

# BCN Provider News



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User Guide

## Meeting members' behavioral health needs in a time of crisis

Blue Cross Blue Shield of Michigan and Blue Care Network want to make it easier for you to care for your patients during the COVID-19 pandemic. We also want to encourage our members to continue to seek care with you during this crisis and make them feel safe while doing so.

As a result, we've made the following changes to meet members' behavioral health needs.

Several of these changes involve telemedicine. For additional information about telemedicine services for behavioral health providers, see the **Telehealth for behavioral health providers** document.

### Telemedicine incentives

Through the Physician Group Incentive Program, or PGIP, we introduced incentives to assist behavioral health providers with funding the adoption of telemedicine.

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

## At war with a virus: A roundup of recent news about the COVID-19 pandemic

Blue Cross Blue Shield of Michigan and Blue Care Network have made many changes to support providers and protect members during the COVID-19 public health crisis. These changes date back to a few days before the first Michigan cases of COVID-19 were reported. Since then, we've focused our efforts on facilitating testing and treatment, expanding telehealth services, reducing utilization management requirements, ensuring patients have access to the medications they need and extending many deadlines to support you and our members.

### View a list of COVID-19 temporary changes

To make it easy for you to find and understand the changes we've made, we created a document, **Temporary changes due to the COVID-19 pandemic**, which lists each temporary change, along with the start and end date of the change. We're updating this document as additional changes are made or if dates are extended.

See *COVID-19 resources and information for providers* (**Page 4**) for instructions on how to find this document and other COVID-19 materials.

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Updates on temporary changes due to the COVID-19 pandemic

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### Member cost share waived

Through June 30, 2020, we're waiving cost share for the most common behavioral health services when delivered through telehealth for Blue Cross' PPO and BCN HMO<sup>SM</sup> members.

Through Dec. 31, 2020, we're waiving cost share for the most common behavioral health services when delivered through telehealth for Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members. In addition, cost share is waived through Dec. 31 for in-person behavioral health services for Medicare Advantage members. Some groups are still making decisions on this waiver; watch for a web-DENIS message with more information.

Examples of common behavioral health services are counseling and medication reviews. For a list of specific procedure codes for which we are waiving cost share, see the **Telehealth procedure codes for COVID-19** document.

### Group therapy sessions via telemedicine

Some of our provider partners are offering group therapy sessions via telemedicine that are focused on addressing stress related to COVID-19. If you're offering COVID-19-related group therapy sessions by telemedicine, let us know by calling our Behavioral Health department at 1-800-482-5982. We'll share your information with members in your area who ask about these services.

Members can call the appropriate phone number to contact Behavioral Health for more information:

- Blue Cross' PPO members: 1-800-762-2382
- Medicare Plus Blue<sup>SM</sup> PPO members: 1-888-803-4960
- BCN HMO<sup>SM</sup> members: 1-800-482-5982
- BCN Advantage<sup>SM</sup> members: 1-800-431-1059

### Crisis hotline

We established a 24-hour behavioral health crisis hotline to provide emotional support to members and non-members during this crisis. The hotline is staffed by our behavioral health partner New Directions®.

The phone number for the hotline is 1-833-848-1764.

### Autism services by telemedicine

With the release of our updated **Telemedicine Medical Policy**, the following autism services are covered when delivered via telemedicine.

- **\*97151:** Assessments. **Temporary change:** During this crisis and until further notice, we're allowing providers to perform assessments via telehealth. This will allow them to collect information through interviews, questionnaires and rating scales.
- **\*97155:** Protocol modification. **Temporary change:** During this crisis and until further notice, a parent or caregiver can perform this service in place of a technician 100% of the time. In addition, a licensed behavior analyst, or LBA, may troubleshoot treatment protocols directly with the parent or caregiver.
- **\*97156:** Caregiver training, which can be provided using telehealth for up to 100% of the time during which services are provided.
- **\*97157:** Multi-family caregiver training, which can be provided using telehealth for up to 100% of the time during which services are provided.

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

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### Psychiatric illnesses and substance use disorders

During this crisis and until further notice, we enabled providers to conduct intensive outpatient programs and partial hospital programs using telemedicine. This allows providers to continue to serve the acute needs of members with psychiatric illnesses or substance use disorders that require a higher level of care.

Also, we support using outpatient protocols for detoxification and delivering outpatient services by telemedicine when medically appropriate. The **Outpatient detoxification and follow-up-care protocols for treating substance use disorders** document provides information that will help providers develop detoxification programs and follow-up care for patients being treated for substance use disorders.

### Blue Cross® Coordinated Care

Blue Cross Coordinated Care staff are reaching out to members who are high risk, seniors or those affected by the virus to check on their welfare during this time of social isolation.

Also, the Wellframe mobile app now includes COVID-19 modules. (Wellframe is the mobile app through which care teams communicate with members.)

### Provider-delivered care management

Through June 30, 2020, we expanded provider-delivered care management options for Blue Cross' PPO members to include the following:

- Helping to connect members to their families to have important discussions about their care and get updates from hospital providers and the care team
- Directing family members to appropriate behavioral health resources

Through June 30, care coordination services that typically must be delivered in a face-to-face setting can be delivered by telemedicine (audiovisual or telephone). PDCM procedure codes \*98961, \*98962, G9001 and G9002 are affected by this temporary change.

\*CPT codes, descriptions and two-digit modifiers only are copyright 2019 American Medical Association. All rights reserved.

As a reminder, nurses, social workers and other licensed providers who are working as part of the care team can bill under the physician's provider identification number, as described in the PDCM billing guidelines. Medical assistants and other non-licensed professionals can bill telephone-only codes under the guidance of a care team.

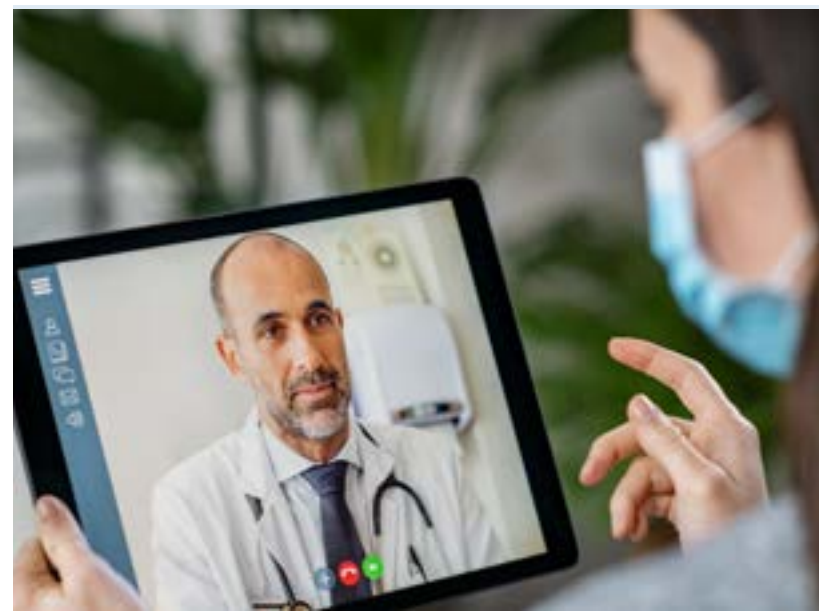
### myStrength program

The myStrength program is an online tool offered through Livongo®, a trusted vendor. There is a module specifically for coping with COVID-19; it provides stress management strategies, parenting tips and emotional support tools, and covers the following topics:

- Coping skills during COVID-19
- Mental wellness and resilience in difficult times
- Keeping your relationships strong
- Staying connected while social distancing
- Simple ways to practice mindfulness

Through Dec. 31, 2020, all Blue Cross and BCN members have access to the myStrength program at no cost.

To get started, members can go to [bh.mystrength.com/bcbismcvc19](https://bh.mystrength.com/bcbismcvc19) and create a free account.





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### Gov. Gretchen Whitmer appoints Blue Cross director to Michigan Coronavirus Task Force on Racial Disparities

Bridget Hurd, senior director, Diversity and Inclusion at Blue Cross Blue Shield of Michigan, will serve on a **state task force** investigating racial disparities related to COVID-19 outcomes in Michigan. The task force will make recommendations that address transparent reporting data, reduce medical bias in testing and treatment and reduce barriers to physical and mental health care, among other items.

"It is a great opportunity to focus on the short- and long-term needs of underserved populations and address the health and health care disparities that have been around for a very long time," Hurd said.

### Blue Cross Blue Shield of Michigan employees volunteer to join the frontline against COVID-19

More than 30 Blue Cross and Blue Care Network health care specialists, including MDs and nurses, among others, **volunteered** to assist in treating COVID-19 patients. The company received more than 25 applications in the first day after announcing the request. "We're immensely grateful to every health care professional fighting this pandemic, caring for those affected and saving lives throughout Michigan and beyond," said Blue Cross Blue Shield of Michigan President and CEO Daniel J. Loepp.

### Blue Cross Blue Shield of Michigan and 26 Michigan hospitals join effort to collect comprehensive COVID-19 data

Blue Cross Blue Shield of Michigan and 26 Michigan hospitals are collecting comprehensive clinical data on COVID-19 patients to be included in an extensive registry that will provide insight into best practices in treating patients with the virus. The data, collected from hospitals throughout the state, will provide a comprehensive clinical picture that's not typically available from smaller registries that contain data from just one hospital or health system. The initiative, called **MI-COVID 19**, hopes to identify factors associated with higher levels of critical COVID-19 illness as well as what patient characteristics and treatments led to improved outcomes.



