

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

September 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](#)

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

Blue Cross and Blue Shield of New Mexico (BCBSNM) is changing prior authorization requirements that may apply for some commercial and Medicaid Blue Cross Community Centennial<sup>SM</sup> members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). Review a summary of changes and more information by clicking "Read More" below.

[Read More](#)

### **Documentation and Coding: Obesity and Morbid Obesity**

Obesity is a chronic, progressive disease. Accurately and completely coding and documenting obesity and morbid obesity can help identify and address related comorbidities that may impact our members'

overall health status. According to ICD-10-CM guidelines, the clinician should document that the member is overweight, obese or morbidly obese. Coders must use the clinician’s statement to assign the corresponding code.

[Read More](#)

### **Updates to Clinical Practice and Preventive Care Guidelines**

We’ve updated our Clinical Practice Guidelines and Preventive Care Guidelines. The guidelines draw from evidence-based standards of care and nationally recognized medical authorities to help direct our quality and health management programs and help improve member care. They may help guide your decision-making as you care for our members.

[Read More](#)

### **Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2021 — Part 1**

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 Oct. 1, 2021.](#) 

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

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

BCBSNM is changing prior authorization requirements for Medicare members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). Review a summary of changes and more information by clicking “Read More” below.

[Read More](#)

### **Availity® Claim Status Response Enhancement for Medicare Advantage Claims**

The Availity Claim Status tool provides enhanced, real-time claim status details to help you manage and resolve your BCBSNM claims online. You can search for claims by using the member ID or specific claim

number and the results provide more detailed information than the HIPAA-standard claim status 276/277 transaction.

[Read More](#)

### **CMS-Required Training for Dual-Special Needs Plans**

Providers who treat dually-eligible Medicare and Medicaid members are required by the Centers for Medicare and Medicaid Services (CMS) to complete an annual Dual-Special Needs Plan (DSNP) training on DSNP plan benefits and requirements, including coordination of care and Model of Care elements.

[Read More](#)

## **Blue Cross Community Centennial<sup>SM</sup> (Medicaid)**

### **Screening for Clinical Depression Initiative**

Although many patients may present to their provider's office with nonspecific physical symptoms consistent with depression such as pain, poor sleep or poor appetite, their comorbid diagnosis of depression may go unrecognized. Providers may not have the tools or the time needed to screen or treat such patients. BCBSNM understands these challenges and wants to help.

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

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

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

Changes include:

- **October 1, 2021** — Adding Genetic Testing codes to be reviewed by AIM
- **October 1, 2021** — Removal of Orthognathic Surgery codes previously reviewed by BCBSNM
- **October 1, 2021** — Removal of a Specialty Pharmacy code previously reviewed by BCBSNM
- **October 1, 2021** — Removal of an Orthopedic Musculoskeletal code previously reviewed by BCBSNM

**More Information:** Refer to the updated Preauthorization CPT Code Lists section in the [Preauthorization](#) area of the website. The code changes will be designated with dates of removal or addition.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

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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

# Obesity and Morbid Obesity

Obesity is a chronic, progressive disease. Accurately and completely coding and documenting obesity and morbid obesity can help identify and address related comorbidities that may impact our members' overall health status.

According to the [Centers for Disease Control and Prevention](#):

- More than 40% of U.S. adults have obesity
- Morbid obesity, or a body mass index (BMI) of 40 or more, affects 9% of adults
- Adults with obesity have higher risk for developing conditions including heart disease, type 2 diabetes, stroke and some types of cancer

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

Sample ICD-10-CM Codes for Overweight and Obesity	
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Single episode, in partial remission
F33.8	Overweight
E66.8	Other obesity
E66.9*	Obesity, unspecified

Sample ICD-10-CM Codes for BMI	
Z68.2_	BMI 20-29, adult
Z68.3_	BMI 30-39, adult
Z68.4_	BMI 40 or greater, adult
Z68.5_	BMI, pediatric

## Coding Obesity and Morbid Obesity

An obesity diagnosis is based on the clinician's diagnostic statement that the member has the condition. An additional code should be used to identify BMI, if known.

