

# BCN Provider News



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  
37  
38  
39  
40  
41

## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index

### Providers: Don't issue referrals for BCN Advantage members staying in-network

We ran an article in the November-December 2018 **issue** to let providers know that you don't need to issue referrals for a BCN Advantage<sup>SM</sup> member who is seeing a specialist in that plan's provider network.

Beginning in March 2019, if you try to submit a global referral for a BCN Advantage member in the e-referral system you'll receive a message indicating that the global referral cannot be accepted and therefore shouldn't be submitted. Remember though, that authorizations and plan notifications are still required for certain services with any provider and for all services with a provider who's not in the network of the member's health plan.

When you see a BCN Advantage patient, the first step is to always check their eligibility, their health plan and their benefit coverage either through web-DENIS, Provider Inquiry or the 270/271 electronic standard transaction. Section 1 of the **e-referral User Guide** gives instructions on how to do this using web-DENIS. See Helpful tips for checking eligibility in web-DENIS (**Page 3**).

Please see [Referrals](#), continued on Page 2

### Some reminders about Healthy Blue Living physical exams and qualification forms

Each Healthy Blue Living<sup>SM</sup> HMO member is required to visit his or her primary care physician for an exam within 90 days of enrollment or renewal. Providers can schedule a physical exam for Healthy Blue Living HMO members any time throughout the year. If last year's physical was in March, for example, the member can schedule a physical in January. There are no limits on how many times a member can schedule a physical exam. BCN encourages each member to see his or her PCP well before the deadline and will accept a qualification form from an office visit occurring up to 180 days prior to the member's renewal date.

Please see [Healthy Blue Living](#), continued on Page 3

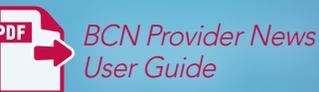
### Inside this issue...

**5** Blue Cross Blue Shield's and Blue Care Network's provider directories to identify treatment for opioid addiction

**13** From the medical director: A look at Blue Cross' efforts to address the opioid epidemic

**25** Watch for fraudulent prescription and durable medical equipment schemes

## Feedback | [Subscribe](#)



# Network Operations

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## Referrals, continued from Page 1

Check if the member is enrolled in a BCN Advantage health plan with a local network. If the member’s plan has a local network, make sure to recommend a specialist or provider in that local network. BCN Advantage health plans with a local network include:

- BCN Advantage<sup>SM</sup> HMO ConnectedCare
- BCN Advantage<sup>SM</sup> HMO HealthySaver
- BCN Advantage<sup>SM</sup> HMO HealthyValue
- BCN Advantage<sup>SM</sup> HMO MyChoice Wellness

More information about these products can be found in the 2019 Blue Care Network products-at-a-glance document. You can view this document by visiting [bcbsm.com/providers](http://bcbsm.com/providers), logging into Provider Secured Services, clicking *BCN Provider Publications and Resources* on the right side of the Welcome page and then clicking *BCN Products*. Finally, click *Blue Care Network products at a glance for 2019*. Additional information is also in the *BCN Provider Manual*, in the BCN Advantage chapter.

You can also check whether a physician or provider is contracted with a local network through our online provider search. For tips on doing this, see [How to find the BCN networks you’re contracted with](#), on [Page 5](#).

If you’re already in the e-referral tool submitting requests for many patients, you can also check whether the provider is in the plan’s network there. After selecting the patient, look up the servicing provider. The network status of the provider for that health plan will be listed in the far left column of

the provider search results. The same provider may be listed multiple times if they have affiliations with multiple groups. You should always select a provider with a “Pref”, or preferred, network status with a group affiliation (if one is available) rather than a listing not associated with a group. In the e-referral system, the network status column includes:

- **Pref = Preferred.** The provider is in the plan’s network. If the member has a local network, the provider is in the local network. Choose a preferred provider whenever possible.
- **In = In network.** The provider is in the plan’s larger BCN Advantage network but is not in the local network. The member will need an authorization from BCN to see this provider. You cannot issue a global referral to this provider for this member, but you can request an authorization through the e-referral system through the Submit Outpatient Authorization option in the drop-down menu or for inpatient services through the Submit Inpatient Authorization option.
- **Out = Not contracted.** This provider is not affiliated with the health plan or with BCN Advantage. The member will need an authorization from BCN to see this provider. You cannot issue a global referral to this provider for this member, but you can request an authorization in the e-referral system through the Submit Outpatient Authorization option in the drop-down menu or for inpatient services through the Submit Inpatient Authorization option.

Please see [Referrals](#), continued on Page 3

### Editor

Cindy Palese  
[bcnprovidernews@bcbsm.com](mailto:bcnprovidernews@bcbsm.com)

### Provider Communications

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

### Market Communications Publications

Cathy Rauckis

### Contributors

William Beecroft, M.D.; Terri Brady; Laura Cornish; Pharm. D; Jody Gembarski; Duane DiFranco, M.D.; Sonja Rashed; Kelly Redmond-Anderson

BCBSM and BCN maintain [BCBSM.com](http://BCBSM.com), [ahealthiermichigan.org](http://ahealthiermichigan.org), [mibluesperspective.com](http://mibluesperspective.com), [valuepartnerships.com](http://valuepartnerships.com) and [theunadvertisedbrand.com](http://theunadvertisedbrand.com). The Blues do not control any other websites referenced in this publication or endorse their general content.

References to “Blue Care Network” and “BCN” in this publication refer to all Blue Care Network of Michigan, Blue Care of Michigan, Inc., BCN Services Company and Blue Cross Complete of Michigan products, except where noted otherwise. Clinical information in this issue is consistent with *BCN Clinical Practice Guidelines* and applies to the care of BCN and BCN subsidiary/affiliate corporation members regardless of product. More information is available in the *BCN Provider Manual* on web-DENIS. Specific benefit information is available on web-DENIS, PARS or by calling Provider Inquiry.

*No portion of this publication may be copied without the express written permission of Blue Care Network of Michigan, except that BCN-participating health care providers may make copies for their personal use. In no event may any portion of this publication be copied or reprinted and used for commercial purposes by any party other than BCN.*

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  
37  
38  
39  
40  
41

# Network Operations

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## Referrals, continued from Page 2

### Helpful tips for checking eligibility in web-DENIS

When you look up a member's eligibility in web-DENIS, the Eligibility/Coverage page will tell you the name of the member's health plan and whether the member has active coverage. Click on the member's name to find specific information for the patient you are serving. If the member is enrolled in a local network, you will see a red provider network disclaimer on the Member Eligibility/Coverage page.

**Eligibility/Coverage**

BCN Advantage HMO POS

CONTRACT NO: GROUP  
 COVERAGE: ALL COVERED  
 ENROLLED DATE: 01/01/2018  
 SAMPLE MEMBER: Active

Profile Lookup

Billing Status: Active

Next Insurance  
 Account Balance/Amount Owed

The plan is BCN Advantage.

The contract is active.

Remember to address open diagnosis or treatment opportunity gaps at a face-to-face visit with your patient. Document the diagnosis codes in the patient's medical record following CPT guidelines and close the gap in Health e-CheckUP.

Additional coverage or members may be available on this contract - click on the Subscriber's name (below), then select BCBSM Coverage.

**Member Selection**

Click on the member name to locate member eligibility and benefits.

Member	Status	Relationship/Gender	Birth Date	PCP Name	BCN COB	Member/Case/Alert
SAMPLE MEMBER	Active	01 - Subscriber F	10-06-1981	PCP NAME	BCN COB	Member/Case/Alert

**Member Eligibility/Coverage**

BCN Advantage ConnectedCare HMO

Relation: Subscriber  
 PCP Copay: \$ (See Medical Benefits Below)  
 Billing Status: Active  
 Coverage Dates: 01-01-2018 Paid to 12-31-2018  
 Sex: M  
 Birth Date: 11-30-1984

Additional coverage or members may be available on this contract - click BCBSM Coverage (below)

BCBSM Coverage Member Selection Next Contract Provider Network

Showing Benefits

Medical Benefits: [Details] BCN COB: 11-01-2018

Alerts: [Details]

Select data to view Benefits and Deductibles/Maximums. COB information is only applicable for current coverage.

Provider Network: The BCN Advantage HMO ConnectedCare network primarily consists of physicians affiliated with the Together Health Networks (Triad and Assemblies) in the Southeast and East regions. Care provided outside this network requires a referral from the primary care physician and authorization from BCN. Check participation in the provider network.

If the member has a local network, there will be a special provider network message.

## Healthy Blue Living, continued from Page 1

### Billing for the exam

Providers should use the appropriate ICD diagnosis as the primary diagnosis when billing for the initial or subsequent examination and for the initial assessment for members participating in the Wellness Rewards Tracking program.

Use ICD-10 code Z00.00 or Z00.01. Additional diagnoses may be reported for specific conditions (for example, high blood pressure). There is no member cost-sharing for the completion of the qualification form when the primary diagnosis reported is Z00.00 or Z00.01. There is no member cost-sharing for the office visit when the primary diagnosis is Z00.00 or if a preventive medical examination is reported.

### Billing for the qualification form

Providers must file a claim to be paid for completing the Blue Care Network qualification form for a member covered by Healthy Blue Living or Healthy Blue Living HMO Basic<sup>SM</sup> for members participating in BCN's Wellness Rewards Tracking program. Claims for completing the form should be billed in the amount of \$40 using the CPT code \*99080. Payment will be reflected on the remittance advice.

For detailed billing information for Healthy Blue Living:

- Log into Provider Secured Services at **bcbsm.com/providers**.
- Click *BCN Provider Publications and Resources*.
- Click on *Billing/claims* in the left navigation.
- Click *Healthy Blue Living visits and forms* under the "Professional Claims – Billing Instructions" heading.

\*CPT codes, descriptions and two-digit modifiers only are copyright 2018 American Medical Association. All rights reserved.

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  
37  
38  
39  
40  
41

# Network Operations

## Blue Cross Blue Shield's and Blue Care Network's provider directories to identify treatment for opioid addiction



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  
37  
38  
39  
40  
41

### Cover Story

### Network Operations

### BCN Advantage

### Patient Care

### Behavioral Health

### Quality Counts

### Pharmacy News

### Billing Bulletin

### Referral Roundup

### Index



Practitioners that publicly participate in a medication-assisted treatment program and participate with Blue Cross Blue Shield of Michigan or Blue Care Network will be displayed in our directory identified with “Suboxone Treatment for Opiate Addiction” location service code. This indicates that these practitioners have certification to prescribe buprenorphine medications to patients to assist them with opioid use disorders.

Our members can search by “Area of Focus” and click on “Suboxone Treatment for Opiate Addiction” to see a list of practitioners in their area.

Blue Care Network announced an incentive for providers offering medication-assisted treatment in the **July-August** issue.

An article about MAT also appeared in the **March-April** issue.

If you have questions regarding this article, please contact our Provider Enrollment team at 1-800-822-2761.



