# BLUE REVIEW℠

A Provider Publication

September / October 2018

## Pharmacy

### Quarterly Pharmacy Updates Effective July 1, 2018

Based on the availability of new prescription medications and Prime Therapeutics LLC 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.

Read More

## Education & Reference

### Amniotic Membrane and Amniotic Fluid Products May Be Considered Experimental, Investigational and/or Unproven

According to BCBSNM's medical policy number SUR704.011, Amniotic Membrane and Amniotic Fluid, all human amniotic membrane products and indications not listed below are considered **experimental, investigational and/or unproven.**

Read More

## Working Together To Improve The Member-Provider Experience: Member Concerns About Genetic Testing Costs And Coverage

With all the advances in medicine, it is difficult to sort through the multitude of laboratory tests available, especially genetic tests. It is important for members to understand the types of genetic tests that are covered under their plan and out-of-pocket expenses that may result. This month we will explore the following question: Why am I being billed for genetic testing that my provider ordered?

**Read More**

## New Lactation Consultation Designation Added To Demographic Change Form

BCBSNM has implemented a new designation on Provider Finder® called Lactation Consultation. The Lactation Consultation designation can be used for network providers who offer lactation support services to members (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and the postpartum period.

**Read More**

## New Application Process For Joining Our Networks

We are making the process of applying for a BCBSNM provider record number and joining our networks even faster and easier. Effective Oct. 12, 2018, instead of completing the paper Participating Provider Interest Form, prospective providers will be able to fill out our new electronic Provider Onboarding Form online.

**Read More**

## Important Reminder: Claims Will Deny If Rendering NPIs Are Not On File With BCBSNM

Beginning Sept. 1, 2018, when a claim is denied due to not having an NPI on file or if the rendering NPI on file is not associated with the billing provider’s NPI on file, a denial message will appear on the Electronic Payment Summary (EPS) or paper Provider Claim Summary (PCS). The denial message will include a reminder that updates to the billing provider’s record on file must be completed prior to resubmitting the claim.

Read More

### Important Reminder: Inpatient Services Require Preauthorization

**Reminder:** Inpatient services for Blue Cross and Blue Shield members require preauthorization approval prior to services being rendered. Obtaining preauthorization approval is the responsibility of participating providers.

**To obtain preauthorization for inpatient services through BCBSNM:**

- Use iExchange®. This online tool is accessible to physicians, professional providers and facilities contracted with BCBSNM.
- For more information or to set up a new account, refer to the iExchange page in the Provider Tools section of our Provider website.

Services performed without benefit preauthorization may be denied in whole or in part for payment and you may not seek any reimbursement from the member. For any service not approved for payment, BCBSNM will provide all appropriate appeal rights for review. Providers should refer to the Preauthorizations/Notifications/Referral Requirements Listsposted on the provider website for current lists of services that require preauthorization. If you have any further questions, contact your Provider Network Representative.

## Medicare

### Government Programs: Improving Claim-Related Processes and EDI Transactions

Providers submitting electronic claims for Blue Cross Medicare Advantage HMO℠ and Blue Cross Medicare Advantage PPO℠ members may have previously experienced membership validation claim rejections and duplicate claim rejections. The duplicate claim rejections occurred when claims were resubmitted within 90 days of a previously processed claim that included the exact data for the same patient and date(s) of service.

As of Sept. 15, 2018, BCBSNM implemented claim processing changes that will help eliminate these claim submission rejections for government programs members.

Read More

## Blue Cross Community Centennial℠ (Medicaid)

## Tips for Providing Reimbursable Telemedicine Services to Blue Cross Community Centennial members

BCBSNM encourages its contracted providers to furnish covered services to Blue Cross Community Centennial members via qualifying and compliant interactive telecommunications systems and/or asynchronous store-and-forward technology, where clinically appropriate, especially to those members living in rural or frontier areas of the state (Telemedicine). BCBSNM has a Telemedicine - Telehealth Quick Reference Guide available for providers at the BCBSNM provider website in the Standards & Requirements section. The guide includes information about reimbursable Telemedicine including software/hardware requirements, Medicaid requirements compared to Medicare requirements, as well as other resources to assist providers in developing Telemedicine services ("Telehealth," in Medicare parlance).

