JULY–AUGUST 2019

BCN Provider News

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index

BCN Provider News User Guide

Preliminary results of pilot opioid use disorder treatment program show promise

By William T. Beecroft, M.D.

Dr. Beecroft is a medical director at Blue Care Network.

Results of Blue Care Network's CLIMB program for members with opioid use disorders show that people do better when they take full advantage of the recommended interventions, which include medically-assisted treatment, or MAT. Our relapse rate has decreased from 36% to 14% for members in the program.

CLIMB is an acronym for Community-based, Life-changing, Individual Medically-assisted and evidence-Based program. (The treatment program was extended to include select Blue Cross Blue Shield of Michigan PPO members. It was reported in the January-February 2019 issue of **Physician and Hospital Update**).

Please see Opioid Use, continued on Page 20

Providers and office staff: Sign up for new training webinars

Do you or your staff have questions about provider enrollment, pharmacy or you just need a refresher on how to work more efficiently with Blue Cross Blue Shield of Michigan and Blue Care Network? Well, now there's a webinar to help with those questions.

Provider Experience is developing a more comprehensive schedule of training opportunities for providers and staff. You'll see a comprehensive calendar of webinar training presented over the next several months. We'll make recordings available on our website, so you can reference the information at your convenience or make the training available for office staff.

Please see Training, continued on Page 2

Inside this issue…

6 Use in-network laboratories for your BCN and Blue Cross patients

9 Medication reconciliation reimbursement increases to $35 for Medicare Advantage members

12 Educate patients about measles vaccine myths

31 Coding corner: Congestive heart failure

Network Operations

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Training, *continued from Page 1*

Here are the webinar offerings for July and August:

Blues 101 – Understanding the Basics
July 16, 2019 from 1 – 2 p.m.
Click here to register

Blues 201 – Enrollment
July 23, 2019 from 2 – 4 p.m.
Click here to register

July 25, 2019 from 10 a.m. – noon
Click here to register

Specialty Topics – Pharmacy Site of Care (Offered twice)
July 17, 10 – 11 a.m.
Click here to register

July 25, 1:30 – 2:30 p.m.
Click here to register

Pharmacy Oncology Program through AIM
See the article on **Page 26** for dates and registration links.

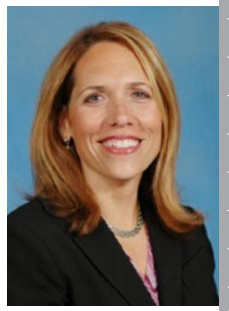
Stay tuned for details on new webinars in September and October. We'll offer the Blues 101 webinar again and are planning two more Blues 201 trainings about authorizations and referrals and claims appeals.

BCN leadership changes

Blue Care Network has tapped Tiffany Albert, BCN president and CEO, to fill the role of senior vice president, Health Plan Business. Tiffany has provided leadership across Heath Plan Business as CEO, as director for the middle and small group segment and as former CEO of our LifeSecure subsidiary. She replaces Kevin Klobucar, who is retiring at the end of the year.


Tiffany Albert

Kathryn Levine has been promoted to president and CEO, Blue Care Network, and will retain responsibilities for corporate marketing and customer experience for BCN and Blue Cross Blue Shield of Michigan. As we continue our efforts to be a best-in-category consumer-centric organization, Levine's new role enables us to combine two areas of strategic strength—BCN and Customer Experience—allowing Health Plan Business to better integrate customer experience enhancements across all business segments.


Kathryn Levine

Editor
Cindy Palese
bcnprovidernews@bcbsm.com

Provider Communications
Catherine Vera-Burgos, Manager
Elizabeth Donoghue Colvin
Jennifer Fry
Tracy Petipren

Market Communications Publications
Autumn Molnar

Contributors
William Beecroft, M.D.; Camillya Christian-Smith; Laura Cornish; Pharm. D; Amy Frady; Jody Gembarski; Duane DiFranco, M.D.; Sonja Rashed; Kelly Redmond-Anderson

Network Operations

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

How to submit inpatient admission authorization requests on holidays

Blue Care Network corporate offices will close on Thursday, July 4 and Friday, July 5.

During this office closure, BCN's inpatient utilization management area will still accept inpatient authorization requests for BCN HMO℠ (commercial) and BCN Advantage℠ members.

Here's what you need to know about submitting inpatient authorization requests when our corporate offices are closed.

Acute initial inpatient admissions

Submit these authorization requests as well as concurrent reviews and discharge dates through the e-referral system, which is available 24 hours a day, seven days a week. If the e-referral system is not available, you can fax requests for inpatient admissions and continued stays to BCN HMO (commercial) at 1-866-313-8433 and to BCN Advantage at 1-866-526-1326

Refer to the document **Submitting acute inpatient admission requests to BCN** for additional information.

Note: These requests may also be submitted through the X12N 278 Health Care Services Review – Request for Review and Response electronic standard transaction.

Post-acute initial and concurrent admission reviews.

- For BCN HMO members admitted at any time and for BCN Advantage members admitted through May 31, 2019, Blue Care Network manages the authorizations. Follow the guidelines in the document **Post-acute care admissions: Submitting authorization requests to BCN**.
- For BCN Advantage members admitted on or after June 1, 2019, naviHealth manages the authorizations. Follow the guidelines in the document **Post-acute care services: Frequently asked questions by providers**.

Other authorization requests

The types of requests listed below must be submitted by fax. Fax BCN HMO (commercial) requests to 1-866-313-8433. Fax BCN Advantage requests to 1-866-526-1326.

- Authorization requests for sick or ill newborns
- Requests for enteral and total parenteral nutrition

Additional information

You can also call the BCN After-Hours Care Manager hotline at 1-800-851-3904 and listen to the prompts for help with the following:

- Determining alternatives to inpatient admissions and triage to alternative care settings
- Arranging for emergency home health care, home infusion services and in-home pain control
- Arranging for durable medical equipment
- Handling emergency discharge planning coordination and authorization
- Handing expedited appeals of utilization management decisions

Note: Do not use the after-hours care manager phone number to request authorization for routine inpatient admissions.

As a reminder, when an admission occurs through the emergency room, contact the primary care physician to discuss the member's medical condition and coordinate care prior to admitting the member.

Network Operations

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

We're expanding the use of CAQH ProView

Blue Cross Blue Shield of Michigan Provider Operations and Innovation is expanding the use of the CAQH Proview application to include enrollment demographic and credentialing data for delegated credentialing practitioners.

Through this initiative, we're streamlining the data exchange process between delegated practitioner groups and Blue Cross to improve provider data quality in our online directories.

We'll accept automated data feeds from CAQH ProView 3.0 into our provider data repository to maintain provider data and reduce duplication of data submission for the delegated groups.

We'll begin beta testing this electronic data exchange with the University of Michigan Medical Group and Genesys PHO for initial enrollment and changes during the latter part of 2019, with the exchange of recredentialing data to follow.

Note: We still require signature documents for contracting. Continue to send these documents to the Provider Enrollment and Data Management department.

CAQH Direct Assure rollout continues through 2019

We'll continue rolling out Direct Assure in phases with the goal to have all providers using it by the end of December 2019. Currently, 25% of our practitioners participate. We'll roll out Phase IV at the end of June. Practitioners included in this roll-out are specialists who are likely to be audited by the Centers for Medicare & Medicaid Services:

- Primary care physicians
- Cardiologists
- Oncologists
- Ophthalmologists

Keep your CAQH record updated

To make a smooth transition to CAQH Direct Assure, keep your CAQH record updated with the correct practice location information. You can familiarize yourself with the Direct Assure application by watching the **Update your Practice Locations in CAQH ProView** video tutorial. This video will walk you through the steps involved in reconciling your location information with Blue Cross Blue Shield of Michigan.

While making updates to practice locations in CAQH, keep the following in mind:

- If, after logging into CAQH, you see a pop-up message that reads *Help Patients Find You*, that means that you are now participating in Direct Assure.
- Once active with Direct Assure, adding, ending or updating a group address in CAQH will now be sent to Blue Cross for processing.
- Don't forget to add the Type 2 (group) National Provider Identifier (NPI 2) for each location.
- When you select, *I see patients here one day per week or I see patients one day per month*, the Practice Affiliation page will display the location in the directory. If a practitioner sees patients but not for appointments, he or she should select *Other* so the record doesn't display in the directory.

If you have questions, call CAQH at 1-888-599-1771, or Provider Enrollment at 1-800-822-2761.

Network Operations

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

We're expanding medical coverage for U-M employees who are transgender

Blue Cross Blue Shield of Michigan and Blue Care Network will soon cover additional medical services for University of Michigan employees who are transgender.

The following additional gender affirming services for members transitioning from male to female will be covered, starting July 1, 2019.

- Face and neck hair removal
- Facial feminization surgery
- Chondrolaryngoplasty (Adam's apple reduction)

Currently, Blue Cross and BCN cover genital surgery, mastectomy in female-to-male transition, hormone therapy and counseling when medically necessary to treat gender dysphoria for U-M employees. Gender dysphoria involves a conflict between a person's gender identity and their gender assigned at birth, causing significant distress.

Coverage for the new services will require that members meet benefit criteria. Blue Cross comprehensive major medical members must use Blue Cross participating providers. Blue Cross' PPO and BCN HMO members must use network providers. This benefit has up to a $30,000 lifetime limit. Michigan Medicine, formerly the University of Michigan Health System, is the only provider in our network that currently performs facial feminization surgical services.

You can request authorizations for members who have a Blue Cross plan, starting June 15,2019. For members with a BCN plan, authorizations can be requested starting June 12.

The group number for BCN members is 00124316. The group number for Blue Cross members is 007005187. The number will be on the front of their member ID card. As always, be sure to check web-DENIS for benefits and eligibility.

Transgender members may also utilize new coverage for fertility preservation if medical or surgical interventions related to their transition could result in infertility. For more details, see the University of Michigan **fact sheet on coverage for services related to infertility**.

For more information

For more details, see the University of Michigan **fact sheet on health plan coverage for gender-affirming services**.

Blue Care Network updates professional fees, effective July 1

Blue Care Network will update fee schedules, effective with dates of service on or after July 1, 2019. This change applies to services provided to Blue Care Network commercial members.

We'll use the 2019 Medicare resource-based relative value scale for most relative value unit-priced procedures.

In alignment with Blue Cross Blue Shield of Michigan, the conversion factor used to calculate anesthesia base units for anesthesia procedures will increase 1.5% to $60.72 throughout Michigan.

Blue Cross conducts a comprehensive analysis of professional provider performance and current economic indicators annually to calculate practitioner fees, with consideration of corporate and customer cost concerns.

Blue Cross and BCN remain committed to reviewing professional provider performance to determine the need for increases or decreases in our maximum payments.

