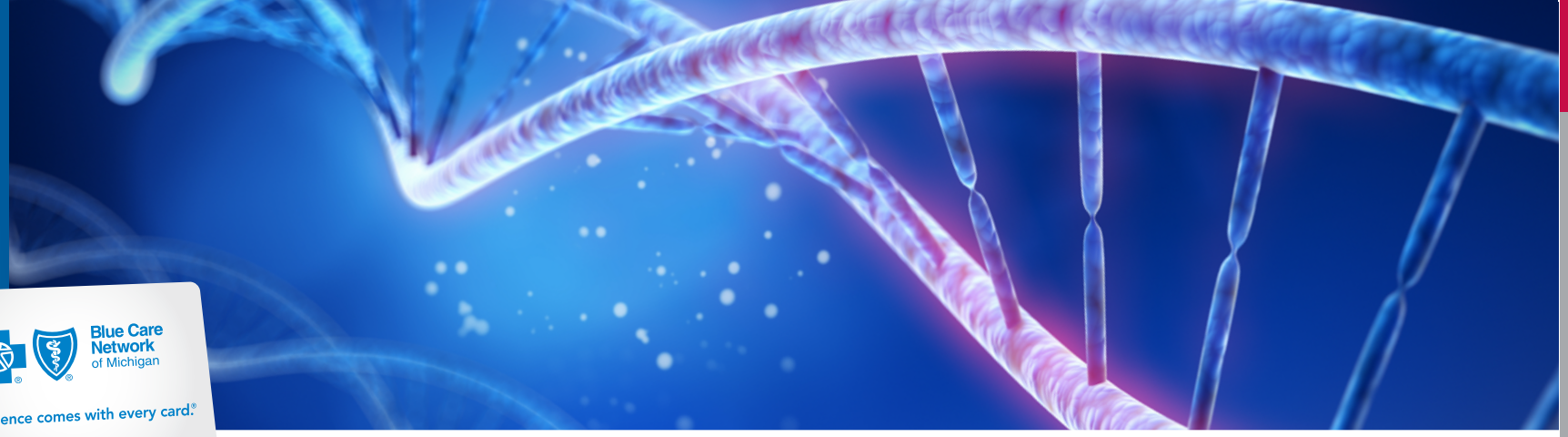
JULY-AUGUST 2022

BCN Provider News



BCN Provider News User Guide

A message from Dr. Scott Betzelos, vice president of HMO strategy and affordability at Blue Care Network

We're introducing a new program that uses genetic testing to personalize medication treatments

Blue Care Network is pleased to announce a new precision medicine program, Blue Cross Personalized Medicine℠, that will help physicians tailor the medication regimen of patients to their specific needs.

The program uses pharmacogenomics, or genetic testing, to personalize medication treatments. As you may have read, pharmacogenomics, also known as PGx, is a subgroup of precision medicine that uses an individual's genetic makeup to guide medication treatment options, rather than taking a "one-drug-fits-all" approach for an entire population.

BCN has contracted with OneOme, an independent precision medicine company, to facilitate the new program. OneOme will provide testing through its evidence-based RightMed® Test, which analyzes 27 genes that may affect how a patient would respond to certain medications to reduce treatment trial and error.

Health care providers can use test results to help evaluate medications across multiple specialties, including behavioral health, oncology, pain management and cardiology, among others. Of course, any recommendations for medication or regimen changes are entirely optional and changes to the treatment regimen are determined by the prescribing physician, with the support of a PGx pharmacist and in agreement with the member.

A pilot program is underway for select members through the end of this year, with a comprehensive program launch scheduled for January 2023 for eligible BCN members. Blue Cross Personalized Medicine will be provided at no additional cost to members or employer group customers.

Please see New precision medicine program continued on Page 2

Inside this issue…

Network Operations

New precision medicine program, *continued from Page 1*

Our first priority with this program is to ensure that a physician is able to provide the right medication, at the right dose, as early in the treatment process as possible. This is a real opportunity to address health care on a person-by-person basis that's tailored to each member's individual needs. Working closely with our members and their physicians, we're now able to cut out the guesswork and make informed decisions that lead to sustainable treatment options and better patient outcomes.

Using the advanced analytics of OneOme's stratification process, OneOme will determine if one or more of your patients is eligible for pharmacogenomic testing. If you have an eligible member in your practice, both you and the member will receive a letter explaining the program. Letters sent to members give them the option to contact OneOme to initiate the testing supported with your order. Once testing is completed, you, as the provider, will receive a consultation report from the clinical pharmacist with recommendations that you can consider when making prescribing decisions for the patient.

We anticipate that using pharmacogenomic testing to guide prescribing decisions will also help to increase medication adherence and decrease the risk of adverse drug reactions. Adverse drug reactions are the fourth leading cause of death and are estimated to cost $136 billion annually. They account for up to 7% of all hospital admissions and up to 20% of readmissions, according to the Center for Education and Research on Therapeutics at Georgetown University and the Center for Drug Evaluation and Search at the Food and Drug Administration

To learn more about Blue Cross Personalized Medicine, testing or pharmacogenomics, I invite you to visit **oneome.com/bluecarenetwork-pgx** or call OneOme at 1-844-663-6635 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m. Eastern time.

CQI incentive program now available for ambulatory surgery facilities

Our Collaborative Quality Initiatives are statewide, clinician-led quality improvement initiatives that address many of the most common areas of surgical and medical care in Michigan. Historically, the CQI program has involved the engagement and participation of hospitals and physician practices in CQI activities.

We recently expanded the program to include procedures performed at independent, free-standing ambulatory surgery facilities.** As a result, we've developed a CQI incentive program for ambulatory surgery facilities to support their participation and engagement in specific CQIs.

Please see CQI incentive program continued on Page 3

**Independent free-standing ambulatory surgery facilities are entities that operate exclusively for the purpose of providing outpatient surgical services to patients and aren't associated with one or more of Blue Cross Blue Shield of Michigan's participating hospital agreements related to hospital outpatient services.

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CQI incentive program, *continued from Page 2*

This CQI incentive will reward ambulatory surgery facilities that meet all of these requirements:

- They participate in our CQI program.
- They contribute data to the statewide registry.
- They learn and share best practices.
- They participate in continuous quality improvement activities.

Ambulatory surgery facilities that participate in this CQI incentive program will be eligible for a facility fee increase of 1%, or 101% of the standard fee schedule amount for Blue Cross Blue Shield of Michigan and Blue Care Network commercial members.

This increase will apply to all services reimbursed at the facility level. The following CQIs are participating in the CQI incentive program for ambulatory surgery facilities:

- **The Michigan Arthroplasty Registry Collaborative Quality Initiative**
- **The Michigan Spine Surgery Improvement Collaborative**

Ambulatory surgery facilities must meet specific eligibility requirements, including procedure volumes and participation expectations, to be involved with this program.

To learn more about the eligibility requirements and participation expectations for the ambulatory surgery facilities CQI incentive, refer to the *2022 Blue Cross Blue Shield of Michigan and Blue Care Network Collaborative Quality Initiative ASF CQI Incentive Program for Independent Free-Standing Ambulatory Surgery Facilities*.

Ambulatory Surgery Facilities CQI Program Guide

Background information on our CQI program

With the Collaborative Quality Initiatives model, participants submit clinical condition-specific or procedure-specific data to a center responsible for analyzing the data to identify best practices and opportunities for improvement.

Quality improvement interventions are implemented, and collaborative participants meet regularly to share and learn best practices based on relevant, timely clinical data. For more information, visit our **Collaborative Quality Initiatives** site.

Clarification: At-home COVID-19 testing policy revised for Blue Cross and BCN commercial plans

We ran an article in our March-April issue about our revised at-home COVID-19 testing policy. On May 19, we posted a provider alert clarifying the frequency that members can obtain at-home rapid diagnostic COVID-19 tests from monthly to every 30 days. The federal government's website has also been updated and the quantity and timing on shipping has been removed as this continues to change.

See the May 19 **provider alert** and the prior article in the March-April **issue** for details.