### COVID-19 resources and information for providers

**Blue Cross and BCN** providers in Michigan, visit [bcbsm.com/coronavirus](https://bcbsm.com/coronavirus) and click the **For Providers** tab. Log in to Provider Secured Services for your best Blue Cross resources for the coronavirus. You'll find the most up-to-date information there.

For the latest COVID-19 information from **Michigan State Medical Society**, visit its **COVID-19 Resource Center for Physicians and Patients** webpage.

The **Michigan Osteopathic Association** also has a **COVID-19 Resources** webpage.

The **Centers for Disease Control and Prevention** provides updated COVID-19 information for health care providers on their **Coronavirus Disease 2019 (COVID-19)** page.

The **American Medical Association** provides helpful tools for providers on their **COVID-19: Frequently asked questions** page

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## Blue Care Network extends *Healthy Blue Living* deadlines

Due to the ongoing COVID-19 pandemic, Blue Care Network is providing new extensions for *Healthy Blue Living*<sup>SM</sup> requirements for members in groups that are new or renewing January through July of this year.

We ran a previous article in the May-June issue communicating a 90-day extension. Members will now have the entire plan year to complete the requirements.

The extension includes the following program elements:

- Health qualification form
- Health assessment
- Weight management participation enrollment
- Tobacco coaching enrollment

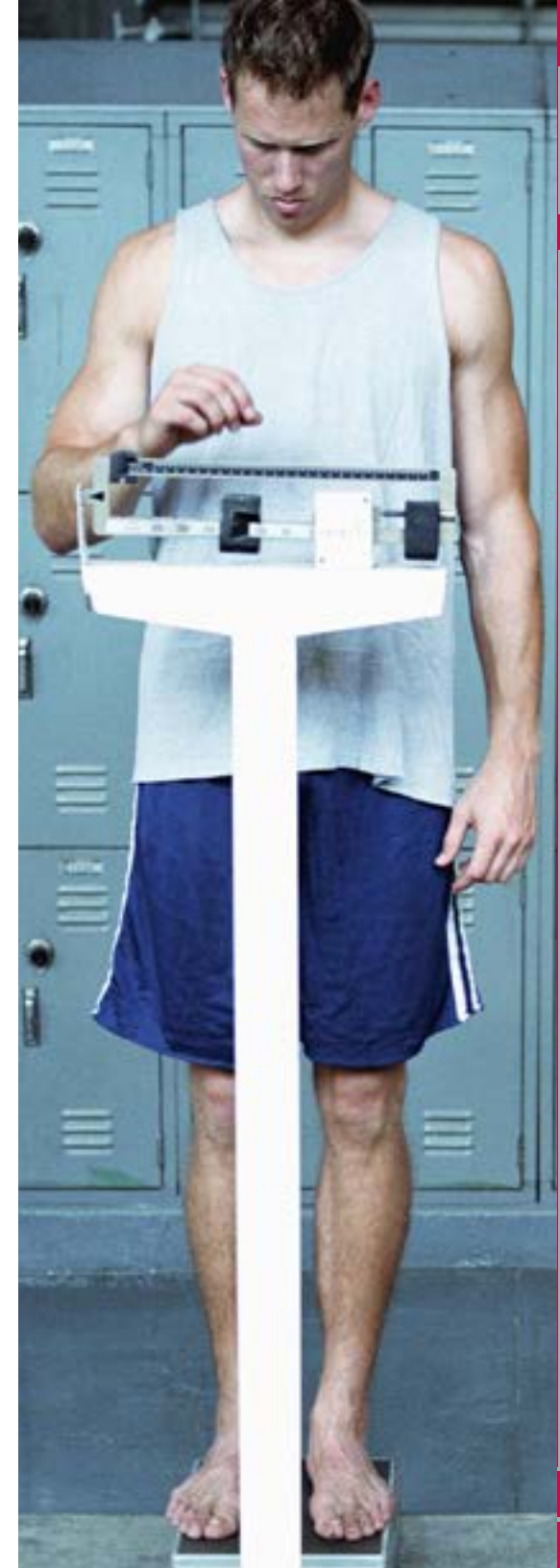
Providers should continue to communicate to patients and reschedule appointments as appropriate.

### Information you should know:

- All members missing one or more HBL requirements will remain in the benefit status level they are currently in. These members will have the entire plan year to complete the requirements.
- Members who start their year in the standard level, will move to the enhanced level with lower costs once they complete all HBL requirements. They will have until the end of their plan year to complete requirements and we'll apply the enhanced level retroactively to the first day of the plan year.
- The new deadlines, based on plan year, are below:
  - For January groups, requirements must be completed by Dec. 31, 2020
  - For February groups, requirements must be completed by Jan 31, 2021
  - For March groups, requirements must be completed by Feb. 28, 2021
  - For April groups, requirements must be completed by Mar. 31, 2021
  - For May groups, requirements must be completed by Apr 30, 2021
  - For June groups, requirements must be completed by May 31, 2021
  - For July groups, requirements must be completed by June 30, 2021

We're mailing letters to both groups and members to let them know of these changes.

Groups that renew in August 2020 or later will follow standard deadlines.



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## Provider symposium transitions to virtual format

The 2020 provider symposium, *A Prescription for Success*, is transitioning to a virtual format due to current social distancing recommendations.

We've scheduled virtual sessions throughout July, as follows, for physician office staff and coders. Keep in mind that you can register for more than one session. (June dates have been published in *The Record*.)

**Sessions for physician office staff** responsible for closing gaps in care related to quality measures and creating a positive patient experience:

Topic	Date and time	Registration link
HEDIS® measures — details and exclusions, Consumer Assessment of Healthcare Providers and Systems Survey and Health Outcomes Survey	July 14 at noon	<a href="#">Click here to register.</a>
	July 16 at noon	<a href="#">Click here to register.</a>
	July 22 at noon	<a href="#">Click here to register.</a>
	July 29 at 8 a.m.	<a href="#">Click here to register.</a>
Patient experience: Expectations for convenience in a dynamic health care environment	July 14 at 8 a.m.	<a href="#">Click here to register.</a>
	July 16 at 8 a.m.	<a href="#">Click here to register.</a>
	July 22 at 8 a.m.	<a href="#">Click here to register.</a>
	July 29 at noon	<a href="#">Click here to register.</a>

**Sessions for coders, billers and administrative staff:**

Topic	Date and time	Registration link
Updates on telehealth and CPT, ICD-10-CM and evaluation and management codes	July 15 at 8 a.m.	<a href="#">Click here to register.</a>
	July 21 at noon	<a href="#">Click here to register.</a>
	July 30 at 8 a.m.	<a href="#">Click here to register.</a>

**New this year:** In addition to coders, nurses can receive continuing education credits for attending the sessions.

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## BCN Partners in Care mailed to BCN physicians

The 2020 issue of *BCN Partners in Care* has been mailed to provider offices the week of May 18, 2020. The annual publication tells providers where to find our online tools and publications and features a letter from Dr. Marc Keshishian and Dr. Amy McKenzie highlighting Blue Cross' actions during the COVID-19 pandemic and thanking providers and health care staff for all their hard work on the front lines.

We mailed one copy per address to health care physicians and ancillary providers. Copies were also mailed to contracted hospitals and facilities.

If you don't receive a copy of the newsletter, you can find it posted on our [newsletter archives](#) page.



## Clarification: New Blue Cross, BCN members to be issued alphanumeric contract numbers in 2021

Blue Cross Blue Shield of Michigan and Blue Care Network will issue alphanumeric contract numbers to new members starting sometime in 2021. This effort was originally planned to start July 1, 2020, as we reported recently in *BCN Provider News*.

The alphanumeric contract numbers will be issued only to new members for Blue Cross' PPO, Medicare Plus Blue<sup>SM</sup> PPO, BCN HMO<sup>SM</sup> and BCN Advantage<sup>SM</sup>. Existing members will keep the contract numbers they now have.

The new contract numbers will include the letter M after the standard prefix. For example, an existing enrollee ID looks like this: XYH912345678. The prefix is XYH and the contract number (nine digits) is 912345678.

The new enrollee ID will follow this format: XYHM91234567. The prefix is XYH and the alphanumeric contract number of nine characters is M91234567. When providers check a member's eligibility or benefits in web-DENIS, for example, they should use the nine-character alphanumeric contract number once this change goes into effect.

We'll publish additional information on this topic once the exact implementation date is identified.



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## Medical residents: Here's how you can join our network

Are you completing your medical residency training this summer?

If you are, remember to submit your Blue Cross Blue Shield of Michigan or Blue Care Network provider enrollment application **up to 60 days** before the date you complete your training.

It's important to apply within the required time frame; if you apply **prior** to the 60 days, we'll deny your application and you'll have to reapply.

You must complete the CAQH ProView application to begin the credentialing process with Blue Cross Blue Shield and Blue Care Network of Michigan.

Keep Council for Affordable Quality Healthcare® ProView® information current, complete your re-attestation every 120 days and update the "Authorize" section on CAQH.

Visit the **CAQH ProView™** website for more information on application requirements.



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## BCN increases its skilled nursing facility reimbursement rates

Blue Care Network is increasing its fees for skilled nursing facilities reimbursed at BCN SNF fee schedule rates. This applies to:

- BCN HMO<sup>SM</sup> (commercial) members
- Dates of service on or after July 1, 2020

To obtain the new rates, contact your provider consultant.