**Read More**

## Important Reminder: Rendering, Ordering, Attending and Referring Providers Must Enroll with NM Medicaid for Blue Cross Community Centennial Claims

BCBSNM has previously communicated the requirement for billing and rendering providers to enroll in the New Mexico (NM) Medicaid program. Effective for dates of service on and after Sept. 1, 2018, and in accordance with the New Mexico Human Services Department Supplements released on Sept. 11, 2017, the appropriate rendering, ordering, attending and referring providers listed on all Blue Cross Community Centennial claims must be enrolled with NM Medicaid.

**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 1-800-567-8540.

## 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.

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, 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.

## 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
- Network Services Regional Map

## 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**

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 2018 Health Care Service Corporation. All Rights Reserved.

Legal and Privacy | Unsubscribe

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2018

*August 27, 2018*

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 July 1, 2018.

## Amniotic Membrane and Amniotic Fluid Products May be Considered Experimental, Investigational and/or Unproven

*September 24, 2018*

According to Blue Cross and Blue Shield of New Mexico's medical policy number SUR704.011, Amniotic Membrane and Amniotic Fluid, all human amniotic membrane products and indications not listed below are considered **experimental, investigational and/or unproven.**

The use of human amniotic membrane products may be considered medically necessary for the treatment of nonhealing diabetic lower-extremity ulcers when there is medical record documentation of less than a 20% decrease in wound area with standard wound care for at least two weeks.

Sutured human amniotic membrane grafts may be considered medically necessary for the treatment of the following ophthalmic indications:

- Neurotrophic keratitis
- Corneal ulcers and melts
- Pterygium repair
- Stevens-Johnson syndrome
- Persistent epithelial defects

For all other ophthalmic conditions, sutured and unsutured human amniotic membrane grafts are considered experimental, investigational and/or unproven. Additionally, injection of human amniotic membrane and fluid is considered experimental, investigational, and unproven for all conditions, including orthopedic applications.

As a reminder, if a procedure or diagnostic service is considered experimental and/or investigational or otherwise noncovered by BCBSNM and you nevertheless wish to furnish such service and pursue payment from the member, you must inform the member (and document) prior to furnishing the services of all disclosures required for that line of business, such as for commercial and retail business that the services recommended are not covered services, that BCBSNM shall not pay or be liable for such services, and the Member shall be financially liable for such services. Absent regulatorily and contractually compliant pre-service disclosures to the member, providers may not bill the Member for experimental and/or investigational services and will instead absorb the costs thereof as a contractual adjustment. For more information regarding medical policy and experimental, investigational and/or unproven services, please see section 6.4 of the Provider Reference Manual (PRM). For more information about billing a member for a noncovered services, please see the applicable regulation and sections 18.1.2 and 18.1.3 of the PRM, page S36 of the Blue Cross Community Centennial℠. section of the PRM, and section 3 of the Medicare Advantage section of the PRM.

## Working Together to Improve the Member-Provider Experience: Member Concerns About Genetic Testing Costs and Coverage

*September 19, 2018*

*Blue Cross Blue Shield of New Mexico (BCBSNM) is focused on improving our members' experience when they access care. On occasion, a member or their representative may call BCBSNM to voice concerns and/or dissatisfaction with a provider or care received. The BCBSNM Quality and Accreditation Department is responsible for processing complaints from commercial and marketplace members regarding the quality of care and/or the quality of service that they receive from their BCBSNM participating providers. These complaints are investigated and tracked to identify trends and ideas to improve the member-provider experience.*

*BCBSNM will publish a series of articles throughout this year to address some of our members' most frequent concerns and remind providers of some of their related contractual obligations. We hope that we can work together with you and your staff to improve the care that you furnish to your patients (our members).*

This month we will explore the following question: **Why am I being billed for genetic testing that my provider ordered?**

With all the advances in medicine, it is difficult to sort through the multitude of laboratory tests available, especially genetic tests. It is important for members to understand the types of genetic tests that are covered under their plan and out-of-pocket expenses that may result.

First, let's look at the Blues Provider Reference Manual for information on contractual responsibilities. Then we will look at the BCBSNM Medical Policies related to genetic testing.