Resources for learning about the new provider portal

If you're looking for training or have questions about the new Blue Cross Blue Shield of Michigan and Blue Care Network provider portal, Availity Essentials, take advantage of the following resources.

View recorded trainings

You can view recorded trainings on how to use Availity Essentials for your Blue Cross and BCN business. You must have an Availity® account to access these recordings. See the section on registration, below, if you're not yet registered.

There are two ways to find recorded trainings:

- Go to the **Availity Get Up to Speed with Training webpage**. (Note that this website will be available through October 2022.)
- Within the provider portal, you can find them by following these steps:
  1. Log in to our provider portal (**availity.com**).
  2. Choose *Help & Training* and then click on *Get Trained*.
  3. In the search field at the top of the screen, enter BCBSM.

Find answers to your questions

Here's where you can find answers to your questions:

- Call Availity Client Services at 1-800-AVAILITY (282-4548) Monday through Friday, 8 a.m. to 8 p.m. Eastern time (excluding holidays).
- Within Availity, click on *Help & Training* and then click on *Availity Support*.
- ***Welcome to Availity* special edition newsletter**
- ***Welcome to Availity* webpage**
- ***Transitioning to the Availity provider portal frequently asked questions for providers***

Still need to register?

If you haven't yet registered for an Availity Essentials account, you no longer have access to some Blue Cross Blue Shield of Michigan and Blue Care Network online tools. For information about registering with Availity, go to the **Blue Cross and BCN Welcome to Availity** webpage, scroll down the page and click *Register for Availity Essentials*.

After registering, your Availity administrator will need to take additional steps for users to access e-referral and Health e-Blue℠. For more information, go to our **Register for web tools page** and scroll down to *Getting access to Blue Cross and BCN tools through our provider portal*.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

Provider Secured Services and web-DENIS end date extended for some functions

Blue Cross Blue Shield of Michigan and Blue Care Network are extending the original June 21, 2022, retirement date for some functions within Provider Secured Services, including web-DENIS.

We encourage you to continue to make the move to the new portal. Some functions will remain up for a limited time, but many links and resource information will only be accessible through Availity.

See the **Provider Alert** for more details.

Commercial DRG clinical validation audits will begin in August 2022

EquiClaim, an independent company that provides auditing support for Blue Care Network, will perform clinical validation and coding claim audits on inpatient hospital diagnosis related groups, or DRGs.

This audit will ensure that a patient's diagnosis is consistent with the clinical documentation in the medical record. Audits will confirm that the ICD-10 diagnosis identified by the facility is generating the DRG assignment accurately, in accordance with the accepted standards of medical practice and diagnostic criteria.

Be ready to share medical charts for review at the time of an audit. After an audit, EquiClaim will send you a letter with the findings and information on how to request an appeal, if necessary.

The DRG clinical audit process:

- Ensures that diagnosis identified by the facility is validated based on DRG reimbursement methodology and national coding guidelines
- Performs clinical review of the physician documentation to determine if the patient diagnosis is consistent with the clinical documentation in the medical record
- Uses widely accepted standards of medical practice and peer-reviewed guidelines, citing references on every revision
- Includes ongoing research and literature reviews to ensure criteria and guidelines are always current
- Uses sepsis 3 criteria on related sepsis claims
- Includes review of the medical record by an EquiClaim registered nurse (If the diagnosis billed and the medical documentation don't match, a EquiClaim physician will review for validation before sending a finding letter to the facility.)

Questions?

Contact the EquiClaim Customer Service Line at 1-866-481-1479 if you have any questions.

New collections vendor for most Blue Cross and BCN commercial claims

Blue Cross Blue Shield of Michigan and Blue Care Network have contracted with a new collections vendor, GB Collects, for most Blue Cross commercial and BCN commercial claims.

See article on **Page 35** for more information.

Network Operations

Action Item

Visit our provider training site to find important updates to existing training and new resources on topics that are important to your role.

Important updates to training courses and new on-demand training available

In support of the transition to our new provider portal, Provider Experience has updated many of our existing training courses with new screen examples and steps to align with the change. To access these courses, follow the steps at the end of this article. For training related to our new provider portal, visit the Availity Learning Center located on the portal by clicking *Help and Training* in the top navigation, then *Get Trained*.

We also continue to offer training resources for health care providers and staff. On-demand courses are designed to help you work more efficiently with Blue Cross Blue Shield of Michigan and Blue Care Network.

We recently added the following new learning opportunity:

- Risk adjustment review recorded webinar: This lunch and learn webinar shares new information on documentation and coding of common and challenging diagnoses. Topics include a review of risk adjustment and hierarchical condition categories.

Our provider training site is available to enhance the training experience for health care providers and staff.

To request access, complete the following steps:

1. Open the **registration page**
2. Complete the registration. We recommend using the same email you use to communicate with Blue Cross for provider-related needs. This will become your login ID.
3. Follow the **link** to log in.

If you need assistance creating your login ID or navigating the site, please contact ***ProviderTraining@bcbsm.com***.

Here's how to confirm the networks you participate in

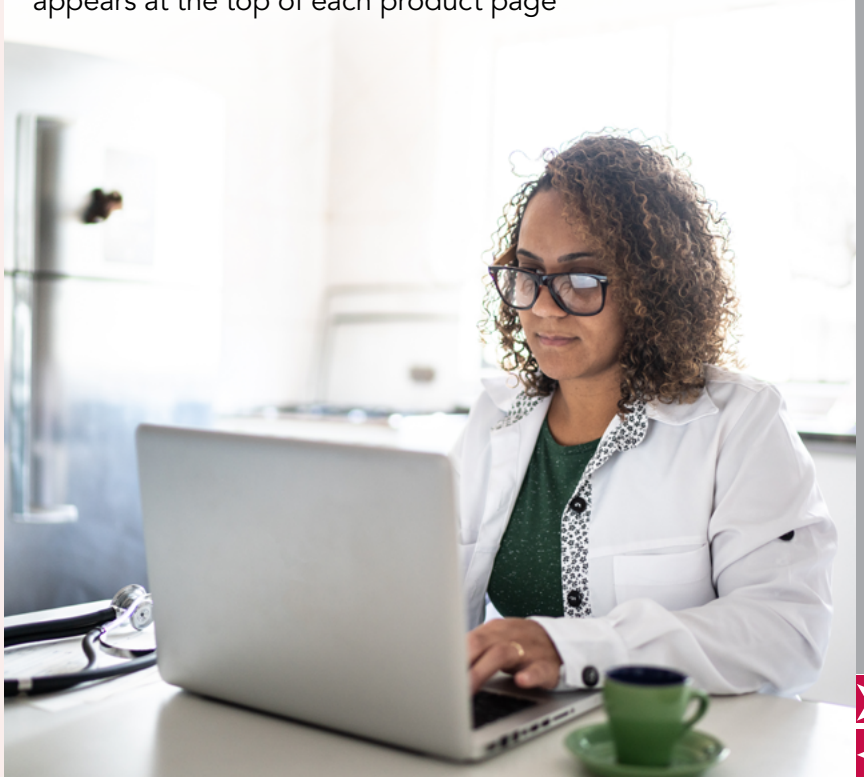
Blue Care Network has a document that helps providers find the Blue Cross Blue Shield of Michigan and Blue Care Network products they participate in. It's called *Finding your Blues plans* and is posted on our provider portal.

This guide shows you how to use the online provider search to confirm which Blue Cross and BCN products you accept. When new patients present themselves or current patients change health plans, you'll know if you accept the plan they have.

Here's how to find the document:

1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click *Secure Provider Resources (Blue Cross and BCN)* on the Resources tab.

Choose a product from the *Products* tab. The document appears at the top of each product page



BCN Advantage

Important news about submitting medical benefit drug prior authorization requests for Medicare Advantage members

Blue Cross Blue Shield of Michigan and Blue Care Network have transitioned to a new provider portal, Availity® Essentials. You should continue to submit prior authorization requests for most medical benefit drugs, including CAR-T cell therapy drugs, for Medicare Plus Blue℠ and BCN Advantage℠ members in one of the following ways:

- **Preferred method:** Through the NovoLogix® online tool. See the next section for the steps you need to take to access NovoLogix through Availity.
- **For providers who aren't able to submit requests through NovoLogix:** You have two options:
  - Use the new global **Medication Authorization Request Form** (for any medication), which we created to reduce the number of forms you have to manage. Fax the completed form to 1-866-392-6465.
  - Call our Pharmacy Clinical Help Desk at 1 800-437-3803.