You can find the contact information for each consultant by visiting [bcbsm.com/providers](https://bcbsm.com/providers).

- Click *Contact Us*, at the top of the page.
- Click *Blue Care Network provider contacts*, under the "Hospitals and facilities" heading.
- Click *Provider consultants*.
- Click the appropriate region or click *View our map* to determine the appropriate region.



## Webinar recordings available for 2020 webinars

Provider Experience is continuing to offer training resources to help your clinical and administrative staff work more efficiently with Blue Cross Blue Shield of Michigan and Blue Care Network.

You can now access recordings of the provider training webinars we've delivered so far in 2020. Find them on the *Learning opportunities* and *Provider Training* pages of Provider Secured Services. Here's how to find the links:

- Log in to Provider Secured Services
- Go to *BCN Provider Publications and Resources*
- Click on *Learning opportunities* under Other Resources
- Find links under 2020 Provider Training Webinars

As additional training webinars become available, we'll communicate about them through web-DENIS or this newsletter.

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# Temporary sequestration relief and DRG enhancement for Medicare Advantage providers treating COVID-19 patients

In accordance with our provider agreements and changes to Original Medicare payments under the federal CARES Act, Blue Cross Blue Shield of Michigan and Blue Care Network are implementing temporary sequestration relief and DRG enhancement for Medicare Advantage providers, including network and non-network providers. These changes will be implemented by Blue Cross and BCN as noted below.

The changes will offer financial relief to health care providers during the COVID-19 pandemic and apply to services provided to members with Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> coverage. We initially announced this through a provider alert in web-DENIS on April 20, 2020. Here's what you need to know.

## Temporary sequestration relief: Background

In accordance with the terms of Blue Cross and BCN Medicare Advantage provider agreements that pay according to Original Medicare methodologies, 2% sequestration reimbursement reductions have been in place for Blue Cross and BCN Medicare Advantage professional and facility providers since 2013. Consistent with Original Medicare, the 2% reimbursement adjustment is applied after determining any applicable member deductible, copayment or other member liability.

Durable medical equipment, end stage renal disease and lab providers were not included on the original sequestration reimbursement reductions and are, therefore, unaffected by the current temporary suspension.

## Temporary relief

Consistent with Original Medicare, Blue Cross and BCN will temporarily suspend the 2% sequestration reduction. This means reimbursement to applicable provider types will increase by 2%, effective for dates of service beginning May 1, 2020, through Dec. 31, 2020.

Reimbursement to providers who have not been affected by sequestration previously, such as DME, ESRD and lab providers, won't be affected by this change.

We expect to reinstate the 2% sequestration reimbursement reduction on Jan. 1, 2021.

## DRG enhancements for inpatient treatment for COVID-19 patients

The CARES Act includes a temporary 20% increase in the weighting factor for inpatient diagnosis-related group payments for Medicare patients diagnosed with COVID-19 during the COVID-19 emergency period. Blue Cross and BCN are working toward implementing the increased payments. Once implemented, the increased payments will affect discharges retroactively, dating back to discharges occurring on or after the emergency declaration on Jan. 27, 2020. Any affected claims will be reprocessed; facilities won't need to take any additional action.



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# Blue Cross and BCN waiving cost share for Medicare Advantage members

As announced on May 7, Blue Cross Blue Shield of Michigan and Blue Care Network are waiving cost share for their Medicare Advantage individual and fully insured group members for certain in-person and virtual services. Members will not be liable for any copays, coinsurance or deductibles for the following in-network services from May 1 through Dec. 31, 2020:

- In-person primary care services, including laboratory testing processed in the office and radiology services performed in the office
- Behavioral health office visits
- Telehealth services for both medical and behavioral health

Some Medicare Advantage groups are still making decisions on this waiver, and we'll give further guidance as soon as possible for those groups.

During the State of Emergency, cost share for these services will also be waived for out-of-network services as Medicare Advantage organizations are required to provide the same cost-sharing for the enrollee at a non-contracted facility as if the service or benefit had been furnished at a plan-contracted facility.

The waiving of member cost share will be accurate on the remittance advice but may not be reflected when checking benefits in our systems.



## In-person medical services

**BCN Advantage<sup>SM</sup> members:** Cost share is waived for any in-person medical services provided by the member's primary care provider.

**Medicare Plus Blue<sup>SM</sup> PPO members:** Cost share is waived for all in-person medical services billed with a rendering provider based on the designations below with the following place of service codes: 03, 11, 12, 13, 14, 15, 19, 22, 34, 49, 50, 71 and 72.

- Certified nurse specialist
- General practice
- Geriatric medicine
- Family nurse practitioner
- Family practice
- Internal medicine
- Obstetrics/gynecology
- Nurse practitioner
- Pediatric medicine
- Pediatric nurse practitioner
- Physician assistant

Member cost share is not waived for:

- Services provided by medical specialists other than the provider types listed above
- Services provided in urgent care centers
- Laboratory services ordered by a physician and sent to an outside laboratory provider (other than COVID-19 testing)
- Medicare Part B medications administered in the office
- Supplies received from the physician in the office

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### In-person behavioral health services

Member cost sharing is waived for Medicare Advantage members seeking behavioral health services in a physician's office including individual therapy, psychiatric medication consultation and group therapy.

**BCN Advantage members:** Evaluation and management services are covered at no cost share for the following diagnoses:

- F10-F1999
- F55-F558
- F01-F09
- F20-F54
- F59-F99

**Medicare Plus Blue PPO members:** Evaluation and management services are covered at no cost share when used with the following specialties:

- Psychiatry
- Clinical psychologist (billing independently)
- Addiction medicine
- Licensed clinical social worker
- Neuropsychiatry
- Adult psychiatric mental health nursing

CPT codes for behavioral health in-person visits covered with no cost share for both Medicare Plus Blue PPO and BCN Advantage members follow:

Evaluation and management services: \*99201-\*99205, \*99211-\*99215

Other: \*90791, \*90792, \*90832, \*90833, \*90834, \*90836, \*90837, \*90838, \*90846, \*90847, \*90853, \*96101, \*96102, \*96111, \*90839, \*90840, \*90849

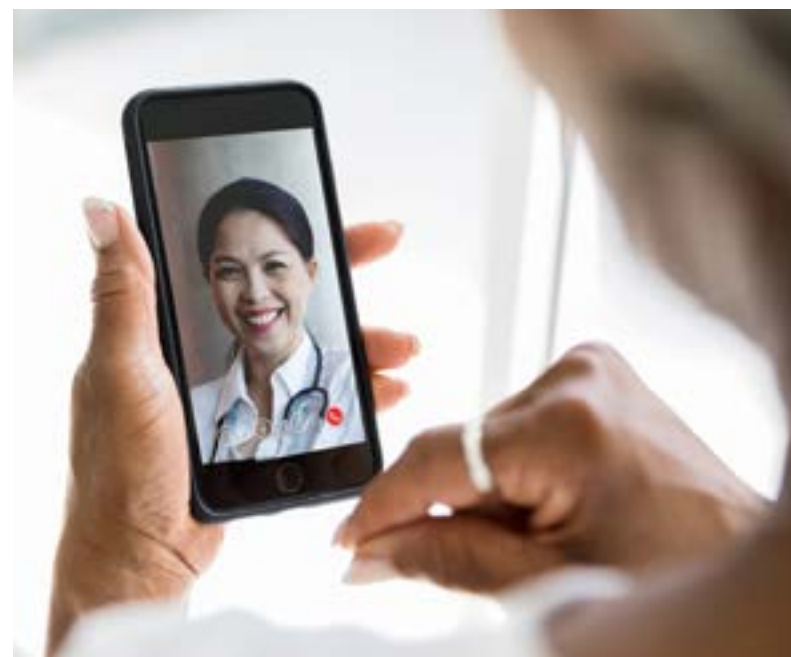
\*CPT codes, descriptions and two-digit modifiers only are copyright 2019 American Medical Association. All rights reserved.

### Telehealth services

On April 30, the Centers for Medicare & Medicaid Services further expanded the list of services covered through telehealth to allow providers to care for patients and mitigate the risk of spreading the coronavirus. Clinicians can provide these services to new or established patients.

Blue Cross and BCN are waiving cost share for telehealth services for both medical and behavioral health for their Medicare Advantage members effective March 16 through December 31. Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members can receive telehealth and other communications technology-based services wherever they are located. As mentioned earlier in this article, some self-funded Medicare Advantage groups are still making decisions on this waiver, but have waived cost share through at least June 30 for these telehealth services. We'll give further guidance as soon as possible for those groups.

Refer to our [Telehealth procedure codes for COVID-19](#) document for the list of covered telehealth services for our Medicare Advantage members as well as Blue Cross (commercial) PPO and BCN HMO (commercial) members.



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## Two star measures support importance of statin therapy for patients with cardiovascular disease and diabetes

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

To support its importance, the Centers for Medicare & Medicaid Services includes two star measures aimed at the use of statin therapy. Consider prescribing statins for your patients diagnosed with atherosclerotic cardiovascular disease and diabetes.

See the Medical director column on **Page 14** for more information about statins.

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



*Statin Therapy for Patients with Cardiovascular Disease (SPC)*



*Statin Use in Persons with Diabetes (SUPD)*

## Medical benefit specialty drug prior authorization lists are changing in July and August for Medicare Plus Blue PPO, BCN HMO and BCN Advantage members

We're adding authorization requirements for four specialty drugs covered under the medical benefit for Medicare Plus Blue<sup>SM</sup> PPO, BCN HMO<sup>SM</sup> and BCN Advantage<sup>SM</sup> members.