Only claims submitted with dates of service on or after July 1 will be reimbursed at the new rates.

Note: The Blue Cross Physician Group Incentive Program allocation of professional fees won't change. This component continues to be excluded from BCN professional fees.

Network Operations

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

You must use in-network laboratories for your Blue Cross and BCN patients

A regular review of our claims data shows that a number of providers are using noncontracted laboratories for Blue Cross Blue Shield of Michigan and Blue Care Network patients. We've also found some patients are taking their lab scripts to noncontracted labs, not realizing this may result in higher costs.

Going out of network for lab services may cause unnecessary cost-sharing expenses and balance-billing by the labs. We encourage you let your patients know that going to a contracted lab helps ensure they avoid higher copayments and possible other out-of-pocket costs.

Network labs offer a full complement of routine tests, BRCA testing and other specialty testing. In addition, we use contracted labs to obtain data for regulatory reporting and clinical quality review.

According to your participation agreement, you must also use in-network providers when referring patients for non-emergency services. Verify a laboratory's participation in the appropriate network before referring patients for lab samples.

Failure to meet program requirements for utilizing participating laboratory services may lead to corrective action, including potential termination from the Blue Cross network.

Below is a list of labs used for our BCN and Blue Cross members:

Blue Cross PPO (commercial)	Use the Find a Doctor tool on **bcbsm.com** (except MPSERS, Ford, GM)
Blue Cross® PPO (commercial plans) for MPSERS, Ford, GM salaried employees	Quest Diagnostics™ 1-866-697-8378
Medicare Plus Blue℠ PPO	Quest Diagnostics™ - 1-866-697-8378 JVHL – 1-800-445-4979
BCN HMO℠ (commercial)	JVHL and JVHL subcontractors 1-800-445-4979
BCN Advantage℠	JVHL and JVHL subcontractors 1-800-445-4979

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Help members share their Blue Cross ID cards through our mobile app

Do you have patients who forget their member ID cards? Or have questions about their coverage, deductible or copays? When your office needs a copy of the ID card for your records, tell patients to download the **BCBSM mobile app**. It connects members securely to the health plan info on their **bcbsm.com** accounts for Blue Cross Blue Shield of Michigan or Blue Care Network.

Members can download the BCBSM mobile app from the App Store® or Google Play™ onto one of these devices:

- iPhone® or iPad® using iOS 10.0 or better
- smartphone or tablet using Android™ version 5.0 or better

How patients can share their virtual member ID card

Patients can share their member ID card from the mobile app. They'll need to know their login ID and password they created when they downloaded the app. Here's how to help the member share it with you.

Tell them to:

1. Log in to the app
2. Click on ID Card icon.
3. After the card launches, selected the "share" icon at the right side of the screen.
4. Tap the phone's sharing menu icon.
5. A new email message will open with a PDF of their ID card attached.
6. Enter recipient's information and click send.

Use your business email to access provider secured services

We're always looking for ways to protect our members' information and keep your account secure. To do so, we'd like to connect your online account to an email address that is related to your business rather than a public email provider like Hotmail, Gmail or Yahoo.

If you have a company email address, please include it on your request for access or changes to your provider secured services account. If you're not sure whether a company email address is available to you, please check with your website administrator. Most websites offer domain email free with your account. If you are a smaller practice that does not host a website, we will accept your request with the email you use to conduct your business.

BCN Advantage

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index

Reminders about preventive screenings mailed to BCN Advantage members

BCN Advantage sent gaps in care letters in June to remind members to talk to their doctors about preventive health screenings. The letters include a service chart that showed both completed and recommended health screenings. BCN also encouraged members to discuss the listed screenings with their doctors.


Just For You:
Recommended Health Services

Patient name: <Member name>

HEALTH SERVICE	THE SERVICE HELPS YOU ...	HOW OFTEN?	YOUR STATUS
Breast cancer screening	Detect breast cancer early when it's easiest to treat.	Mammogram every two years	
Colorectal cancer screening	Discover colorectal cancer early when treatment works best.	Ask your doctor; how often you get tested depends on which screening type is best for you.	
Diabetic A1c test	Keep track of how well you're managing your diabetes.	Two to four times each year depending on results	
Diabetic retinal eye exam	Prevent blindness or other eye problems.	Every one to two years as recommended by your doctor	
Diabetic kidney function test	Find kidney disease before kidney failure.	Urine protein test every year	
Osteoporosis screening	Identify osteoporosis with a quick and painless test.	Bone mass measurement every two years as recommended by your doctor	

Be sure to have your blood pressure checked at every office visit to make sure it's under control.

Your status is based on claims data through May 2019. If you've already completed these services, thank you.

The service chart listed screenings for breast cancer, colorectal cancer and osteoporosis along with a diabetic A1c test, diabetic retinal eye exam and diabetic kidney function test. They are individualized based on the member.

We've included a Customer Service number for BCN Advantage so members can call us with questions.

Gain insights about your patients from CAHPS research on improving the patient experience

The Centers for Medicare & Medicaid Services can help providers better understand their Medicare patients' needs and expectations through information gleaned from the Consumer Assessment of Healthcare Providers and Systems, or CAHPS, survey.

CMS annually compiles survey findings as part of an effort to improve the patient experience and better understand health outcomes. Results from the CAHPS survey, developed by the U.S. Agency for Healthcare Research and Quality, contribute to the CMS star ratings system.

You can learn more about the **CAHPS survey** and how the survey can be used to improve the patient experience. Also, be sure to check out the **CAHPS survey tip sheet** to find out why this annual survey is so important, how it's conducted, what questions are asked and ways you can address care opportunities for patients.

BCN Advantage

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Medication reconciliation reimbursement increases to $35 for Medicare Advantage members

When medication reconciliation is conducted within 30 days of a hospital discharge and a claim is submitted for CPT II code *1111F, Blue Cross Blue Shield of Michigan will reimburse providers $35 for its Medicare Advantage products: Medicare Plus Blue℠ and BCN Advantage℠. Blue Cross commercial continues to reimburse at $35.

"Medication Reconciliation Post-Discharge" is a HEDIS® measure.

To receive reimbursement, follow these steps when patients are discharged after a hospital stay:

- Schedule a medication reconciliation as soon as possible.
- Perform medication reconciliation by comparing the hospital discharge medications against the patient's current list of medications.
  - Physicians, physician assistants, pharmacists and registered nurses may conduct a medication reconciliation.
  - One example of acceptable documentation in the outpatient medical record is "Current and discharge medications were reconciled."
- Submit *1111F with the post-discharge office visit claim within 30 days of the discharge. The code description is "Discharge medications reconciled with the current medication list in outpatient medical record."

About the HEDIS measure

Medication Reconciliation Post-Discharge assesses patients age 18 and older in the measurement year who were discharged from an acute or non-acute inpatient stay between Jan. 1 and Dec. 1 of the measurement year. It looks at patients whose medications were reconciled from the date of discharge through 30 days after discharge (31 days total).

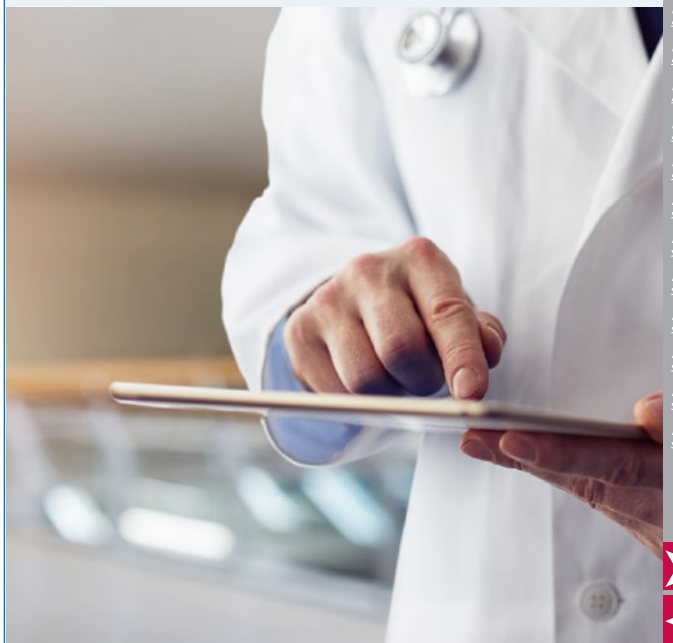
See the PDF to review the **Medication Reconciliation Post-Discharge tip sheet**.

Error code changes for BCN Advantage referrals submitted by electronic transaction

If you submit referral requests using the 278 electronic transaction, you will now receive a different error message for referrals submitted for BCN Advantage℠ members. Initially, error code 33 with the description of "Input Errors" was received.

At the end of May, the error changed to "NA." This means that no action is needed. This is a more appropriate error message as BCN no longer accepts referrals for BCN Advantage members staying in network.

We announced the end of referrals for BCN Advantage members staying in their health plan's network in our **March-April issue** on Page 7.



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Update: naviHealth managing authorizations for Medicare Advantage members moving to post-acute care facilities

As you read in the **May-June** issue of *BCN Provider News*, Page 6, naviHealth will be managing authorizations for Medicare Advantage members who are moving into skilled nursing, long-term acute care and inpatient rehabilitation facilities. The transition to naviHealth is effective for authorization requests submitted **for members admitted on or after June 1, 2019**, for both in-state and out-of-state cases.

Here's some additional information to keep in mind:

- Post-acute care facilities should always check to see if an authorization is in place when they're handling an admission for a Medicare Advantage patient. If an authorization wasn't submitted by the acute care facility, the post-acute care facility should submit the authorization request.
- Retrospective authorizations can be submitted electronically up to 90 days post-discharge from an acute care facility. Beyond 90 days, authorizations must be phoned in or faxed.

For more details on how to submit authorization requests, see the *BCN Provider News* article reference above.

Also, we recently updated our **FAQ** on post-acute care services.

If you missed the training, you can view recorded webinars on **navihealth.com/BCBSM**.

Two Medicare star measures support statin therapy for patients with cardiovascular disease and diabetes

To underscore the importance of statin therapy, the Centers for Medicare & Medicaid Services includes two Medicare star measures aimed at its use for patients with cardiovascular disease and diabetes.

The Centers for Disease Control and Prevention estimates that adults with diabetes are 1.7 times more likely to die from cardiovascular disease than adults without it. Additionally, nearly two out of five people with diabetes who could benefit from statin therapy to lower their risk of heart attack, stroke and related deaths weren't prescribed it, according to the *Journal of the American College of Cardiology.*

We encourage you to consider prescribing statins for your patients diagnosed with atherosclerotic cardiovascular disease and diabetes.