Accessing NovoLogix through Availity

Important: Be sure to **register for Availity**, so you can continue to submit requests through NovoLogix.

If you have an Availity account, you have access to NovoLogix.

To submit requests through Availity:

1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. In the Applications tab, click the appropriate tile:
   - NovoLogix MAPPO
   - NovoLogix BCN/BCN Advantage

Additional information

You can access the *Medication Authorization Request Form (for any medication)* on the **For Providers: How do I Submit Medicare a Drug Prior Authorization Request for Medicare Plus Blue PPO and BCN Advantage?** page of the **bcbsm.com** website. Later this year, we'll remove the medical drug prior authorization request forms for specific medications.

For more information about submitting requests and to view the **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members**, see the following pages of ereferrals. bcbsm.com website:

- **Blue Cross Medical Benefit Drugs**
- **BCN Medical Benefit Drugs**

We're designating preferred and nonpreferred IV iron therapy replacement drugs for Medicare Advantage members

Starting Aug. 8, 2022, we're designating certain intravenous iron replacement therapy drugs as preferred or nonpreferred for our Medicare Advantage (Medicare Plus Blue℠ and BCN Advantage℠) members. These drugs are covered under members' medical benefits.

If you're currently treating one of our Medicare Advantage members with a drug that will be designated as nonpreferred, we encourage you to transition to a preferred drug as soon as possible.

See the article on **Page 31** for full details.

Starting Aug. 1, reimbursement is changing for compounded Avastin eye injections, for Medicare Advantage

For claims received on or after Aug. 1, 2022, reimbursement will change to $160 per eye injected with compounded Avastin® (bevacizumab) eye injections. This is for medical drug claims for our Medicare Advantage (Medicare Plus Blue℠ and BCN Advantage℠) members. See full article on **Page 30**.

Reminder: 2% Medicare sequestration reduction slated to resume July 1

We're reminding providers that Medicare sequestration reduction is scheduled to resume July 1, 2022, at 2%. Blue Cross Blue Shield of Michigan and Blue Care Network are aligned with the Centers for Medicare & Medicaid Services' guidance regarding Medicare sequestration reductions.

You may recall that Congress and the Biden administration suspended the mandatory Medicare 2% sequestration reduction through March 31, 2022, and reduced the sequestration cuts to 1% from April through June 2022, to offset the decrease in provider payments because of the COVID-19 public health emergency. If the suspension is extended after June 30, we'll update you with a provider alert

Note: The 2% reimbursement adjustment is applied after determining any applicable member deductible, copayment or other required member out-of-pocket costs. The change won't affect reimbursement to providers who haven't been affected by sequestration previously.

Medicare Advantage post-acute care: New seven-day limit on documents in naviHealth's nH Access portal

Documents for Medicare Plus Blue℠ and BCN Advantage℠ members are available within nH Access™ for only seven days from the day they were posted. This was effective June 3, 2022.

If you need to access a document after it's been removed from nH Access, contact your naviHealth care coordinator.

If you have questions about this change, contact your local naviHealth provider relations manager. If you aren't sure who your naviHealth provider relations manager is, send an email to ***umproviderconcerns@bcbsm.com***.

naviHealth is committed to improving the post-acute care experience for our Medicare Advantage members. As part of this commitment, naviHealth provides access to patient information and documentation during the prior authorization process by making documents available through nH Access.

As a reminder, naviHealth:

- Authorizes patient-driven payment model levels during the patient's skilled nursing facility stay (from preservice through discharge).
- Authorizes PDPM levels based on medical necessity review and their proprietary naviHealth Predict functional assessment.
- Works with SNFs to ensure billers submit proper PDPM levels for reimbursement.

For more information, see **Post-acute care services: Frequently asked questions for providers**.

naviHealth Inc. is an independent company that manages authorizations for post-acute care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

BCN Advantage

Manage osteoporosis to limit disability

Musculoskeletal conditions are the second largest contributor to disability, according to the World Health Organization.

The Osteoporosis Management in Women who had a Fracture (OMW) HEDIS® star measure assesses women 67 to 85 years of age who suffered a fracture and had either a bone mineral density test or received a prescription to treat osteoporosis within six months of the fracture.

Read the tip sheet to learn more about this measure and information to include in medical records.

Tip sheet Osteoporosis Management in Women

New HEDIS measures for diabetic patient health

For measure year 2022, the HEDIS® Comprehensive Diabetes Care measure has been retired. In its place are four new standalone HEDIS measures:

- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Eye Exam for Patients with Diabetes (EED)
- Blood Pressure Control for Patients with Diabetes (BPD)
- Kidney Health Evaluation for Patients with Diabetes (KED)

All four measures are used for HEDIS reporting, however only HBD and EED measures are used by the Centers for Medicare & Medicaid Services as star rating measures to drive improvements in patient health. Splitting the CDC measure out into standalone measures allows the National Committee for Quality Assurance to individually adjust and maintain the measures over time as specification changes may be appropriate for one measure and not the others.

View the tip sheets to learn more about the measure specifications and ways you can close gaps in care for patients with diabetes. The tip sheets also cover required medical record documentation and claims coding to reduce the need for medical record reviews.

Note: Tip sheets are only available for the HBD, EED, and KED measures.

Eye Exam Tip Sheet

Hemoglobin A1c Tip Sheet

Kidney Health Tip Sheet

Remember to discuss fall risk, urinary incontinence and physical activity with Medicare patients

According to the National Committee for Quality Assurance:

- Falls are the leading cause of death by injury in people 65 and older; every year, one in four older adults fall.
- Urinary incontinence is significantly underreported and underdiagnosed.
- Any amount of physical activity reduces the risk of developing certain chronic conditions and increases quality of life.

Due to these serious health concerns, the Medicare Health Outcomes Survey measures patient-reported outcomes for three HEDIS® Effectiveness of Care measures:

- Fall Risk Management
- Management of Urinary Incontinence in Older Adults
- Physical Activity in Older Adults

The survey, which runs from August to November, asks randomly selected Medicare Advantage members questions about how providers talk about these important topics with them.

Read the HOS tip sheet to learn more, including what questions are asked and how you can address care opportunities with patients.

Health Outcomes Survey Tip sheet

BCN Advantage

Fyarro to require prior authorization for most members starting Aug. 16

For dates of service on or after Aug. 16, 2022, Fyarro™ (sirolimus protein-bound particles), HCPCS code J9331, will require prior authorization through AIM Specialty Health®. This drug is part of members' medical benefits, not their pharmacy benefits.

See the full article on **Page 27** for important details.

Landmark Health high-intensity in-home care program expands Oct. 1

On July 1, 2022, Blue Cross Blue Shield of Michigan and Blue Care Network will expand the high-intensity in-home care program by Landmark Health to include all Medicare Advantage members with multiple chronic conditions who live in Southeast Michigan counties, as well as in the Lansing and Flint areas.

For more information, see the full article on **Page 11**.

COVID-19 Test to Treat program coverage

The federal government's new Test to Treat program provides a one-stop location for an individual to get a COVID-19 test and, if the test is positive and the individual is eligible for treatment with an oral antiviral drug such as Paxlovid™ or Molnupiravir, the prescription can be written by a health care provider and filled, all in the same visit.

Test to Treat locations can include:

- Federally qualified health centers
- Long-term care facilities
- Pharmacies with an on-site health clinic

Here's what you need to know about Blue Cross Blue Shield of Michigan and Blue Care Network coverage for Test to Treat providers:

- There is no member cost share associated with covered COVID-19 testing. COVID-19 testing for employment, school or public health surveillance isn't covered. However, if an assessment occurs to determine whether the member should be treated with an oral antiviral drug, there may be a member cost share.
- The federal government is supplying the antiviral drugs at no cost to providers. Don't bill for the cost of drugs supplied by the government.
- Health care providers should bill for the test administration and treatment assessment using the member's medical benefit.
- Pharmacies can bill for dispensing the drug using the member's pharmacy benefit.