For dates of service on or after July 24, 2020, the following drugs will require authorization through AIM Specialty Health®:

- Trodelvy<sup>TM</sup> (sacituzumab govitecan-hziy, J3490, J3590, J9999)
- Jelmyto<sup>TM</sup> (mitomycin, J3490, J3590, J9999)
- Darzalex Faspro<sup>TM</sup> (daratumumab and hyaluronidase-fihj, J3490, J3590, J9999)

For dates of service on or after Aug. 24, 2020, the following drug will require authorization through AIM:

- Imlygic® (talimogene laherparepvec, J9325)

See the article on **Page 28** for more information and how to submit authorization requests.

## Bill facility claims with taxonomy code

Providers should bill facility claims for BCN Advantage<sup>SM</sup> members with their taxonomy code to expedite claims payment. This has always been a billing requirement.

Without a taxonomy code, your claims will be returned, and you'll have to resubmit them.

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Patient  
CarePhysicians should address  
patient concerns about statins

By Dr. William H. Herman



Nearly two decades ago, the Heart Protection Study demonstrated that people ages 40 to 80 with coronary artery disease, cerebrovascular disease, intermittent claudication and histories of vascular procedures could reduce their incidence of major adverse cardiovascular events by a quarter with statin therapy (simvastatin 40 mg daily) compare to placebo.<sup>1</sup> Similarly, participants with diabetes with and without cardiovascular

disease could reduce their risk for a first major vascular event by about a quarter and substantially reduce their risk of subsequent major vascular events with statin therapy.<sup>2</sup> In both instances, the benefits of statin therapy were observed *irrespective of the participants' initial cholesterol levels* and the benefits were additive to those of other cardioprotective treatments such as aspirin,  $\beta$ -blockers and ACE-Is. These findings supported the recommendations that patients with cardiovascular disease, and those with diabetes with or without cardiovascular disease all be treated with statins.

Despite this evidence, only about 80% of BCN and BCN Advantage<sup>SM</sup> members with cardiovascular disease are treated with statins and only about three-quarters of them exhibit at least 80% adherence. Similarly, only two-thirds to three-quarters of diabetic members are prescribed statins and only two-thirds to three-quarters of them are adherent. According to the National Committee for Quality Assurance, these performance levels are in the 25<sup>th</sup> to 50<sup>th</sup> percentile for BCN and in the 50<sup>th</sup> to 75<sup>th</sup> percentile for BCN Advantage. Five-star performance levels for prescribing are  $\geq 87\%$  and  $\geq 83\%$ , respectively, for patients with cardiovascular disease and diabetes.

A number of studies have explored barriers to uptake and adherence to statin therapy<sup>3</sup>. As for any prescription medication, non-adherence may be related to a lack of knowledge as to why the medication is prescribed (10% of participants) and logistical barriers to adherence, such as trouble remembering to take the medication (9%). By far, however, the major reasons for non-adherence to statins relate to patients' preferences to lower cholesterol with lifestyle changes alone (66%) and concerns about the risks or side effects of statin therapy (50%)<sup>3</sup>. In addition, those with lower perceived risk of heart attack are significantly less likely to be adherent.<sup>3</sup>

*Dr. Herman is an associate medical director, Blue Care Network. He also holds these titles: Stefan S. Fajans/GlaxoSmithKline Professor of Diabetes; Professor of Internal Medicine and Epidemiology; Director, Michigan Center for Diabetes Translational Research*

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Physicians should be prepared to address these concerns and especially patients' interests in adopting unproven alternative cholesterol-lowering therapies such as dietary supplements and fad diets. In addition, physicians should recognize and address the fact that despite their proven effectiveness, statins have developed a bad reputation driven by a proliferation of unscientific criticisms found across the internet. Statins appear to have become a prime example of the "nocebo effect". The opposite of the placebo effect (which occurs when a patient's positive expectations of a treatment improve his or her clinical outcome), the "nocebo effect" occurs when a patient's negative expectations cause the treatment to have more negative side effects than it otherwise would.

Physicians should acknowledge the adverse effects associated with statin therapy. Several meta-analyses have demonstrated that statin therapy is associated with a modest increase in the risk for new onset Type 2 diabetes. In high-risk populations with cardiovascular disease, this risk is more than offset by the benefits of statin treatment on cardiovascular outcomes, and among people with diabetes, it's not a clinical concern. Severe liver injury has also been reported in approximately 1 in 100,000 statin users with most patients experiencing liver injury within three to four months after starting therapy. Despite this, the U.S. Food and Drug Administration doesn't recommend routine monitoring of liver enzymes in statin-treated patients because monitoring hasn't been shown to be effective in predicting or preventing rare occurrences of statin-associated serious liver injury. Finally, although statins are often described on the internet as contributing to mild cognitive impairment and dementia, there is no clinical trial evidence that statin therapy is associated with cognitive impairment and, indeed, the scientific evidence suggests just the opposite.<sup>4</sup>

Rhabdomyolysis may also occur with statin therapy, but this side effect is rare, affecting only about 1 in 5,000 treated patients. Myalgias are a more common side effect. Rates of statin-related muscle problems in clinical practice are higher than rates observed in randomized controlled clinical trials. In observational studies, as many as 10% of patients report muscular symptoms within a month of starting high dose statin therapy. For patients experiencing muscle complaints, attention should be paid to potential statin-drug interactions especially the concomitant use of CYP3A4 inhibitors including erythromycin, clarithromycin, cyclosporine, diltiazem and verapamil in conjunction with atorvastatin, simvastatin and lovastatin. Vitamin D deficiency, hypothyroidism and vigorous exercise training have also been associated with statin intolerance.<sup>4</sup>

For patients experiencing non-specific muscle aches without muscle weakness or CK elevation, the next step is to either reduce the statin dose or discontinue the statin altogether, reassess symptoms, and rechallenge the patient with any statin they have not tried. Several studies have demonstrated that the majority of statin-intolerant patients can tolerate a statin upon blinded rechallenge. Consideration may also be given to the use of statin alternative dosing strategies including the use of a potent statin (rosuvastatin or atorvastatin) at a low dose once or twice weekly or a low potency statin (pravastatin, fluvastatin) nightly or every other night. Several alternative therapies may also be considered for those who are unable to tolerate statins. These include ezetimibe, bile acid sequestrants and PCSK-9 inhibitors.

### References

1. Heart Protection Study Collaborative Group. MRC/BHF Heart Protection Study of cholesterol lowering with simvastatin in 20,536 high-risk individuals: a randomised placebo-controlled trial. *Lancet* 2002;360:7-22.
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4. Saxon DR, Eckel RH. Statin Intolerance: A Literature Review and Management Strategies. *Prog Cardiovasc Dis* 2016;59:153-164.

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## Criteria corner

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

### Question:

**For post ambulatory procedure and patient stayed longer than the “allowed 23 hour observation” or beyond Post-op Day 1 due to complications such as uncontrolled pain, would it be appropriate to use criteria under Post-op Day 2 Observation, Acute, Intermediate, Critical or for Day 3 use Post-op Day 3-21 under Acute, Intermediate or Critical?**

### Answer:

An outpatient procedure typically includes a recovery period of up to 23 hours for post-operative care or monitoring. If a patient experiences a complication for an ambulatory procedure usually done on an outpatient basis and requires care or monitoring beyond 23 hours, the user may apply criteria for Post-operative Day 1.

The review process offers more information on page 4: *Criteria for patients who have an ambulatory procedure complication requiring Observation can be found on Operative Day or Post-op Day 1, under the Observation level of care within the General Surgical subset. For complications requiring treatment at a higher level of care, apply criteria using the Intermediate or Critical level of care. For complications not included in the General Surgical subset, see the most appropriate condition-specific or general subset based on the patient's symptoms or findings. For example, criteria for deep vein thrombosis can be found in the Deep Vein Thrombosis (DVT) subset.*

It is **not** appropriate to apply Post-op Day 1 criteria at the Acute level of care unless the patient met criteria on the Operative Day. (To meet Operative Day criteria, the procedure must be considered to be appropriate for the inpatient setting.) However, as stated above, the criteria for Intermediate or Critical may be applied if warranted.

If, on Post-op Day 1, the patient met the Intermediate or Critical criteria, continue to attempt to apply on Post Op Day 2.

If on Post-op Day 1 the patient met Observation criteria, follow in Observation to Post Op Day 2. When attempting to apply Observation criteria, there is only Responder and Non-responder criteria available.

Reviewer is recommended to follow accordingly — either meeting Day 1 in a new condition based on clinical findings or the case should be submitted for secondary review.

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# COPD diagnosis should include spirometry

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

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

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

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

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

## Spirometry

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

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

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

The 2020 Healthcare Effectiveness Data and Information Set measures the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis. Spirometry testing must be completed during the two years prior to the diagnosis or six months after the diagnosis. CPT codes used to identify spirometry testing for this measure include \*94010, \*94014-94016, \*94060, \*94070, \*94375 and \*94620.

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\*CPT codes, descriptions and two-digit modifiers only are copyright 2019 American Medical Association. All rights reserved.