## How to find the BCN networks you're contracted with

A guide to help providers use the online provider search on **bcbsm.com** to determine which health plans they accept has been posted. The *Finding your products* flyer shows providers how to “find themselves” using the Blue Cross online provider search and confirm which Blue Cross Blue Shield of Michigan and Blue Care Network products they accept.

Providers may want to use this guide to look up their own information or to look up information because they want to refer a patient to another doctor who's part of the patient's health plan network.

This step-by-step guide can be found within Provider Secured Services in the *BCBSM Newsletters and Resources* website under *Products and Networks*, as well as on the *BCN Provider Publications and Resources* website, on the *BCN Products* page.

## Products at a glance and ID card brochure are posted on our website

We've posted the *2019 BCN products at a glance document* and the *Blue Care Network ID Card Brochure* on the BCN Provider Publications and Resources website within Provider Secured Services.

The products at a glance document is a general summary of BCN products. It shouldn't be used to determine a member's benefits. BCN recommends that each time a member presents for services the provider check the eligibility and benefits for that member.

The ID card brochure will help you know about the different ID cards you may see in your practice from members who have Blue Care Network coverage.

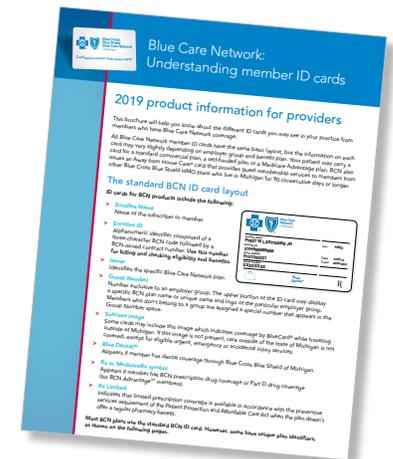
To find the BCN products at a glance document:

- Visit **bcbsm.com/providers**.
- Log in to Provider Secured Services.
- Click *BCN Provider Publications and Resources*.
- Click *BCN Products*.
- Click *Blue Care Network products at a glance for 2019*.



To find the BCN ID card brochure:

1. Visit **ereferrals.bcbsm.com**.
2. Click *Quick Guides*.
3. Click *Blue Care Network Member ID Cards*.





## Understanding the difference between 'home health' and 'home infusion'

In practice, you may use the terms "home health" and "home infusion" synonymously. However, when it comes to your patients' benefits with Blue Cross Blue Shield of Michigan and Blue Care Network, these terms have very different meanings and coverage requirements.

**Home health care** is a benefit for members who have it as part of their plan and meet specific criteria, including being certified by a doctor as non-ambulatory or homebound. This allows them to receive certain services at home as an alternative to long-term hospital care. These services include skilled nursing, physical therapy, speech therapy, nutritional therapy, occupational therapy and social service guidance.

Some services, including the following, **aren't** covered under the home health care benefit.

- **Custodial care:** This service is for patients in nursing homes, hospice or other facility settings who don't need skilled medical or nursing care. It's provided by individuals who aren't required to have special training. Services include assistance with daily living activities, such as bathing, dressing, shopping, cleaning, cooking and laundry.
- **Personal care:** This is care given by certified home health aides. Services include bathing, dressing or using the bathroom.

Home infusion, a service that our Site of Care Optimization policy refers to, is an alternative to traveling to a hospital outpatient infusion center or physician's office to receive certain medications from a health care professional. Home infusion services are included under the Blue Cross and BCN medical benefit. There's no requirement for your patient to be deemed non-ambulatory or homebound to use a contracted home infusion provider.

**Home infusion** providers use specially trained nurses that travel to your patients' homes to administer the medications you've prescribed. They'll also monitor patients throughout the infusion process and for an appropriate amount of time after the infusion has been completed. Home infusion is a safe and convenient way to administer prescription medications.

### For more information

- Use web-DENIS to determine whether a member has the home health benefit.
- To learn more about the home health benefit or the Site of Care Optimization policy, review our medical policies by using the **Medical Policy & Pre-Cert/Pre-Auth Router**.
- For information on the medical drugs included in the Site of Care Program, follow these steps:

#### For Blue Cross

- From the Provider Secured Services landing page, click on *BCBSM Provider Publications and Resources*.
- Click on *Newsletters and Resources*.
- Click on *Forms*.
- Click on *Physician administered medications*

#### For BCN

- Visit the **Medical Benefit Drugs – Pharmacy** page in the BCN section of **ereferrals.bcbsm.com**.
- Under the heading "For BCN HMO (commercial) members," click on **Requirements for drugs covered under the medical benefit – BCN HMO**



## BCN to update anesthesia conversion factor

Blue Care Network will update the anesthesia conversion factor, effective with dates of service on or after Jan. 1, 2019. This change applies to services provided to Blue Care Network HMO commercial members.

In alignment with Blue Cross Blue Shield of Michigan, the conversion factor used to calculate anesthesia base units for anesthesia procedures will increase to \$59.82 from \$58.65 throughout Michigan.

This updates an article that ran in the **July-August issue**, Page 4.

## Redesigned *Blues Brief* available electronically starting January

Our one-page provider and facility newsletter, *Blues Brief*, will have a new look starting in January. *Blues Brief* contains brief Blue Cross Blue Shield of Michigan and Blue Care Network articles and is distributed by provider consultants to physicians, specialists and their office staff. Provider offices receive it monthly; facilities receive it quarterly.

The refreshed look will feature a new header, color scheme and icons to identify which articles pertain to individual lines of business. Specialty-specific versions will be created periodically for chiropractic, behavioral health and physical, occupational and speech therapy offices.

Besides the new look, providers can subscribe to *Blues Brief* to receive it electronically. Choose from the monthly physician office version, quarterly hospitals and facilities version or the specialty-specific versions. To avoid possible subscription errors, add *Blues Brief* to your subscriptions by clicking the *Manage Subscriptions* link at the bottom of your *BCN Provider News* or *The Record* newsletter emails. You can also visit the **subscription page** to choose your preferred *Blues Brief* versions.

# Network Operations

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index

## Providers rely on printed materials, electronic resources and online learning

Providers responding to a survey about training and education needs said they rely on publications to get key network information. Here are our key takeaways from the survey we conducted in July 2018. We received 120 responses.

- Printed materials and publications continue to be an important resource. Basic training on how to find materials is helpful.
- Electronic resources (*The Record*, *BCN Provider News*, and web-DENIS) are key ways providers and their staff get information. Respondents told us to continue using these methods to share changes and updates.
- Online learning and webinars are convenient ways for providers and their staff to learn. You told us to do more of these.

Providers also shared the topics they'd like to learn more about. Here are the top responses:

- Patient benefits and eligibility
- Billing basics
- Trouble-shooting claim issues
- Navigating web-DENIS
- Provider manuals
- Medical authorizations
- BlueCard® claims and appeals



In addition, providers told us they prefer these training methods:

- Self-guided online e-learning (19%)
- Printed materials (19%)
- Live webinars (17%)

We appreciate your feedback as we work to improve our online resource and training.

## Specialists: Confirm referrals through BCN's e-referral system

Specialists cannot require that the member present a written copy of the referral and cannot expect that the primary care physician or BCN's Utilization Management department fax the referral. Referrals should be confirmed by viewing them in the e-referral system or by calling Provider Inquiry. This information is included in the *BCN Provider Manual*.



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



## BCN Advantage will start notifying providers on the CMS preclusion list in January

The Centers for Medicare & Medicaid Services adopted a rule in April 2018 that stipulates providers can't be on a preclusion list and receive payment from a Medicare plan. CMS will make the preclusion list available to Part D sponsors and Medicare Advantage plans, like BCN Advantage, beginning Jan. 1, 2019.

Once Blue Cross Blue Shield of Michigan and Blue Care Network receive the preclusion list on the first of each month, our provider enrollment and data management department will send a letter — within 30 days — to any contracted Medicare Advantage PPO provider or BCN Advantage provider who is on the list. The letter will include the effective date of the provider's preclusion, which will be 90 days from the date of the published preclusion list.

We're required to remove any contracted provider who is included on the preclusion list from our networks. We're also required to notify enrollees who have received care in the last 12 months from a contracted provider or a prescription from a provider who is on the preclusion list.

In addition, effective April 1, 2019:

- Part D sponsors will be required to reject a pharmacy claim (or deny a beneficiary request for reimbursement) for a Part D drug that is prescribed by an individual on the preclusion list.
- Medicare Advantage plans will be required to deny payment for a health care item or service furnished by an individual or entity on the preclusion list.

### What is the preclusion list?

The preclusion list is a list of providers and prescribers who are precluded from receiving payment for Medicare Advantage items and services or Part D drugs furnished or prescribed to Medicare beneficiaries. The list was created to replace the Medicare Advantage and prescriber enrollment requirements and to ensure patient protections and to protect the trust funds from prescribers and providers identified as bad actors.

More information is available at the [CMS website](#).

## Medicare Advantage non-compliance audits began Oct. 1, 2018

Blue Cross Blue Shield of Michigan and Blue Care Network have changed the audit policy on pursuing the submission of Additional Documentation Requests (also known as ADRs). As of Oct. 1, 2018, we've implemented existing Medicare policy to ensure program compliance for letters requesting medical records. Previously, we did not pursue remedies on non-responses to these letters.

For providers who do not respond to the request in the allotted time frame or by the extension time frame, we may deny their entire claim or service as not reasonable or necessary. Blue Care Network will notify providers that we've issued a non-compliance denial for a claim or service and the claim will be recovered from future payments.

If we receive the requested ADR after a denial has been issued, but within 30 calendar days after the last denial date, we'll re-open the claim and make a medical record determination.



# Medicare Part B medical specialty drug prior authorization lists changing in 2019

Some updates are coming for the Part B medical specialty medical prior authorization drug list for Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members. These changes include additions and removals from the prior authorization program as follows.

## Medicare Plus Blue PPO

Removals — for dates of service starting Jan. 1, 2019:	
J0202	Lemtrada <sup>®</sup>
J2323	Tysabri <sup>®</sup>
J2350	Ocrevus <sup>®</sup>
Additions — for dates of service starting Feb. 1, 2019:	
J1746	Trogarzo <sup>™</sup>
J2840	Kanuma <sup>®</sup>
J2860	Sylvant <sup>®</sup>
J3357	Stelara <sup>®</sup> SQ
J3358	Stelara <sup>®</sup> IV
J3490/C9036	Onpattro <sup>™</sup>
J9022	Tecentriq <sup>®</sup>
J9023	Bavencio <sup>®</sup>
J9042	Adcetris <sup>®</sup>
J9176	Empliciti <sup>®</sup>
J9308	Cyramza <sup>®</sup>
J9352	Yondelis <sup>®</sup>

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

- Physician office (Place of Service Code 11)
- Outpatient facility (Place of Service Code 19, 22 or 24)

We do not require authorization for these medications when you bill them on a facility claim form (such as a UB04) or electronically through an 837I transaction.

### Important reminder

You must get authorization **before** administering these medications. Use the Novologix<sup>®</sup> online web tool to quickly submit your requests.