To learn more about the use of statin therapy, view these tip sheets:

- **Statin Therapy for Patients with Cardiovascular Disease**
- **Statin Use in Persons with Diabetes**

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Medicare Part B medical specialty drug prior authorization list changing July 22

We're making changes to the Medicare Plus Blue℠ PPO and BCN Advantage℠ Part B specialty prior authorization drug list, as follows:

- For dates of service on or after July 22, 2019, Darzalex® (J9145) will require prior authorization.
- Effective immediately, Myozyme® (J0220) is removed from the prior authorization list because it is no longer available in the U.S. market.

Here's some additional information you need to know about the change for Darzalex.

Medicare Plus Blue PPO

For Medicare Plus Blue, we require prior authorization for Darzalex when you bill electronically through an 837P transaction or on a professional CMS-1500 claim form, for the following sites of care:

- Physician office (place of service code 11)
- Outpatient facility (place of service code 19, 22 or 24)

BCN Advantage

For BCN Advantage, we require prior authorization for Darzalex when you bill it as a professional service or an outpatient facility service electronically through an 837P transaction or on a professional CMS-1500 claim form for:

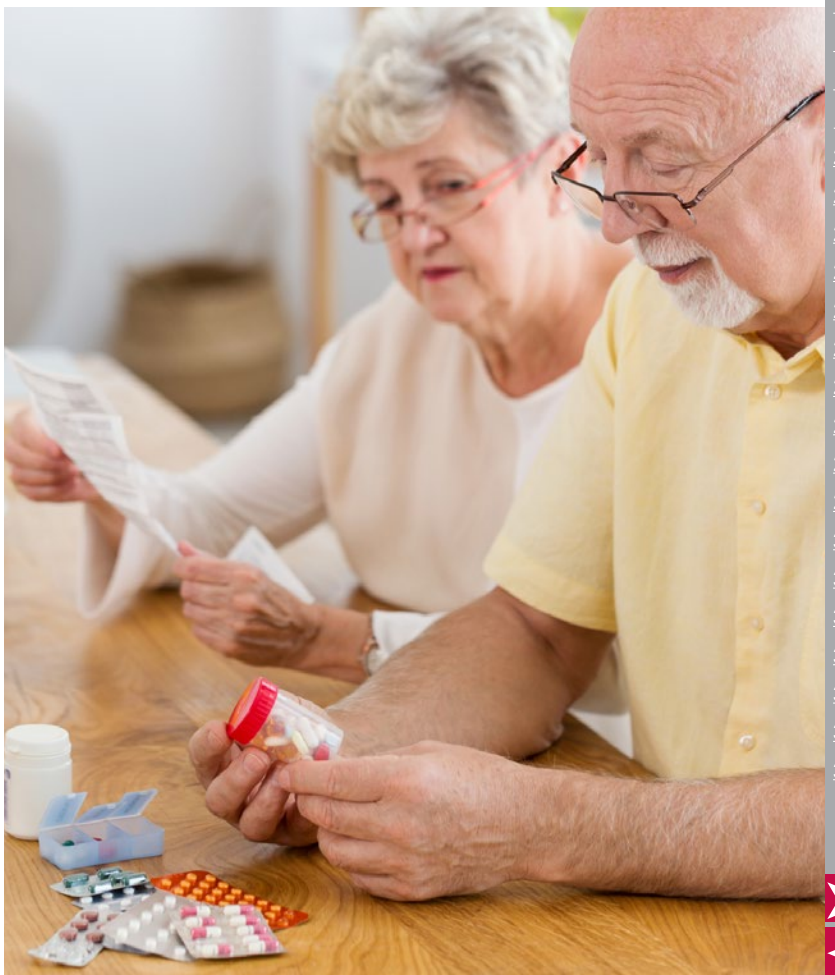
- Physician office (place of service code 11)
- Outpatient facility (place of service code 19, 22 or 24)
- Home (place of service code 12)

We also require prior authorization when you bill electronically through an 837I transaction or using a UB04 claim form for a hospital outpatient type of bill 013x.

Important reminder

You must get authorization before administering these medications. Use the Novologix® online web tool to quickly submit your requests. It offers real-time status checks and immediate approvals for certain medications. Also note:

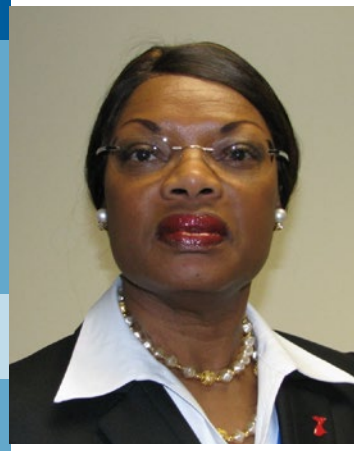
- For Medicare Plus Blue, you can fax an **Addendum P form** to gain access to the Novologix online web tool.
- For BCN Advantage, if you have access to Provider Secured Services, you already have access to submit authorization requests through Novologix.



Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Educate patients about measles vaccine myths

By Dr. Denice Logan



The reoccurrence of measles in the United States, and particularly Michigan, affords providers renewed opportunities to have important conversations with parents who are reluctant to vaccinate their children.

Physicians can address parental concerns, while exploring misconceptions about the vaccine.

For example, getting the vaccine is much safer than getting measles. Measles is a serious disease. According to the Centers for Disease Control and Prevention, complications can include encephalitis, resulting in deafness, an intellectual disability or death.

Parents also need to understand that serious side effects are very rare. Side effects are generally mild and can include pain and swelling at the injection site. The risk of the vaccine causing serious harm is very small.

There are myths related to measles vaccination that are not supported by sound scientific evidence. Physicians can use the information that follows to facilitate conversations with patients.

Myth: Vaccines contain harmful ingredients, such as thimerosal, formaldehyde and aluminum.

Thimerosal (mercury) is found in milk, seafood and contact lens solution. Formaldehyde is found in a variety of agents, including carpeting, upholstery, cosmetics, paint, felt tip markers, antihistamines, cough drops and mouthwash. We actually make formaldehyde in our bodies in some metabolic processes. Aluminum is found in drinking water, foods and medicines. All these agents are found in such minimal amount than what we are exposed to in our daily lives.

Myth: Vaccines cause autism and SIDS.

A 1998 study that raised this issue was retracted by The Lancet, as it was significantly flawed. The published study only included 12 patients. Eight of the 12 were suing the vaccine producing companies, but this wasn't disclosed. An autism diagnosis can be made at the same time during which a child receives the MMR vaccination. No sound reproducible evidence was even identified to support this 12-participant study.

Myth: Vaccine preventable diseases are just a part of childhood.

It is not better to have the disease than become immune through vaccines. The disease can cause serious complications.

Dr. Logan is a medical director at Blue Care Network.

Please see From the medical director, continued on Page 14

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

2019 InterQual criteria implemented Aug. 1, 2019, for non-behavioral health determinations

Blue Cross Blue Shield of Michigan and Blue Care Network will implement the 2019 InterQual® criteria starting Aug. 1, 2019, for all levels of care. We'll use these criteria to make utilization management determinations for requests to authorize non-behavioral health services subject to review for the following members:

- Blue Cross' PPO plans (commercial)
- Medicare Plus Blue℠ PPO
- BCN HMO℠ (commercial)
- BCN Advantage℠

When clinical information is requested for a medical or surgical admission or for other services, we require submission of the specific components of the medical record that validate that the request meets the criteria.

Blue Cross and BCN also use local rules — modifications of InterQual criteria — in making utilization management determinations. The 2019 local rules will also be implemented starting Aug. 1, 2019.

By the end of July, you'll be able to access the updated versions of the modifications (local rules), as applicable, for:

- BCN — on the **Authorization Requirements & Criteria** page in the BCN section of our **ereferrals.bcbsm.com** website. Look under the "Referral and authorization information" heading.
- Blue Cross — on the **Authorization Requirements & Criteria** page in the Blue Cross section of our **ereferrals.bcbsm.com** website. You'll see links to the criteria in both the Blue Cross PPO and the Medicare Plus Blue PPO sections of that page.

Refer to the table for more specific information on which criteria are used in making determinations for various types of non-behavioral health authorization requests.

Criteria/Version	Application
InterQual Acute — Adult and Pediatrics	• Inpatient admissions • Continued stay discharge readiness
InterQual Level of Care — Subacute and Skilled Nursing Facility	• Subacute and skilled nursing facility admissions • Continued stay discharge readiness
InterQual Rehabilitation — Adult and Pediatrics	• Inpatient admissions • Continued stay and discharge readiness
InterQual Level of Care — Long Term Acute Care	• Long-term acute care facility admissions • Continued stay discharge readiness
InterQual Level of Care — Home Care	• Home care requests
InterQual Imaging	• Imaging studies and X-rays
InterQual Procedures — Adult and Pediatrics	• Surgery and invasive procedures
Medicare Coverage Guidelines (as applicable)	• Services that require clinical review for medical necessity and benefit determinations
Blue Cross and BCN medical policies	• Services that require clinical review for medical necessity
BCN-developed Local Rules (applies to BCN HMO and BCN Advantage)	• Exceptions to the application of InterQual criteria that reflect BCN's accepted practice standards

Note: The information in the table applies to lines of business and members whose authorizations are managed by Blue Cross or BCN directly and not by a vendor.

See the article titled "We're using updated utilization management criteria for behavioral health, starting Aug. 1," on **Page 21** in this newsletter for information on the updated behavioral health criteria we'll use starting Aug 1.

PDF *Local Rules InterQual*

Patient Care

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

From the medical director, *continued from Page 12*

Myth: I don't need to vaccinate my child because other children are already immune.

Herd immunity will eventually be less effective if enough people don't continue to receive the vaccine.

Myth: A child can get the disease from the vaccine.

Most vaccines are inactivated. Therefore, it is highly unlikely that this could occur. Oral live polio in the past was associated with cases of polio. It's no longer provided in the United States.

The number of measles cases reported in the United States this year is more than double 2018 data. This makes administration of the vaccine and patient education even more crucial.

Measles vaccine recommendations

The Centers for Disease Control and Prevention recommends that children get two doses of MMR vaccine:

- The first dose at 12 through 15 months of age
- The second dose at 4 through 6 years of age

Teens and adults should also be up to date on MMR vaccinations.

Adults at high risk include international travelers, college and other post-high school students and health care personnel born during or after 1957. Health care personnel born in or after 1957 should get two doses of the MMR vaccine. All other adults born during or after 1957, without presumptive evidence of measles immunity, should be vaccinated with one dose of MMR vaccine.

Non-opioid advance directive now available on line

The Michigan Department of Health and Human Services has made the nonopioid directive form available to the public on its website in response to a state law that allows patients to refuse opioid medications by placing a form in their medical file.