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## 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

- Actigraphy (previously Actigraphy for obstructive sleep apnea and sleep disorders)
- Orthopedic applications of stem-cell therapy (including allografts and bone substitutes used with autologous bone marrow)

### Covered services

- Genetic testing for Lynch syndrome and other inherited colon cancer syndromes
- Cataract removal surgery
- Tumor treating fields therapy
- Endovenous ablation for the treatment of varicose veins (Clarivein®, Venaseal™ closure system)
- Genetic testing — assays of genetic expression in tumor tissue as a technique to determine prognosis in patients with breast cancer
- Positron emission tomography, or PET, for oncologic conditions
- Applied behavior analysis for autism spectrum disorder
- Allergy testing and immunotherapy
- Genetic testing — NGS testing of multiple genes (panel) to identify targeted cancer therapy



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## Quality corner: Follow up after hospitalization for mental illness

The Healthcare Effectiveness Data and Information Set® guidelines measure the follow-up after hospitalization for mental illness as the percentage of discharges for members 6 years of age or older hospitalized in an acute inpatient setting for treatment of mental illness or intentional self-harm and had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within seven and 30 days after discharge. Follow-up visits can also include a community mental health center visit, telehealth visit, observation visit, transitional care management services or electroconvulsive therapy.

### Why is this measure important?

Getting follow up in a timely manner may:

- Lower the chance of re-hospitalization
- Detect adverse responses to medications early on
- Ensure progress made during hospitalization is retained
- Provide continued support

### How can I ensure my patients are getting follow-up visits?

If you are the discharging hospital or the mental health practitioner accepting the patient for outpatient follow up:

- Make sure the patient has a follow-up visit scheduled within seven days before leaving your facility and that the outpatient provider has the capacity to see the patient within seven days. Include this visit information in the discharge information that you send or share with BCN utilization management.
- Educate the member about the importance of attending the appointment so he or she can continue to make progress and avoid readmission.



- Remember that patients are vulnerable after discharge from a psychiatric hospitalization. Continued care after stabilization in the hospital setting is important for them to maintain stability as they transition back into their environment.
- Cooperate with efforts by Blue Care Network and New Directions Behavioral Health (for PPO members) to validate follow-up appointments – their case managers often provide additional reminders to ensure member appointment attendance.

Blue Care Network offers an incentive for this measure as part of its Behavioral Health Incentive Program.

Each time an office completes the measure following HEDIS guidelines, the behavioral health provider qualifies to receive \$200 in addition to the billed professional fees. The provider earns the incentive for eligible members who've had a qualifying visit with a behavioral health specialist one to seven days after the acute care discharge.

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# Blue Cross and BCN networks add new provider that addresses OCD, phobias and anxiety disorders by telehealth

Blue Cross Blue Shield of Michigan and Blue Care Network recently added a new provider group, called NOCD, that uses telehealth to address obsessive-compulsive disorders, phobias and anxiety disorders. This addition to our network allows our members greater access to the evidence-based treatment called exposure response prevention, or ERP, therapy, which is a sophisticated version of cognitive behavioral therapy. CBT has been the first line treatment for these disorders for many years. While CBT provides relief for many people, exposure response prevention therapy can be helpful when CBT isn't optimally effective.

Until now, we've had a small number of specialized providers that address OCD and phobias, but they've been largely focused around the larger urban areas of Ann Arbor and Grand Rapids.

NOCD's integrated treatment model pairs a network of master's level licensed professionals with online adherence tools and a peer community. Professional staff includes licensed psychologists, counselors and social workers who are specialty-trained in using exposure response prevention therapy for OCD treatment.

NOCD provides:

- OCD-specific clinical diagnostic assessments in a video-based session
- Scheduled video-based teletherapy in all geographic locations
- Electronic messaging between the member and his or her NOCD professional

Other therapeutic tools include:

- Structured electronic-based exercises and tools to assist in the therapy process
- Support during any OCD episode
- The ability to view treatment data in a secure, centralized area
- An online, monitored peer support community to provide non-professional support and find resources to manage OCD

NOCD will also facilitate psychiatric consultation with a member's provider for treatment intervention and coordination of care.

During the COVID-19 crisis, Blue Cross and BCN have allowed the use of telehealth services for all our providers. Overall, we've seen a 70% increase in the utilization in this type of care. NOCD uses telepsychotherapy and telemedicine visits exclusively, so this does not limit their services geographically.

NOCD maintains an ongoing team of subject matter experts and OCD leading advisors, including individuals from the University of California, Los Angeles OCD treatment program; Yale Medical School; University of Southern California Medical School; University of Pennsylvania; Harvard Medical School and the University of Illinois, Chicago.

The addition of this provider adds to our network capacity and provides more evidence-based interventions for our membership. To make an appointment or refer a member, contact NOCD at 312-766-6780, or online at [necd.com](https://necd.com).



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

Medicare Plus Blue<sup>SM</sup> PPO, Blue Cross Blue Shield of Michigan's Medicare Advantage plan, and Blue Care Network's commercial and Medicare Advantage plans (BCN HMO<sup>SM</sup> and BCN Advantage<sup>SM</sup>) will begin using the 2020 InterQual<sup>®</sup> criteria for behavioral health utilization management determinations on Aug. 1.

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

Line of Business	Modified 2020 InterQual Criteria for:	Local Rules or Medical Policies for:
BCN HMO (Commercial) and BCN Advantage	<ul style="list-style-type: none"> <li>Substance use disorders: Partial hospital program and intensive outpatient program.</li> <li>Mental health disorders: Partial hospital program and intensive outpatient program.</li> <li>Residential mental health treatment (adult/geriatric and child/adolescent)</li> </ul>	<ul style="list-style-type: none"> <li>Autism spectrum disorder/applied behavior analysis (for BCN HMO only).</li> <li>Neurofeedback for attention deficit disorder/attention deficit hyperactivity disorder</li> <li>Transcranial magnetic stimulation</li> <li>Telemedicine (telepsychiatry/teletherapy)</li> </ul>
Medicare Plus Blue PPO	<ul style="list-style-type: none"> <li>Substance use disorders: Partial hospital program and intensive outpatient program.</li> <li>Mental health disorders: Partial hospital program and intensive outpatient program.</li> </ul>	None

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

Links to the updated versions of the modified criteria, local rules and medical policies are available on the [Blue Cross Behavioral Health page](#) and the [BCN Behavioral Health page](#) at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).

Also, see the article titled "We'll implement 2020 InterQual criteria Aug. 1 for non-behavioral health determinations," on [Page 23](#) for information on the updated non-behavioral health criteria we'll use starting Aug. 1, 2020.

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TEMPORARILY  
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## Criteria corner

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

### Question:

**With the recent closure of schools and many businesses due to coronavirus restrictions, how should we interpret the Partial Hospital Program and Intensive Outpatient Program criteria point "Functioning — Absent from work or school? "Depending on the level of care and Episode Day, this absence may be between one and three days. Is it reasonable to interpret this point as being met if we have reason to believe a member would have met this criterion *without the impact of coronavirus on their work or school?***

For example, if we have an adolescent member attending a partial hospitalization program five days per week, from 8 a.m. to 3 p.m., which would normally be during school hours, would it be reasonable to infer that they'd meet this criterion point? Likewise, if a member would otherwise be employed but is attending a substance abuse partial hospitalization program during what would normally be working hours, would this apply?

### Answer:

Yes, it's reasonable to consider the functioning criteria as met if the reviewer has reason to believe the member would have met criteria without the impact of the coronavirus on their work or school obligations. However, if the member has homeschooling or work-from-home as an option, then it's recommended the reviewer apply the criteria based on functionality under current conditions.

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## We'll implement 2020 InterQual criteria Aug. 1 for non-behavioral health determinations

Blue Cross Blue Shield of Michigan and Blue Care Network will implement the 2020 InterQual criteria starting Aug. 1, 2020, for all levels of care. We'll use these criteria to make utilization management determinations for requests to authorize non-behavioral health services subject to review for the following members:

- Blue Cross PPO (commercial)
- Blue Cross Medicare Plus Blue<sup>SM</sup> PPO
- BCN HMO<sup>SM</sup> (commercial)
- BCN Advantage<sup>SM</sup>

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

Blue Cross and BCN also use local rules — modifications of InterQual criteria — in making utilization management determinations. The 2020 local rules will also be implemented starting Aug. 1, 2020.

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

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

Refer to the table on **Page 24** for specific information on which criteria are used in making determinations for various types of non-behavioral health authorization requests.

Please see [InterQual criteria](#), continued on Page 24

## CDC campaign seeks to improve antibiotic prescribing and use

More than 2.8 million antibiotic-resistant infections occur in the United States each year, with 35,000 people dying as a result, according to the Centers for Disease Control and Prevention. This has made improving antibiotic prescribing and use a national priority.

"Be Antibiotics Aware" is the CDC's national campaign to help fight antibiotic resistance and improve antibiotic prescribing and use.

By raising awareness, the CDC aims to:

- Improve the way health care professionals prescribe antibiotics
- Educate patients on when and how to take antibiotics
- Fight antibiotic resistance and ensure these life-saving drugs will be available in the future

When antibiotics are carefully used and prescribed, we can combat antibiotic resistance.

To learn more about antibiotic use, patient education and more, visit the **Antibiotic Prescribing and Use** page on the CDC website.