Here are resources for learning more:

- **COVID-19 Test to Treat at hhs.gov**
- **Antiviral medication information for health care providers**

Landmark Health high-intensity in-home care program expands Oct. 1

On July 1, 2022, Blue Cross Blue Shield of Michigan and Blue Care Network expanded the high-intensity in-home care program by Landmark Health to include all Medicare Advantage members with multiple chronic conditions who live in Southeast Michigan counties, as well as in the Lansing and Flint areas.

Starting Oct. 1, 2022, the program will be available to members in the following additional counties:

- Arenac
- Bay
- Calhoun
- Gladwin
- Gratiot
- Huron
- Jackson
- Kalamazoo
- Lenawee
- Midland
- Sanilac
- Tuscola

For high-level information about the program, see this **provider alert**.

For detailed information about the program, see the document titled ***High-intensity in-home care program: Frequently asked questions for providers***.

Landmark Health, L.L.C., is an independent company that provides select services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

The *Non-Opioid Directive form* is available on our website

Michigan law requires insurers to supply enrollees with a *Non-Opioid Directive form*. The form can be found on **bcbsm.com** on the Health and Well-Being page of the member section. The form will also be included in new member enrollment welcome kits starting July 1.

The *Non-Opioid Directive form* allows a patient to refuse opioid medications by signing and submitting the form to their provider for inclusion in their medical files. The form on our website is the same as the one available to the public on the Michigan Department of Health and Human Services website.

For more information on the non-opioid directive, see:

- Michigan's Opioid Addiction Resources website at **Michigan.gov/opioids**. The link can be found under Additional Resources at the bottom of the Find Help page.
- The Blue Cross Blue Shield of Michigan **Using Opioids Safely** page
- MCL § 333.9145 document on the **Michigan Legislature website**.

We'll implement 2022 InterQual criteria on Aug. 1

Blue Cross Blue Shield of Michigan and Blue Care Network will start using 2022 InterQual® criteria on Aug. 1, 2022, to make utilization management determinations.

Keep in mind that there are InterQual criteria for behavioral health services, as well as non-behavioral health services. However, for Blue Cross commercial members, New Directions, an independent company that manages behavioral health services for most Blue Cross members, uses its own criteria for making determinations on behavioral health authorization requests.

Additional information about behavioral health services is at the end of this article.

Non-behavioral health services

We'll use updated criteria for all levels of care to make utilization management determinations for requests to authorize non-behavioral health services, subject to review, for the following members:

- Blue Cross commercial
- Medicare Plus Blue℠
- BCN commercial
- BCN Advantage℠

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

Please see InterQual criteria continued on Page 13

InterQual criteria, *continued from Page 12*

Blue Cross and BCN also use local rules — modifications of InterQual criteria — in making utilization management determinations. The 2022 local rules for acute care inpatient medical admissions were implemented on March 1, 2022. The 2022 local rules for post-acute care will be announced at a later date.

You can access the modifications (local rules), as applicable, for:

- **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 Blue Cross commercial and the Medicare Plus Blue sections of that page.
- **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.

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

Criteria	Application
InterQual acute — Adult and pediatrics	• Inpatient admissions • Continued stay discharge readiness
InterQual level of care — Subacute and skilled nursing facility	• Subacute and skilled nursing facility admissions • Continued stay discharge readiness
InterQual rehabilitation — Adult and pediatrics	• Inpatient admissions • Continued stay and discharge readiness
InterQual level of care — Long-term acute care	• Long-term acute care facility admissions • Continued stay discharge readiness
InterQual imaging	• Imaging studies and X-rays
InterQual procedures — Adult and pediatrics	• Surgery and invasive procedures
Medicare coverage guidelines (as applicable)	• Services that require clinical review for medical necessity and benefit determinations
Blue Cross and BCN medical policies	• Services that require clinical review for medical necessity
Modifications of InterQual for acute medical admissions of adults (condition-specific local rules)	• Exceptions to the application of InterQual criteria that reflect the accepted practice standards for Blue Cross and BCN
Local rules for post-acute care (applies to inpatient rehabilitation, skilled nursing facility and long-term acute care admissions for Blue Cross commercial and BCN commercial)	• Exceptions to the application of InterQual criteria that reflect the accepted practice standards for Blue Cross and BCN

Note: The information in the table above applies to lines of business and members whose authorizations are managed by Blue Cross or BCN directly and not by an independent company that provides services to Blue Cross Blue Shield of Michigan.

Please see InterQual criteria continued on Page 14

InterQual criteria, *continued from Page 14*

Behavioral health services

On Aug. 1, 2022, we'll begin using the 2022 InterQual® criteria to make utilization management determinations for behavioral health services for these members:

- Medicare Plus Blue
- BCN commercial
- BCN Advantage

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.

Products	Modified InterQual criteria for:	Local rules or medical policies for:
BCN commercial and BCN Advantage	• Substance use disorders: partial hospital program and intensive outpatient program • Mental health disorders: partial hospital program and intensive outpatient program • Residential mental health treatment (adult, geriatric, child and adolescent members) **Note:** Neither BCN commercial members with BCN1, BCN5 and BCN10 plans nor BCN Advantage members have residential mental health treatment benefits.	• Applied behavior analysis for autism spectrum disorder — for BCN commercial members only • Neurofeedback for attention deficit disorder and attention deficit hyperactivity disorder • Transcranial magnetic stimulation, or TMS • Telemedicine (telepsychiatry and teletherapy)
Medicare Plus Blue	• Substance use disorders: partial hospital program and intensive outpatient program • Mental health disorders: partial hospital program and intensive outpatient program **Note:** Only State of Michigan Medicare Plus Blue members have intensive outpatient program benefits.	• Telemedicine (telepsychiatry and teletherapy) **Note:** Medicare Plus Blue members don't have neurofeedback or TMS benefits.

For more information on telemedicine, refer to the **Blue Cross and BCN: Telehealth for behavioral health providers** document.

In early July, we'll have links to the updated versions of the modified behavioral health and autism local rules and to the medical policies. Those links will be located on these pages on our **ereferrals.bcbsm.com** website:

- ***Blue Cross Behavioral Health* page**
- ***BCN Behavioral Health* page**
- ***Blue Cross Autism* page**
- ***BCN Autism* page**

As noted earlier in the article, determinations on Blue Cross commercial behavioral health authorization requests are handled by New Directions. New Directions uses its own **Medical Necessity Criteria**.

New Directions® Behavioral Health is an independent company that manages authorizations for behavioral health and autism services for Blue Cross Blue Shield of Michigan members who have commercial plans.

In Brief: Roundup of important news from Hospital & Physician Update

We're providing links to some articles than ran in Hospital & Physician Update, our provider newsletter that covers high-level policy changes and patient care and quality initiatives.

Blue Cross launches new CQI to improve suicide prevention efforts

Suicide is the 10th leading cause of death in the United States. About 48,000 people die by suicide each year, with nearly 1.4 million people attempting suicide annually. That's why Blue Cross Blue Shield of Michigan is joining forces with Henry Ford Health to launch a new Collaborative Quality Initiative called the Michigan Mental health Innovation Network for clinical Design, or MiMIND. **Read more**.

Blue Cross focuses on maternal health, announces core measures

Blue Cross Blue Shield of Michigan — along with Blue plans across the country — is aligning with the Blue Cross and Blue Shield Association to help reduce racial disparities in maternal health by 50% in five years. Blue Cross Blue Shield of Michigan's Office of Health and Health Disparities created a Maternal Health Workgroup last year with the charge of developing a plan to support reducing maternal health disparities across Michigan. **Read more**.

New Pediatric Weight Management Initiative designed to decrease childhood obesity in Michigan

During the pandemic, the national rate of obesity among children ages 2 to 19 increased from 19.3% in 2019 to 22.4% in 2020. This surge, combined with an already high rate of childhood obesity, was a significant impetus for launching Blue Cross Blue Shield of Michigan's Pediatric Weight Management Incentive for pediatricians who participate in our Provider-Delivered Care Management program. **Read more**.