The law was signed last year and went into effect in late March.

There are exceptions in the law, including a provision that a prescriber or a nurse under the order of a prescriber may administer an opioid if it is deemed medically necessary for treatment.

Providers can direct patients to Michigan's Opioid Addiction Resources website, at **Michigan.gov/opioids**. The link can be found under Additional Resources at the bottom of the Find Help page.

References:
Advisory Committee on Immunization Practices Recommended Immunization Schedule, **www.cdc.gov**
Surveillance Manual /Mesles/Vsccine/Preventtable Diseases/CDC
2019 Michigan Measles Outbreak Information
Healthy Children.org, **www.healthychildren.org**

Patient Care

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Medical policy updates

Blue Care Network's medical policy updates are posted on Provider Secured Services. Go to *BCN Provider Publications and Resources* and click on *Medical Policy Manual*. Recent updates to the medical policies include:

Noncovered services

- Breast elastography – Ultrasound or magnetic resonance

Covered services

- Closure devices for patent foramen ovale and atrial septal defects
- Gait analysis
- Genetic testing for the diagnosis of inherited peripheral neuropathies
- Genetic testing — Expanded molecular panel testing of cancers to identify targeted therapies
- Drug testing of urine, oral fluids and hair
- Genetic testing for myotonic dystrophy
- Growing rods for scoliosis

Medical Policy Updates

A roundup of news and information

CMS develops Medicare Part D opioid mapping tool

The Centers for Medicare & Medicaid Services has developed a Medicare Part D opioid prescribing mapping tool. This interactive tool shows geographic comparisons at the state, county and ZIP-code levels of de-identified Medicare Part D opioid prescriptions filled within the U.S. For more information, go to **CMS.gov.**

Study explores geographic variation in opioid prescribing

How have key opioid prescription measures changed by state between 2006 and 2017 in the U.S.? A new study, published in JAMA, examines this question. To read more, read the **article**.

Bloomberg gives Michigan $10 million to fight opioid crisis

Former New York Mayor Michael Bloomberg traveled to Michigan in March to announce a $10 million contribution to the state's efforts to fight the opioid crisis, the *Detroit Free Press* reported. The money will come from Bloomberg Philanthropies, which will partner with up to 10 states over the next three years and invest $50 million to support state programs to develop treatment and prevention programs. To read more, see the **article** in the *Detroit Free Press*.

In a related item in *The Detroit News*, Bloomberg and Michigan Gov. Gretchen Whitmer wrote an **opinion piece** on what state governments have been doing and Michigan's fight to combat the opioid crisis.

Michigan schools stocking first aid kits with Narcan®

A number of Detroit-area schools are stocking their facilities with Narcan, the overdose-reversing drug, and training school staff to use it, the *Detroit Free Press* **reported** March 14.

Patient Care

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Criteria corner

Blue Care Network uses Change Healthcare's InterQual® Level of Care when conducting admission and concurrent review activities for acute care hospitals. To ensure that providers and health plans understand the application of the criteria and local rules, BCN provides clarification from Change Healthcare on various topics.

Question:

For the Acute Coronary Syndrome subset, NSTEMI or Unstable Angina criteria, the requirements for treatment include an anticoagulant being administered or contraindicated. If a patient was on an oral anticoagulant such as Eliquis® or Coumadin® prior to their arrival at the hospital and the treating physician ordered continuation of this anticoagulant, does that satisfy the InterQual requirement?

Answer:

The medications (anticoagulant) don't need to have been newly initiated to apply the criteria. The note attached to the criteria point helps to define the intent:

"Anticoagulant therapy includes unfractionated heparin, enoxaparin, bivalirudin and fondaparinux. Bivalirudin is only recommended for invasive strategies. Fondaparinux should not be used as the only anticoagulant if a percutaneous coronary intervention is performed."

However, since the overriding rule throughout InterQual is that oral medications are excluded unless specifically stated, medications such as Eliquis or Coumadin would not satisfy the criteria requirement.

Question:

For the Acute Coronary Syndrome subset, NSTEMI or Unstable Angina criteria, the requirements for treatment include an antiplatelet medication being administered or contraindicated. Can aspirin, which is classified as an antiplatelet medication, be used to satisfy the InterQual requirement?

Answer:

Aspirin cannot be used to meet more than one criterion (for example, both aspirin and an antiplatelet). To meet the intermediate or critical levels of care, aspirin, an antiplatelet and an anticoagulant must all be given or contraindicated.

Question:

For the Acute Coronary Syndrome subset, criteria note #25 states: "Guideline recommends treatment for patients admitted with acute coronary syndrome include the following unless contraindicated: beta blocker, aspirin, statin, angiotensin-converting enzyme inhibitor or angiotensin receptor blocker, antiplatelet, anticoagulant and continuous cardiac monitoring."

Why is a statin not included in the InterQual criteria requirements for an NSTEMI or Unstable Angina?

Answer:

From Page 30 of the 2018 Review Process:

"The criteria reflect the minimum standard of care that all patients should receive and do not prevent the performance of other tests or procedures that may be clinically appropriate. For example, PCI is not listed as a standard of care in the ACS subset but is often performed on patients who present with acute coronary syndrome (STEMI)."

The treatments required in the criteria are the minimum standard for the level of care and drive the level of care. The note is informational. A statin may also be ordered, but the treatments included in the criteria reflect the minimum standard necessary for the episode day.

Question:

Regarding InterQual criteria point Adult/Geriatric Psychiatry - Inpatient - Episode Day 2-13 - Unable or refusal to eat or drink, if there is an adult member who is eating only snacks but refusing all meals and has lost weight over the course of their admission, versus a geriatric member with severe dementia who is refusing all oral intake and is at significant medical risk as a result, could we apply this criteria to both instances? In short, is this an 'either/or' criteria vs. one with a little room for interpretation?

Answer:

"Unable or refusal to eat or drink" may be applied for both scenarios, including for someone who's just eating snacks because if they're losing weight, they're at risk for losing more if they are discharged.

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

COPD diagnosis should include spirometry

Caring for patients with chronic obstructive pulmonary disease begins with diagnosing the condition through spirometry. It's necessary to periodically assess the disease, manage exacerbations and provide smoking cessation support. Pharmacologic therapy is pivotal as it provides important options for improvement of symptoms and treatment of exacerbations.

COPD remains underdiagnosed. Consider testing for COPD in smokers with symptoms or with a history of exposure to other COPD risk factors. This includes smokers older than 60 presenting with a chronic cough, or smokers with diagnosis and treatment for respiratory tract infections or asthma.

A written COPD management plan can facilitate COPD care in your office and helps patients manage their symptoms. Blue Care Network asks physicians to complete the management plan during office visits and provide a copy to the member.

To obtain a copy of BCN's COPD management plan:

- Log in to web-DENIS.
- Go to *BCN Provider Publications and Resources*.
- Click on *Forms* under Other Resources.
- Click on *COPD Action Plan* in the Chronic Condition Management section.

Spirometry

Spirometry is necessary to establish a diagnosis of COPD, according to BCN's clinical practice guidelines for the diagnosis and management of COPD. Spirometry also provides a useful diagnostic tool for those patients with symptoms suggestive of COPD. (See table.) A post bronchodilator FEV1/FVC less than 70 percent confirms the presence of airflow limitation.

BCN's Guidelines for the Diagnosis and Management of Chronic Obstructive Pulmonary Disease recommend that you consider COPD in any patient 18 years of age or older with respiratory symptoms and those with a history of exposure (for example, occupational exposure) to risk factors for the disease, especially smoking. Characteristic symptoms include cough, sputum production that can be variable from day to day and chronic or progressive dyspnea.

I: Mild COPD	II: Moderate COPD	III: Severe COPD	IV: Very Severe COPD
FEV1/FVC <0.70	FEV1/FVC <0.70	FEV1/FVC <0.70	FEV1/FVC <0.70
FEV1 ≥ 80% predicted	FEV1 50% ≤ and < 80% predicted	FEV1 30% ≤ and < 50% predicted	FEV1 < 30% predicted or FEV1< 50% with deoxygenating

The 2017 Healthcare Effectiveness Data Information Set measures the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis. CPT codes used to identify spirometry testing for this measure include **94010, **94014-94016, **94060, **94070, **94375 and **94620.

HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Source:
BCN Guidelines for the Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD) QM 2071

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Providers can refer patients to adult intensive services for acute behavioral health needs

Blue Care Network offers adult intensive services, or AIS, for health plan members who have been non-adherent or non-responsive to traditional behavioral health services or are at risk for decompensation. (See article in the **March-April 2018** issue of *BCN Provider News*). These members will likely need more specialized crisis services and interventions to remain stable in the least restrictive environment.

Adult intensive services targets providers with skills and systems available to intervene within 24 hours. AIS employs a systems model approach which includes a multidisciplinary team. The goal is to get members into the right care at the right time, rather than cycling through hospitalizations and rapid readmits.

Through AIS, interventions continue until the patient's situation is stable. Long-acting injectables may be effective for some patients.

Members may continue to work with their outpatient providers to coordinate care while in this program.

Data pulled for members with high acuity, high risk for behavioral health and comorbid medical conditions pointed most directly to those with mood disorders (bipolar and MDD), co-occurring substance use, and those with persistent mental illness or psychotic disorders.

As an overarching guideline, the factors that should drive referrals to this program should include consideration for:

- Ongoing, persistent illness with high risk for relapse
- Multiple medication trials or use of ECT
- Non-adherence to treatment or medication regimen
- Non-responsive to traditional treatment strategies (outpatient, intensive outpatient, partial hospitalization, inpatient services)
- Rapid or multiple readmits
- Members on or in need of a treatment order
- High risk for hospitalization or re-hospitalization
- Lack of psychosocial supports in combination with at least one of the above

Preliminary findings

As we continue to gather information about the program, we can share preliminary findings:

1. The following diagnostic categories participating in the program:
   - Bipolar disorders – 41%
   - Major depressive disorders – 32%
   - Schizophrenia/schizoaffective disorders – 15%
   - Polysubstance/opioid disorders – 3%
   - Post-traumatic stress disorder – 3%
2. There appears to be a correlation between high acuity/high risk behavioral health cases, high medical comorbidities and pharmacy utilization.
3. We're seeing a potential decrease in the number of admissions to the highest levels of behavioral health and medical care. We're still gathering information to analyze and to validate this as an outcome trend.

Our goal is to compare member outcomes and whether they are more stable in AIS compared with prior year services. We'll also compare members who engaged in the AIS vs. those referred but never engaged. Further analysis will include whether there is a noted increase or reduction in behavioral, medical, pharmacy, and use of emergency department services.