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Criteria/Version	Application
InterQual Acute — Adult and Pediatrics	<ul style="list-style-type: none"> <li>Inpatient admissions</li> <li>Continued stay discharge readiness</li> </ul>
InterQual Level of Care — Subacute and Skilled Nursing Facility	<ul style="list-style-type: none"> <li>Subacute and skilled nursing facility admissions</li> <li>Continued stay discharge readiness</li> </ul>
InterQual Rehabilitation — Adult and Pediatrics	<ul style="list-style-type: none"> <li>Inpatient admissions</li> <li>Continued stay and discharge readiness</li> </ul>
InterQual Level of Care — Long-Term Acute Care	<ul style="list-style-type: none"> <li>Long-term acute care facility admissions</li> <li>Continued stay discharge readiness</li> </ul>
InterQual Level of Care — Home Care	<ul style="list-style-type: none"> <li>Home care requests</li> </ul>
InterQual Imaging	<ul style="list-style-type: none"> <li>Imaging studies and X-rays</li> </ul>
InterQual Procedures — Adult and Pediatrics	<ul style="list-style-type: none"> <li>Surgery and invasive procedures</li> </ul>
Medicare Coverage Guidelines (as applicable)	<ul style="list-style-type: none"> <li>Services that require clinical review for medical necessity and benefit determinations</li> </ul>
Blue Cross/BCN medical policies	<ul style="list-style-type: none"> <li>Services that require clinical review for medical necessity</li> </ul>
BCN-developed Local Rules (applies to BCN HMO and BCN Advantage)	<ul style="list-style-type: none"> <li>Exceptions to the application of InterQual criteria that reflect BCN's accepted practice standards</li> </ul>

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

See the article titled, "We're using updated utilization management criteria for behavioral health, starting Aug. 1," **Page 21** in this newsletter for information on the updated behavioral health criteria we'll use starting Aug. 1, 2020.

# Quality Counts

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## Educate members about cancer statistics; remind them about preventive screenings

In 2020, the American Cancer Society estimates there will be 1,806,950 new cancer cases and 606,520 cancer deaths in the U.S.

Here are statistics from the ACS for three common cancer types in 2020 and previous years:

Cancer type	Estimated new cases, 2020	Estimated deaths, 2020
Breast	279,100	42,690
Cervix	13,800	4,290
Colorectal	147,950	53,200

Incidence and death rates for previous years:

Cancer type	Incidence rates 2012-2016 (per 100,000)	Death rates 2013-2017 (per 100,000)
Breast	125.3	20.3
Cervix	7.6	2.3
Colorectal	38.7	13.9

Regular screening for breast, cervical and colorectal cancer and increased knowledge of symptoms among patients have led to earlier detection and fewer deaths.

Consider these statistics from the National Cancer Institute:

- Between 1989 and 2017, the death rate for breast cancer declined 40%.
- Since the mid-1970s, the death rate for cervical cancer dropped more than half.
- From 1970 to 2017, the death rate for colorectal cancer dropped 54%.

By screening for cancer and modifying risk factors, thousands of additional cancer cases and deaths can be prevented. Approximately 42% of cancer cases and 45% of deaths are attributed to modifiable risk factors.

Visit the **National Cancer Institute** website for more information on modifiable risk factors to share with your patients.

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# Blue Cross and BCN will cover Truvada for HIV PrEP, starting July

Effective July 1, 2020, Blue Cross Blue Shield of Michigan and Blue Care Network will cover human immunodeficiency virus, or HIV, medication Truvada® for pre-exposure prophylaxis with no cost sharing for most commercial members at high risk for HIV.

A generic version of Truvada is expected to be released in September 2020. At that time, only the generic version will be covered with no cost sharing. The cost for the brand-name product will depend on the member's benefit.

Truvada and Descovy® are the only two drugs indicated for HIV PrEP. If a member is newly prescribed Descovy for PrEP on or after May 1, 2020, we **won't** cover the prescription unless prior authorization criteria are met. In such situations, prescribers should submit a prior authorization request. Otherwise, the prescription claim won't be covered at the pharmacy.

We'll only approve a prior authorization for Descovy for PrEP if there is documentation of:

- A creatinine clearance (CrCl) <60 mL/min
- Osteoporosis

Truvada and Descovy are very similar and both contain tenofovir and emtricitabine. Each tenofovir component is formulated as a pro-drug.

Differences in pro-drug formulation and subsequent half-life **do not affect efficacy** but can influence side effect profiles. Descovy demonstrated non-inferiority to Truvada in the DISCOVER trial, which means both drugs are equally effective in preventing the transmission of HIV-1.

Both drugs are contraindicated as PrEP in patients with unknown or positive HIV status. Using Descovy or Truvada for PrEP without confirmation of negative HIV status may increase the risk of developing HIV-1 resistance substitutions.

For members using Descovy to treat HIV, their normal cost share will apply.

## Which members can receive this at \$0 cost share?

This medication will be covered at \$0 cost share for Blue Cross and BCN commercial members who are at high risk of contracting HIV. We'll cover generic Truvada for PrEP at \$0 cost share when it is available.

This change doesn't apply to grandfathered employees, retirees or groups with religious accommodation exceptions.

## Why are we doing this?

The U.S. Preventive Services Task Force has recommended providers offer PrEP with effective antiretroviral therapy to patients at high risk for HIV and that it must be offered with no cost share.

The Centers for Disease Control and Prevention reports that when taken daily, PrEP is highly effective for preventing HIV. Studies have shown that PrEP reduces the risk of contracting HIV through sexual transmission by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily. PrEP is much less effective if it isn't taken consistently.

## What is the USPSTF recommendation?

The following is the draft recommendation summary:

Population	Recommendation	Grade
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer PrEP with effective antiretroviral therapy to persons who at high risk of HIV acquisition.	A

A grade of A or B means it must be offered as preventive at \$0 cost share.

## Who can prescribe PrEP?

Any licensed prescriber can prescribe PrEP. Specialization in infectious diseases or HIV medicine is not required. In fact, primary care providers who routinely see people at risk for HIV acquisition should consider offering PrEP to all eligible members.



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# Recommendations for submitting authorization requests for medical oncology drugs to AIM

Follow these recommendations when submitting authorization requests for medical oncology drugs to AIM Specialty Health®:

- Wait to submit the request until you have **all** the pertinent information, including tumor testing results and information on tumor staging and prior therapy regimens.
- Provide **all** the clinical information needed for clinical review, including the rationale for the requested regimen.
- Make sure the phone number you provide is accurate, so AIM can call you to schedule a peer-to-peer consultation if they need more information to establish medical necessity.

When you follow these guidelines, the process of reviewing authorization requests takes less time.

This information applies to all members whose plans require authorization of medical oncology drugs by AIM:

- Medicare Advantage plans: Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup>
- Commercial plans: BCN HMO<sup>SM</sup> and select Blue Cross' PPO groups

## How to submit authorization requests

For medical oncology drugs, submit authorization requests to AIM using one of the following methods:

- Through the **AIM ProviderPortal**
- By calling the AIM Contact Center at 1-844-377-1278

For information about registering for and accessing the AIM *ProviderPortal*, see the **Frequently asked questions** page on the AIM Specialty Health website.

## Lists of requirements

To see the requirements related to drugs covered under the medical benefit, including medical oncology drugs, refer to the following:

- For Medicare Advantage members: **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members**
- For commercial members:
  - **Medical oncology prior authorization list for Blue Cross' PPO UAW Retiree Medical Benefits Trust members**
  - **Medical oncology prior authorization list for BCN HMO (commercial) members**

The specialty medications on these lists are administered in outpatient sites of care, including a physician's office, an outpatient facility or a member's home.



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# Medical benefit specialty drug prior authorization lists are changing in July and August for Medicare Plus Blue PPO, BCN HMO and BCN Advantage members

We're adding authorization requirements for five specialty drugs covered under the medical benefit for Medicare Plus Blue<sup>SM</sup> PPO, BCN HMO<sup>SM</sup> and BCN Advantage<sup>SM</sup> members.

For dates of service on or after May 15, 2020, Sarclisa<sup>®</sup> (isatuximab-irfc, HCPCS codes J3490, J3590 and J9999) requires authorization through AIM Specialty Health<sup>®</sup>.

For dates of service on or after July 24, 2020, the following drugs will require authorization through AIM Specialty Health:

- Trodelvy<sup>™</sup> (sacituzumab govitecan-hziy, J3490, J3590, J9999)
- Jelmyto<sup>™</sup> (mitomycin, J3490, J3590, J9999)
- Darzalex Faspro<sup>™</sup> (daratumumab and hyaluronidase-fihj, J3490, J3590, J9999)

For dates of service on or after Aug. 24, 2020, the following drug will require authorization through AIM:

- Imlygic<sup>®</sup> (talimogene laherparepvec, J9325)

## How to submit authorization requests

Submit authorization requests to AIM using one of the following methods:

- Through the **AIM ProviderPortal**
- By calling the AIM Contact Center at 1-844-377-1278

For information about registering for and accessing the AIM *ProviderPortal*, see the **Frequently asked questions** page on the AIM website.

## More about the authorization requirements

Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

For additional information on requirements related to drugs covered under the medical benefit, see:

- **BCN HMO: Blue Cross and BCN utilization management medical drug list and the Medical Oncology Program list**
- **Medicare Advantage: Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members**

We'll update these lists with the new information about these drugs before the effective dates.



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## We've added a document online with program information for site-of-care requirements for Lemtrada and Tysabri

We published an article in the May-June issue of *BCN Provider News*, titled "**We're adding site-of-care requirements for Lemtrada and Tysabri for commercial members, starting May 1.**" (Page 17)

We've since added a link to a document on the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website. The document, **Lemtrada and Tysabri site-of-care program: Frequently asked questions by providers**, contains additional program information and details related to safety protocols and authorized administration sites in Michigan and elsewhere in the United States.