## BCN Advantage

Removals — for dates of service starting Jan. 1, 2019:	
J0897	Xgeva <sup>®</sup>
J9032	Beleodaq <sup>®</sup>
J9310	Rituxan <sup>®</sup>
Additions — for dates of service starting Feb. 1, 2019:	
J1746	Trogarzo <sup>™</sup>
J2860	Sylvant <sup>®</sup>
J3357	Stelara <sup>®</sup> SQ
J3358	Stelara <sup>®</sup> IV
J3490/C9036	Onpattro <sup>™</sup>
J9022	Tecentriq <sup>®</sup>
J9023	Bavencio <sup>®</sup>
J9042	Adcetris <sup>®</sup>
J9176	Empliciti <sup>®</sup>
J9352	Yondelis <sup>®</sup>

For BCN Advantage, we require prior authorization for these medications when you bill them on a professional CMS-1500 claim form (or submit them electronically through an 837P transaction) or on a facility claim form such as a UB04 (or submit them electronically through an 837I transaction), for the following sites of care:

- Physician office (Place of Service Code 11)
- Outpatient facility (Place of Service Code 19, 22 or 24)
- Home (Place of Service Code 12)



## Online health services will be available to Blue Cross, BCN Medicare Advantage members, beginning Jan. 1

As a reminder, BCN Advantage<sup>SM</sup> and Medicare Plus Blue<sup>SM</sup> PPO plans will offer Blue Cross Online Visits<sup>SM</sup> beginning Jan. 1, 2019.

Beneficiaries will be able to virtually connect with a physician, therapist or other health care provider with a two-way, real-time communication using:

- A mobile phone
- A laptop
- A tablet
- A video conferencing device

We encourage members who take advantage of this service to inform their primary care physician of the online visit. Members are provided a visit summary to share with their doctor.

For more details on this service, see the **article** titled *BCN Advantage members get added support with online visits* on Page 14 in the November-December 2018 issue of *BCN Provider News*.

## Billing changes for home infusion services for URMBT members with BCN Advantage effective Jan. 1

URMBT members with BCN Advantage<sup>SM</sup> currently have a home infusion benefit that allows most Part D drugs to be administered at home with no cost share for the member. Effective Jan. 1, 2019, this benefit is appropriately covered under the member's Part D *benefit*.

URMBT members may still have these medications infused at home starting in January but the drug will need to be billed under the member's Part D benefit which is administered by ESI. This means the member will have some out-of-pocket expenses for the home infusion therapy drug *if they or their prescriber choose to have the drug administered at home*.

Physicians shouldn't need to do anything different than in the past if they desire home infusion therapy for their patient. They should continue to send home infusion prescription orders to contracted home infusion providers.

The *home infusion provider* will need to bill Part D drugs to ESI and collect the appropriate copay from the member. Drugs covered under Part B should continue to be billed to BCN Advantage. If the drug is administered in the physician's office or other outpatient facility, the drug would continue to be covered under Part B.

Certain medications will continue to be covered under Part B with no member cost share if infused at home, for example:

- IVIG therapy used for treating a primary immunodeficiency condition
- Drugs that require a DME device (for example, infusion pump)

For all BCN Advantage plans that have Part D benefits with BCN (groups and individuals), the home infusion benefit will remain unchanged. All home infusion drugs should be billed to BCN for these members with no change in cost share.

As a reminder, providers should always check eligibility and benefits through web-DENIS.

Patient Care

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



# A look at Blue Cross' efforts to address the opioid epidemic

By Duane J. DiFranco, M.D.



More than **2,600 Michigan residents** died in 2017 from drug overdoses, exceeding the number of traffic and firearm fatalities reported that year. As the opioid epidemic continues to capture the attention of public health officials and decision-makers across the country, Blue Cross Blue Shield of Michigan and Blue Care Network are continuing efforts to address the issue through public awareness, collaboration and improvements to clinical care delivery.

## A multifaceted approach

Prevention, treatment, advocacy and collaboration have been the foundation of Blue Cross' efforts addressing the opioid epidemic. What began as an internal, cross-functional task force among company representatives has extended to working with physician groups, forging partnerships with other insurers and supporting community groups across the state.

A few of our key focuses have been:

- **Raising awareness:** Educating the health care community and general public about opioid and prescription drug misuse has been critical. Whether it's sharing information

about safe disposal or sharing ways to identify or treat substance use disorder, Blue Cross' goal is to advocate for prevention and awareness around all aspects of the opioid epidemic.

- **Removing barriers to treatment:** Blue Cross and Blue Care Network have removed barriers to addiction treatment by providing access to **medication-assisted treatment**, which reduces cravings and keeps those in recovery stable. Prior authorizations are not necessary for most buprenorphine-based treatment regimens like Suboxone®, Vivitrol® or methadone. By using real-time hospital discharge data, our pharmacy team works with our behavioral health experts to engage members in treatment following an opioid or heroin overdose.
- **Supporting community coalitions:** Earlier this year, the **Blue Cross Blue Shield of Michigan Foundation** joined forces with the Michigan Health Endowment Fund and the Community Foundation for Southeast Michigan to award more than \$500,000 in grants to nine community coalitions across the state working to fight opioid abuse. The funding is helping communities start sustainable, evidence-based practices that include education, law enforcement and clinical interventions addressing opioid and prescription drug abuse in Michigan.

# Patient Care

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

From the medical director, continued from Page 12

## Treating chronic pain

As the conversation around pain management evolves, Blue Cross remains focused on working directly with doctors to coordinate care and reduce opioid and prescription drug misuse. A proper balance needs to be struck. Opioids have a legitimate place and “overshooting the mark” must be avoided. People with, or at risk of, opioid use disorder need assistance and so do people with significant pain syndromes. Some of the strategic approaches we’ve taken to encourage balanced and appropriate opioid prescribing practices, include:

- **Enforcing policy change:** As of Feb. 1, 2018, we’ve been working with physicians to limit the quantity and day supply of addictive substances. This common-sense step helps members get the pain management medication doctors believe is needed, while taking positive steps to address a growing epidemic of addiction and overdose deaths. An initial fill of a prescription for one of these medications is limited to a five-day supply; Additional fills are limited to no more than a 30-day supply, but do not apply to members with a cancer diagnosis or who are terminally ill. Blue Cross also uses system edits, such as refill-too-soon logic, to limit early refills and to help prevent stock piling of controlled substances.
- **Forging partnerships:** Blue Cross and the Michigan Opioid Prescribing Engagement Network work with our physician groups to improve statewide prescribing practices and utilization. Michigan OPEN works with doctors and hospitals to decrease new opioid prescriptions to surgical patients and raise awareness of the danger of opioids. Blue Cross is also a member of America’s Health Insurance Plans’ and the Blue Cross and Blue Shield Association’s opioid prevention and abuse workgroups. These groups are focused on developing recommendations on how health insurers can work with others in the health care community to ensure safe opioid prescribing.

- **Identifying at-risk members:** Blue Cross has worked to monitor who’s obtaining controlled substances from multiple prescribers and analyze claims for larger-than-average amounts. In addition to this, our Controlled Substance Workgroup of doctors, behavioral health specialists, case managers, pharmacists and corporate investigators review claims of members with behavior reflecting opioid misuse or abuse to then coordinate treatment referrals and ongoing case management.
- **Providing resources on appropriate treatment of pain:** Blue Cross has worked with the State of Michigan and with our providers to develop clinical care guidelines for the prescription of opioid medication in primary care. We’ve also sponsored, in collaboration with provider-partners, continuing medical education across the state to better equip providers to treat those with significant pain.

## Promising results

While there’s still work to do to address the opioid epidemic, Blue Cross has seen notable results from our efforts. Within six months of working with doctors, there has been a 51 percent reduction in Blue Cross members taking both opioid and benzodiazepine drugs. In three years, numbers of members receiving the dangerous “triple threat” drug (a combination of opioids, benzodiazepines and Soma®) have decreased by 84 percent. By incentivizing physician groups through Value Partnership programs, Blue Cross has also been able to increase electronic prescribing of controlled substances more than 27 percent. Opioid prescriptions have gone down 32 percent and more than 608,000 fewer opioid pills have been dispensed through our Doctor Shopper initiative.

For more information, visit [Blue Cross’ opioids 101 online resource page at www.mibluesperspectives.com/opioids101](#). See what we’ve done, what we plan to do, and how you can help.

Please see [From the medical director](#), continued on Page 14

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  
37  
38  
39  
40  
41

# Patient Care

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## Helping patients who don't want opioids for pain management



We understand that many people would prefer not to rely on opioids to manage their pain. Here are some non-opioid alternatives you may want to consider when treating patients with pain:

**Comprehensive evaluations:** Primary care providers can work in tandem with psychologists who have special training to provide comprehensive evaluations of a patient's pain. It's one of the best, most effective ways to determine a safe, long-term way to treat chronic pain.

**Physical therapy and functional rehabilitation:** In certain cases, physical therapy can be a great way of relieving pain over time through the natural strengthening of the body. Functional rehabilitation also has a psychological care component beneficial to all patients.

**Other drug combinations:** Ibuprofen and Tylenol taken together may be as effective as opioids, but with fewer side effects and a lower risk of addiction. Also, some conditions, such as fibromyalgia, may actually get worse with opioid use.

**Injections:** Where appropriate, you may want to prescribe injections of non-opioid drug combinations that are less addictive than opioids.

**Lifestyle modifications:** Weight loss, exercise, proper sleeping habits, a healthy diet and a number of other factors can all play into chronic pain. Helping patients manage these aspects of their lives can result in less pain and a healthier path going forward.

More research is needed for us to determine whether some alternative forms of pain treatment, such as massage therapy and acupuncture, can effectively treat pain. However, the options listed above are both comprehensive and effective. Blue Cross will continue to explore and evaluate the efficacy of alternative treatments for chronic pain going forward as part of our multi-pronged effort to help people struggling with pain.

# Patient Care



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

## February focus is on heart health

In support of American Heart Month in February, Blue Care Network is reminding providers to screen patients for conditions that can affect heart health. We support Michigan Quality Improvement Consortium guidelines, including those for screening and management of high cholesterol, high blood pressure, overweight and obesity and tobacco control.

High blood pressure is a serious condition and, if left untreated, can lead to coronary heart disease, kidney disease and possibly stroke. About one in three adults in the United States has hypertension and it usually starts from the ages of 35 to 50, according to the Centers for Disease Control and Prevention. There are no symptoms or warning signs, and it can affect anyone regardless of race, age or gender.

### Risk factors that can't be controlled

- Age (55 or older in men, 65 or older for women)
- Family history of early heart disease

### Risk factors that can be controlled by the member with guidance from the provider

- High cholesterol (high LDL or "bad" cholesterol)
- Low HDL ("good" cholesterol)
- Smoking
- High blood pressure
- Diabetes
- Obesity, overweight
- Physical inactivity

### Factors that determine LDL ("bad") cholesterol level

- Heredity
- Diet
- Weight
- Physical activity and exercise
- Age and gender
- Alcohol
- Stress

Some highlights from the MQIC guidelines are noted below. For the complete guidelines, visit **MQIC**.





