

BLUE REVIEWSM

A Provider Publication

October 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](#)

Coverage Replacement for Smoking Cessation Product CHANTIX® Due to Voluntary Recall

Drug manufacturer Pfizer has issued a voluntary recall of its CHANTIX smoking cessation product. To help alleviate a shortage of these products, Blue Cross and Blue Shield of New Mexico (BCBSNM) is temporarily covering Apo-Varenicline (varenicline tartrate) 0.5 mg and 1 mg tablets. The coverage was effective as of Aug. 10, 2021. It doesn't apply to members in our Medicaid or Medicare Advantage plans.

[Read More](#)

Reminder: Use AIM for Prior Authorization — Coming for Pharmacy Medical Oncology

BCBSNM is changing prior authorization requirements that may apply to some commercial and Blue Cross Community CentennialSM members. **Starting October 11, 2021**, AIM Specialty Health[®] (AIM), rather than BCBSNM, will manage prior authorization requests for drugs in the Pharmacy Medical Oncology care category for some BCBSNM members.

[Read More](#)

Change to Some Primary and Secondary Claims Coordination

Beginning December 13, 2021, when a BCBSNM member has primary and secondary health insurance coverage from two BCBSNM plans or BCBSNM and one of the following four plans listed below, we will be making changes to increase efficiencies in coordinating these claims for our providers.

[Read More](#)

Documentation and Coding: Coding Cancer and Cancer-Related Treatments

One in three people in the U.S. will be diagnosed with cancer in their lifetime, according to the American Cancer Society. Accurately and completely coding and documenting cancer and cancer-related treatments may help improve member outcomes and continuity of care. Click "Read More" below for information for outpatient and professional services from the ICD-10CM-Official Guidelines for Coding and Reporting.

[Read More](#)

Delivering Quality Care: Breast Cancer Screening

Breast cancer is the second leading cause of death among women in the U.S., according to the Centers for Disease Control and Prevention (CDC). About 1 in 8 women will get breast cancer at some point in her life. We encourage providers to talk with our members about the importance of regular screenings for women. Screening is the best way to find breast cancer early, when it's easier to treat, and may help reduce the risk of death. We've created some resources that may help.


[Read More](#)

Are You Using These Shared Decision-Making Aids?

Shared decision-making is a communications process. It's a way for providers and patients to make informed health care decisions that align with what matters most to patients. Below are resources to help you involve your patients in shared decision-making.

[Read More](#)

Reminder: Controlling High Blood Pressure

A healthy blood pressure can help prevent heart disease, stroke and kidney disease. [Controlling high blood pressure](#)  is recognized as a quality measure from the National Committee for Quality Assurance. It assesses adults with a diagnosis of hypertension whose blood pressure is controlled. We encourage you to document our members' systolic and diastolic blood pressure readings in their medical records at every appointment. For more information, review other [blood pressure recommendations](#) and resources we provided in April.

[Read More](#)

ClaimsXten™ Quarterly Update Reminder

Blue Cross and Blue Shield of New Mexico (BCBSNM) will implement its fourth quarter code updates for the ClaimsXten auditing tool on or after December 13, 2021.

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 BCBSOK'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.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSNM. Change Healthcare is solely responsible for the software and all the contents. BCBSNM makes no endorsement,

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

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Earn CME/CEU Credit at Free Webinar on Comorbid Conditions

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar on comorbid behavioral health and physical health conditions. The free webinar is on **Friday, Oct. 29, 2021, at 8 a.m.** Mountain time. Those attending will earn one continuing medical education (CME) credit or continuing education unit (CEU).

The webinar will provide a high-level overview of the epidemiology of comorbid medical and mental health conditions and how they impact each other. This introductory training focuses on behavioral health in the primary care setting, with treatment options across various care settings.

How to attend

Register [here](#).

In case you missed it: A recording of our June 2021 webinar on depression in a primary care setting is available online. [Register or sign in here](#) and view the entire recording at no cost to earn one CME/CEU credit. The one-hour webinar offers a high-level overview of depression and measurement-based care in a primary care setting.