Starting May 1, 2020, the medical drug site-of-care program expanded for Blue Cross' PPO (commercial) and BCN HMO<sup>SM</sup> (commercial) members to include:

- Lemtrada® (alemtuzumab, HCPCS code J0202)
- Tysabri® (natalizumab, HCPCS code J2323)

Refer to the article in the previous issue for details.

## We're postponing changes we announced for Xanax, Soma products and some migraine medications

We published three articles in the March-April issue of *BCN Provider News* about pharmacy changes we had planned to make. Those changes have been posted. Links to the original articles are included below for your reference.

- We announced the postponement of **quantity limits for Xanax** (Page 30) and its generic equivalent alprazolam.
- We announced that we'll **stop covering certain Soma products** (Page 30).
- We announced quantity limits for certain **migraine medications** (Page 19).

We'll communicate planned changes in future newsletters or web-DENIS messages.



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## Vaccine Affiliation Agreement amended

We're amending our Vaccine Affiliation Program to permit pharmacies participating in the program to submit medical claims to Blue Care Network for services listed on the Medical Immunization Pharmacy Providers Payable Vaccines Fee Schedule, which is updated occasionally.

Our Vaccine Affiliation Agreement remains unchanged for Blue Cross Blue Shield of Michigan members.

A previous amendment to the agreement expanded the program to pharmacies participating with BCN with certain exceptions. One of the exceptions was that covered services for BCN members were limited to **adult immunizations only**.

The Second Amendment to the Vaccine Affiliation Agreement removes this limitation and now provides that covered services for BCN members include **adult immunizations and certain other testing** as described in the fee schedule, subject to the other terms and conditions of the agreement.

## Correction to pharmacy article: HCPCS code for Palforzia is J3590

An article ran in the May-June issue of *BCN Provider News*, titled, "Quarterly update: Requirements changed for some commercial medical benefit drugs" that contained the wrong HCPCS code for Palforzia™. The correct code is J3590.

The article appeared in Page 18 of the **May-June** issue.

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## Billing tips for COVID-19

There have been many changes announced during the COVID-19 pandemic. To make billing easier for you, we've created two documents for you to reference.

- **Billing tips for COVID-19** brings all of the changes together into one reference document.
- **Billing tips for COVID-19 at a glance** is a one-page reference of highlights.

Two diagnosis codes for confirmed COVID-19 for dates of service prior to April 1, 2020, were missing from our May-June issue and J20.9 was listed incorrectly instead of J20.8. Please refer to the *Billing tips for COVID-19* for a complete list of diagnosis codes for COVID-19.

The billing tips documents can be found on our *Coronavirus (COVID-19) information updates for providers* page. Log in as a provider at [bcbsm.com](http://bcbsm.com) and click on Coronavirus (COVID-19). You can also find information at [bcbsm.com/coronavirus](http://bcbsm.com/coronavirus) by clicking on **For Providers**.

April ICD-10-CM code update  
now available

The Centers for Medicare & Medicaid Services has added an April ICD-10-CM code update that was effective with dates of service on or after April 1, 2020. This update contains diagnosis code U07.0, which is for a vaping-related disorder.

For more information about ICD-10 code updates, visit the **CMS website**.

## Clinical editing billing tips

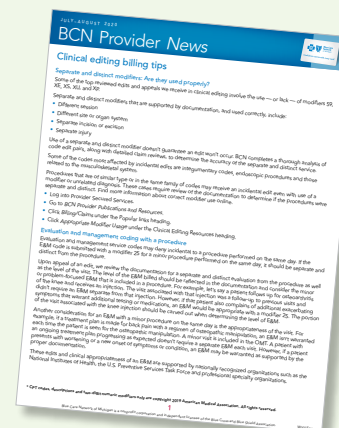
In most issues, we publish clinical editing billing tips. This helps ensure that Blue Care Network pays your claims accurately and that the performed procedure is correctly reported to us.

This issue's tip includes:

- Separate and distinct modifiers
- Evaluation and management coding with a procedure



Clinical editing  
billing tips



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## How to coordinate benefits under Michigan's new auto no-fault law

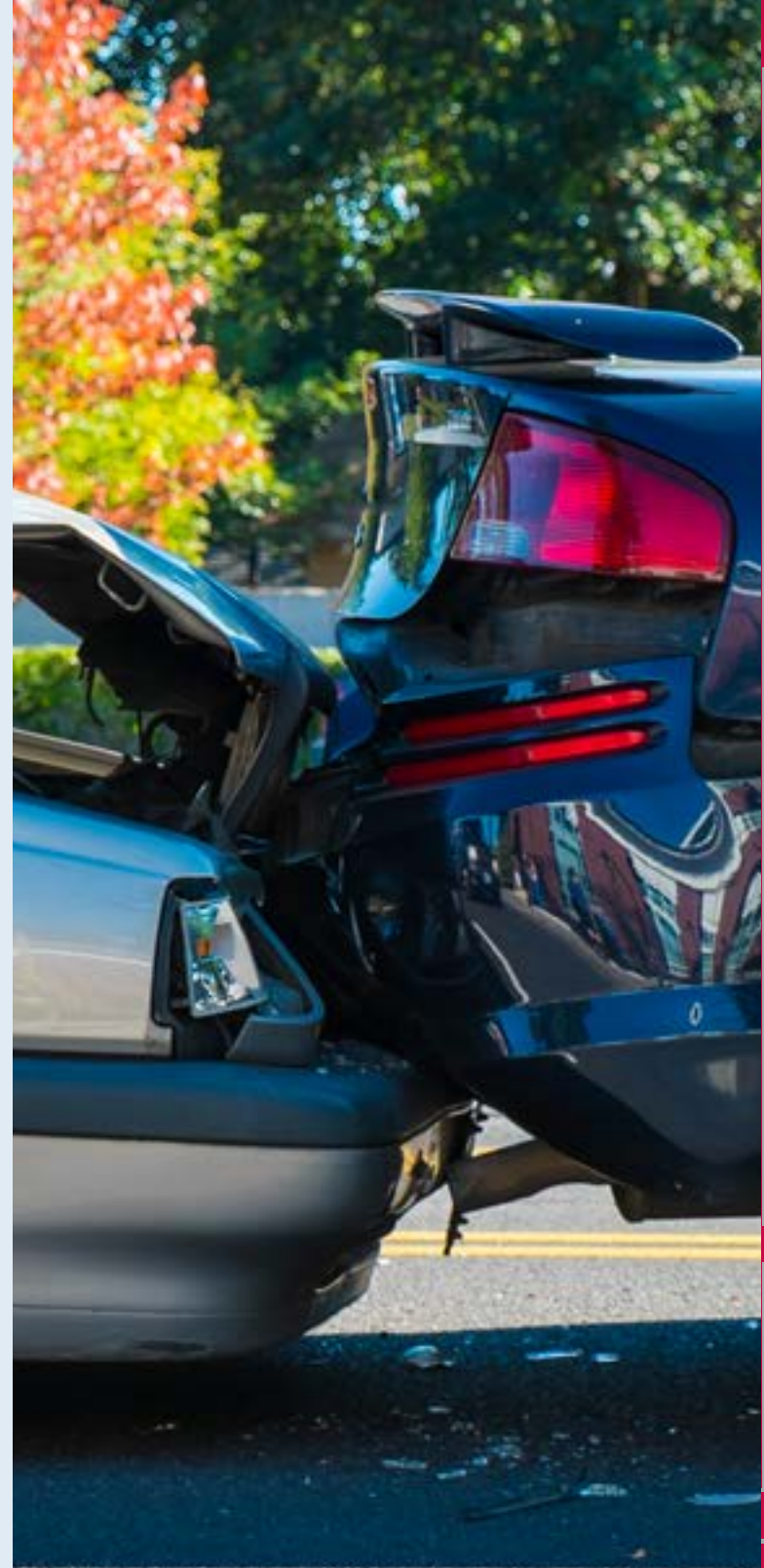
Changes to Michigan's automobile no-fault insurance law may lead to more instances in which providers need to coordinate benefits.

Beginning July 1, 2020, individuals will no longer be required to purchase unlimited personal injury protection, or PIP, with their auto insurance. Under certain circumstances, drivers can select different levels — or opt out — of PIP coverage through their auto insurer. In situations where a member's auto insurance is considered primary to their Blue Care Network coverage, and they select a low level of PIP coverage, their auto insurance benefits may run out. In most cases, BCN is the primary payer and providers will continue to bill BCN first.

### What you need to know

- Continue to bill auto accidents as you do today.
- Enter the appropriate value indicating an auto-accident claim.
- Continue to follow existing Medicare guidelines pertaining to billing and secondary payer rules.
- PIP is a "lifetime per accident per patient" benefit, not an "annual, per family, or per individual" maximum.
- PIP coverage pays for some items that health insurance doesn't, such as attendant care, lost wages and vehicle or housing modifications (PIP also pays for services that Medicare coverage may not.)
- If the auto insurer is considered the primary payer, BCN will reject the claim if we're billed as primary payer.
- When you bill BCN as a secondary payer, you'll need to include on the 837 either the auto insurer's payment decision, or the denial
- When the member's auto PIP benefits are exhausted, you'll receive a rejection from the insurer (PR\*119 or PR\*149 may be indicated on the denial).