Michigan Opioid Collaborative: Making a difference in patients' lives

Blue Cross Blue Shield of Michigan has been at the forefront of battling the opioid epidemic in Michigan for several years and we've seen some significant transformation in the delivery of services to Michiganders with opioid use disorder.

Blue Cross has been working closely with the Michigan Opioid Collaborative to increase the number of primary care physicians with medication-assisted treatment, or MAT, waiver training. MOC is a Michigan Medicine initiative that was formed in partnership with the Michigan Department of Health and Human Services. **Read more**.

Patient Care/ Quality

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:

Can a blood product transfusion administered in the emergency department count toward admission orders? (GI Bleeding subset)

Answer:

If a patient receives a unit of blood prior to the decision to admit and then meets criteria for any of the listed findings under Hematochezia or melena, they must satisfy both the rule next to Hct or Hb monitoring, meaning colonoscopy within 24 hours and additional blood transfusion. An additional blood product needs to be given in addition to the preadmission blood product.

Question:

To meet criteria in the Pancreatitis subset, Acute LOC, Intervention: Unresponsive to ≥2 doses of analgesic in ED and prior to decision to admit and Analgesic ≥ 4x/24 hr, the doses given in the ED cannot be used as part of the four doses, correct?

Answer:

Correct. In the pancreatitis subset, the patient must continue to experience acute pain despite receiving at least two doses of analgesics in the emergency department and require continued analgesia (doses dependent on level of care) after they have been moved to the higher level of care.

Our Virtual Well-Being site offers health topics for patients

Blue Cross Blue Shield of Michigan and Blue Care Network want to partner with you to help your patients improve their health and well-being.

Blue Cross Virtual Well-Being℠ includes a weekly live, 30-minute, interactive webinar focused on engaging and inspiring people to enhance their overall well-being. Each week the hosts discuss science-based, relevant well-being topics such as eliminating the need for external validation, maternal health and physical activity for healthy aging. The webinar is on Thursdays at noon, Eastern time, and can be seen on demand the next day.

The Drop 5 Virtual Weight-Loss Community is part of the weekly webinar. The community is comprised of people who are trying to lose weight in five-pound increments. Each week participants receive a weight loss tip, interact live and are asked to send in their scale and non-scale victories. Here is what some of our Drop 5 participants have said:

- *I've lost 30 pounds since the beginning of the year with portion control, food journaling, and daily walks or jogs.*
- *My A1c is down!*
- *I combated incontinence so I could exercise. Thank you for the push as I removed this barrier. Now I ski and run!*
- *A victory for this week is I finally went to see my doctor! For me that is a victory, since I struggle with procrastination.*
- *I wish I would've known and started the Drop 5, webinars and meditations sooner. It's helping me with stress, and I like the motivation and tips.*

In addition to the webinars, a guided meditation is presented live each Wednesday at noon, Eastern time.

The webinars and meditations are free and available to the public so all your patients can register and participate.

Visit **bluecrossvirtualwellbeing.com** to register for upcoming webinars and meditations or to view past sessions on demand.

Medical policy updates

Blue Care Network's medical policy updates are posted on **bcbsm.com/providers**. To find them:

1. Go to **bcbsm.com/providers**.
2. Click *Resources*
3. Scroll to "Looking for medical policies?" and click *Search medical policies*.

Recent updates to the medical policies include:

Covered services

- Infertility related to cancer treatment
- Prostate cancer early detection: biomarkers prior to biopsy (previous title: Genetic and protein biomarkers for the diagnosis and cancer risk assessment of prostate cancer)
- Genetic testing for Lynch syndrome and other inherited colon cancer syndromes
- Obstructive sleep apnea and snoring — surgical treatment
- Positive pressure airway devices
- Sleep disorders — diagnosis and medical management

Noncovered services

- Subchondroplasty

Medical Policy Updates

From the medical director
By Dr. William Beecroft
Dr. Beecroft is medical director of behavioral health for Blue Cross Blue Shield of Michigan and Blue Care Network

We need to address alarming rates of suicide among young people

It was alarming to learn last year that suicide attempts among adolescent girls surged by more than 50% during the COVID-19 pandemic, according to data from the **Centers for Disease Control and Prevention**. Suicide is currently the second leading cause of death for youths and young adults in Michigan.

It's clear that the isolation caused by the pandemic exacerbated existing mental health problems. Emergency department visits at hospitals among adolescents were already increasing in early May 2020 as the pandemic began spreading across the U.S. Consider these statistics:

- From late July to late August 2020, the average weekly number of emergency department visits for suspected suicide attempts among 12- to 17-year-old girls increased by **26%** from the same period the previous year.
- The following year, from February to March 2021, average weekly visits to the emergency department for suspected suicide attempts among young girls was **50.6%** higher than the same period the previous year.

In addition to the social distancing and lockdowns that accompanied the pandemic, several other factors have influenced the behavioral health crisis that's leading too many young people to consider suicide. From the ever-present social media to the family disruptions caused by increased substance use during the pandemic, today's young people are coping with more than ever before. Some may not realize the consequences of their actions or lack a clear understanding of the finality of death. As I wrote in a **column** in *Physician & Hospital Update* last year, they need tools for coping with anxiety, depression and low self-esteem.

New initiatives

I'm heartened by the fact that Blue Cross Blue Shield of Michigan has been at the forefront of establishing resources to cope with behavioral health conditions that may lead to suicide. Here are three of the most recent:

- **Adolescent Suicide Prevention for Schools and Communities** — Blue Cross, the Michigan Elementary & Middle School Principals Association and **Michigan Virtual** joined forces last year to provide guidance, resources and support that can be quickly deployed to schools and communities. The initiative offers a series of five online courses on adolescent suicide prevention for educators, student leaders, health professionals, parent-teacher organizations and community members. To read more, see **this blog** on MI Blues Perspectives.

Please see From the medical director continued on Page 19

From the medical director, *continued from Page 18*

- **Our mobile crisis and crisis stabilization services** — Blue Cross offers mobile crisis assessment and crisis stabilization services to help ensure that members in crisis get prompt, appropriate behavioral health treatment. It uses the services of two facilities in Southeast Michigan — Common Ground Resources and Crisis Center and Hegira Health's COPE. Mental health professionals from those facilities can travel to meet members in crisis at their home, doctor's office or other location in select counties in Southeast Michigan. Effective June 1, 2022, we've expanded the program to include our Medicare Plus Blue℠ members.
- **MiMIND Collaborative Quality Initiative** — We're currently in the process of launching the Michigan Medical Health Clinical Quality Improvement Network for Implementation and Dissemination, called MiMIND. This statewide collaborative's aim is to prevent suicide and increase access to behavioral health services across the state. As a first step, we're collaborating with approximately five Physician Group Incentive Group physician organizations and their psychiatrists, psychologists and primary care physicians to implement evidence-based suicide prevention initiatives across their practices, and plan to reach out to additional physician organizations in 2023.

What doctors can do

One of the most important steps a primary care doctor can take to help prevent suicide is to regularly use a standardized assessment tool, such as the PHQ-9, with their patients. Question 9 is especially important as it asks whether the patient has questioned whether they would be better off dead or have had thoughts of hurting themselves. If they have, it's important to get them emergency help immediately. This may involve putting them in touch with a behavioral health specialist or connecting them with a therapist at one of the mobile crisis centers described above. Often, a therapist can talk to the patient by phone right from a physician's office.

In closing

Now, more than ever, there's an increasing need for the health care community to work together more closely to address the behavioral health needs of the populations we serve. We' deeply appreciate efforts of the physicians and hospitals we collaborate with as we continue to look for new solutions to address today's urgent challenges.

For more information, email me at ***WBeecroft@bcbsm.com****.*

We're removing age limits for autism spectrum disorder services for Blue Cross and BCN commercial members

We're removing age limits for autism spectrum disorder services, including applied behavior analysis, or ABA. This change is retroactive to Jan. 1, 2022, to ensure continued access to treatment for members whose plan benefits include ABA treatment, other autism services or both. It applies to Blue Cross Blue Shield of Michigan and Blue Care Network commercial members.