**2018 Blues Provider Reference Manual, Section 4, Professional Provider Responsibilities, 4.5 Medical Policy and Member Benefits, Overview**

"Providers are required to review BCBSNM medical policy information, as these policies may impact your reimbursement and your patients' benefits.

Providers are responsible for being familiar with services that may **not** be covered by BCBSNM, such as procedures that may be considered experimental and/or investigational. If a procedure or diagnostic service is considered experimental and/or investigational, you must inform the member that they may incur financial responsibility."

**2018 Blues Provider Reference Manual, Section 4, Professional Provider Responsibilities, 4.5 Medical Policy and Member Benefits, 4.5.1 Experimental. Investigational or Unproven Services**

"Experimental, investigational, or unproven services include any treatment, procedure, facility, equipment, drug, device, or supply not accepted as standard medical practice, as defined below. In addition, if federal or other government agency approval is required for use of any items and such approval was not granted when services were administered, the service is considered experimental and will not be covered."

**2018 Blues Provider Reference Manual, Section 13, Laboratory Services, 13.2 Non-covered Services/Experimental, Investigational, or Unproven Lab Work**

"It is the responsibility of the provider ordering potentially experimental, investigational, or unproven lab work to inform the patient that this lab work may be a non-covered service, and that the patient may incur financial responsibility for such testing. The ordering provider should obtain a signed Non-covered Services, Experimental, Investigational, or Unproven Lab Work Consent and Waiver form from the patient and include it with any experimental, investigational or unproven lab work that is sent to a lab. Contracted labs are responsible for making a consent and waiver form available to providers."

**2018 Blues Provider Reference Manual, Section 13, Laboratory Services, 13.3 Genetic Studies**

"Genetic studies are limited by medical policy and benefit language and may require preauthorization. Refer to Medical Policies related to genetic studies on our website."

Clinical criteria for genetic testing may be found in the BCBSNM Medical Policies. Let's take a closer look!

"eviCore healthcare's Clinical Guidelines, Lab Management Program, provides the clinical guidelines for medical review of lab management services for HCSC. HCSC has incorporated eviCore healthcare's clinical review criteria into its medical policies. eviCore healthcare is contracted with HCSC to provide preauthorization and medical necessity review of these tests and services for members enrolled in certain plans.

eviCore Molecular/Genetic Guidelines' purpose is "To establish evidence-based definitions, decision support, medical necessity criteria, coverage limitations, and payment rules for molecular and genetic testing.""

Below are some recommendations that may assist your patients, our members, in understanding genetic testing and potential out-of-pocket expenses.

**Recommendation:**

- Become familiar with BCBSNM Medical Policies that may be applicable to treatment and care that you are considering. Discuss whether the genetic test is medically necessary. If so, has the criteria, based on BCBSNM Medical Policies been satisfied?
- Encourage your patients to be aware of their coverage, benefits and networks. A call to a BCBSNM Customer Service Advocate (CSA) before services are furnished to understand payment requirements and the anticipated out-of-pocket costs is beneficial.

Phone numbers to reach BCBSNM customer service are found on the back of the Member ID card. If a member does not have their Member ID card, they may call:
Commercial members: 1-800-432-0750
Marketplace members: 1-866-236-1702
Medicare Advantage members: 1-877-774-8592

- BCBSNM Provider Network Representatives are available to assist contracted providers:
  **Monday - Friday, 8 a.m. to 4 p.m. Phone:** (505) 837-8800 or toll free at 1-800-567-8540
  **Fax:** 1-866-290-7718
  Provider Network Representatives can tell you if another provider is contracted with BCBSNM for your patient's particular BCBSNM health plan.

## New Lactation Consultation Designation Added to Demographic Change Form

*September 19, 2018*

Blue Cross and Blue Shield of New Mexico (BCBSNM) has implemented a new designation on Provider Finder called Lactation Consultation. The Lactation Consultation designation can be used for network providers who offer lactation support services to members (including counseling, education, and breastfeeding equipment and supplies) during the antenatal, perinatal, and the postpartum period. This type of service is often provided by obstetrician-gynecologists, pediatricians, certified nurse midwives, certified nurse practitioners, certified nurse specialists, and other providers acting within the scope of their license.