Please see AIS, continued on Page 19

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

HEDIS measure calls for routine blood sugar and cholesterol monitoring for children and adolescents on antipsychotic medications

The American Academy of Child and Adolescent Psychiatry recommends that children who take antipsychotic medications get routine blood monitoring, including blood sugar and cholesterol levels. This is important to manage potential side effects and identify risks for heart disease and diabetes.

The Healthcare Effectiveness Data and Information Set, or HEDIS®, metabolic monitoring of antipsychotic medications measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions filled and whether they have had both of the following tests in the measurement year:

- At least one test for blood glucose: a blood glucose or HBA1c test
- At least one LCL-C or cholesterol test

Blue Care Network mails letters to members identifying the medication that is prescribed and reminds them of the importance of having these tests completed. We also fax reminders to the prescribing provider.

We ask providers to:

- Have blood drawn annually on children and adolescents on an antipsychotic medication to check blood glucose and cholesterol levels
- Follow up with patient's parents to discuss and educate on lab results
- Coordinate care with the patient's behavioral health specialists

HEDIS® is a registered trademark of the National Committee for Quality Assurance.

AIS, *continued from Page 18*

Referrals to AIS

Behavioral health providers have opportunities to discuss the program and placement:

- When discussing cases with BCN Utilization Management
- As a placement option during physician to physician reviews with BCN
- As a step down from inpatient or residential care for a member who continues to need close monitoring
- As a step-up from outpatient for a member who needs close monitoring as risk factors and decompensation increases

We offer adult intensive services with four BCN providers in the following counties: Oakland, Macomb, Wayne, Monroe, Livingston, Washtenaw, Genesee and Saginaw.

If you need referral assistance or have questions about the program, call BCN Behavioral Health at 1-800-482-5982.

Behavioral Health

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Opioid Use, *continued from Page 1*

Other initial observations from our pilot, which began in May 2018, include the following:

- Our MAT rate increased 23%; at discharge the rate was 62.5%.
- Five members participated in detoxification only and left the program early against medical advice. Those members eventually used MAT and stopped relapsing.
- Some patients refused medication-assisted treatment and others were unable to be treated with medications for other medical reasons.
- We observed patients having difficulty getting access to medication-assisted treatment after discharge so we're actively recruiting providers who can use this service on an ongoing basis.

To make it easier for members to get medication-assisted treatment, Blue Care Network has also contracted with home health care agencies that make home visits to administer injections included in MAT. Injections are administered monthly and have no copayment once the patient reaches his or her deductible.

CLIMB program background

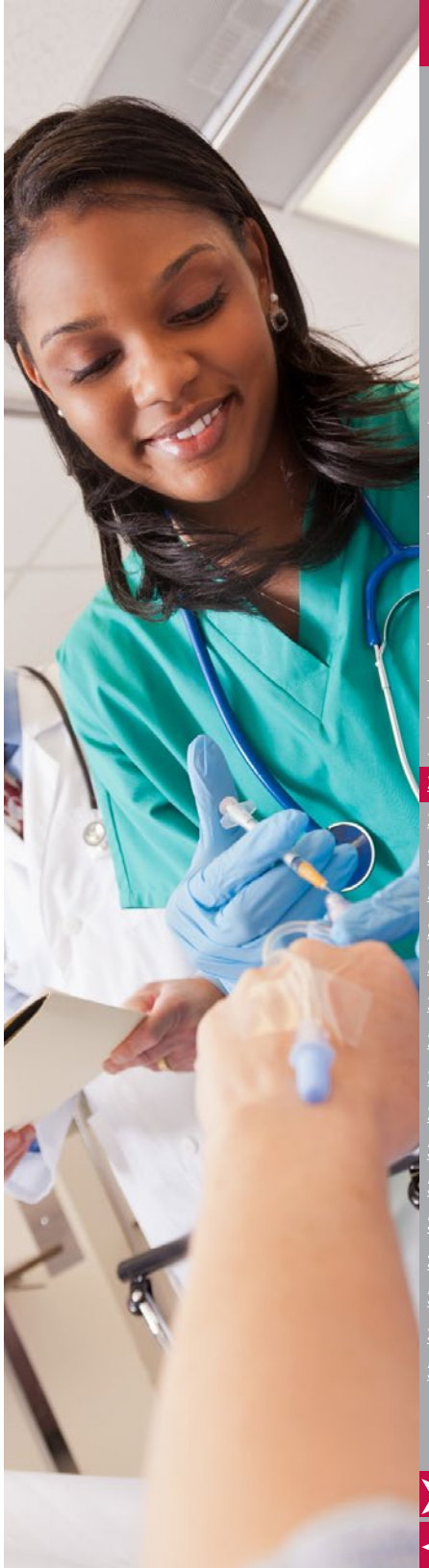
Blue Care Network started authorizing members to use the CLIMB program in May 2018 with two partner facilities. We described the program in detail in the May-June issue of **BCN Provider News**, Page 23.

The CLIMB treatment program is based on current literature and seeks to improve the outcomes of members with an opioid use disorder. The program includes detoxification, supervised residential level of care, use of medication-assisted treatment and intensive outpatient care along with family support, and the use of smartphone technology. Through the CLIMB program, we 've attempted to show that treating this disease as any other chronic illness, such as diabetes or hypertension, is in the member's best interest and provides the most long-lasting outcomes. The practices employed in the program have been gaining additional credence because they work and have the greatest success of reestablishing a drug-free lifestyle.

We're very excited about the program and the potential for it to become the new standard of care for opioid use disorder treatment. We'll gather additional data for the next six months, so we can continue to encourage this treatment to our Blue Care Network and Blue Cross Blue Shield of Michigan members.

For further reading on medication-assisted treatment see previous articles in BCN Provider News.

- Making the case for medication-assisted treatment, **March-April 2018**, Page 17
- BCN offers incentive for primary care physicians to offer medication-assisted treatment, **July-August 2018** issue, Page 23



Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

We're using updated utilization management criteria for behavioral health, starting Aug. 1

Medicare Plus Blue℠ PPO, Blue Cross Blue Shield of Michigan's Medicare Advantage plan, and Blue Care Network's commercial and Medicare Advantage plans (BCN HMO℠ and BCN Advantage℠) will begin using the 2019 InterQual® criteria for behavioral health utilization management determinations on Aug. 1.

We recently communicated about this in a web-DENIS message and a news item at **ereferrals.bcbsm.com**.

In addition, certain types of determinations will be based on modifications to InterQual criteria or on local rules or medical policies, as shown in the table below:

Line of business	Modified 2019 InterQual criteria for:	Local rules or medical policies for:
BCN HMO (commercial) and BCN Advantage	• Substance use disorders: partial hospital program and intensive outpatient program • Residential mental health treatment (adult/ geriatric and child/adolescent)	• Autism spectrum disorder/ applied behavior analysis (for BCN HMO only) • Neurofeedback for attention deficit disorder/ attention deficit hyperactivity disorder • Transcranial magnetic stimulation • Telemedicine (telepsychiatry/teletherapy)
Medicare Plus Blue PPO	• Substance use disorders: partial hospital program and intensive outpatient program	None

Note: Determinations on Blue Cross PPO (commercial) behavioral health services are handled by New Directions, an independent company that provides behavioral health services for some Blue Cross members.

Links to the updated versions of the modified criteria, local rules and medical policies are available on the **Blue Cross Behavioral Health page** and the **BCN Behavioral Health page** at **ereferrals.bcbsm.com**.

Also, see the article titled "2019 InterQual criteria implemented Aug. 1, 2019, for non-behavioral health determinations," on **Page 13** for information on the updated non-behavioral health criteria we'll use starting Aug. 1, 2019.

Behavioral Health

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

BCN and Blue Cross now accepting applied behavior analysis claims with 2019 procedure codes

Blue Care Network and Blue Cross Blue Shield of Michigan began accepting claims for behavior analysis services billed with the following codes, for dates of service on or after June 1:

- *97151
- *97152
- *97153
- *97154
- *97155
- *97156
- *97157
- *97158
- *0362T
- *0373T

Claims billed with the following codes will still be honored:

- H0031
- H0032
- H2019
- H2014
- S5108
- S5111

This applies to BCN HMO℠ and Blue Cross' PPO members. All services continue to require authorization.

Billing guidelines

We've updating the ABA billing guidelines to reflect the 2019 codes. Look for the updated guidelines on the Autism pages within Provider Secured Services. To find them, visit **bcbsm.com/providers** and log in to Provider Secured Services. Then:

- To access the BCN Autism page:
  1. Click *BCN Provider Publications and Resources* (on the right).
  2. Click *Autism* (in the left navigation).
  3. Click *Applied Behavior Analysis Billing Guidelines and Procedure Codes* under the "Autism provider resource materials" heading.
- To access the Blue Cross Autism page:
  4. Click *BCBSM Provider Publications and Resources* (on the right).
  5. Click *Clinical Criteria & Resources* (in the left navigation).
  6. Scroll down and click *Autism* (in the Resources section).
  7. Click *Applied Behavior Analysis Billing Guidelines and Procedure Codes* under the "Autism provider resource materials" heading.

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Best Practices

Colorectal cancer screening

An interview with Dr. Robert Carlson, Hastings, MI

Dr. Carlson with patient, Gerald Bachelder

How do you make sure your eligible patients get screened for colorectal cancer? Do you have a system in place to follow up?

It starts with our team understanding the importance of all preventive measures, including colorectal cancer screening. I have always been excited about this measure as it gives us a chance to significantly impact cancer in our community.

We recognize that all patients over 50 need an annual preventive exam. We measure ourselves on how many patients get the exam completed. More than 95% of patients come in for this exam, which sets the stage for a discussion on their colorectal cancer screening. Before the age of 50, we're setting the expectation that they will get a colonoscopy or other screening for colon cancer.

We have an electronic medical record that allows us to track discrete pieces of information. Our process is a very conscientious effort to make sure all patients are screened in a timely way.

What kind of patient education do you provide on colorectal cancer screening?

I share information with patients on websites, such as WebMD or Choosing Wisely or invite them to seek out different sites about colon cancer and colonoscopy. When we empower patients to lean about things themselves, they usually make the right decision.

I also explain that some tests have false positives and if they opt for the ColoGuard™ or fecal immunochemical test, they may still have to have a colonoscopy.

What are some challenges to getting patients to comply and how to you overcome them?

We give patients three choices – the preferred choice of colonoscopy, the ColoGuard test for those concerned about the procedure or preparation, or a fecal immunochemical test. If someone is pushing back, I dig in and ask why they're afraid. Two of the options for colorectal cancer screening are easy to do.

Fear is a huge driver. We need to be respectful of their choices. Whether it's immunizations or colonoscopy, ask them in a caring way why they're reluctant.

When transportation is a challenge, our care managers have driven patients to their colonoscopy procedures.