Please see [no-fault law](#), continued on Page 33



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## Use our online resources to understand billing guidelines

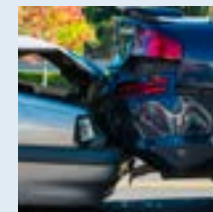
Blue Care Network provides an array of clinical editing and billing resources to help providers bill to avoid clinical edits or denials. Online resources can help you understand how a claim may process.

Our clinical editing involves moving a claim through multiple rules and logic as well as application of payment rules. Claims have different rules applied based on multiple criteria, including provider specialty, location, frequency of the service, medical policies and benefits.

Log in to Provider Secured Services. Then go to *BCN Provider Publications and Resources* to find the following:

- The link to the Billing/Claims page is listed under the Popular links heading. On that page, you'll find clinical editing resources.
- A link to the Claims chapter of the *BCN Provider Manual* is on the Billing/Claims page.
- You can also click to open the *Medical Policy Manual*, *Clinical Practice Guidelines* and *Clinical Quality Corner* pages. Those links are found under the Other resources heading in the left navigation.

**no-fault law,**  
continued from Page 32



## Determining which insurance is primary

Currently, BCN pays primary on most auto accident-related medical claims.

Provider should ask members:

- Whether they have coverage from more than one insurance carrier
- Whether their injury is the result of an accident

Notify BCN's COB department of any vehicle-related injury so we can initiate an investigation and determine primacy. Call the BCN COB department at 1-800-808-6321 and follow the prompts for: Option 1: Other party liability (OPL), that is, auto and workers' compensation.

If you need more details about coordination of benefits, refer to the manual by logging in to Provider Secured Services. Refer to the COB section located in the "Claims" chapter.

If you have questions about coordinating benefits with a member's existing auto insurer, call Provider Inquiry at 1-800-344-8525.

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## Update on temporary changes due to the COVID-19 pandemic

Blue Cross Blue Shield of Michigan and Blue Care Network have made many temporary changes to support providers and protect members during the COVID-19 pandemic. Some of those changes have ended and one has been extended.

These updates apply to Blue Cross' PPO, BCN HMO<sup>SM</sup>, Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members, unless otherwise noted.

Temporary changes that have ended	
For dates of service on or after <b>June 13, 2020</b>	<b>Clinical review is again required by Blue Cross / BCN Utilization Management for acute care admissions with non-COVID-19-related diagnoses.</b> You'll need to submit clinical documentation along with your authorization requests.
For dates of service on or after <b>July 1, 2020</b>	<p><b>Member cost share once again applies for Blue Cross' PPO and BCN HMO members for common medical and behavioral health visits that are performed using telemedicine.</b></p> <p>Notes</p> <ul style="list-style-type: none"> <li>As noted below, we'll continue to waive cost share for COVID-19-related treatment through Dec. 31, 2020. This includes COVID-19-related treatment delivered through telemedicine.</li> <li>For Medicare Plus Blue and BCN Advantage members, cost share will be waived for common medical and behavioral health services through Dec. 31, 2020, for both in-office and telehealth visits. See Blue Cross and BCN waiving cost share for Medicare Advantage members, <b>Page 11</b> for more information.</li> </ul> <p><b>For acute care admissions with COVID-19-related diagnoses, clinical review is once again required.</b></p> <p><b>For CT scans of the chest to rule out pneumonia diagnosis associated with COVID-19, AIM Specialty Health® again requires clinical review for procedure codes *71250, *71260 and *71270.</b></p> <p><b>For the first three days of admission to a skilled nursing facility for members transferred from acute care, Blue Cross / BCN Utilization Management and naviHealth once again require clinical review.</b></p>
Temporary change that has been extended	
End date extended from <b>June 30, 2020 to Dec. 31, 2020</b>	<p><b>For Blue Cross' PPO and BCN HMO members, we'll waive member cost share for COVID-19 treatment through Dec. 31, 2020.</b> Previously, this was scheduled to end on June 30, 2020.</p> <p>Note: As previously communicated, we'll continue to waive cost share for COVID-19 treatment through Dec. 31, 2020, for Medicare Plus Blue and BCN Advantage members. See Blue Cross and BCN waiving cost share for Medicare Advantage members, <b>Page 11</b>.</p>

To determine end dates for other temporary actions Blue Cross and BCN have taken, see the **Temporary changes due to the COVID-19 pandemic** document.

You can find this document on our public website at [bcbsm.com/coronavirus](https://bcbsm.com/coronavirus) and through Provider Secured Services.

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## We're making some changes to the e-referral system

Blue Care Network is making improvements to the e-referral system to make it easier for you to submit authorization requests. The changes will be effective by late July.

We're hosting four webinars to review the changes.

Here's a preview:

- We're blocking duplicate referrals to prevent unnecessary pends in the system.
- We'll only allow the member's assigned primary care physician to submit certain requests.
- Specialists will be able to submit authorization requests for services only if there's a global referral on file for the member.

### [Sign up for webinars](#)

We're offering webinars to share helpful tips that can improve your experience with the e-referral system and decrease the need to call BCN.

Webinars will focus on reviewing e-referral best practices and the importance and ease of using e-referral in lieu of contacting the call center.

Register using the links below.

Title	Date and time	Registration links
BCN provider-facing changes to e-referral	Tuesday, July 14, 10 to 11 a.m.	<a href="#">Click here to register</a>
BCN provider-facing changes to e-referral	Thursday, July 16, 2 to 3 p.m.	<a href="#">Click here to register</a>
BCN provider-facing changes to e-referral	Wednesday, July 22, 11 a.m. to 12 p.m.	<a href="#">Click here to register</a>
BCN provider-facing changes to e-referral	Thursday, July 23, 1 to 2 p.m.	<a href="#">Click here to register</a>

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## Some Blue Care Network transitional care fax numbers have been discontinued

The following BCN transitional care fax numbers were **discontinued on June 1**.

- 1-866-652-8985
- 1-866-578-5482

If you had been faxing transitional care authorization requests or clinical documentation — or any other documentation — to those numbers, you must submit those materials using a different method.

The only working fax number for BCN transitional care services is 1-866-526-1326. Use that fax number to submit authorization requests for home health care and home enteral feedings **only** when the e-referral system is unavailable.



## Here's what you need to know.

### Home health care services

For home health care services such as nursing visits and physical, occupational and speech therapy provided by a home health care facility in a member's home:

- For BCN HMO<sup>SM</sup> and BCN Advantage<sup>SM</sup> members covered through the UAW Retiree Medical Benefits Trust (group number 00278806), don't submit anything to us. Neither referral nor authorization is required for traditional home health care services. This applies to both contracted and noncontracted providers.
- For BCN HMO and BCN Advantage members not covered through the UAW Retiree Medical Benefits Trust, submit home health authorization requests only for these providers:
  - Noncontracted providers: Call these requests in to BCN's Utilization Management department at 1-800-392-2512.
  - Contracted providers who don't belong to the provider network associated with the member's plan: Submit these authorization requests through the e-referral system.

Note: For other contracted providers, don't submit referrals or authorization requests. Neither is required.

### Home enteral feedings

For all BCN members, authorization is required for enteral feeding services. Submit authorization requests through the e-referral system and complete the questionnaire that opens.

Note: Authorization is not required for either total parenteral nutrition or intradialytic parenteral nutrition services. This applies to both contracted and noncontracted providers and to all BCN HMO and BCN Advantage members.



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# TurningPoint to manage authorization requests for all surgical procedures related to musculoskeletal conditions for dates of service on or after July 1

As we reported in the last issue, you'll need to submit authorization requests for all surgical procedures related to musculoskeletal conditions to TurningPoint, starting June 1, for dates of service on or after July 1. (This date was moved to July 1 due to the COVID-19 pandemic.)

Some important reminders:

- This is effective for BCN HMO<sup>SM</sup> (commercial), BCN Advantage<sup>SM</sup> and Medicare Plus Blue<sup>SM</sup> PPO members.
- Facilities should have an authorization number before scheduling surgery. The ordering physician or provider office must secure the authorization and provide the authorization number to the facility.
- For inpatient professional claims, make sure to include only the procedure codes authorized for musculoskeletal procedures on your claim.
- You can start submitting authorization requests on June 1.

For more details, see the [article](#) in the May-June issue.

We'll continue to offer webinar training for providers and facilities.

Use the links below to register for webinars:

- [Training for professional providers](#)
- [Training for facility providers](#)
- [Portal training](#) (professional providers only)

## Where to find more information

For more information about TurningPoint, see the webpages for **BCN** and **Blue Cross** on our [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website.

You can find procedure codes for orthopedic and spinal procedures managed by TurningPoint on [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com). The links are below:

- [Orthopedic](#)
- [Spinal](#)

You can also refer to the [frequently-asked-questions](#) document on our [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website.

# Recommendations for submitting authorization requests for medical oncology drugs to AIM

Here are some recommendations to follow when submitting authorization requests for medical oncology drugs to AIM Specialty Health®:

- Wait to submit the request until you have **all** the pertinent information including, but not limited to, tumor testing results and information on tumor staging and prior therapy regimens.
- Provide **all** the clinical information needed for clinical review, including the rationale for the requested regimen.
- Make sure the phone number you provide is accurate, so AIM can contact you to schedule a peer-to-peer consultation if they need more information to establish medical necessity.

See the article on [Page 27](#) for more details.

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