colon health and cancer prevention.

[Read More](#)

### **Provider Satisfaction Survey 2021**

Building a strong network of providers and working with you to serve our members is important to us. To support this effort we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with Blue Cross and Blue Shield of New Mexico (BCBSNM) and identifies areas where we can improve.

#### **How it works:**

SPH Analytics (SPH) will administer this year's survey between **May and August**. If selected to participate, **SPH will contact you** via **email, mail and phone**.


- SPH will send out **email survey invitations** to selected providers with email addresses. These invitations will be followed by a **printed survey**.
- The survey will also be available online at the web address provided on the mailed survey.
- If no response from email or mail, SPH will reach out by phone.
- The physician, nurse, office manager or other qualifying staff may complete the survey.

We look forward to your feedback.

SPH Analytics is an independent third-party vendor that is solely responsible for its products and services.

### **New Applied Behavior Analysis (ABA) Service Request Forms**

As of March 2021, we've updated our ABA service request forms to streamline data required for review. **To request services:**

- Download and fill out the appropriate form:
  - [Initial Assessment Request](#) 

- [Clinical Service Request](#) for initial and concurrent treatment requests
- Be sure to include the contact information and signature of the **rendering Qualified Healthcare Provider (QHP)** who is providing treatment.
- Fax the completed form to 877-361-7659 **at least two weeks before the requested start date.**

If we don't receive the form within 30 days of the start date, you will need to submit claims through your normal process.

**Questions?** Call us at 888-898-0070.

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

### 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)

### 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](http://bcbsnm.com/provider)

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## Some Codes Removed from AIM® Prior Authorization

**What's Changing:** Blue Cross and Blue Shield of New Mexico has removed the prior authorization requirement through AIM Specialty Health® effective April 1, 2021 for six “Musculoskeletal” codes for commercial members.

29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT
27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE

**More Information:** Refer to the updated **Prior Authorization Lists** on the **Preauthorization** section of our [provider website](#). These codes will be designated “No PA Required.”

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, any claims received during the interim period and the terms of the member’s certificate of coverage applicable on the date services were rendered

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

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

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## Documentation and Coding

### Major Depressive Disorder

Depression is one of the most common mental disorders. It carries a high cost in terms of relationship problems, family suffering and lost work productivity, according to the [American Psychiatry Association](#) [↗](#). Accurately and completely documenting and coding Major Depressive Disorder (MDD) can **help our members access needed resources**. Below is information from the [ICD-10-CM Official Guidelines for Coding and Reporting](#) [↗](#).

Sample ICD-10-CM Codes for Single MDD Episode	
<b>F33.0</b>	Single episode, mild
<b>F33.1</b>	Single episode, moderate

<b>F33.2</b>	Single episode, severe without psychotic features
<b>F33.3</b>	Single episode, severe with psychotic feature
<b>F33.4x</b>	Single episode, in partial remission
<b>F33.8</b>	Single episode, in full remission
<b>F33.9</b>	Other depressive disorders

Sample ICD-10-CM Codes for Recurrent MDD Episodes	
<b>F32.0</b>	Recurrent, mild
<b>F32.1</b>	Recurrent, moderate
<b>F32.2</b>	Recurrent, severe without psychotic features
<b>F32.3</b>	Recurrent, severe with psychotic symptoms
<b>F32.4</b>	Recurrent, in remission
<b>F32.8x</b>	Other recurrent depressive disorders
<b>F32.9</b>	Recurrent, unspecified

## Coding for MDD

When coding and documenting for MDD, **it's critical to capture the episode and severity** with the most accurate diagnosis codes.

Documentation should include:

- **Episode:** single or recurrent
- **Severity:** mild, moderate, severe without psychotic features or severe with psychotic features
- **Clinical status of the current episode:** in partial or full remission

The fourth and fifth characters in the ICD-10-CM codes capture the severity and clinical status of the episode.

**F32.9 MDD, single episode, unspecified**, is equivalent to Depression Not Otherwise Specified (NOS), Depressive Disorder NOS and Major Depression NOS. This code should rarely be used and only when nothing else, such as the severity or episode, is known about the disorder.



## Best Practices

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document each diagnosis as having been monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment (AHA) or other yearly preventative exam as an opportunity to capture all conditions impacting member care.

## For more details, see:

- [ICD-10-CM Official Guidelines for Coding and Reporting](#) <sup>↗</sup>, Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.

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## Delivering Quality Care

# Cervical Cancer Screening May Save a Life

*To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in News and Updates.*

Cervical cancer was once one of the most common causes of cancer deaths for women in the U.S. It is now the most preventable gynecological cancer, and the only one with both screening tests and a vaccine. Encourage our members to talk with you about having human papillomavirus (HPV) or Pap tests to [screen for cervical cancer](#).

## Why is cervical cancer screening important?

Cervical cancer is a slow-growing cancer that usually starts without symptoms. It is mainly caused by [HPV](#) <sup>↗</sup>. Regular screenings can detect cancer early, even before symptoms start. When cervical cancer is detected at an early stage, the five-year survival rate is over 90%. Learn more from the [Centers for Disease Control and Prevention \(CDC\)](#) <sup>↗</sup>.

## Closing care gaps

The [U.S. Preventive Services Task Force](#) <sup>↗</sup> recommends screening all women starting at age 21. Screening for cervical cancer is also recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#) <sup>↗</sup>. The NCQA uses the following criteria for screenings:

- 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

View our [preventive care guidelines](#) on cervical cancer screenings.

## Best practices

Share [member-friendly resources](#), and talk with members about [risk reduction and prevention](#) <sup>↗</sup> such as:

- Having regular screenings starting at age 21
- Considering the HPV vaccine through age 45
- Limiting sexual partners
- Using condoms during sex
- Stopping smoking

Best practices also include using the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

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## Delivering Quality Care

### Caring for the Colon

*To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in News and Updates.*

Colorectal cancer is the third most common cancer in the U.S., and the third leading cause of cancer deaths. Nearly one-third of adults ages 50 to 75 don't get recommended colorectal screenings, according to the [Centers for Disease Control and Prevention \(CDC\)](#). Discuss the importance of [colorectal cancer screenings](#) with your patients and encourage them to ask questions about [colon health and cancer prevention](#).

## Why is colorectal cancer screening important?

Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective. The five-year survival rate for treatment of the earliest stage of colorectal cancer is about 90%.

## Closing care gaps

Colorectal cancer screening is recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#). The NCQA recommends screening adults ages 50 to 75 with any of the following tests:

- Annual fecal occult blood test (FOBT)
- Stool DNA (FIT-DNA or Cologuard®) every three years
- Flexible sigmoidoscopy every five years
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

View our [preventive care guidelines](#) on colorectal cancer screenings.

## Best practices

Share [member-friendly resources](#), and talk with members about [risk reduction and prevention](#) such as:

- In your patients' records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Discuss with patients why it's important to return for follow-up visits.
- Reach out to patients who cancel appointments and help them reschedule as soon as possible.
- Use the proper codes when filing claims. Proper coding can help identify gaps in care, provide accurate data and streamline your administrative processes.

## Checking eligibility and benefits

Member [eligibility and benefits](#) should be checked using [Availity® Provider Portal](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays,

coinsurance and deductibles. Ask to see members' ID card and photo ID to guard against medical identity theft.

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