The challenge is to first stay true to do what you know is right. Get patients in for their annual exam and be ready to have strategies around the barriers to getting the screening done. Be patient, persistent and consistent. Personalize the screening measure when applicable to the patient's life and relationships. Patients value their kids and grandkids, especially if there might be something that can impact generations.

And use the relationship you have established with the patient to get the screening completed.

Please see Colorectal cancer, continued on Page 24

Quality Counts

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

MQIC offers guidance on managing acute low back pain in adults

Many adults will experience low back pain at some point in their life. More than 25% of adults say they've experienced back pain in the past three months, according to the National Institute of Neurological Disorders and Stroke. Most of the time, low back pain is easily treated or will resolve on its own.

Imaging for acute low back pain isn't recommended within the first six weeks, unless certain "red flags," such as infection, spinal fracture and other medical conditions, are present. A conservative approach is generally considered preferable.

In 2018, the Michigan Quality Improvement Consortium published a **guideline** for adults with low back pain or back-related leg symptoms for more than six weeks. Following are some of the focus areas recommended by the consortium when treating patients with low back pain:

- Offer reassurance.
- Perform a physical exam.
- Encourage patients to stay activity within the limits permitted by pain.
- Refer to non-invasive therapy if the patient experiences persistent disability at two weeks.
- Prescribe medication on a time-contingent basis, not a pain-contingent basis.

Colorectal cancer, *continued from Page 24*

Do you have anything else to add?

We have some strategic relationships with GI specialists. If a patient hasn't scheduled the appointment, we call the patient. If we have a collaborative relationship with a particular specialist, he or she calls us to let us know if the patient has scheduled the appointment. We're in a constant feedback loop.

There are certain things I'm less intense about but, in my humble opinion, there's no reason not to do this screening. Every person in our office understands that we don't take no for answer.

We get beyond the no for those who don't want to do it. My goal for everything we're being measured on is 100 percent. You hit what you aim for. That's what our patients pay for and that's what we want to deliver.

New HEDIS blood pressure measure specifications eliminate need for medical record reviews

The controlling high blood pressure HEDIS® measure has been updated to assess patients ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90) during the last reading of the year.

Previous CBP HEDIS, or Healthcare Effectiveness Data and Information Set, specifications required medical record reviews to determine if a patient's blood pressure was under control. Now, Blood Pressure CPT Category II results codes will determine compliance.

When you add the correct CPT Category II and ICD-10 codes to your claims, you won't need to include medical records for confirmation. This optimizes time and reduces record-keeping for providers.

To learn more about claims coding to reduce medical record reviews and other measure changes, **view the CBP tip sheet**. Questions about HEDIS compliance? Go to **bcbsm.com/providers** for additional resources.

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

We've added the asthma medication management measure to the Performance Recognition Program

The Healthcare Effectiveness Data and Information Set, or HEDIS®, uses the Medication Management for People with Asthma measure to evaluate adherence to asthma controller medications. The MMA measure is used to determine the adherence rate for each Blue Care Network commercial member ages 5 to 85 who is identified as having persistent asthma and fills an asthma controller medication during the measurement year. This is reported as the proportion of days covered, or PDC, with an adherence threshold of 75%.

Currently, only about half of BCN members identified as having persistent asthma through the MMA measure achieve a PDC of 75% or greater. Recognizing the impact of improving member adherence to their controller asthma medications, we've added the MMA measure to the 2019 BCN Performance Recognition Program. For every commercial member reaching at least 75% adherence to their asthma controller medications during the entire year the member's primary care physician will receive a $50 payout as part of the Performance Recognition Program. Table 1 provides a list of asthma controller medications used to calculate adherence for the MMA measure.

Table 1: Asthma controller medications used to calculate adherence in MMA measure

Description	Prescriptions	
Antibody inhibitors	• Xolair® (Omalizumab)	
Anti-interleukin-5	• Nucala® (Mepolizumab)	• Cinqair® Resilzumab
Inhaled steroid combinations	• Symbicort® (Budesonide-Formoterol) • Advair® (Fluticasone-Salmeterol)	• Breo Ellipta® (Fluticasone-Vilanterol) • Dulera® (Mometasone
Inhaled corticosteroids	• QVAR® RediHaler (beclomethasone) • Arnuity® Ellipta®; Flovent® Diskus®; Flovent® HFA (Fluticasone)	• Pulmicort Flexhaler®; Pulmicort solution (Budesonide) • Asmanex® (Mometasone)
Leukotriene modifiers	• Singulair® (Montelukast)	• Accolate® (Zarfirlukast) • Zyflo (Zileuton)
Methylxanthines	• Theo-24 (Theophylline)	

Patient education is an important factor in increasing compliance and helping patients manage their asthma. Michigan has a significantly higher prevalence of current asthma at 10.9% compared with the national prevalence of 9.3%, according to the 2016 Michigan Behavioral Risk Factor Survey.

Evidence-based guidelines recommend inhaled corticosteroids, or ICS, the preferred first-line therapy for patients with persistent asthma. Leukotriene antagonists, or LTRAs, are recommended as an alternate or add-on medication. Using a combination of ICS and long-acting beta agonists is recommended if asthma is uncontrolled with ICS and LTRAs, separately or in combination. Despite the availability of effective controller therapy, underuse of controller medication in asthma is common and contributes to exacerbations and hospitalizations.

Please see Asthma, continued on Page 28

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

BCN oncology management program begins August 1

As announced in the previous issue of ***BCN Provider News*** on Page 26, AIM Specialty Health® will manage medical oncology and supportive care drugs for BCN HMO℠ (commercial) members beginning Aug. 1, 2019. These medications must receive authorization from AIM.

Providers can obtain authorization by going to the ***AIM ProviderPortal℠*** or by calling AIM at 1-800-728-8008, beginning July 15, 2019, for services on or after Aug. 1, 2019.

This new oncology management program recognizes the value of AIM Cancer Treatment Pathways, which cover more than 80 clinical scenarios. Using these clinical pathways, when appropriate, can improve patient-centered, evidence-based cancer care.

Ordering physicians can earn enhanced reimbursement

When AIM Pathways are prescribed, the ordering physician can earn enhanced reimbursement by billing specific S-codes to BCN. AIM's authorization will include information about the S-codes for those eligible for reimbursement. The reimbursement rate is included in the BCN professional fee schedule. To obtain a copy of the fee schedule, contact your **provider consultant**.

- S0353 — Can be billed once at the onset of treatment
- S0354 — Can be billed no more than monthly for up to five months for an established patient

Patients currently being treated are grandfathered

BCN commercial members who are currently receiving medical oncology treatment prior to Aug. 1, 2019, won't need to obtain an authorization from AIM for six months. We're doing this to ensure that these members don't have an interruption in their care. If a patient's treatment changes during the six months, or if treatment continues beyond January 31, 2020, an authorization will be required.

Attend a webinar to learn more

Learn about the new medical oncology program and how to use the AIM ProviderPortal by attending a webinar intended for non-clinical provider staff.

To attend, simply click on your preferred date and time below and then click Add to my calendar. (If the link opens for you in Pacific time, just save it to your calendar and it should automatically change to Eastern time.)

Webinars:

Thursday, July 11, 12 to 1 p.m.

Tuesday, July 30, 9 to 10 a.m.

Thursday, Aug. 22, 12 to 1 p.m.

Tuesday, Sept. 10, 9 to 10 a.m.

Resources

Here are some resources to help you learn more.

- The **ereferrals.bcbsm.com BCN AIM Managed Procedures webpage** includes **a list of medications managed by AIM (PDF)** and a **frequently asked questions** document.
- The **Blue Cross Oncology Management Program webpage** on the AIM website includes Cancer Treatment Pathways worksheets, including clinical details.
- Clinicians are encouraged to learn more at **aimspecialtyhealth.com/oncology** and to view a short video that describes the need for clinical pathways and how these were developed. Click on the link to the video and use AIMONCOLOGY as the password to view the video – **Clinician Overview – Medical Oncology Program video**, running time 11 minutes, 47 seconds.

The new BCN oncology management program is similar to the program implemented by Blue Cross for the UAW Retiree Medical Benefits Trust, or URMBT, non-Medicare members on Jan. 1, 2019. However, the list of medications requiring authorization is different between the two programs. Information about the URMBT program is available on the **Blue Cross AIM Managed Procedures webpage**.

Questions about the oncology management program can be directed to AIM's practice engagement team at aimmedoncpe@aimspecialtyhealth.com.

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Enhanced documents now available for Blue Cross and BCN commercial utilization management requirements for medical and pharmacy benefit drugs

To make sure you have the most up-to-date information on utilization management requirements for drugs covered under the medical and pharmacy benefits, we have developed comprehensive lists of requirements for medical specialty drugs and pharmacy benefit drugs for Blue Cross Blue Shield of Michigan's PPO and BCN HMO℠ commercial members. These lists are typically updated monthly.

Medical benefit drugs

This list identifies medical drugs targeted in the prior authorization and site of care programs and includes the following information about them:

- Medical necessity criteria
- Quantity limits
- Step therapy requirements

The medical specialty drug list is available to both providers and members, and can be found on the web in the following locations:

For providers:

- On the **Blue Cross Medical Benefit Drugs – Pharmacy** page within the ereferrals.bcbsm.com website. Look under the "For Blue Cross commercial members" heading.
- On the **BCN Medical Benefit Drugs – Pharmacy** page on the ereferrals.bcbsm.com website. Look under the "Authorization and medical necessity criteria resources" heading.
- Within Provider Secured Services. Log in, click *BCBSM Provider Publications and Resources* (on the right), and then click *Newsletters and Resources*. Click *Forms* and then click *Physician administered medications*. Finally, click *Requirements for drugs covered under the medical benefit* – BCN HMO and Blue Cross PPO.
- In the **medical policy, precertification and preauthorization router**. In the Keyword/Phrase field, enter "quantity limit" and click Search.

For members: At **bcbsm.com**, on the **pharmacy web page**, under the "Medical Coverage Drugs" heading.

A prior authorization approval isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

Pharmacy benefit drugs

To improve efficiencies, we have developed a combined document of prior authorization and step therapy for pharmacy benefit drugs for Blue Cross PPO and BCN HMO commercial members. Previously, the lists of requirements were separate for Blue Cross PPO and BCN HMO.

This list is available to both providers and members, and can be found on the web in the following locations:

For providers:

At **bcbsm.com**, under Providers, click *Help* and then *Plan Documents and Forms*. Scroll down and click *More Pharmacy Services Forms*.
Click *Prior authorization/Step therapy* under **Blue Cross Blue Shield of Michigan** or **Blue Care Network**. Open the **Prior Authorization and Step Therapy Guidelines PDF**.