Heart Health, continued from Page 15

**Lipid screening and management**

- Initial screening to include fasting lipid profile (total cholesterol, LDL-C, HDL-C, triglycerides). Repeat every four to six years if normal
- Screening of LDL-C levels at least annually for member with a cardiac event (AMI, PTCA, CABG) or diagnosis of ischemic vascular disease
- Treatment based upon presence of clinical atherosclerotic cardiovascular disease (ASCVD); 10-year ASCVD risk calculation for patients 40 to 75 without clinical ASCVD, diabetes mellitus (type 1 or 2) or LDL-C  $\geq 190$  mg/dl. (See **ASCVD Risk Estimator Tool from MQIC**)
- Statin dosing intensity based upon ASCVD presence and risk
- Educate about therapeutic lifestyle changes such as losing weight if indicated, increasing exercise to moderate to vigorous activity for 40 minutes per day, three to four days of the week; and following a diet emphasizing vegetables, fruits, whole grains, low fat dairy, poultry, fish, legumes, nontropical vegetable oils and nuts, limited sweets and sugar-sweetened beverages and red meats

**Management of overweight and obesity in adults**

- If BMI  $\geq 30$  or  $\geq 27$  with other risk factors or conditions, consider referral to a program that provides guidance on nutrition, physical activity and psychosocial concerns
- Pharmacotherapy only for patients at increased risk because of their weight and coexisting risk factors or comorbidities
- BMI  $\geq 40$  or  $\geq 35$  with uncontrolled comorbid conditions, consider weight-loss surgery

Providers can encourage healthy lifestyles by reminding patients to do the following:

- Develop a healthy eating pattern, which includes eating foods low in saturated fat and cholesterol.
- Reduce salt and sodium. (The CDC reports a potential of 11 million fewer cases of hypertension just by reducing sodium intake from the average 3,400 mg daily to 2,300.)
- Maintain a healthy weight.
- Get regular physical activity for at least 30 minutes most days of the week.
- Limit alcohol.
- Quit smoking.
- Take blood pressure medication as prescribed.

Providers can also refer members to the **National Heart, Lung and Blood Institute** website for information about heart disease.

References:

- [MQIC.org](http://www.mqic.org)
- [Lipid Screening and Management](#)
- [Management of overweight and obesity in adults](#)
- [National Heart Lung and Blood Institute \(http://www.nhlbi.nih.gov/\)](http://www.nhlbi.nih.gov/)
- <http://www.cdc.gov/bloodpressure/facts.htm>

# Patient Care

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## Blue Care Network supports Patient Safety Awareness Week

The National Patient Safety Foundation has designated March 10 through 16, 2019, as National Patient Safety Week. This is designed to increase awareness about patient safety among health professionals and their patients.

Blue Care Network supports the efforts of the Patient Safety Foundation and encourages its provider community and members to get involved.

Studies show that patients who are more involved in their health care have better outcomes.

Communication between patients and their health care providers play an important role. Encourage your patients to become active participants in their health care.

- Provide an environment where patients feel comfortable talking openly.
- Provide information about your patients' care in a manner that is understandable to them.
- To learn more, visit the **National Patient Safety Foundation** website.

### Learn more about patient communication

Listen to what patients say is important to them. See how doctors balance busy schedules and spend time with patients.

Watch our video at [brainshark.com/bcbsm/patientcommunication](http://brainshark.com/bcbsm/patientcommunication).

## 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

- Gene expression profiling for cutaneous melanoma
- Lumbar traction devices for the treatment of low back pain
- Polymerase chain reaction testing in the diagnosis of onychomycosis

### Covered services

- Bone marrow transplant — hematopoietic cell transplantation for acute myeloid leukemia
- Coronary computed tomography angiography with selective noninvasive fractional flow reserve (FFR<sub>CT</sub>)FR
- Intensity-modulated radiation therapy: Abdomen and pelvis
- Intensity-modulated radiation therapy of the breast and lung
- Intensity-modulated radiation therapy: Cancer of the head and neck or thyroid
- Intensity-modulated radiation therapy: Central nervous system tumors
- Intensity-modulated radiation therapy of the prostate
- Sleep disorders, diagnosis and medical management



[Medical Policy Updates](#)

## Opioid news and information roundup

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  
37  
38  
39  
40  
41

## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index



### Blue Cross and BCN's efforts to increase medication-assisted treatment

MI Blues Perspectives, one of our two Blue Cross blogs, recently posted an article about our efforts to increase medication-assisted treatment rates for opioid addiction. You can read it on our [blog](#).

### Trump signs opioids law at White House event

President Donald Trump signed sweeping opioids legislation into law at the White House Oct. 24, [CNN](#) reported. The event marked a year since he declared the opioid crisis a national public health emergency. The bill signed includes provisions aimed at promoting research to find new drugs for pain management that will not be addictive and expands access to treatment for substance use disorders for Medicaid patients.

### Drug overdose deaths falling nationwide

The estimated number of deaths from drug overdoses has fallen for each of the last seven months on record nationwide, giving reason for cautious optimism about the state of the country's substance abuse epidemic, [Time magazine](#) reported Oct. 23. Fatal overdoses rates have risen sharply over the past several decades but preliminary data from the Centers for Disease Control and Prevention suggests a modest downturn.

### Michigan opioid overdose deaths reach record high last year

The [Detroit Free Press](#) reported Oct. 4 that overdose deaths from opioids reached a record high in Michigan in 2017, according to a new report released by the Michigan Department of Health and Human Services. The report says that 1,941 of the last year's 2,729 overdose deaths were opioid related, an increase of 9 percent from 2016. The number represents a slowing of the year-over-year increase in opioid-related deaths. Between 2015 and 2016, opioid overdose deaths jumped 35 percent.

### Study: Nearly 30 percent of opioid prescriptions lack clear clinical explanation

A study published in the *Annals of Internal Medicine* found that 28.5 percent of opioid prescriptions written in the U.S. between 2006 and 2015 lacked a documented clinical reason, [USA Today](#) reported. The findings, based on analysis of data from the National Ambulatory Medical Care Survey, showed 66 percent of opioid prescriptions were for noncancer pain while 5 percent were intended to treat cancer-related pain.

### GDAHC recognizes Michigan OPEN for health care leadership

The Greater Detroit Area Health Council recognized Michigan Opioid Prescribing and Engagement Network with the Eagle Award for Visionary Leadership. The award recognizes the contributions of an organization in southeast Michigan that has made steady progress in advancing health care quality, access or cost. Michigan OPEN, along with other leaders in health care, was honored Nov. 8 at the 2018 Salute to Healthcare celebration. For information about Michigan OPEN initiatives, visit [Michigan-open.org](#).

# Behavioral Health

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## Blue Care Network removed deductibles for outpatient mental health services from certain plans

The U.S. Department of Labor clarified how cost-sharing requirements for mental health and substance use disorder benefits should be calculated under the Mental Health Parity and Addiction Act.

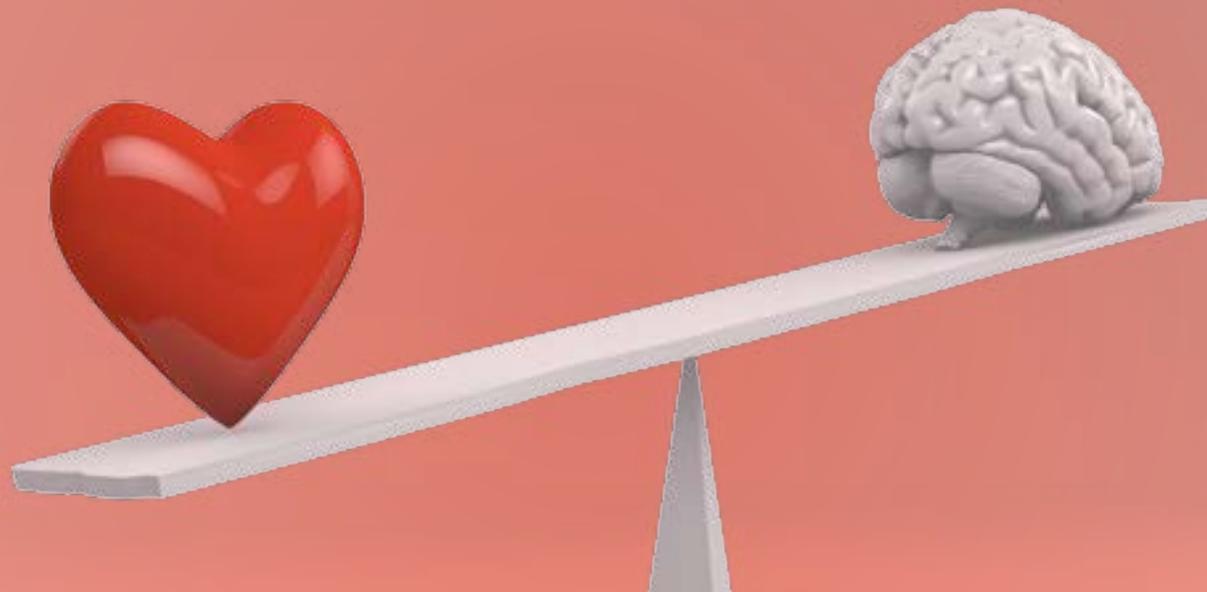
As a result, Blue Care Network analyzed the cost-sharing requirements on its plans based on the clarification. To ensure that we continue to comply with the Mental Health Parity and Addiction Act, effective Jan. 1, 2019, BCN removed the deductible for outpatient mental health and substance use disorder services from certain plans. A fixed copay may still apply depending on the group's benefit plan. The following plans are not affected:

- HSA qualified high deductible health plans
- Blue Elect Plus Self-Referral Option<sup>SM</sup> plans
- Routine Care plans
- Plan with WDEDFC (waiver of deductible on services with a fixed dollar copay) and WDRPOV (waiver of deductible on specialist office visits) riders
- Plans that already remove the deductible for outpatient behavioral health services

**The changes will automatically take effect on Jan. 1.**

We're required to notify members who are affected, and we began mailing notifications in October.

January is the time when many patients change health care plans. You should always ask to see the latest member ID card and make sure it matches the coverage listed on web-DENIS. You can also check member eligibility and benefits through web-DENIS or by calling our **Provider Automated Response System**.



# Behavioral Health

Cover Story

Network Operations

BCN Advantage

Patient Care

**Behavioral Health**

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## Blue Care Network to continue Behavioral Health Incentive Program in 2019

Our Behavioral Health Incentive Program offers six BCN-assessed measures with a few changes in 2019:

- The “follow-up after hospitalization” incentive will increase to \$200.
- We’ll add “initiation of alcohol and other drug abuse or dependence treatment” and incentivize this measure at \$100.
- We’ll discontinue the “pharmacotherapy adherence for bipolar disorder” measure.

The measures in the chart below require no formal data submission on the part of the behavioral health provider. We’ll capture and analyze information for the measures through claims data. There are no requirements to “opt in” or volunteer for BHIP.