Watch our [Provider Training page](#) for details on these and other trainings.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians (MDs and DOs), nurses, physician assistants, nurse practitioners and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

Material presented is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described is not a guarantee that the service or treatment is a covered benefit and members should refer to their member guide or member contract for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Blue Cross Medicare AdvantageSM (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 CentennialSM (Medicaid)

Enhanced Clinical Editing Processes Begin Jan. 1, 2022 for Blue Cross Community Centennial Claims

Starting on Jan. 1, 2022, Blue Cross Community Centennial will begin implementing an enhancement to our clinical editing processes that promotes correct coding in collaboration with Cotiviti. These enhancements will also take into consideration historical claims experience. These new processes will implement claim payment polices, in accordance with correct coding guidelines and other industry-standard methodologies.

[Read More](#)

In-Home Diabetes Monitoring Tests Coming to Select Blue Cross Community Centennial Members

BCBSNM and Home Access Health Corporation have collaborated so that select Blue Cross Community Centennial members ages 18 and above can receive in-home diabetes monitoring test kits. Members with diabetes for whom we have not received a claim evidencing annual completion of the glycated hemoglobin (A1c) test may receive in-home testing kits. The in-home testing kits are a convenient option for members to be tested in the comfort and privacy of their homes at no additional charge to them.

[Read More](#)

Required Cultural Competency Training Available Online

The New Mexico Human Services Department (HSD) requires all providers contracted within a New Mexico Medicaid Network, like Blue Cross Community Centennial, to take annual cultural competency training. This training is intended to include all cultures and not be limited to any particular group and is designed to address the needs of racial, ethnic, and linguistic populations that may experience unequal access to health services.

[Read More](#)

Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 800-567-8540.

Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the [NM Medicaid Provider Web Portal](#). Failure to update information on the NM Medicaid Provider Web Portal may result in the denial of claims

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

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, bcbsnm.com/provider, 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](#)


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

 You are leaving this website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

 File is in portable document format (PDF). To view this file, you may need to install a PDF reader program. Most PDF readers are a free download. One option is Adobe® Reader® which has a built-in screen reader. Other Adobe accessibility tools and information can be downloaded at <http://access.adobe.com> .


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

[Legal and Privacy](#) | [Unsubscribe](#)



Coverage Replacement for Smoking Cessation Product CHANTIX® Due to Voluntary Recall

September 7, 2021

Drug manufacturer Pfizer has issued a voluntary recall of its CHANTIX smoking cessation product. To help alleviate a shortage of these products, Blue Cross and Blue Shield of New Mexico (BCBSNM) is **temporarily covering Apo-Varenicline (varenicline tartrate) 0.5 mg and 1 mg tablets**. The coverage was effective as of Aug. 10, 2021. It doesn't apply to members in our Medicaid or Medicare Advantage plans.

About the Chantix recall: The recall was due to higher than acceptable levels of N-nitroso-varenicline, an impurity that may be linked to an increased risk of cancer. At this time, the recall applies to several lots of 0.5 mg tablets, 1 mg tablets and 0.5 mg/1 mg tablet kits. Learn more from the [U.S. Food and Drug Administration](#) (FDA) .

What this means for you: Consider contacting our members who may be taking CHANTIX to discuss other treatment options. Our members may also be alerted to this recall notice by their pharmacy.

The [FDA advises individuals](#)  taking the recalled Chantix to continue to do so until their doctor, health care professional or pharmacist provides a replacement. No immediate risk to those taking CHANTIX has been found because it's meant for short-term use. The health benefits of stopping smoking outweigh the cancer risk from the impurity, according to the [FDA](#) .

Benefits and coverage: Members' cost share for Apo-Varenicline is based on their benefit plan and is the same as their cost share for Chantix. Some members' plans also have coverage under a preventive health benefit, which offers lower or no cost share to encourage adherence.

If you have questions about a member's pharmacy benefits, call the number on the member's ID card.

This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly.