For members: At **bcbsm.com**, on the pharmacy web page, under the "Pharmacy Coverage Drugs" heading

Please note that the utilization management requirements listed in these documents apply only to groups that are currently participating in the standard commercial prior authorization program for drugs administered under the medical benefit or pharmacy benefit. These changes **don't** apply to BCN Advantage℠, Medicare Plus Blue℠ PPO or Federal Employee Program® members.

Pharmacy News

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Medicare Part B medical specialty drug prior authorization list changing July 22

We're making changes to the Part B specialty prior authorization drug list for Medicare Plus Blue℠ PPO and BCN Advantage℠ as follows:

- For dates of service on or after July 22, 2019, Darzalex® (J9145) will require prior authorization.
- Effective immediately, Myozyme® (J0220) is removed from the prior authorization list because it is no longer available in the U.S. market.

Please see the full article on **Page 11**.

We've added Spravato to the prior authorization program for commercial members

Effective June 1, 2019, Spravato™ (esketamine, HCPCS code J3490) was added to the Medical Drug Prior Authorization Program for BCN HMO and Blue Cross Blue Shield of Michigan's PPO commercial members. This applies to any members starting therapy on or after June 1.

The authorization requirement only applies to groups that are currently participating in the commercial Medical Drug Prior Authorization program for drugs administered under the medical benefit. These changes don't apply to BCN Advantage℠, Medicare Plus Blue℠ PPO or Federal Employee Program® members.

A prior authorization approval isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members. Members are responsible for the full cost of medications not covered under their medical benefit coverage.

For a list of requirements related to drugs covered under the medical benefit, do the following:

1. Visit the **Medical Benefit Drugs – Pharmacy** page in the BCN section at **ereferrals.bcbsm.com**.
2. Click **Requirements for drugs covered under the medical benefit – BCN HMO and Blue Cross PPO** under the heading "For Blue Cross (commercial) members".

Asthma, *continued from Page 25*

For tips on how to improve medication adherence:

- Log in to Provider Secured Services.
- Go to *BCN Provider Publications and Resources*.
- Click on *Clinical Quality Corner* under Resources.
- Click on *Medication Adherence Summary* under Pharmacy.

If you'd like to receive a list of your patients in the MMA measure that may benefit from additional adherence counseling, or if you have questions, e-mail us at RxQualityinbox@bcbsm.com.

References

- "Asthma." National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, **www.nhlbi.nih.gov/health-topics/asthma**.
- Barth O, Anderson B. Asthma among Michigan Adults: Prevalence, Health Conditions, and Health Behaviors. Michigan BRFSS Surveillance Brief. Vol. 11, No. 2. Lansing, MI: Michigan Department of Health and Human Services, Lifecourse Epidemiology and Genomics Division, December 2018.
- "All About Asthma." All About Asthma | Asthma Initiative of Michigan (AIM), **getasthmahelp.org/all-about-asthma.aspx**.
- Wu, Ann Chen, et al. "Primary Adherence to Controller Medications for Asthma Is Poor." Annals of the American Thoracic Society, vol. 12, no. 2, 2015, pp. 161–166., doi:10

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Adderall, Kenalog spray and oral inhalers will have new quantity limits starting Sept. 1

Blue Care Network will implement new quantity limits for Adderall®, Kenalog spray and oral inhalers, effective Sept. 1, 2019. See the full list of oral inhalers with quantity limits in the table below. This change only affects our commercial (non-Medicare) members who have BCN pharmacy benefits.

Our goal is to provide our members with safe, high-quality prescription drugs. We'll send letters in July to notify members who may be affected by these quantity limit changes. The letters encourage members to discuss treatment options with their physicians.

If necessary, you can request an override of the quantity limits for your patients. The request should include documentation stating that the amount prescribed is medically necessary.

To get a form for a quantity limit override, log in to Provider Secured Services at **bcbsm.com** or call the *Pharmacy Services Clinical Help Desk* at 1-800-437-3803.

Quantity limits for oral inhalers starting September 1, 2019

Drug name (generic name)	Strength	Quantity covered
Atrovent® HFA (ipratropium bromide)	All strengths	2 inhalers per 30 days
Incruse® Ellipta® (umeclidinium)	All strengths	1 inhaler per 30 days
Spiriva® Handihaler® (tiotropium bromide)	All strengths	1 inhaler per 30 days
Spriva® Respimat® (tiotropium)	All strengths	1 inhaler per 30 days
Combivent® (ipratropium bromide + albuterol sulfate)	All strengths	2 inhalers per 30 days
Brovana® (arformoterol)	All strengths	60 vials per 30 days
Perforomist® (formoterol)	All strengths	60 vials per 30 days
ProAir®/Ventolin® HFA (albuterol sulfate)	All strengths	4 inhalers per 30 days
ProAir Respiclick® (albuterol sulfate)	All strengths	4 inhalers per 30 days
Proventil® HFA (albuterol sulfate)	All strengths	4 inhalers per 30 days
Serevent® (salmeterol xinafoate)	All strengths	1 inhaler per 30 days
Xopenex HFA® (levalbuterol)	All strengths	2 inhalers per 30 days
Levalbuterol Tartrate HFA (levalbuterol)	All strengths	2 inhalers per 30 days
Advair Diskus® (fluticasone propionate + salmeterol)	All strengths	1 inhaler per 30 days
Advair® HFA (fluticasone propionate + salmeterol)	All strengths	1 inhaler per 30 days
Symbicort® (budesonide + formoterol)	All strengths	1 inhaler per 30 days
Aerospan® (flunisolide)	All strengths	2 inhalers per 30 days
Arnuity® Ellipta® (fluticasone furoate)	All strengths	1 inhaler per 30 days
Asmanex® HFA (mometasone furoate)	All strengths	1 inhaler per 30 days
Asmanex® Twisthaler (mometasone furoate)	All strengths	1 inhaler per 30 days
Flovent® Diskus (fluticasone propionate)	All strengths	2 inhalers per 30 days
Flovent® HFA (fluticasone propionate)	All strengths	2 inhalers per 30 days
Pulmicort® Flexhaler™ (budesonide)	All strengths	2 inhalers per 30 days
Qvar™ RediHaler™ (beclomethasone dipropionate)	All strengths	2 inhalers per 30 days

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Find billing help on our website

We receive a lot of questions about billing. Many times, the easiest way to get an answer is on our website. Blue Care Network offers billing resources within Provider Secured Services. Just log into Provider Secured Services and click *BCN Provider Publications and Resources*. Then click *Billing/Claims*.

On the Billing/Claims page you'll find:

- The *BCN Provider Manual* Claims chapter
- General information and claims troubleshooting tips
- Clinical editing resources, including archived clinical editing billing tips from *BCN Provider News*
- Billing instructions. In this section:
  - We've updated billing information for Healthy *Blue* Living℠ visits and forms. Look for it under the Professional Claims heading.
  - We've also added an FAQ document about billing for rural health clinics, federally qualified health centers and critical access hospitals for BCN Advantage members. Click *RHCs, FQHCs and CAHs* under the Facility Claims heading.

If you have an urgent question and can't find the answer on our website, call Provider Inquiry.

Colonoscopy billing

We continue to get questions about appropriate billing for colonoscopies, especially when the screening becomes diagnostic.

For most BCN commercial members, screening colonoscopies and the associated services should be covered without cost sharing. This is one of the preventive services that was mandated for full coverage under the Affordable Care Act.

If a screening colonoscopy is performed and no other treatment is required, such as biopsy or polyp removal, then you should report the appropriate screening colonoscopy procedure code. There are two codes, G0105 and G0121. One is for a patient at normal risk and the other is for a patient at high risk, but both indicate a screening colonoscopy. While there is not a specific diagnostic requirement, it should be reported with the screening diagnosis code as well. Further, any ancillary services, such as anesthesia, should be reported with the screening diagnosis code to indicate the purpose of those services.

If the patient requires other services and the screening colonoscopy becomes diagnostic, it requires a procedure code and diagnosis code combination to waive cost sharing. In this situation, you would report the appropriate procedure code to indicate the type of colonoscopy, such as a colonoscopy with a biopsy. In that case, the diagnosis would include as a primary diagnosis, such as Z12.11 or Z12.12, which indicates the diagnosis is screening for a malignant neoplasm of the colon.

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

BCN Provider *News*
Feedback

Congestive heart failure

More than a million people in the United States have congestive heart failure. It's the most common diagnosis in hospitalized patients over the age of 65. One in nine deaths has heart failure as a contributing cause.

Once CHF is diagnosed, it's considered a chronic condition and should be evaluated and documented on a yearly basis. When patients with CHF are treated appropriately, however, they may experience minimal or no symptoms. In rare circumstances where it's due to reversible causes, such as infection, arrhythmia or thyrotoxicosis, CHF may resolve after the underlying cause is treated.

Heart failure is often documented as compensated, decompensated or acute exacerbation. These terms can be confusing to coders, so please refer to these definitions for clarification:

- Compensated CHF indicates that because of ongoing treatment, the patient's symptoms are controlled and they have no overt features of CHF, such as shortness of breath, lower extremity edema, fluid retention or pulmonary edema. They still, however, carry the diagnosis of CHF.
- Decompensated CHF or acute exacerbation of CHF indicates an acute flare-up of CHF symptoms. This requires intensification of treatment, often in an inpatient setting. When heart failure is documented as decompensated or exacerbated, it should be coded as acute.

Documentation tips

Document congestive heart failure to the highest level of specificity, using all applicable descriptors. The descriptors include:

- Acuity — acute, chronic or acute on chronic
- Type —
  - Systolic — heart failure with reduced ejection fraction HFrEF
  - Diastolic — heart failure with preserved ejection fraction HFpEF
  - Combined systolic and diastolic
- Cause — if known, using terms that clearly show cause and effect, such as "associated with," "due to," "secondary to," or "hypertensive"
- Status — stable, worsening, improved, compensated, exacerbated, decompensated

Don't use history of to describe CHF in patients who are asymptomatic. As explained above, except in rare circumstances, CHF is a lifelong diagnosis, while history of implies that the condition has resolved.

Documentation of congestive heart failure should also include:

Clinical signs and symptoms

- Lower extremity edema
- Shortness of breath
- Fatigue

Diagnostic findings

- Echocardiogram showing abnormal ventricular function
- Elevated B-type natriuretic peptide, or BNP
- Chest X-ray or CT scan showing pulmonary vascular congestion or pulmonary edema

Treatment

- Lifestyle modification such as low salt diet, fluid restriction or weight loss as indicated
- Medications such as diuretics, beta blockers, ACE inhibitors or ARBs

Please see Coding Corner, continued on Page 32

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

We'll continue to update clinical edits to comply with current coding guidelines

Blue Care Network continues to review and modify clinical edits. With these updates, you may notice that claims may receive different edits than they have in the past. And others that previously received edits may not receive any. We take pride in staying up-to-date on current coding standards and national coding guidelines in addition to recommendations from professional societies.