For dates of service on or after Jan. 1, 2022, we'll reprocess claims for ASD services that were rejected due to age limits. You don't need to resubmit the claims.

Members who aged out of eligibility for ASD services in 2022 will remain eligible to continue receiving ASD services that are medically necessary.

Background

Previously, following State of Michigan legal guidelines, children aged out of eligibility for certain ASD services when they turned 19. We're updating our benefits to allow members 19 and older to receive these ASD services when medically necessary.

We're making this change because recent medical evidence indicates that age limits are no longer an appropriate method for determining whether ABA treatment is medically necessary.

This change is consistent with recent guidance from the Michigan Department of Insurance and Financial Services, or DIFS, and the federal government.

Additional information

We're updating our *Autism Spectrum Disorder Services* medical policy and provider communications — including provider manuals — to reflect this change.

We'll update our certificate and benefit documents to reflect this change by Jan. 1, 2023.

All behavioral health practitioner specialty changes require new enrollment

You must complete a new mental health practitioner enrollment application when you're making changes to your specialty or licensure. Additional credentialing will be required for managed care networks.

The credentialing process verifies the licenses and qualifications of a provider and ensures that they meet the state requirements for health care. Your status as a network provider won't be active until the credentialing process is completed with your new information. That applies to any new or previous networks you joined.

For example, if you're a limited licensed psychologist who has recently become a fully licensed psychologist, you'll need to complete a new enrollment application. After your new enrollment application is processed, you must submit a request to terminate the LLP profile.

Similarly, if you're a clinical licensed master's social worker who has recently become a licensed professional counselor, a new mental health enrollment application is required. After your new enrollment application is processed, you must submit a request to terminate the LMSW profile.

Any groups you currently practice with will need to complete an administrative update with Blue Cross to reflect your change.

Go to **bcbsm.com/providers** for an **enrollment application**.

Be sure to review and submit all required documents for your newly enrolled specialty or license. Required documents are listed on the **Provider Enrollment and Change Process Required Document Checklist**.

If you have any questions or need additional information, contact Provider Enrollment Data Management at 1-800-822-2761.

Quality corner: Managing comorbid medical and behavioral health issues

With so many patients and members receiving behavioral health medications through their primary care providers, physicians are increasing taking care of medical, emotional and behavioral issues.[1] What's the best way to address all of these complex issues in the short time allotted for a patient visit?

According to the American Academy of Family Physicians [2], making sure to address a patient's co-occurring medical and behavioral health issues in small chunks can be an effective plan of action. Encouraging your patient to make small changes to improve their health, reach out to family and social supports or seek professional help and engage in routine exercise can have positive benefits for their overall health.

For complex issues, such as bipolar disorder and schizophrenia, providers should pay special attention to a member's medication regimen and the possibility of elevated A1c and LDL levels with antipsychotic medications. Routine annual screening (or more often, if indicated) as well as focusing on common medical comorbidities, such as smoking, poor diet and increased risk of cardiovascular disease, can help patients achieve a longer, healthier life.

But it shouldn't fall solely on primary care providers to help manage the health of a member with psychiatric and medical comorbidities. The Collaborative Care Model allows the primary care provider to oversee behavioral health concerns, such as anxiety and depression. In the Collaborative Care Model, the PCP has a behavioral health care manager who frequently checks in on patients receiving treatment for anxiety and depression. A consulting psychiatrist is also part of the care team. The behavioral health care manager meets with the consulting psychiatrist weekly to discuss the Collaborative Care patient caseload. The consulting psychiatrist makes recommendations during that review and the behavioral health care manager reviews the recommendations with the primary care provider. All patient care decisions, including whether to implement the psychiatrist's recommendations, are made by the PCP.

In addition, teaming with a patient's insurer as well as their behavioral health specialists not only lessens the burden for an individual practitioner, but it can also lead to improved outcomes in terms of physical and emotional health.[3]

Blue Care Network is committed to helping our members improve their health across physical, emotional and behavioral areas, as well as helping our providers make this as seamless a process as possible. With collaboration and communication between members, primary care, behavioral health and other specialists, we can help our patients and members lead longer and healthier lives.

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2925161/#:~:text=This%20suggests%20that%20each%20year,treated%20for%20a%20psychiatric%20condition.
[2] https://www.aafp.org/fpm/2017/0300/p30.html
[3] https://www.ama-assn.org/delivering-care/public-health/how-payers-can-help-practices-integrate-behavioral-health-care

We'll implement 2022 InterQual criteria on Aug. 1

Blue Cross Blue Shield of Michigan and Blue Care Network will start using 2022 InterQual® criteria on Aug. 1, 2022, to make utilization management determinations.

Keep in mind that there are InterQual criteria for behavioral health services, as well as non-behavioral health services. However, for Blue Cross commercial members, New Directions, an independent company that manages behavioral health services for most Blue Cross members, uses its own criteria for making determinations on behavioral health authorization requests.

See article on **Page 12** for details.

Program provides mobile crisis assessment and stabilization for mental health and substance use

Blue Cross Blue Shield of Michigan and Blue Care Network began offering a new method of obtaining crisis assessment and stabilization services for mental health and substance use, effective Oct. 1, 2021.

Our mobile crisis and crisis stabilization services help ensure that our Blue Cross and Blue Care Network commercial members who are in crisis get prompt and appropriate behavioral health treatment. It can also help members avoid emergency room visits for mental health issues and substance use disorder, as well as unnecessary hospitalizations.

Central to the success of the program has been the establishment of facilities that provide high-quality mobile crisis and crisis stabilization services. Currently two facilities in Southeast Michigan meet the criteria to provide these services as part of our program: Common Ground Resources and Crisis Center and Hegira Health's COPE, which stands for Community Outreach for Psychiatric Emergencies.

Here's additional information about these centers:

Common Ground Resources and Crisis Center
Phone: 1-800-231-1127
Primary geographic areas covered: Oakland County, Macomb County, west of Macomb County

Hegira Health's COPE
Phone: 1-734-721-0200
Primary geographic areas covered: Livonia, Wayne County

Currently, Blue Cross is in discussion with other facilities that are interested in providing such services. We also hope to expand these services to our Medicare Advantage members in the future.

"The beauty of these services is they can meet the member where they are and be accessed any way you need to access them," said Dr. William Beecroft, medical director of behavioral health for Blue Cross.

They can be accessed by a health care provider, the member or other individuals. For example:

- A physician with a patient in crisis can contact one of these centers directly to have the patient evaluated by a member of the mobile crisis team, either in person or by phone.
- An emergency department at a hospital can contact one of the centers to request assistance in evaluating the patient and determining the best course of treatment, placement and referrals.
- A member can call the number on the back of their ID card to connect with a Blue Cross case manager who can direct them to a crisis counselor at one of the participating facilities.
- Members can call one of the participating centers directly or simply walk in to one of the crisis stabilization units.
- A law enforcement officer can call one of the centers for a behavioral health evaluation for a citizen in crisis.

"These services help ensure our members get treated at the right place at the right time and that they're linked to the appropriate level of care and available community resources," Beecroft said. "However, as part of the evaluation and treatment process, some members may still require psychiatric hospitalization as part of their treatment plan."

Mobile crisis services

The mobile crisis mental health team may stay involved for two to four weeks after the initial encounter to ensure patients are connected to the right level of care for mental health or substance use issues.