Reminder: Use AIM for Prior Authorization — Coming for Pharmacy Medical Oncology

Remember What's Changing: Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements that may apply to some commercial and Blue Cross Community CentennialSM members.

Starting October 11, 2021, AIM Specialty Health® (AIM), rather than BCBSNM, will manage prior authorization requests for drugs in the Pharmacy Medical Oncology care category for some BCBSNM members.

Tips for using the [AIM ProviderPortal](#) for Pre & Post-Service Reviews

- Do not submit medical records to BCBSNM for care categories managed by AIM
- If medical records are needed, AIM will request them via the ProviderPortal
- Use the AIM ProviderPortal to request prior authorization (pre-service)
- Post-service review requests should also be submitted directly to AIM via the ProviderPortal
- Check prior authorization status on the AIM ProviderPortal

AIM's ProviderPortal Offers End-to-End Efficiencies for pre- and post-service reviews

- Self-service available 24/7
- Check order status and view order history
- Faster pre-service decision turnaround times than post service reviews
- Smart clinical algorithms mean real-time determinations, in many cases
- Increases payment certainty
- Transparent feedback before transferring to clinical review

Join Us for A Webinar to Learn More: It's important to attend an online training session for more in-depth information. You can also get a preview of the AIM ProviderPortal and the Medical Oncology program. **Visit the [AIM microsite for links to future training dates](#) or register at these links below.**

AIM Medical Oncology Training Dates and Times	
Wednesday, September 15, 2021 from 2 – 3 p.m. CST	Register
Friday, September 24, 2021 from 9 – 10 a.m. CST	Register
Tuesday, September 28, 2021 from noon – 1 p.m. CST	Register

Wednesday, October 6, 2021 from noon – 1 p.m. CST	Register ↗
Tuesday, October 12, 2021 from noon – 1 p.m. CST	Register ↗

Note: AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSNM.

More Information: Refer to this [previous News and Updates article](#). The updated Specialty Drug Code list includes the drugs for Medical Oncology that AIM will review starting October 11, 2021. [The Speciality Drug Code List is posted here.](#)

Find information about our prior authorization program with **AIM at this microsite** ↗.

Other Important Reminders: Make sure you're registered with AIM, prior to October 11, 2021.

There are two ways to register:

- **Online** — Go to the [AIM ProviderPortal](#) ↗; or
- **By Phone** — Call the AIM Contact Center at 844-377-1285, Monday through Friday, 7 a.m. to 7 p.m., MT.

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

Always check eligibility and benefits first through the [Availity](#)® ↗ Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Checking eligibility and/or benefit information and/or obtaining prior authorization 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, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSNM to provide utilization management services for members with coverage through 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 third-party vendors and the products and services offered by them.

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Change to Some Primary and Secondary Claims Coordination

Beginning December 13, 2021, when a Blue Cross and Blue Shield of New Mexico (BCBSNM) member has primary and secondary health insurance coverage from two BCBSNM plans or BCBSNM and one of the following four plans listed below, we will be making changes to increase efficiencies in coordinating these claims for our providers.

- Blue Cross and Blue Shield of Illinois
- Blue Cross and Blue Shield of Oklahoma
- Blue Cross and Blue Shield of Montana
- Blue Cross and Blue Shield of Texas

These changes will decrease the time it takes to process and coordinate payment of these claims. This is for members with a BCBSNM health plan **and** another plan with BCBSNM **or** one of the plans listed above.

Note: The standard guideline for timely filing with Coordination of Benefits is as follows and will not be changing with the retirement of the the retirement of the old process. Otherwise we will have to get it approved before we can use it. That takes up to 12 weeks.

- Primary claim timely filing begins at date of services rendered.
- Secondary claim timely filing begins at date of primary claim final adjudication.