You may notice new edits related to those that review procedure codes to the reported diagnoses. Diagnosis codes should be coded appropriately and to the highest level of specificity to support the service performed. If you do not agree with the clinical edit, please follow our clinical editing appeal process.

- Visit **bcbsm.com/providers**.
- Log in to Provider Secured Services.
- Click *BCN Provider Publications and Resources* on the right.
- Click *Billing/Claims* in the left navigation.
- Click *Appealing a BCN clinical editing denial*, under the Clinical Editing Resources heading.

Clinical editing billing tips

In most issues, we publish clinical editing billing tips. This helps ensure that Blue Care Network pays your claims accurately and that the performed procedure is correctly reported to us.

This issue's tip includes:

- Hospital and observation evaluation and management services
- Behavioral health evaluation and management codes

Clinical editing billing tips

Coding Corner, *continued from Page 31*

Coding tips

Heart failure classifies to ICD-10 code category I50.XX. The fourth character specifies the type of heart failure, and the fifth character specifies the acuity of heart failure.

Examples of heart failure coding are shown in the chart below:

Condition	ICD-10 code
Left ventricular failure, unspecified	I50.1
Unspecified, systolic congestive heart failure	I50.20
Acute systolic congestive heart failure	I50.21
Chronic systolic congestive heart failure	I50.22
Acute on chronic systolic congestive heart failure	I50.23
Unspecified, diastolic congestive heart failure	I50.30
Chronic combined systolic and diastolic congestive heart failure	I50.42
Acute on chronic combined systolic and diastolic congestive heart failure	I50.43
Heart failure, unspecified	I50.9

Sources:
- **webmd.com**
- 2018 ICD-10-CM Professional for Physicians

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

More BCN questionnaires open in e-referral for certain procedures

Questionnaires now open in the e-referral system for BCN authorization requests for the procedures listed below, which already require authorization. The questionnaires open for both BCN HMO℠ (commercial) and BCN Advantage℠ requests unless otherwise noted. This was effective June 23.

Service	Age	Procedure codes
Artificial heart, total	Adult and pediatric	*0051T, *0052T, *0053T, *33927, *33928, *33929, *33992 and *33993
Bariatric surgery (for BCN Advantage)	Adult	*43644, *43645, *43659, *43770, *43771, *43772, *43773, *43774, *43775, *43842, *43843, *43845, *43846, *43847, *43848, *43886, *43887, *43888 and *44130
Biofeedback, non-behavioral health (for BCN Advantage)	Adult	*90901 and *90911 (for select diagnoses)
Biofeedback, non-behavioral health (for BCN HMO)	Adult and pediatric	*90901 and *90911 (for select diagnoses)
Breast implant management	Adult	*19325, *19328 and *19330
Breast reconstruction	Adult	*11920, *11921, *11922, *19316, *19324, *19340, *19342, *19350, *19355, *19357, *19361, *19364, *19366, *19367, *19368, *19369, *19370, *19380, *19396, S2066, S2067 and S2068
Breast reduction, adolescent	Pediatric	*19318
Breast reduction, adult	Adult	*19318
Chemical peels	Adult and pediatric	*15788, *15789, *15792 and *17362
Cosmetic or reconstructive surgery	Adult and pediatric	*0479T, *0480T, *0491T, *0492T, *11950, *11951, *11952, *11954, *15775, 15776, *15780, *15781, *15782, *15783, *15786, *15787, *15820, *15821, *15824, *15825, *15826, *15828, *15829, *15876, *15877, *15878, *15879, *17340, *17380, *21083, *21087, *21172, *21275, *21280, *21282, *30620, *36468, *36469, *54660, *56620, *67909, *67911, G0429, Q2026, Q4100 and S0800
Dental anesthesia or repair of trauma to natural teeth	Adult and pediatric	*00170 and *41899
Enteral nutrition	Adult and pediatric	B4034, B4035, B4036, B4081, B4082, B4083, B4087, B4088, B4102, B4103, B4104, B4105, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002, B9998, S9341, S9342 and S9343
Excess skin removal	Adult	*15832, *15833, *15834, *15835, *15836, *15837, *15838 and *15839
Mastectomy for gynecomastia	Adult	*19300
Oral surgery	Adult and pediatric	*40525, *40527, *40700, *40701, *40702, *40720, *40761, *40808, *40810, *40812, *40816, *40818, *40840, *40842, *40843, *40844, *40845, *40899, *41800, *41805, *41806, *41820, *41821, *41822, *41823, *41825, *41826, *41827, *41828, *41830, *41850, *41870, *41872, *41874, *42200, *42210, *42215, *42220 and *42225

Please see BCN Questionnaires, continued on Page 34

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

BCN Questionnaires, *continued from Page 33*

Orthognathic surgery	Adult and pediatric	*21085, *21120, *21121, *21122, *21123, *21125, *21127, *21141, *21142, *21143, *21144, *21145, *21146, *21147, *21150, *21151, *21154, *21155, *21159, *21160, *21188, *21193, *21194, *21195, *21196, *21198, *21199, *21206, *21208, *21209, *21210, *21215, *21230, *21235, *21244, *21245, *21246, *21247, *21255, *21270, *21295 and *21296
Prostatic urethral lift	Adult	*52441 and *52442
Spine surgery, minimally invasive	Adult	G0276
Temporomandibular joint surgery	Adult and pediatric	*20605, *20606, *21010, *21050, *21060, *21070, *21240, *21242, *21243, *21490 and *29804

Preview questionnaires will be available online

We'll make preview questionnaires available at ereferrals.bcbsm.com before June 23. To find them, click BCN, then click **Authorization Requirements & Criteria**. Next, look in the "Authorization criteria and preview questionnaires" section.

The preview questionnaires will show what questions you'll need to answer in the e-referral system so you can prepare your answers ahead of time.

Medical policies will be available online

We'll also post links to the medical policies related to these procedures on the Authorization Requirements & Criteria page.

We use our medical policies and your answers to the questionnaires when making utilization management determinations for your authorization requests.

Referral Roundup

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

Updated authorization criteria and e-referral questionnaire for ethmoidectomy

We've made updates to the ethmoidectomy authorization criteria and questionnaire in the e-referral system.

We use the criteria and questionnaire when making utilization management determinations for the following members:

- BCN HMO℠
- BCN Advantage℠
- Medicare Plus Blue℠ PPO

The updated authorization criteria and preview questionnaire are available at **ereferrals.bcbsm.com**. Here's where to find them:

- **For BCN documents** — Click *BCN*, then click ***Authorization Requirements & Criteria***. Next, look in the "Authorization criteria and preview questionnaires" section.
- **For Medicare Plus Blue documents** — Click *Blue Cross*, then click ***Authorization Requirements & Criteria***. Next, look in the "For Medicare Plus Blue PPO members" section.

The preview questionnaire will show what questions you'll need to answer in the e-referral system so you can prepare your answers ahead of time.

Reminder: Submit BCN authorization requests for all therapy and physical medicine visits to eviCore

Remember to submit all BCN authorization requests for outpatient physical, occupational and speech therapy by therapists and physical medicine services by chiropractors to eviCore healthcare. This includes requests for both initial and follow-up visits, for both BCN HMO℠ (commercial) and BCN Advantage℠ members.

Refer to the article in the **May-June issue** for additional details.

Index

Cover Story
Network Operations
BCN Advantage
Patient Care
Behavioral Health
Quality Counts
Pharmacy News
Billing Bulletin
Referral Roundup
Index

INDEX: July–August 2019

Network Operations

Providers and office staff: Sign up for new training webinars . . . Page 1
BCN leadership changes . . . Page 2
How to submit inpatient admission authorization requests on holidays . . . Page 3
We're expanding the use of CAQH ProView . . . Page 4
CAQH Direct Assure rollout continues through 2019 . . . Page 4
We're expanding medical coverage for U-M employees who are transgender. . . . Page 5
Blue Care Network updates professional fees July 1 . . . Page 5
You must use in-network laboratories for your BCN and Blue Cross patients . . . Page 6
Help members share their Blue Cross ID cards through our mobile app . . . Page 7
Use your business email to access provider secured services . . . Page 7

BCN Advantage

Reminders about preventive screenings mailed . . . Page 8
Gain insights about your patients from CAHPS research . . . Page 8
Error code changes for BCN Advantage referrals . . . Page 9
Medication reconciliation reimbursement increases . . . Page 9
Update: naviHealth managing authorizations . . . Page 10
Two Medicare star measures support statin therapy. . . . Page 10
Medicare Part B medical specialty drug list. . . . Page 11

Patient Care

From the medical director: Educate patients about measles vaccine myths . . . Page 12
2019 InterQual criteria implemented Aug. 1, 2019, for non-behavioral health determinations . . . Page 13
Non-opioid advance directive now available on line. . . . Page 14
Medical Policy updates. . . . Page 15
Battling the opioid epidemic . . . Page 15
Criteria corner. . . . Page 16
COPD diagnosis should include spirometry . . . Page 17

Behavioral Health

Providers can refer patients to adult intensive services. . . . Page 18
HEDIS measure calls for routine blood sugar and cholesterol monitoring . . . Page 19
Preliminary results of pilot opioid use disorder treatment program show promise . . . Page 1
We're using updated utilization management criteria. . . . Page 21
BCN and Blue Cross now accepting applied behavior analysis claims with 2019 procedure codes . . . Page 22

Quality Counts

Best practices: Colorectal cancer screening . . . Page 23
MQIC offers guidance on managing acute low back pain in adults . . . Page 24
New HEDIS blood pressure specifications . . . Page 24

Pharmacy News

We've added the asthma medication management measure to the Performance Recognition Program . . . Page 25
BCN oncology management program begins August 1 . . . Page 26
Enhanced documents now available for Blue Cross and BCN commercial utilization management requirements . . . Page 27
Medicare Part B medical specialty drug list. . . . Page 28
We've added Spravato to the prior authorization program . . . Page 28

Billing Bulletin

Adderall, Kenalog spray and oral inhalers . . . Page 29
Find billing help on our website. . . . Page 30
Colonoscopy billing . . . Page 30
Coding corner: Congestive heart failure . . . Page 31
We'll continue to update clinical edits . . . Page 32
Clinical editing billing tips . . . Page 32

Referral Roundup

More BCN questionnaires open in e-referral. . . . Page 33
Updated authorization criteria and e-referral questionnaire. . . . Page 35
Reminder: Submit BCN authorization requests for all therapy and physical medicine visits to eviCore . . . Page 35