BlueCross BlueShield of New Mexico

BLUE REVIEW℠

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Education & Reference

Changes to the Three-Character Prefix on Member ID Cards

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Check Your Patients' Behavioral Health Preauthorization Requirements

Beginning July 15, 2019, Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing our claims review process for behavioral health services that require preauthorization, with a goal of improved claims processing and payment. These changes do not apply to Blue Cross Community Centennial℠, Blue Cross Medicare Advantage (HMO)℠, Blue Cross Medicare Advantage (PPO)℠ or Federal Employee Program® (FEP®) members.

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Save Time by Using eviCore Web Portal for Preauthorization Requests

BCBSNM contracts with eviCore® healthcare (eviCore), an independent specialty medical benefits management company, to provide certain utilization management preauthorization services. After you use Availity® or your preferred vendor and determine the service for your

member requires preauthorization through eviCore, you can save a lot of time by submitting preauthorization requests through eviCore's provider portal. eviCore recently made several improvements to make requests even easier.

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2019

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 Updates

Medical Records Request Reminder

As a reminder, requests for copies of medical records are due back to BCBSNM no later than 30 days from the date of request. Records requested as part of the Center for Medicare and Medicaid Services (CMS) Initial Validation Audit (IVA) may require a shorter response time as the IVA nears completion. BCBSNM is compliant with the Health Insurance Portability and Accountability Act (HIPAA) regulations regarding medical records and BCBSNM does not pay for medical records. For additional information regarding medical record request requirements, see Section 4 of the Provider Reference Manual.

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.

For more information about clinical payment and coding policies and to view the policies, please visit the Clinical Payment and Coding Policies page at bcbsnm.com/provider.

Blue Cross Medicare Advantage℠ (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.

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Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Medicare Advantage Claims

Effective April 11, 2019, payer response reports for the above-referenced electronic government programs claims will identify invalid National Drug Codes (NDCs) that are causing the claim to reject. The 277CA – Health Care Claim Acknowledgement will now include the invalid NDC that caused the claim to reject in data element 2200D, STC12. This will help you quickly identify and correct the invalid NDC that is causing the claim to reject.

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Blue Cross Community Centennial℠ (Medicaid)

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.

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

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

Changes to the Three-Character Prefix on Member ID Cards

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Quick reminders:

- If a member's ID number does not have a three-character prefix, make sure you request their most current identification card.
- Three-character member ID prefixes may now have both letters and numbers.
- Cards that have letters-only prefixes are still valid.
- The three-character prefix is always followed by the rest of the member's ID number.
- Include the entire member ID number, with the prefix, on all correspondence and claims.
- Do not omit, randomly select or substitute a different three-character prefix.
- Some Blue Cross and Blue Shield member ID prefixes may have less than three characters. Federal Employee Program® members, for example, have a single-letter prefix.

Check Your Patients' Behavioral Health Preauthorization Requirements

Beginning July 15, 2019, Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing our claims review process for behavioral health services that require preauthorization, with a goal of improved claims processing and payment.

As a reminder, the following services typically need preauthorization:

- Services provided in the following settings:
    - Inpatient acute facilities
    - Residential treatment facilities
    - Partial hospitalization
    - Intensive outpatient therapy
    - Focused outpatient management
- Psychological or neuropsychological testing
- Applied behavior analysis

These changes do not apply to Blue Cross Community Centennial℠, Blue Cross Medicare Advantage (HMO)℠, Blue Cross Medicare Advantage (PPO)℠ or Federal Employee Program® (FEP®) members.

For more information, visit the Behavioral Health section of bcbsnm.com/provider:

- Behavioral health preauthorization requirements
- Behavioral health request (preauthorization) forms

Please check member's eligibility, benefits and preauthorization requirements before treatment. We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSNM members, and out-of-area Blue Plan and FEP members.

Save Time by Using eviCore® Web Portal for Preauthorization Requests

Blue Cross and Blue Shield of New Mexico (BCBSNM) contracts with eviCore healthcare (eviCore), an independent specialty medical benefits management company, to provide certain utilization management preauthorization services.

After you use Availity® or your preferred vendor and determine the service for your member requires preauthorization through eviCore, you can save a lot of time by submitting preauthorization requests through eviCore's provider portal. eviCore recently made several improvements to make requests even easier.

Submitting a request through the eviCore portal helps make sure the request is submitted correctly and includes all of the necessary information. Using the eviCore provider portal to submit requests for preauthorization will also:

- **Review clinical criteria** – Review guidelines to see what's required, prior to submitting your request
- **Save time** – Online benefit preauthorization requests are three times faster than phone requests
- **Access requests 24/7** – Submit requests and check their progress when it's convenient
- **Stop and start as needed** – Save your benefit preauthorization request and return to it later, without the need to start over

- **View and print results** – See case numbers and approval details online
- **Show you which procedure codes/diagnoses are impacted** – See codes for applicable categories/members
- **Upload member's medical records** – Use the portal to respond quickly with clinical information necessary to support medical necessity of the service/procedure
- **Schedule consultations online** – Set up a Clinical Consultation through the portal if you have questions

To begin managing authorizations online, go to eviCore.com and register. Training sessions are available through the eviCore training center. For provider portal help, email portal.support@evicore.com or call 800-646-0418 and select option 2.

Important Reminder: Always Check Eligibility and Benefits *First*
Benefits will vary based on the service being rendered and individual and group policy elections. It is critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the Availity Provider Portal or your preferred web vendor portal.

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, please call the number on the member's ID card.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSNM. 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 eviCore, Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Change in Reject Notification for Invalid National Drug Codes (NDCs) Used on Electronic Medicare Advantage Claims

This notice applies to providers submitting electronic claims for the following Blue Cross and Blue Shield of New Mexico (BCBSNM) members:

- ***Blue Cross Medicare Advantage (HMO)***℠
- ***Blue Cross Medicare Advantage (PPO)***℠

Effective April 11, 2019, payer response reports for the above-referenced electronic government programs claims will identify invalid National Drug Codes (NDCs) that are causing the claim to reject. Submitters will continue to receive:

- Health Care Claim Status Category Status Code A8: *Acknowledgement/Rejected for relational field in error*; and
- Health Care Claim Status Code 218: *NDC number.*

The 277CA – Health Care Claim Acknowledgement will include the invalid NDC that caused the claim to reject in data element 2200D, STC12. This will help you quickly identify and correct the invalid NDC that is causing the claim to reject. All NDCs present are compared against the Medi-Span® NDC list and must be active relative to the Date of Service (DOS) on the service line. If they are not, the claim will reject. If the claim was a paper submission, you will receive a letter from BCBSNM notifying you of the claim rejection. After making the appropriate correction, you may immediately resubmit the claim electronically to help avoid processing/payment delays.

Please share this notice with your practice management/hospital information system software vendor, billing service or clearinghouse, if applicable, to help ensure they will be able to process/display the additional data element (2200D, STC12). Providers who utilize Availity®services for electronic claim submission do not need to confirm this process with them, as Availity will display this additional data element in their payer response reports.

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