Following the initial encounter, crisis stabilization services (formerly called psychiatric observation) may take place and include:

- Behavioral health evaluation to initiate appropriate treatment (similar to medical observation services)

Please see Mobile crisis assessment and stabilization continued on Page 23

Mobile crisis assessment and stabilization,
continued from Page 22

- Physical site-based services that are necessary to support the mobile crisis team
  - Services include intake assessment, psychiatric evaluation, crisis intervention, psychotherapy, medication administration, therapeutic injection, laboratory and imaging diagnostics, observation and peer support
- Linkages and "warm handoffs" to the appropriate level of care and community resources

Additional benefits

Here are some additional benefits of mobile crisis and crisis stabilization services:

- A speedy, specialty-focused and confidential assessment of their immediate behavioral health (mental health and substance use disorder) needs
- A multidisciplinary evaluation, including the services of a psychiatrist, which leads to a plan of care and placement in the appropriate level of care
- A positive, less stigmatizing experience than with some other systems of care
- Rapid access to behavioral interventions, including medication, nursing care, psychotherapy and psychoeducation
- Alleviation of a sense of crisis, encouraging feelings of hope

Facilities that offer mobile crisis and crisis stabilization services must meet certain criteria. For example, they must be open 24/7 and incorporate the services of a multidisciplinary staff, including physicians, registered nurses, licensed master social workers, psychologists, clinical supervisors and additional support staff.

For more information

To learn more — or if you're interested in joining the program as a facility offering these services — contact one of the following:

- Dr. William Beecroft at ***WBeecroft@bcbsm.com***
- William Pompos at ***WPompos@bcbsm.com***

Blue Cross and BCN add new virtual option for behavioral health

Blue Cross Blue Shield of Michigan and Blue Care Network are expanding much needed access to behavioral health providers by offering a new national solution.

If you have a patient who is struggling to find assistance and unable to get an appointment with a behavioral health specialist or may benefit from a short-term virtual therapy program, you'll be able to refer that patient to a new virtual option, effective July 15. We've contracted with AbleTo, a network of more than 2,000 therapists serving adults 18 and older. The company offers virtual mental health services in all 50 states.

This option is available for members with Blue Cross PPO, Medicare Plus Blue℠ PPO, BCN HMO commercial and BCN Advantage℠ coverage.

AbleTo provides adult members a structured and evidence-based eight-week cognitive behavioral treatment program, which is the recommended treatment for anxiety and depression, the most prevalent behavioral health conditions. The program includes member access to weekly sessions with a licensed master's level clinician and access to digital tools, resources and relaxation activities for practice between sessions

Members can find an AbleTo provider on our Find a Doctor tool on **bcbsm.com**, the AbleTo website or by calling the number of the back of the member ID card.

AbleTo therapists complete an assessment and provide cognitive behavioral therapy. AbleTo *doesn't* provide medication management. AbleTo will coordinate with existing providers in our network and will refer members requiring additional care or psychiatric evaluation for medication to an alternative in-network provider.

We're changing how we cover some prescription drugs, starting July 1

Starting July 1, 2022, we'll change how we cover some medications on the drug lists associated with our prescription drug plans. We'll send letters to affected members and their groups and providers.

Drugs that won't be covered

We'll no longer cover the following drugs. Unless noted, both the brand name and available generic equivalents won't be covered. If members fill a prescription for one of these drugs on or after July 1, 2022, they'll be responsible for the full cost.

The drugs that won't be covered are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Drugs that won't be covered	Common use or drug class	Preferred alternatives
Glucagon emergency kit (brand only) GlucaGen® HypoKit®	Hypoglycemia	Generic glucagon emergency kit, Baqsimi®, Gvoke®, Zegalogue®
Praluent® *	Hypercholesterolemia	Repatha®
Ilevro® ** Nevanac® *	Ophthalmic NSAIDs	generic bromfenac sodium (once daily), generic diclofenac sodium, generic flurbiprofen sodium, generic ketorolac tromethamine, Prolensa®

* Drug is already not covered for Preferred Drug List

**Drug is already not covered for Custom Select Drug List

Drugs that will have a higher copayment

The brand-name drugs that will have a higher copayment are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives.

Nonpreferred drugs that will have a higher copayment (or won't be covered for members with a closed benefit)	Common use or drug class	Preferred alternatives
Nyvepria®	Neutropenia	Neulasta®, Ziextenzo® (Step-therapy through Neulasta® and Ziextenzo® will also be required for coverage of Nyvepria®.)

Blue Cross and BCN are covering additional vaccines

To increase access to vaccines and decrease the risk of vaccine-preventable disease outbreaks, Blue Cross Blue Shield of Michigan and Blue Care Network will add the following vaccines to our list of vaccines covered under the pharmacy benefit:

Vaccine	Common name and abbreviation	Age requirement
Dengvaxia™	Dengue vaccine	None
Prevnar 20®	Pneumococcal (PCV20)	None
Vaxneuvance™	Pneumococcal (PCV15)	None

The following lists all the vaccines that are covered under eligible members' prescription drug plans. Most Blue Cross and BCN commercial (non-Medicare) members with prescription drug coverage are eligible. If a member meets the coverage criteria, the vaccine is covered with no out-of-pocket cost.

Vaccine	Common name and abbreviation	Age requirement
Dengvaxia®	Dengue vaccine	None
Daptacel®	Diphtheria, tetanus, and acellular pertussis vaccine (DTaP)	None
Infanrix®	Diphtheria, tetanus, and acellular pertussis vaccine (DTaP)	None
Diphtheria and Tetanus Toxoids	Diphtheria, tetanus vaccine (DT)	None
Kinrix®	DTaP and inactivated poliovirus vaccine (DTaP-IPV)	None
Quadracel®	DTaP and inactivated poliovirus vaccine (DTaP-IPV)	None
Pediarix®	DTaP, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV)	None
Pentacel®	DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine (DTaP-IPV/Hib)	None
Vaxelis®	DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine (DTaP-IPV-Hib-HepB)	None
ActHIB®	Haemophilus influenzae type b vaccine (Hib)	None
Hiberix®	Haemophilus influenzae type b vaccine (Hib)	None
PedvaxHIB®	Haemophilus influenzae type b vaccine (Hib)	None
Havrix®	Hepatitis A (HepA)	None
Vaqta®	Hepatitis A (HepA)	None
Engerix-B®	Hepatitis B (HepB)	None
Heplisav-B®	Hepatitis B (HepB)	None

Please see Additional vaccines continued on Page 26

Additional vaccines, *continued from Page 25*

Vaccine	Common name and abbreviation	Age requirement
Recombivax HB®	Hepatitis B (HepB)	None
Twinrix®	Hepatitis A & B (HepA-HepB)	None
Gardasil 9®	Human papillomavirus vaccine (HPV)	9 to 45 years old
Influenza virus	Influenza vaccine (Flu)	Under 9: Two vaccines per 180 days 9 and older: One vaccine per 180 days
M-M-R II®	Measles, mumps, rubella vaccine (MMR)	None
ProQuad®	Measles, mumps, rubella and varicella vaccine (MMRV)	None
Menveo®	Meningococcal serogroups A, C, W, Y vaccine (MenACWY-CRM)	None
Menactra®	Meningococcal serogroups A, C, W, Y vaccine (MenACWY-D)	None
MenQuadfi®	Meningococcal serogroups A, C, W, Y vaccine (MenACWY-TT)	None
Bexsero®	Meningococcal serogroup B vaccine (MenB-4C)	None
Trumenba®	Meningococcal serogroup B vaccine (MenB-FHbp)	None
Prevnar 13®	Pneumococcal 13-valent conjugate vaccine (PCV13)	65 and older
Vaxneuvance™	Pneumococcal 15-valent conjugate vaccine (PCV15)	None
Prevnar 20™	Pneumococcal 20-valent conjugate vaccine (PCV20)	None
Pneumovax 23®	Pneumococcal 23-valent polysaccharide vaccine (PPSV23)	None
IPOL®	Poliovirus vaccine (IPV)	None
Rotarix®	Rotavirus vaccine (RV1)	None
RotaTeq®	Rotavirus vaccine (RV5)	None
Tdvax™	Tetanus and diphtheria vaccine (Td)	None
Tenivac®	Tetanus and diphtheria vaccine (Td)	None
Adacel®	Tetanus, diphtheria, and acellular pertussis vaccine (Tdap)	None
Boostrix®	Tetanus, diphtheria, and acellular pertussis vaccine (Tdap)	None
Varivax®	Varicella vaccine (VAR) (chickenpox)	None
Shingrix®	Zoster vaccine (RZV) (Shingles)	None

If a member doesn't meet the age requirement for a vaccine, Blue Cross and BCN won't cover the vaccine under the prescription drug plan, and the claim will reject.