Quality incentive measure	Payment	Intake period	Provider action
Follow-up after mental health hospitalization	\$200	1/1-10/31/2019	None – claims data
Anti-depressant medication management – Acute	\$75	1/1-4/30/2019	None – claims data
Anti-depressant medication management – Continuous	\$100	1/1-4/30/2019	None – claims data
Appropriate glucose monitoring	\$100	1/1-12/31/2019	None – claims data
First-line psychosocial care for children and adolescents on antipsychotics	\$100	1/1-12/31/2019	None – claims data
Initiation of alcohol and other drug abuse or dependence treatment	\$100	1/1-11/1/2019	None – claims data

The BHIP booklet and flyer will be available on web-DENIS starting in January.

### To access BHIP documents:

1. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
2. Log in to Provider Secured Services.
3. Click *BCN Provider Publications and Resources*.
4. Click *Behavioral Health* under the Other Resources heading.
5. Scroll down to the Behavioral Health Incentive Program heading.

# Behavioral Health

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## BCN's Depression Management program offers resources for members

Blue Care Network's Depression Management program provides members diagnosed with depression with education and self management strategies to deal with this potentially disabling condition. The program was developed in conjunction with the Michigan Quality Improvement Consortium guideline for **Management of Adults with Major Depression**.

The goals of the program include:

- Educating members about the basic pathophysiology of depression and current treatment modalities with emphasis on acute and continuation phases of treatment
- Providing members with self management techniques with an emphasis on medication compliance
- Decreasing workplace absenteeism
- Decreasing inappropriate inpatient admissions and emergency room visits
- Addressing comorbid medical conditions
- Helping practitioners track and monitor services for members with depression

The Depression Management program is available to all BCN HMO<sup>SM</sup> (commercial) members 18 years and older and BCN Advantage<sup>SM</sup> members. We identify members through:

- Claims for outpatient, inpatient and emergency room visits for depression
- Pharmacy claims for antidepressants
- Referrals from physicians
- Data collected from members' completed health assessments
- Referrals from BCN's utilization and case management departments
- Member self referral

Our predictive modeling refers members to this program when we see a diagnosis of depression combined with other risk factors. Risk factors can include socioeconomic risks, a co-occurring chronic disorder, a recent inpatient admission or high emergency department utilization. A behavioral health professional reaches out to members, explains the program and offers members support, education and resources. The behavioral health case manager assesses the member using a comprehensive assessment as well as evidence-based screening tools (PHQ9, GAD7, SOCRATES) and creates a plan of care. In the event of a hospitalization, the case manager makes sure that a follow up visit is scheduled within seven days of discharge and monitors for appointment compliance.

We provide education to the member that focuses on explaining the diagnosis and symptoms, ways to improve health through wellness activities, the importance of medication adherence and how to improve self-management of symptoms. We offer physicians support through patient-specific case management reports, clinical guidelines, articles and program assistance from a behavioral health chronic condition management specialist.

To learn more about BCN's depression management program or to refer a member, contact the Engagement Center at 1-800-775-2583 (TTY users call 711), from 8 a.m. to 5 p.m. Monday through Friday.

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  
37  
38  
39  
40  
41

# Quality Counts

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



## Best Practices

### Adolescent immunizations

*An interview with Dr. Bethany Hall, Brighton*

#### What do you do in your practice to encourage your adolescent patients to keep up with their immunizations?

We have a couple things in place that help us keep our immunization rates high. For every patient visit, we print out an MCIR. We try to catch adolescents when they come in for sick visits. Often, they're not too sick to get a vaccine while they're here.

We also review their records to see when they had a physical. If they haven't had one in the last year, we send out a letter. Or if they're in for a sick visit, my receptionist tries to schedule a physical while they're here.

We also have a 'gaps in care' registry. One of our nurses spends time reviewing registries for patients who haven't had a physical in the last year and she makes phone calls to schedule appointments.

We've been doing these things for several years and are always working to improve our immunization rates. Tracked over time, we have definitely seen improvements.

#### What are some of the challenges of keeping immunizations up to date for this population?

It's mostly getting them here. Most of these teens have had all their other immunizations when they were younger. It's more of a making sure we take the opportunity when they are here in the office. It's a team effort. We get our whole staff involved.

The biggest challenge is the HPV vaccine, specifically. My approach is to first learn from the parent what their



**Dr. Bethany Hall with her medical assistant, Halie Johnson.**

concerns are. I tell them the chances of getting cancer from HPV is much higher than getting meningitis and most parents consent to the Menactra vaccine.

Most parents are worried about a severe reaction to the vaccine. They can rationally know it's a good vaccine, but the fear of something horrible happening is strong. You can talk that through.

When the child is due at 11 years, some parents say, "I don't want him or her to have it yet." So you need to listen to the parent and hear their concerns.

I have four children of my own and they've all had the vaccine. Sometimes it's helpful for parents to hear from a provider that they are recommending the very vaccines they give to their own children. I've personally never have had a patient who's had a severe reaction. So my own personal experiences are important and helpful in advising parents.

#### Is there anything you'd like to add?

Immunizations are so important, and we continue to educate parents and hear their concerns. The best way to immunize adolescents is to get them in the door. You have to keep focused and commit to addressing vaccines at every visit.

# Quality Counts

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## Help patients get annual health screenings

As the new year approaches, Blue Care Network is preparing for annual HEDIS® record reviews. BCN team members will be contacting provider offices from January to May to request medical records. As always, we appreciate your cooperation and partnership in making HEDIS 2019 a success.

As part of our joint effort in making this happen, here's a checklist to help patients take care of their health.

- ✓ Get an early start with patients in 2019. Take a BMI on every patient. Note that all patients under 20 years old need a BMI percentage, height and weight measure.
- ✓ For children ages 3 to 17, complete counseling for nutrition. Complete checklist verifying nutrition discussion and counseling for physical activity. Recommend patients exercise one hour per day; complete checklist verifying discussion of physical activity.
- ✓ For diabetics complete the following: HbA1c, nephropathy monitoring (urine for protein or on ACE/ARB medications, or renal diagnosis), controlled blood pressure (<139/89), diabetic eye exam. Schedule follow-up visits as results indicate.
- ✓ For patients with hypertension, follow-up on medication regimen; document lifestyle changes and blood pressure to ensure appropriate management. A controlled blood pressure is 139/89 or less.
- ✓ For members discharged from an inpatient setting, complete a medication reconciliation within 30 days of discharge.
- ✓ Review history and order colon cancer screening test, if needed (age 50 to 75, colonoscopy every 10 years). For patients that refuse a colonoscopy, suggest they complete a FOBT.
- ✓ For all females between age 50 and 74, order a mammogram (if they haven't had one for 24 months) and cervical cancer screening age 21 to 64 (if they haven't had one in three years or five years.) Patients must be 30 years old on the date of service of the PAP/HPV to meet the five-year interval requirement and the HPV must be a co-test.
- ✓ Talk to every patient about the need for physical exercise – 30 minutes a day.
- ✓ For seniors assess the following: fall risk, safe environment, incontinence management, immunizations.
- ✓ Schedule a depression assessment.
- ✓ Childhood and adolescents immunizations: Check immunization record on MCIR and schedule visits to have complete and timely immunizations.

Blue Care Network appreciates your efforts in working to keep our members healthy.

For information on preventive services, call Quality and Population Health's HEDIS message line at 1-855-228-8543.

## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index



# Watch for fraudulent prescription and durable medical equipment schemes

Blue Cross Blue Shield of Michigan and Blue Care Network want to make you aware of the escalating prescription schemes that solicit authorization from prescribers for medications that may not be medically necessary for patients. We've received complaints from members who have received unwanted medication and supplies.

Some telemarketing companies solicit insurance information and primary care physicians' contact information from patients through phone calls, emails, social media and online or mail surveys. These companies will then fax prescriptions to the prescriber's office to obtain his or her authorization. Other times, pharmacies may call requesting authorization from the prescriber to change a medication to a different formulation (for example, ER/CR vs. IR). Once the faxed authorization is received, the member begins receiving mailed deliveries of medications or durable medical equipment supplies. Typically, the members' efforts to contact the pharmacy or DME company to end the shipments aren't successful.



## How to avoid the faxed prescription scheme

Blue Cross urges you to be vigilant about prescriptions received through fax from pharmacies indicating that the patient has requested the medication or needs an authorization for refill. Pay attention to fax or phone requests for the following types of prescriptions:

- Topical applications (lidocaine, doxepin, fluocinonide, calcipotriene, diclofenac, triamcinolone)
- Acid reflux or GERD medication (omeprazole-sodium bicarbonate)
- Diabetic supplies, blood glucose meters, alcohol pads, test strips, lancet devices, control solutions and lancets
- Nasal sprays (dihydroergotamine)
- Non-steroidal anti-inflammatory drugs (naproxen CR/ER, mefenamic acid, fenoprofen calcium)

## Red flags

- The faxed prescription may already be completed or offer check boxes for the prescriber to fill out.
- Prescriptions will often request three to five medications, sometimes labeled as a "kit."
- Beware of requesting pharmacies/DME suppliers that are located out of state. Many times, the prescription will be associated with a pharmacy/DME supplier you and your patient have not had any previous interaction with.
- The prescription will usually request high quantities of medications. Requests for topical applications usually range between 180 to 1,000 grams. Requests for oral dosage forms will typically be enough for a 90-day supply.

Targeted medications frequently change. Carefully review any prescription that your office did not initiate. If you aren't sure that the patient requested the medication, please do not approve the request. And be especially cautious about requests for topical applications and low/moderate intensity pain relievers.

# Pharmacy News

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## We've added drugs to the medical benefit specialty drug prior authorization program

Blue Care Network and Blue Cross Blue Shield of Michigan have added Onpattro, Poteligeo, and Signifor LAR to our medical benefit specialty drug prior authorization program for commercial members.

The prior authorization program for specialty drugs covered under the medical benefit is expanding for BCN HMO<sup>SM</sup> and Blue Cross' PPO commercial members as follows:

Brand name HCPCS code	Prior authorization requirements for all dates of service on or after:
Onpattro <sup>TM</sup> J3490	HMO — Nov. 1, 2018 PPO — Dec. 1, 2018
Poteligeo <sup>®</sup> J9999	HMO — Nov. 1, 2018 (only for members starting treatment on or after that date) PPO — None required
Signifor LAR <sup>®</sup> J2502	HMO — Feb. 1, 2019 PPO — Already required

These changes don't apply to BCN Advantage<sup>SM</sup>, Medicare Plus Blue<sup>SM</sup> PPO or Federal Employee Program<sup>®</sup> members.

### [How to submit authorization requests](#)

Submit authorization requests prior to the start of services for medical benefit drugs that require authorization using the NovoLogix<sup>®</sup> web tool within Provider Secured Services.

### [Always verify benefits](#)

Approval of a prior authorization request isn't a guarantee of payment. You need to verify each member's eligibility and benefits. Members are responsible for the full cost of medications not covered under their medical benefit coverage.