According to ICD-10-CM guidelines, **the clinician should document that the member is overweight, obese or morbidly obese**. Coders must use the clinician's statement to assign the corresponding E66 code. A coder can't code a weight diagnosis based on BMI calculations, lab values or other measurements.

**Coders should use BMI codes only when there is an associated, reportable weight diagnosis, such as obesity.** A clinician other than the patient's provider, such as a nurse or dietician, may record BMI. However, BMI shouldn't be coded unless the clinician documents the associated weight diagnosis.

### **BMI is a screening tool and not an indicator of health.**




- BMI adult codes are for people age 20 years and older
- BMI pediatric codes are for people ages 2 to 19
- Don't code BMI in pregnancy

**\*E66.9 Obesity unspecified** is equivalent to Obesity Not Otherwise Specified (NOS). This code should rarely be used and only when nothing else, such as the reason for obesity, is known about the disorder.

## 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) 
- American Hospital Association [Coding Clinic](#)  (subscription required), Fourth Quarter 2018, Body Mass Index
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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.






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## Updates to Clinical Practice and Preventive Care Guidelines







We've updated our [Clinical Practice Guidelines](#) and [Preventive Care Guidelines](#). The guidelines draw from evidence-based standards of care and nationally recognized medical authorities to help **direct our quality and health management programs** and help improve member care. They may help **guide your decision-making** as you care for our members.

### What's New

Updated Clinical Practice Guidelines and their sources:

- Asthma ([Global Initiative for Asthma](#) )
- Chronic Obstructive Pulmonary Disease ([Global Initiative for Chronic Obstructive Lung Disease](#) )
- Comprehensive Human Immunodeficiency Virus (HIV) ([World Health Organization](#) )
- Diabetes ([American Diabetes Association](#) )
- Weight Management ([American Association of Clinical Endocrinology and American College of Endocrinology](#) )

Updated Preventive Care Guidelines and their sources:

- Cholesterol Screening ([American College of Cardiology/American Heart Association](#)  )
- Colorectal Cancer Screening ([U.S. Preventive Services Task Force](#)  (USPSTF)
- Diabetes Screening ([American Diabetes Association](#) )
- Hypertension Screening ([USPSTF](#) )
- Lung Cancer Screening ([USPSTF](#) )
- Unhealthy Drug Use Screening ([USPSTF](#) )

You can find the complete guidelines on our website under [Clinical Resources](#). We update them no less than every two years or when new significant findings or major advancements in evidence-based care are established.


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**Important Reminder:** Always check eligibility and benefits first through [Availity](#)  or your preferred vendor, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- **October 1, 2021** — Addition of Genetic Testing codes to be reviewed by eviCore
- **October 1, 2021** — Addition of Specialty Drug codes to be reviewed by eviCore
- **October 1, 2021** — Addition of Medical Oncology codes to be reviewed by eviCore

**More Information:** Refer to the updated Preauthorization CPT Code Lists section in the [Preauthorization](#) area of the website. The code changes will be designated with dates of removal or addition.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

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# Availity® Claim Status Response Enhancement for Medicare Advantage Claims

The Availity Claim Status tool provides enhanced, real-time claim status details to help you manage and resolve your Blue Cross and Blue Shield of New Mexico (BCBSNM) claims online. You can search for claims by using the member ID or specific claim number and the results provide more detailed information than the HIPAA-standard claim status 276/277 transaction.

## What's New?

The Availity Claim Status response now provides **Additional Action(s)** for specific ineligible reason codes on finalized Medicare Advantage claim denials. This information provides the same instruction as our Customer Advocates and will help you understand what further step(s) may be taken for certain denial scenarios.

## For More Information...

- Join a weekly webinar hosted by BCBSNM to learn how to use the Availity Claim Status offering. Visit the [Training page](#) to register for an upcoming session.
- View the [Claim Status Tool User Guide](#)  located on the [Tools page](#) for step-by-step navigation and helpful tips.
- Email our [Provider Education Consultants](#) if you have further questions or would like customized training.

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