What's changing for providers

In the new process you will:

- First submit just the primary claim
 - You'll receive the determination on the primary claim through your normal channels detailing the primary claim adjudication, then:
 - Submit the secondary claim with the primary claim payment information under the secondary policy following the guidelines documented in the [BCBSNM Provider Reference Manual](#).
-

Documentation and Coding

Coding Cancer and Cancer-Related Treatments

One in three people in the U.S. will be diagnosed with cancer in their lifetime, according to the [American Cancer Society](#). Accurately and completely coding and documenting cancer and cancer-related treatments may help improve member outcomes and continuity of care.

Below is information for outpatient and professional services from the [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Sample ICD-10-CM Codes for Neoplasms	
Malignant neoplasms	C00-C96
In situ neoplasms	D00-D09
Benign neoplasms	D10-D36
Benign endocrine tumors	D3A
Neoplasm of uncertain behavior	D37-D48
Neoplasms of unspecified behavior	D49
Personal history of malignant neoplasm	Z85.0–Z85.9

Coding Cancer and Cancer-Related Treatments




- To properly code a neoplasm, specify if the neoplasm is benign, in situ, malignant or of uncertain histology. Any metastases should be noted.
- All known treatments and complications should be documented.
- A statement of “History of” indicates the condition is resolved. Don’t document “History of” for members with active cancer or current treatment.
- A code from Z85.x , Personal history of malignant neoplasm, is appropriate if a primary malignancy has been previously excised or eradicated from its primary site and there is no further treatment.

Tips to Consider

- 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 how each diagnosis was 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 or other yearly preventative exam as an opportunity to capture conditions impacting member care.

Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting](#) , Chapter 4: Endocrine, Nutritional and Metabolic Disease (E00-E89) 
- [Coding Clinic](#)  Neoplasms (C00-D49)



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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.


Delivering Quality Care


Breast Cancer Screening

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.

Breast cancer is the second leading cause of death among women in the U.S., according to the [Centers for Disease Control and Prevention \(CDC\)](#) . About [1 in 8 women](#)  will get breast cancer at some point in her life. We encourage providers to talk with our members about the importance of regular screenings for women. We've created [some resources](#) that may help. Screening is the best way to find breast cancer early, when it's easier to treat, and may help reduce the risk of death.

Closing Care Gaps

[The U.S. Preventive Services Task Force](#)  recommends that **women ages 50 to 74 be screened for breast cancer every two years**. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

[Breast cancer screening](#)  is also a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). The measure tracks women ages 50 to 74 who had at least one mammogram in the past two years. Blue Cross and Blue Shield of New Mexico collects data from HEDIS measures to help assess and improve the quality of care our members receive. See our [preventive care guidelines](#) on breast cancer screening.

Tips to Consider

- Talk with our members about breast cancer [risk factors and regular screenings for women](#).
- 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.
- For [men who are at high risk](#), the American Cancer Society recommends [discussing with them how to manage risks](#).

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

HEDIS is a registered trademark of NCQA. Use of this resource is subject to NCQA's copyright, [found here](#).





Are you using these shared decision-making aids?

Shared decision-making is a communications process. It's a way for providers and patients to make informed health care decisions that align with what matters most to patients. Below are resources to help you involve your patients in shared decision-making.

These evidence-based aids provide information about treatment options, lifestyle changes and outcomes. They don't replace your guidance but can help your conversations with patients.

Why it's important: When patients help make decisions about their health care, it can lead to improved patient experience, better outcomes and quality of life.

- **Mayo Clinic Knowledge and Evaluation Research Unit [Care That Fits Tools](#)**
 - [Anticoagulation Choice](#)
 - [Cardiovascular Primary Prevention Choice](#)
 - [Chest Pain Choice](#)
 - [Depression Medication Choice](#)
 - [Graves Disease Treatment Choice](#)
 - [Diabetes Medication Choice](#)



- [Head CT Choice](#) 
- [Osteoporosis Choice](#)
- [Percutaneous Coronary Intervention Choice](#) 
- [Smoking Cessation Around the Time of Surgery](#)
- [Rheumatoid Arthritis Choice](#) 
- [Statin Choice](#) 

[This list is also on our website.](#)



The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. 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. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Health Care Quality: Blood Pressure Control


Speaking Out About the ‘Silent Killer’

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](#). High blood pressure, or hypertension, is known as a “[silent killer](#)”  because it usually has no warning signs. Nearly half of adults in the U.S. have hypertension, according to the [Centers for Disease Control and Prevention \(CDC\)](#) , and only about 1 in 4 of them have the condition under control. Encourage our members to talk with you about their [blood pressure](#) and [heart health](#).