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## We're excluding some Custom Select drugs effective Jan. 1, 2019

Our goal at Blue Cross Blue Shield of Michigan and Blue Care Network is to provide our members with safe, high-quality prescription drug therapies. We consistently review our prescription drug coverage to provide the best value for our members, control costs and make sure our members are using the right medication for the right situation.

Because there are safe, effective and less-costly alternatives available, we'll no longer cover some brand-name and generic drugs on the *Custom Select Drug List* starting Jan. 1, 2019.

A member whose prescription drug plan uses the *Custom Select Drug List* will be responsible for the full cost if he or she fills a prescription for one of these drugs on or after this date.

For a complete list of covered drugs go to [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy) and click *Drug lists*.

Common use	Drugs to be excluded January 1, 2019	Average cost per unit or package	Covered generic alternatives	Average cost per unit or package
Allergies	Xyzal®	\$1	These drugs are available over the counter without a prescription.	
	Zyrtec® solution	\$3		
Diabetes	Actoplus Met® XR	\$13 - \$25	Actoplus Met®	\$2
	Fortamet®	\$6 - \$11	Glucophage®, Glucophage® XR	<\$1
Heart conditions	Lanoxin® 62.5 and 187.5mcg	\$15	Lanoxin® 125 mcg, 250 mcg	<\$1
HIV	Crixivan®	\$3	Go to <a href="http://bcbsm.com/pharmacy">bcbsm.com/pharmacy</a> and click <i>Drug lists</i> for a complete list of covered alternatives.  Members should discuss their treatment options with their doctor.	
	Rescriptor®	\$3		
	Trizivir®	\$20		
	Videx®	\$27		
	Videx® EC	\$9		
	Viracept®	\$5 - \$12		
Migraines	Migranal® nasal spray	\$551	Cafergot®	\$15
			D.H.E. 45®	\$179
			Generic triptans (such as Imitrex®, Maxalt®, Zomig®)	\$10 – \$20
Mood disorders	Aplenzin®	\$52 - \$156	Wellbutrin®, Wellbutrin® SR, Wellbutrin® XL	<\$1

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  
37  
38  
39  
40  
41

# Pharmacy News

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



Custom Select drugs, continued from Page 26

Common use	Drugs to be excluded January 1, 2019	Average cost per unit or package	Covered generic alternatives	Average cost per unit or package
Muscle relaxants	Lorzone®	\$9 - \$10	Flexeril®	<\$1
			Norflex®	
			Parafon Forte DSC® 500 mg	
			Robaxin®	
			Zanaflex®	
Overactive bladder	Toviaz®	\$13	Detrol®, Detrol® LA	\$2 - \$5
			Ditropan®, Ditropan® XL	
			Sanctura®, Sanctura® XR	
Skin conditions	Bactroban® cream	\$222	Bactroban® ointment	\$6
	Denavir®	\$975	gentamicin cream, ointment	\$50
			Zovirax® ointment	\$297
	Desonate®	\$660	Dermacort®, Hytone® 2.5%	\$7 - \$150
			Desowen®	
			Kenalog® 0.025% cream, lotion	
			Valisone® lotion	
	Florone®, Psorcon®	\$210 - \$932	Aristocort®, Kenalog® 0.5%	\$5 - \$80
			Diprolene® cream, lotion	
			Diprosone® cream, ointment	
			Elocon® ointment	
			Valisone® ointment	
	Pandrel®	\$1287	Diprosone® lotion	\$8 - \$100
			Elocon® cream, lotion, solution	
Kenalog® ointment, spray				
Synalar® ointment				
Westcort® ointment				
Zyclara®	\$1485	Aldara®	\$165	
		Efudex®	\$165	

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  
37  
38  
39  
40  
41

# Pharmacy News

## We'll require a prior authorization for opioid dosages over 90 morphine milligram equivalents per day effective in February

Blue Cross Blue Shield of Michigan and Blue Care Network remain committed to battling our country's opioid crisis through various programs and initiatives. Starting Feb. 1, 2019, Blue Cross and Blue Care Network will require prior authorization the first time a member's opioid dosage exceeds 90 morphine milligram equivalents per day. This change affects commercial members only and doesn't apply to members with an oncology diagnosis or terminal illness, or who are on Medicare.

We'll continue to ensure that our members receive high-quality care for pain, while reducing potential risks that come from such treatments.

Higher opioid dosages have not been shown to reduce long-term pain and are associated with a higher risk of overdose and death. Dosages at or above 100 morphine milligram equivalents per day are associated with a nearly nine-fold increase in overdose risk compared to dosages of 20 morphine milligram equivalents per day or less.

To help reduce the risk of overdose, we encourage providers to review their patients' total daily dose of opioids. This helps to identify patients who may benefit from closer monitoring, reduction or tapering of opioids, a naloxone prescription or other measures.

Here are some free resources available from the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention.

- The **CMS morphine equivalent chart** is available at the CMS website.
- The CDC's new **Opioid Guideline app** includes its Guideline for Prescribing Opioids for Chronic Pain, tools and other resources, including a morphine milligram equivalent calculator.

The following are opioids commonly prescribed at 90 morphine milligram equivalents per day:

- 90 mg of hydrocodone  
(Nine tablets of hydrocodone/acetaminophen 10/325 mg)
- 60 mg of oxycodone  
(Two tablets of oxycodone extended-release 30 mg)

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)



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  
37  
38  
39  
40  
41

# Pharmacy News

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## Several drugs will have a higher copayment, effective Jan. 1

We're making tier changes to several drugs with lower-cost alternatives to help control costs for Blue Cross Blue Shield of Michigan and Blue Care Network commercial prescription drug plans.

On Jan. 1, indomethacin (Indocin®) suppository will become Tier 3 with a nonpreferred brand copayment.

On Jan. 1, the following drugs will become Tier 1B (for BCN members only) with a nonpreferred generic copayment:

- Prednisolone (Millipred®) tablet
- Candesartan (Atacand®)
- Candesartan/HCTZ (Atacand® HCT)
- Venlafaxine (Effexor®) tablet
- Desipramine (Norpramin®)
- Naproxen (Naprosyn®) suspension

Please see [Higher copay drugs](#) , continued on Page 30

## AllianceRx Walgreens Prime specialty pharmacy program starts Jan. 1

We ran an **article** in the November-December 2018 issue announcing that AllianceRx Walgreens Prime is now the exclusive provider of specialty pharmacy services for drugs under the pharmacy benefit. We want to clarify that this is true only for some Blue Cross Blue Shield of Michigan and Blue Care Network **commercial** members and it applies to drugs filled under pharmacy benefits. It does not apply to Medicare Advantage members.

To reiterate, you'll need to write a new prescription for the affected patients **before Jan. 1, 2019**.

For a current list of specialty drugs in this program, go to [bcsbm.com/pharmacy](https://bcsbm.com/pharmacy) and click on *What are specialty drugs*, then *Specialty Drug Program Rx Benefit Member Guide*. This list is updated monthly.

For more information, visit [alliancerxwp.com/hcp](https://alliancerxwp.com/hcp).

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## Higher copay drugs, continued from Page 29

The following table includes the drugs that will have a higher copayment along with available generic lower-cost alternatives in the same drug class. Brand names are listed in parentheses for reference. Instead of using a higher-cost drug, members can save money by switching to one of these lower-cost alternatives.

Common uses	Higher-cost drug	Generic lower-cost alternatives in the same drug class
Allergic and inflammatory conditions	Prednisolone (Millipred) <i>tablet</i>	<ul style="list-style-type: none"> <li>dexamethasone</li> <li>methylprednisolone</li> <li>prednisolone (Millipred, Pediapred) <i>solution</i></li> <li>prednisone</li> </ul>
High blood pressure, heart conditions	Candesartan (Atacand)	<ul style="list-style-type: none"> <li>irbesartan (Avapro)</li> <li>losartan (Cozaar)</li> <li>telmisartan (Micardis)</li> <li>valsartan (Diovan)</li> </ul>
	Candesartan/HCTZ (Atacand HCT)	<ul style="list-style-type: none"> <li>losartan/HCTZ (Hyzaar)</li> <li>irbesartan/HCTZ (Avalide)</li> <li>telmisartan/HCTZ (Micardis HCT)</li> <li>valsartan/HCTZ (Diovan HCT)</li> </ul>
Mood disorders, neuropathic pain	Venlafaxine (Effexor) <i>tablet</i>	<ul style="list-style-type: none"> <li>venlafaxine (Effexor) <i>capsule</i></li> <li>desvenlafaxine (Pristiq)</li> <li>duloxetine (Cymbalta)</li> </ul>
	Desipramine (Norpramin)	<ul style="list-style-type: none"> <li>amitriptyline (Elavil)</li> <li>imipramine (Tofranil)</li> <li>nortriptyline (Pamelor)</li> </ul>
Pain	Indomethacin (Indocin) <i>suppository</i>	<ul style="list-style-type: none"> <li>indomethacin (Indocin) <i>capsule</i></li> <li>diclofenac (Voltaren) immediate-release <i>tablet</i></li> <li>ibuprofen (Motrin)</li> <li>meloxicam (Mobic)</li> <li>naproxen (Anaprox, Naprosyn) <i>tablet or capsule</i></li> </ul>
	Naproxen (Naprosyn) <i>suspension</i>	<ul style="list-style-type: none"> <li>diclofenac (Voltaren) immediate-release <i>tablet</i></li> <li>ibuprofen (Motrin)</li> <li>meloxicam (Mobic)</li> <li>naproxen (Anaprox, Naprosyn) <i>tablet or capsule</i></li> </ul>

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  
37  
38  
39  
40  
41



## Information about administering the Shingrix shingles vaccine

Blue Cross Blue Shield of Michigan and Blue Care Network cover Shingrix® with no cost share for most commercial (non-Medicare) members age 50 and older. Shingrix prevents shingles and its complications and is administered as two injections. The second injection should be administered at least 60 days up to six months after the first injection.

The Centers for Disease Control and Prevention released a monitoring report in May 2018 that indicated that providers may be confusing Shingrix with Zostavax®. From October 2017 to February 2018, the Vaccine Adverse Events Reporting System received 155 reports regarding Shingrix. Of these, 13, or 8 percent, were attributed to administration error. These errors include:

- Subcutaneous administration rather than intramuscular administration
- Inappropriate age

- Wrong vaccine information statement
- No instructions to return for the second dose
- Administering the wrong vaccine
- Administering without reconstitution of the vaccine

The CDC recommends that healthy adults age 50 and older get Shingrix even if in the past they:

- Had shingles
- Received Zostavax
- Are not sure if they had chickenpox

Blue Cross and BCN also cover the shingles vaccine Zostavax with no cost sharing for most commercial (non-Medicare) members age 60 and older. Shingrix should not be administered less than two months after Zostavax was administered.