Do you provide this type of service? Please use our online form to request information changes under Network Participation. If you need to change existing demographic information, complete the Demographic Change

Form to initiate the process. You can use these tools to identify yourself or your practice as providers of Lactation Consultation services.

You may also use these methods to update your location, phone number, email or other important details on file with BCBSNM.

If you have any questions, or if you need additional information, please go to our provider website or contact your local BCBSNM Network Management Representative.

## New Application Process for Joining Our Networks

*September 19, 2018*

Blue Cross and Blue Shield of New Mexico (BCBSNM), welcomes providers to apply to join our networks. We are making the process of applying for a BCBSNM provider record number and joining our networks even faster and easier. Effective October 12, 2018, instead of completing the paper *Participating Provider Interest Form*, prospective providers will be able to fill out our new electronic *Provider Onboarding Form* online. This change will streamline the application processes and lessen the amount of time it takes to get a response.

This *Provider Onboarding Form* will be used by BCBSNM to set up a provider record number and if indicated by the provider, request contracts for the networks they would like to participate in. Providers can locate the new electronic *Provider Onboarding Form* on the BCBSNM provider website under Network Participation/How to Join.

This form should be completed by:

- Individual providers that would be new to our networks
- Groups and clinics that would be new to our networks
- Existing contracted groups or clinics who are adding a new provider

If you have any further questions, please contact your Provider Network Representative.

## Important Reminder: Claims Will Deny if Rendering NPIs are Not on File with BCBSNM

*September 19, 2018*

***The following information does not apply to government programs***

It is important that your provider record on file with Blue Cross and Blue Shield of New Mexico (BCBSNM) is accurate and up-to-date. In addition to the National Provider Identifier (NPI) and other demographic information

for your group, your provider record must be updated to include the rendering NPIs of all individual providers associated with your group. If claims are submitted for services rendered by providers who are not associated with your provider group according to our records, those claims will be denied.

Beginning Sept. 1, 2018, when a claim is denied due to not having an NPI on file or if the rendering NPI on file is not associated with the billing provider's NPI on file, a denial message will appear on the Electronic Payment Summary (EPS) or paper Provider Claim Summary (PCS). The denial message will include a reminder that updates to the billing provider's record on file must be completed prior to resubmitting the claim.

For providers who receive Electronic Remittance Advice (ERA), they will see the following Claim Adjustment Group Code (CAGC), Claim Adjustment Reason Code (CARC) and the Remittance Advice Remark Code (RARC):

- CO – Claim Adjustment Group Code
- A1 – Claim/Service Denied
- N290 – Missing/Incomplete/Invalid rendering provider primary identifier

**How to Update Your NPI Information on File with BCBSNM**

To update your provider recorder on file or to add a provider to your current group with BCBSNM, visit the Network Participation section of our provider website.

If you have questions, contact your BCBSNM Provider Network Representative for assistance.

## Government Programs: Improving Claim-Related Processes and EDI Transactions

*September 19, 2018*

***The notice applies to providers submitting Blue Cross and Blue Shield of New Mexico (BCBSNM) government programs claims for Blue Cross Medicare Advantage HMO℠ and Blue Cross Medicare Advantage PPO℠ members only.***

Providers submitting electronic claims for these government programs members may have previously experienced membership validation claim rejections and duplicate claim rejections. The duplicate claim rejections occurred when claims were resubmitted within 90 days of a previously processed claim that included the exact data for the same patient and date(s) of service.

Starting on Sept. 15, 2018, BCBSNM will implement claim processing changes that will help eliminate these claim submission rejections for government programs members. With this implementation, providers may encounter new claim submission edits for Professional and Institutional claims (837P and 837I transactions),

which will improve accuracy and timeliness in processing. Additionally, electronic claims submitted by 5 p.m. (CT) should receive the payer acknowledgement response files on the same day.

As a reminder, Medicare Advantage electronic claims that are submitted through the Availity® Provider Portal must be submitted using Payer ID 66006. If these claims are submitted via direct data entry through the Availity Portal, providers should select the drop-down payer option of “Blue Cross Medicare Advantage.” Providers who are not registered with Availity should contact their clearinghouses to confirm the appropriate Payer IDs to be used when submitting government programs claims, as other clearinghouses may assign their own unique numbers.