Why Is Blood Pressure Control Important?

Controlling high blood pressure can prevent heart disease and stroke, which are among the [leading causes of death](#)  in the U.S. According to the [American Heart Association](#) , blood pressure control can also reduce the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.

Closing Care Gaps

Controlling high blood pressure is recognized as a quality measure by the [National Committee for Quality Assurance \(NCQA\)](#) . The NCQA recommends controlling both the systolic blood pressure (SBP) and diastolic blood pressure (DBP) in adults as follows:

- SBP < 140 mmHg
- DBP < 90 mmHg

View our [clinical practice guidelines](#) on hypertension.

Best Practices

Best practices include talking with members about:

- Taking medications as prescribed
- Smoking cessation
- Increased physical activity
- Maintaining a healthy weight
- Limiting alcohol intake
- Eating a low-sodium diet
- Returning for follow-up visits. Reach out to members who cancel or miss appointments and assist them with rescheduling as soon as possible.

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.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Enhanced Clinical Editing Processes Begin Jan. 1, 2022 for Blue Cross Community CentennialSM Claims

Starting on Jan. 1, 2022, Blue Cross Community Centennial will begin implementing an enhancement to our clinical editing processes that promotes correct coding in collaboration with Cotiviti. These enhancements will also take into consideration historical claims experience. These new processes will implement claim payment polices, in accordance with correct coding guidelines and other industry-standard methodologies, including, but not limited to:

- Centers for Medicare & Medicaid Services (CMS) medical coding policies
- American Medical Association (AMA) Current Procedural Terminology (CPT[®]) coding guidelines
- Blue Cross Community Centennial Payment Policies

Cotiviti will review claims for Blue Cross Community Centennial payment policies including, but not limited to, the following areas:

- Add-On Principles
- CCI-National Correct Coding Initiative (Comprehensive and Mutually Exclusive)
- Data Validation
- Duplicate Claims
- Evaluation and Management Crosswalk Principles
- Global Surgical / E&M Principles
- Incidental Procedures
- Invalid Procedure to Modifier
- Laboratory
- Medically Unlikely Principles
- Multiple Surgeon Principles
- OB Principles

The Blue Cross Community Centennial payment policies will be available for review under the “Standards and Requirements” tab on our website at bcbsnm.com/provider on or before December 1, 2021. If you have questions about this communication, please contact Member Services at 800-693-0663.

CPT copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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

In-Home Diabetes Monitoring Tests Coming to Select Blue Cross Community CentennialSM Members

Blue Cross and Blue Shield of New Mexico (BCBSNM) and Home Access Health Corporation have collaborated so that select Blue Cross Community Centennial members ages 18 and above can receive in-home diabetes monitoring test kits. Members with diabetes for whom we have not received a claim evidencing annual completion of the glycated hemoglobin (A1c) test may receive in-home testing kits. The in-home testing kits are a convenient option for members to be tested in the comfort and privacy of their homes at no additional charge to them.

We have let members know they will receive the testing kits and that taking the test is voluntary. Members have until **December 30, 2021** to complete and submit their tests for processing. Home Access Health Corporation will process the tests and send results to the member and any primary care provider identified by the member when returning the test.

How You Can Help:

- Discuss with members the importance of A1c and healthy lifestyle choices that promote diabetes wellness; and
- If members receive in-home testing kits and call your office with questions, please encourage them to participate and complete the kits as soon as possible.

If you have any questions, please contact your BCBSNM [Provider Network Representative](#).

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

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Home Access Health Corporation is an independent company that provides laboratory testing services for Blue Cross and Blue Shield of New Mexico. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.