### Shingrix versus Zostavax

	Shingrix®	Zostavax®
<b>Manufacturer</b>	GSK	Merck
<b>Type</b>	Recombinant adjuvanted	Live-attenuated virus
<b>Storage</b>	Refrigerator (do <i>NOT</i> freeze)	Freezer
<b>Dosage</b>	0.5 mL IM x 2 doses (2-6 months apart)	0.65 mL SC x 1 dose
<b>Supply and administration</b>	<p>Two components:</p> <ul style="list-style-type: none"> <li>• Vial one: Single-dose vial of adjuvant suspension component (blue-green cap)</li> <li>• Vial two: Single-dose vial of lyophilized gE antigen component (brown cap)</li> </ul> <p>Contents in vial one (adjuvant) should be withdrawn and transferred in entirety to vial two (antigen).</p> <p>Gently shake until powder is completely dissolved. Withdraw 0.5 mL from vial two and administer intramuscularly.</p>	Single-dose vial of lyophilized vaccine and a vial of sterile water diluent
<b>ACIP recommendation</b>	Immunocompetent adults aged ≥50 years, including those who previously received Zostavax. Shingrix is preferred over Zostavax.	Immunocompetent adults aged ≥60 years

Read the [CDC report](#) on its website.

Refer to [Shingrix prescribing information](#) for more details.

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

## We're changing coverage for some vitamin supplements, effective Jan. 1

Blue Cross Blue Shield of Michigan and Blue Care Network will no longer cover certain vitamins or nutritional supplements starting Jan. 1, 2019. The vitamins and nutritional supplements listed below will no longer be covered because these products are not approved by the U.S. Food and Drug Administration.

Many of these vitamins and nutritional supplements have over-the-counter alternatives that are available without a prescription.

<b>A</b>
ACTIVE FE
ANIMI-3
AV-PHOS 250 NEUTRAL
<b>B</b>
BIFERA RX
<b>C</b>
CALCIUM-FOLIC ACID PLUS D
CENTRATEX
CORVITA
CORVITE FE
<b>D</b>
DIALYVITE
DIALYVITE 3000
DIALYVITE 5000
DIALYVITE SUPREME D
<b>E</b>
ESCAVITE
ESCAVITE D
ESCAVITE LQ
<b>F</b>
FEROCON
FERRALET 90
FERRAPLUS 90
FERREX 150 FORTE
FERREX 28
FERROCITE PLUS
FLUORABON
FOLBEE
FOCALGIN DSS
FOLGARD OS
FOLGARD RX
FOLIC ACID-CYANCOBAL-PYRIDOXIN
FOLIVANE-F
FOLIVANE-PLUS
FOLPLEX 2.2
FOLTRATE
FORTAVIT
FUSION PLUS

<b>H</b>
HEMATINIC PLUS
HEMATINIC WITH FOLIC ACID
HEMATOGEN
HEMATOGEN FORTE
HEMATRON-AF
HEMAX
HEMETAB
HEMOCYTE PLUS
HEMOCYTE-F
<b>I</b>
INTEGRA F
INTEGRA PLUS
IROSPAN
<b>K</b>
K-PHOS NEUTRAL
<b>M</b>
MAGNEBIND 400 RX
MULTIGEN FOLIC
MULTIGEN PLUS
MULTIVITAMINES-A,B,C,D,E
MULTIVITAMIN W/FLUORIDE & IRON
MULTIVITAMIN WITH FLUORIDE
MVC-FLUORIDE
MYNEPHROCAPS
MYNEPHRON
<b>N</b>
NEPHPLEX RX
NEPHROCAPS
NEPHROCAPS QT
NEPHRON FA
NEPHRO-VITE RX
NIVA-PLUS
<b>P</b>
PHOSPHA 250 NEUTRAL
PHOSPHOROUS
POLY-IRON 150 FORTE
POLY-VI-FLOR
POLY-VI-FLOR W/IRON

POLY-VITAMIN WITH FLUORIDE
PUREVIT DUALFE PLUS
<b>R</b>
RENAL CAPS
RENA-VITE RX
RENO CAPS
<b>S</b>
SE-TAN PLUS
STROVITE FORTE
STROVITE ONE
<b>T</b>
TANDEM PLUS
TARON FORTE
THRIVITE-19
TL GARD RX
TL-HEM 150
TL ICON
TRICON
TRIGELS-F FORTE
TRIPHROCAPS
TRI-VITAMIN WITH FLUORIDE
<b>V</b>
V-C FORTE
VI-C FORTE
VIRT-GARD
VOL-CARE RX
VOL-NATE
VOL-TAB RX
VIRT-PHOS 250 NEUTRAL
VIRT-VITE
VIRT-VITE PLUS
VIT 3
VITAFOL
VITAL-D RX
VITAMINS A,C,D & FLUORIDE
VOL-PLUS
VP-VITE RX

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  
37  
38  
39  
40  
41

# Medical Drug Prior Authorization and Site of Care programs expanded

Blue Cross Blue Shield and Blue Care Network are expanding our medical drug management programs for commercial members. We encourage proper utilization of high-cost specialty medications administered by a health care provider.

Starting on the dates below, Tegsedi™ has been added to the Medical Drug Prior Authorization program for BCN HMO<sup>SM</sup> and Blue Cross PPO (commercial) lines of business. Tegsedi has also been added to the Site of Care program for BCN HMO (commercial) members, effective Dec. 1, 2018.

Drug Name	HCPCS code	Prior Authorization Program		Site of Care Program	
		PPO	HMO	PPO	HMO
Tegsedi™ (inotersen)	J3490	2/1/2019	12/1/2018	N/A	12/1/2018

Members currently on Tegsedi need a prior authorization for dates of service on or after the dates indicated in the table above.

Providers must submit an authorization request through the NovoLogix electronic system to demonstrate medical necessity. Authorization requests for these drugs should be submitted prior to the start of services. A prior authorization approval isn't a guarantee of payment. Health care practitioners must verify eligibility and benefits for members. Members are responsible for the full cost of medications not covered under their medical benefit coverage.

These new authorization requirements **do not** apply to BCN Advantage<sup>SM</sup>, Medicare Plus Blue<sup>SM</sup> PPO or Federal Employee Program<sup>®</sup> members.

Refer to the opt-out list for Blue Cross PPO (commercial) groups that don't require members to participate in the programs.

To access the list, follow these steps:

1. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
2. Log in to Provider Secured Services.
3. Click *BCBSM Provider Publications and Resources*.
4. Click *Newsletters & Resources*.
5. Click *Forms*.
6. Click *Physician administered medications*.
7. Click *BCBSM Medical Drug Prior Authorization Program list of groups that have opted out*.

For a full list of drugs in the prior authorization program:

**BCN**

1. Go to [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).
2. Select *BCN* at the top.
3. Click *Medical Benefit Drugs – Pharmacy*.
4. Click *Requirements for drugs covered under the medical benefit – BCN HMO* underneath *For BCN HMO (commercial) members*.

**Blue Cross**

1. Log in as a provider at [bcbsm.com/providers](http://bcbsm.com/providers).
2. Click *BCBSM Provider Publications and Resources* on the lower right side of the page.
3. Click *Newsletters and Resources*.
4. Click *Forms*, in the left navigation.
5. Click *Physician administered medications*.

- Cover Story
- Network Operations
- BCN Advantage
- Patient Care
- Behavioral Health
- Quality Counts

**Pharmacy News**

**Billing Bulletin**

**Referral Roundup**

**Index**



## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index



## Clinical editing updates will be in place by January

We've published several articles about the updates we're making to our clinical editing system. A major upgrade, from ClaimCheck to ClaimsXten, should be in place by the beginning of January.

As we noted in the last issue, our edits are based on national coding standards, including AMA CPT and CMS/Medicare guidelines, as well as our health plan policies, such as our medical policies. Codes change, and coding guidelines are updated, which necessitate our ongoing review.

Our primary focus with clinical editing is correct coding. We want to make sure that we reimburse our providers correctly. Ideally, as we make our systems more efficient and keep our guidelines current, you should see an increased number of claims process accurately and more timely on an initial submission.

### Some things to look for

#### New explanation (EX) codes.

You should always look and review the EX code on the claim. As we move forward you'll see multiple new codes due to our system upgrade with enhancements planned in the first quarter.

- Many of our current EX codes that begin with the letters N, a or d will be converted to a new range of EX codes. These will now begin with lower case letters e, f, g, h, i, j, k or l. It is important to review the wording to identify those that are related to clinical edits. You may be already seeing some of these new EX codes. An example is f53, an EX code related to multiple procedure reduction for endoscopy.
- There will new EX codes effective in the first quarter, beginning with the letter Q, that are related to clinical editing. An example is QV1; it's an EX code related to an age edit.

#### The clinical editing form is being updated.

It's important to make sure that you use the most current form. There is now **one form** for BCN HMO<sup>SM</sup>, Blue Cross PPO and Blue Cross Medicare Advantage PPO clinical editing appeals.

To access the current form:

1. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
2. Log in to Provider Secured Services.
3. Click *BCN Provider Publications and Resources*.
4. Click *Billing/Claims* in the left navigation.
5. Click *Clinical Editing Appeal form* under Clinical Editing Resources.

Please remember to complete the required fields on the appeal form, including marking that you are appealing an HMO clinical editing appeal.

#### There are no changes to the clinical editing appeal process.

Some key points about the clinical editing appeal process:

- Submit your appeal within 180 days of the original clinical editing denial.
- Include all related documentation supporting your position on the appeal. This may include office records, surgical reports, radiology notes or other records depending on the service being appealed.
- Remember that there is only one level of appeal, so it's important to ensure that the appeal is complete and submitted on time.

# Billing Bulletin

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## Clinical editing updates, *continued from Page 34*

### Additional information

For additional information on clinical editing and the appeals process, log in to Provider Secured Services and go to BCN Provider Publications and Resources.

From the Billing/Claims link, you can access:

- The Claims chapter of the *BCN Provider Manual*, which contains a section on clinical editing.
- Links to clinical editing resources, including:
  - Information on appropriate modifier usage
  - Information on EX codes
  - An appeal quick guide
  - Links to previous clinical editing articles

## 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 billing tip includes:

- Frequency edits

To view the full content of the tips, click on the *Clinical editing billing tips* at the right.



## Billing Q&A

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

**Billing Bulletin**

Referral Roundup

Index



BCN Provider News

[Feedback](#)

**Question:**

For the new e-referral for continued stay reviews, does this include newborn and NICU babies as well? Currently, we fax inpatient clinical reviews for these patients. Are we to start only using the e-referral portal as well?

**Answer:**

The requests listed below must be submitted by fax:

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

For these requests, we accept faxes from midnight on Sunday through 4 p.m. on Friday. We don't accept faxes on weekends. Fax BCN HMO (commercial) requests to 1-866-313-8433. Fax BCN Advantage requests to 1-866-526-1326.

**Question:**

We are a gastroenterology group and we struggle with claims on patients that have not been admitted but are in observation. We're not the attending physician, so we don't bill observation CPT codes. We bill with the appropriate "outpatient" evaluation and management service CPTs and occasionally the patient will need a gastroscopy, colonoscopy or ERCP.

**What are the "rules" for other providers involved with the patient in observation? We've received rejections from BCN requiring an authorization for our service.**

**Answer:**

From what you say, it doesn't sound like you are doing anything incorrectly. As you are not the attending, you are not supposed to report the observation E/M codes but rather the standard E/M codes representing the level of care provided with location 22. It appears the facility hasn't reported the observation service at the time your claim has been submitted, so at that point it appears to be a routine outpatient visit.