If you have questions regarding an electronic claim rejection message, contact your practice management system software vendor, billing service or clearinghouse for assistance. For additional information on electronic options, refer to the Electronic Commerce page located in the Claims & Eligibility section of our website at *bcbsnm.com/provider*.

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 any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

# Tips for Providing Reimbursable Telemedicine Services to Blue Cross Community Centennial℠ Members

Blue Cross and Blue Shield of New Mexico (BCBSNM) encourages its contracted providers to furnish covered services to Blue Cross Community Centennial members via qualifying and compliant interactive telecommunications systems and/or asynchronous store-and-forward technology, where clinically appropriate, especially to those members living in rural or frontier areas of the state (Telemedicine). The State of New Mexico Human Services Department (HSD) allows reimbursement for Telemedicine where program requirements are met.

BCBSNM has a Telemedicine - Telehealth Quick Reference Guide available for providers at the Blue Cross and Blue Shield of New Mexico website under the Providers tab in the Standards & Requirements section. The guide includes information about reimbursable Telemedicine including software/hardware requirements,

Medicaid requirements compared to Medicare requirements, as well as other resources to assist providers in developing Telemedicine services ("Telehealth," in Medicare parlance).

Examples of Telemedicine services furnished to Blue Cross Community Centennial members:

- Dermatology
- Retinal eye scans
- Sleep medicine
- Psychotherapy, individual and family
- Pharmacologic management
- Psychiatric diagnostic evaluation
- E-visits furnished by MDLive

**If you are a participating provider who would like to be an originating site for behavioral health Telemedicine services,** (e.g., where the member would go to receive behavioral health services from a remotely located behavioral health provider), please send an email with a brief description of your interest to Steve DeSaulniers, BCBSNM Behavioral Health Program Manager at stephen_c_desaulniers@bcbsnm.com. BCBSNM may be able to help connect you with behavioral health providers who furnish Telemedicine.

BCBSNM reimburses the code Q3014 for originating sites the lesser of billed charges or $79.45 if all program requirements are met. Please see the Quick Reference Guide identified above for additional information.

**If you are a Telemedicine provider who participates with BCBSNM and would like to work with other participating providers who are interested in furnishing an originating site for your Telemedicine services,** please email Steve DeSaulniers at stephen_c_desaulniers@bcbsnm.com with a brief description of your interest. BCBSNM may be able to help connect you with such originating site providers.

## Rendering, Ordering, Attending and Referring Providers Must Enroll with NM Medicaid for Blue Cross Community Centennial℠ Claims

*May 11, 2018*

Blue Cross and Blue Shield of New Mexico (BCBSNM) has previously communicated the requirement for billing and rendering providers to enroll in the New Mexico (NM) Medicaid program. Effective for dates of service on and after Sept. 1, 2018, and in accordance with the requirements detailed in the New Mexico Human Services Department (HSD) Supplements 17-07, 17-08, and 17-09 released on Sept. 11, 2017, the appropriate rendering, ordering, attending and referring providers listed on all Blue Cross Community Centennial claims must be enrolled with (NM) Medicaid. If these providers are not enrolled with NM Medicaid, (BCBSNM) will deny Blue Cross Community Centennial claims for dates of service on or after Sept 1, 2018.

This requirement ensures that rendering, ordering, attending, and referring providers can always be identified on claims and encounter reports by having their NPI numbers registered in the Medicaid provider file. This requirement also assures BCBSNM's encounter submission data will be accepted by the Medical Assistance Division (MAD).

You may enroll with NM Medicaid online, or check your enrollment status at:

https://nmmedicaid.acs-inc.com/webportal/

As previously communicated, effective for claims with dates of service on or after July 1, 2018, providers must include the appropriate rendering, ordering, attending and referring providers on all Blue Cross Community Centennial claims. If this detailed information is not included in the claim submission, BCBSNM will deny these claims.

Please refer to the HSD Supplements for situations which may be exempt from the requirement to list rendering, ordering, attending, and referring providers on these claims.

For more information about including the appropriate rendering, ordering, attending and/or referring provider information on Blue Cross Community Centennial claims, please refer to the HSD Supplements above or contact your Provider Network Representative at (505) 837-8800 or toll free at 1-800-567-8540.

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