### Have a billing question?

If you have a general billing question, we want to hear from you. Click on the envelope icon to open an email, then type your question. It will be submitted to *BCN Provider News* and we will answer your question in an upcoming column, or have the appropriate person contact you directly. Call Provider Inquiry if your question is urgent or time sensitive. Do not include any personal health information, such as patient names or contract numbers.



\*CPT codes, descriptions and two-digit modifiers only are copyright 2018 American Medical Association. All rights reserved.

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  
37  
38  
39  
40  
41

# Billing Bulletin

Cover Story

Network Operations

BCN Advantage

Patient Care

Behavioral Health

Quality Counts

Pharmacy News

Billing Bulletin

Referral Roundup

Index



## 2019 changes to applied behavior analysis codes for autism

As we recently announced on web-DENIS, there are some coding changes beginning January 1 for applied behavior analysis services for autism.

These changes don't impact Blue Care Network because you shouldn't be using those T codes right now.

If you bill T codes for applied behavior analysis to Blue Cross' PPO, please look in the January 2019 issue of *The Record* for more information.

BCN's ABA providers should continue to request authorizations and submit claims as they do today.

\*CPT codes, descriptions and two-digit modifiers only are copyright 2018 American Medical Association. All rights reserved.



## Some reminders about Healthy *Blue* Living physical exams and qualification forms

Healthy *Blue* Living HMO<sup>SM</sup> members are required to visit their primary care physician for an exam within 90 days of enrollment or renewal.

As a reminder, providers should use the appropriate ICD diagnosis as the primary diagnosis when billing for the initial or subsequent examination and for the initial assessment for members participating in the Wellness Rewards Tracking program.

For more information about billing for Healthy *Blue* Living physical exams and qualification forms, see **Page 1**.

# 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 questionnaires

We've made updates to the authorization criteria and questionnaires in the e-referral system, for the following services:

- Cervical spine surgery with artificial disc replacement
- Cholecystectomy (laparoscopic) for adults
- Deep brain stimulation
- Endometrial ablation
- Endoscopy, upper gastrointestinal for gastroesophageal reflux disease
- Hip replacement surgery procedure, initial
- Hyperbaric oxygen therapy, outpatient
- Knee replacement surgery, nonunicondylar, initial
- Knee replacement surgery, unicondylar, initial
- Lumbar spine surgery for adults
- Shoulder joint replacement surgery
- Transcatheter arterial chemoembolization of hepatic tumors (TACE)
- Varicose vein treatment

The updated questionnaires are in the e-referral system. We use these criteria and questionnaires when making utilization management determinations for the following members:

- BCN HMO<sup>SM</sup>
- BCN Advantage<sup>SM</sup>
- Blue Cross' Medicare Plus Blue<sup>SM</sup> PPO

Note: The criteria and questionnaires for cholecystectomy (laparoscopic), endoscopy (upper gastrointestinal for gastroesophageal reflux disease), hyperbaric oxygen therapy, lumbar spine surgery, endometrial ablation, varicose vein treatment and cervical spine surgery with artificial disc replacement apply to BCN HMO and BCN Advantage members only.

The updated authorization criteria and preview questionnaires are available at [ereferrals.bcbsm.com](http://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 Blue Cross Medicare Plus Blue PPO members" section.

You can look over the preview questionnaires to see what questions you'll need to answer in the e-referral system for each service and you can prepare your answers ahead of time. This can cut down on the time it takes to submit the authorization request.

# Referral Roundup

## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index



# Complete the provider specialty questionnaire in the e-referral system

We've added a questionnaire to the e-referral system that asks you to select the specialty of the provider you're referring a member to. That's the only question you'll need to answer.

You'll see this provider specialty questionnaire only when you're submitting a global referral to a multispecialty group. As a reminder, only BCN HMO<sup>SM</sup> (commercial) members require a global referral.

If you're making a global referral to a multispecialty group, you'll see a prompt asking you to complete the provider specialty questionnaire. Here's what to do:

1. Click the link to open the questionnaire.
2. Select the specialty of the provider you're referring to from the drop-down menu.
3. Click *Next* to continue submitting your global referral.

Completing the questionnaire will help your referral get to the right provider in the multispecialty group.

The provider specialty questionnaire began opening in the e-referral system on Oct. 28, 2018.

We're updating the **e-referral User Guide** with information on the provider specialty questionnaire.

## Care management survey winners

Two doctors have won \$250 gift cards for participating in the 2017 BCN Utilization Management **survey**.

Congratulations to Jacob Kalo, M.D., St. John Physician Hospital Organization, in Warren and James R. Lum, D.O., Genesys Physician Hospital Organization, Burton.

Providers and referral coordinators have until Dec. 31, 2018 to respond to our survey. We use your comments to make improvements to our utilization management processes.

## eviCore to handle BCN initial and follow-up authorization requests for PT, OT and ST in 2019

In 2019, providers who currently submit their initial authorization requests for physical, occupational and speech therapy, or for physical medicine services by chiropractors, through the e-referral system or by calling BCN, will submit these requests through eviCore healthcare's provider portal instead.

For more information, see the article in the **November-December 2018** issue, Page 48.

# Referral Roundup

## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index



## eviCore to manage two radiopharmaceutical drugs, starting Feb. 1

For dates of services on or after Feb. 1, 2019, the following radiopharmaceutical drugs require authorization through eviCore healthcare:

- Lutathera® (lutetium Lu 177 dotatate, HCPCS code A9513)
- Xofigo® (radium Ra 223 dichloride, HCPCS code A9606)

This applies to members covered by:

- Blue Cross' PPO (commercial) and Blue Cross Medicare Plus Blue<sup>SM</sup> PPO  
Note: eviCore already manages procedures associated with code A9606 for Blue Cross PPO and Medicare Plus Blue members. eviCore will begin managing procedures associated with code C9031 on Feb. 1.
- BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup>

Note: Lutathera was previously managed for BCN HMO members under the prior authorization program for drugs covered under the medical benefit. eviCore already manages procedures associated with code C9031 for BCN Advantage members. For BCN HMO members, C codes aren't payable. However, services associated with the administration of an approved treatment plan with Lutathera are payable for BCN HMO members. eviCore will begin managing procedures associated with code A9606 for both BCN HMO and BCN Advantage on Feb. 1.

Submit authorization requests to eviCore online at [evicore.com](http://evicore.com) or by telephone at 1-855-774-1317.

We'll update the **Procedures that require authorization by eviCore healthcare** document prior to the effective date of the change.

Note: These changes do not apply to MESSA members.

# Index

## Cover Story

## Network Operations

## BCN Advantage

## Patient Care

## Behavioral Health

## Quality Counts

## Pharmacy News

## Billing Bulletin

## Referral Roundup

## Index



BCN Provider News

[Feedback](#)

# INDEX: January–February 2019

## BCN Advantage

- BCN Advantage will start notifying providers on the CMS preclusion list in January . . . . . **Page 9**
- Medicare Advantage non-compliance audits began Oct. 1, 2018. . . **Page 9**
- Medicare Part B medical specialty drug prior authorization lists changing in 2019 . . . . . **Page 10**
- Online health services will be available to Blue Cross, BCN Medicare Advantage members, beginning Jan. 1 . . . . . **Page 11**
- Billing changes for home infusion services for URMBT members with BCN Advantage effective Jan. 1 . . . . . **Page 11**

## Behavioral Health

- Blue Care Network removed deductibles for outpatient mental health services from certain plans . . . . . **Page 19**
- Blue Care Network to continue Behavioral Health Incentive Program in 2019 . . . . . **Page 20**
- BCN’s Depression Management program offers resources for members . . . . . **Page 21**

## Billing Bulletin

- Clinical editing updates will be in place by January . . . . . **Page 34**
- Clinical editing billing tips . . . . . **Page 35**
- Billing Q&A . . . . . **Page 36**
- Some reminders about Healthy *Blue* Living physical exams and qualification forms . . . . . **Page 37**
- 2019 changes to applied behavior analysis codes for autism . . **Page 37**

## Network Operations

- Providers: Don’t issue referrals for BCN Advantage members staying in-network . . . . . **Page 1**
- Some reminders about Healthy *Blue* Living physical exams and qualification forms . . . . . **Page 1**
- Blue Cross Blue Shield’s and Blue Care Network’s provider directories to identify treatment for opioid addiction . . . . . **Page 4**
- How to find the BCN networks you’re contracted with . . . . . **Page 5**
- Products at a glance and ID card brochure are posted on our website . . . . . **Page 5**
- Understanding the difference between ‘home health’ and ‘home infusion’ . . . . . **Page 6**
- BCN to update anesthesia conversion factor . . . . . **Page 7**
- Redesigned *Blues Brief* available electronically starting January . . **Page 7**
- Providers rely on printed materials, electronic resources and online learning . . . . . **Page 8**
- Specialists: Confirm referrals through BCN’s e-referral system . **Page 8**

## Patient Care

- A look at Blue Cross’ efforts to address the opioid epidemic. . . **Page 12**
- Helping patients who don’t want opioids for pain management . . . . . **Page 14**
- February focus is on heart health. . . . . **Page 15**
- Blue Care Network supports Patient Safety Awareness Week . . **Page 17**
- Learn more about patient communication. . . . . **Page 17**
- Medical policy updates. . . . . **Page 17**
- Opioid news and information roundup . . . . . **Page 18**

## Pharmacy News

- Watch for fraudulent prescription and durable medical equipment schemes . . . . . **Page 24**
- We’ve added drugs to the medical benefit specialty drug prior authorization program. . . . . **Page 25**
- We’re excluding some Custom Select drugs effective Jan. 1, 2019 . . . . . **Page 26**
- We’ll require a prior authorization for opioid dosages over 90 morphine milligram equivalents per day effective in February . . . . . **Page 28**
- AllianceRx Walgreens Prime specialty pharmacy program starts Jan. 1 . . . . . **Page 29**
- Several drugs will have a higher copayment, effective Jan. 1 . . **Page 29**
- Information about administering the Shingrix shingles vaccine . . **Page 31**
- We’re changing coverage for some vitamin supplements, effective Jan. 1 . . . . . **Page 32**
- Medical Drug Prior Authorization and Site of Care programs expanded . . . . . **Page 33**

## Quality Counts

- Best Practices: Adolescent immunizations. . . . . **Page 22**
- Help patients get annual health screenings . . . . . **Page 23**

## Referral Roundup

- Updated authorization criteria and e-referral questionnaires . . **Page 38**
- Complete the provider specialty questionnaire in the e-referral system. . . . . **Page 39**
- Care management survey winners . . . . . **Page 39**
- eviCore to handle BCN initial and follow-up authorization requests for PT, OT and ST in 2019 . . . . . **Page 39**
- eviCore to manage two radiopharmaceutical drugs, starting Feb. 1. . . . . **Page 40**

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  
37  
38  
39  
40  
41