Vaccines must be administered by certified, trained and qualified registered pharmacists.

Fyarro to require prior authorization for most members, starting Aug. 16

For dates of service on or after Aug. 16, 2022, Fyarro™ (sirolimus protein-bound particles), HCPCS code J9331, will require prior authorization through AIM Specialty Health®. This drug is part of members' medical benefits, not their pharmacy benefits.

Prior authorization requirements apply when this drug is administered in outpatient settings for:

- Blue Cross Blue Shield of Michigan commercial — Members who have coverage through fully insured groups and members with individual coverage

  Note: This requirement doesn't apply to members who have coverage through Blue Cross commercial self-funded groups, including the Blue Cross and Blue Shield Federal Employee Program® and UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans.
- Medicare Plus Blue℠ members
- Blue Care Network commercial members
- BCN Advantage℠ members

How to submit authorization requests

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

- Use the **AIM ProviderPortal**
- Call the AIM Contact Center at 1-844-377-1278

More about the authorization requirements

Authorization isn't a guarantee of payment. As always, 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:

- **Blue Cross commercial and BCN commercial:**
  - **Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members**
  - **Blue Cross and BCN utilization management medical drug list**
- **Medicare Advantage: Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members**

We'll update the pertinent drug lists to reflect the information in this message before the effective date.

AIM Specialty Health is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services. For more information, go to our ***ereferrals.bcbsm.com*** *website.*

Pharmacy News

Fusilev no longer requires prior authorization

Because Spectrum Pharmaceuticals has stopped manufacturing Fusilev® (levoleucovorin), HCPCS code J0641, we no longer require prior authorization through AIM Specialty Health® for dates of service on or after May 31, 2022. The drug was part of members' medical benefits, not their pharmacy benefits.

This change applies to:

- Blue Cross and Blue Shield of Michigan commercial
  - Members who have coverage through fully insured groups
  - Members with individual coverage
  - UAW Retiree Medical Benefits Trust members with Blue Cross non-Medicare plans
- Medicare Plus Blue℠ members
- Blue Care Network commercial members
- BCN Advantage℠ members

For additional information on requirements related to drugs covered under the medical benefit, refer to the following drug lists:

- Blue Cross and BCN commercial members:
  - **Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members**
  - **Blue Cross and BCN utilization management medical drug list**
- URMBT members with Blue Cross non-Medicare plans:
  - **Medical oncology prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members**
  - **Medical Drug Management with Blue Cross for UAW Retiree Medical Benefit Trust PPO non-Medicare Members**

Note: Accredo manages prior authorization requests for additional medical benefit drugs for these members.

- Medicare Plus Blue and BCN Advantage members: **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members**

Important news about submitting medical benefit drug prior authorization requests for Medicare Advantage members

Blue Cross Blue Shield of Michigan and Blue Care Network have transitioned to a new provider portal, Availity® Essentials. You have two ways to submit prior authorization requests for most medical benefit drugs, including CAR-T cell therapy drugs, for Medicare Plus Blue℠ and BCN Advantage℠ members.

See the article on **Page 7** for how to access the NovoLogix® online tool through Availity or through our new global *Medication Authorization Request Form*.

Additional medical benefit drugs to have site-of-care requirements for BCN commercial members, starting Sept. 1

Starting Sept. 1, 2022, the following drugs will have site-of-care requirements for Blue Care Network group and individual commercial members:

- Bavencio® (avelumab), HCPCS code J9023
- Imfinzi® (durvalumab), HCPCS code J9173
- Keytruda® (pembrolizumab), HCPCS code J9271
- Libtayo® (cemiplimab-rwic), HCPCS code J9119
- Opdivo® (nivolumab), HCPCS code J9299
- Tecentriq® (atezolizumab), HCPCS code J9022
- Yervoy® (ipilimumab), HCPCS code J9228

When the site-of-care requirements go into effect, these drugs may be covered only when administered at the following sites of care:

- Doctor's or other health care provider's office
- Home infusion therapy provider
- Ambulatory infusion center

These drugs already require prior authorization through AIM Specialty Health®. The new site-of-care requirements are in addition to the current prior authorization requirements.

This change doesn't apply to Blue Cross Blue Shield of Michigan commercial members or to our Medicare Advantage (BCN Advantage℠ and Medicare Plus Blue℠) members.

How the site-of-care requirements will be phased in

The site-of-care requirements will apply as follows for infusions involving any of the drugs listed above:

- **For courses of therapy starting on or after Sept. 1, 2022:** These infusions may not be covered at outpatient hospital facilities starting Sept. 1, 2022.
- **For courses of therapy in progress as of Sept. 1, 2022:**
  - These infusions may not be covered at outpatient hospital facilities starting Dec. 1, 2022.
  - If you choose to continue the member's treatment in an outpatient hospital facility, you'll need to obtain prior authorization from AIM by Nov. 30.

What to do for members currently receiving these drugs

- For BCN commercial members who currently receive these drugs at an outpatient hospital facility, you should do the following:
  - Check the list of **In-network home infusion therapy providers and ambulatory infusion centers** at which the member may be able to continue their infusion therapy.
  - Discuss with the member how to facilitate moving their infusions to one of the allowed sites of care.
- For BCN commercial members who currently receive these drugs at a doctor's office, at home or in an ambulatory infusion center:
  - Make sure you or the center bills infusions as a doctor's office, home infusion therapy provider or an ambulatory infusion center. Some offices and clinics are considered part of an outpatient hospital and bill as a hospital.
  - If you or the center bills as a hospital, you must obtain prior authorization for the member to continue receiving infusions there or the services won't be covered. If the prior authorization request isn't approved, the member will need to switch to a different infusion therapy provider for the services to be covered.

Please see Site-of-care requirements continued on Page 30

Pharmacy News

AllianceRx Walgreens Prime is now AllianceRx Walgreens Pharmacy

Effective June 24, 2022, AllianceRx Walgreens Prime, a provider of specialty pharmacy services, will change its name to AllianceRx Walgreens Pharmacy.

AllianceRx Walgreens Pharmacy will continue to provide Blue Cross members with specialty medications used to treat chronic, complex or rare conditions.

Starting Aug. 1, reimbursement is changing for compounded Avastin eye injections, for Medicare Advantage

For claims received on or after Aug. 1, 2022, reimbursement will change to $160 per eye injected with compounded Avastin® (bevacizumab) eye injections. This is for medical drug claims for our Medicare Advantage (Medicare Plus Blue℠ and BCN Advantage℠) members.

The change is based on clinical trials that show the product's safety and effectiveness.

Here's the information to include on the claim:

- HCPCS code number
  - For Medicare Plus Blue: J3590
  - For BCN Advantage: J9035
- National Drug Code
- NDC units (example: 0.05 ml)
- Exact dose in milligrams (example: 1.25 mg)
- Specific ICD codes pertinent to eye disease

This change for Avastin eye injections aligns reimbursement for Medicare Plus Blue and BCN Advantage claims with reimbursement in the marketplace.

Important: Avastin eye injections don't require authorization.

Site-of-care requirements,

continued from Page 29

How we'll help

For members who need to transition to a new infusion location, we'll work with you and the member to facilitate the transition. We'll notify members and do the following:

- Encourage them to talk to you before changing their infusion location.
- Let them know that this location change does not affect the treatment you're providing.

List of requirements

For a list of requirements related to drugs covered under the medical benefit that require authorization, refer to the **Blue Cross and BCN utilization management medical drug list** for Blue Cross and BCN commercial members. We'll update this list before Sept. 1.

You can access this list and other information about requesting prior authorization from AIM on BCN's **Medical Benefit Drugs** page on our **ereferrals.bcbsm.com** website.

AIM Specialty Health is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services.

CareCentrix is an independent company that manages the in-state, independent home infusion services and ambulatory infusion center provider network for Blue Cross Blue Shield of Michigan and Blue Care Network members who have commercial plans.

We're designating preferred and nonpreferred IV iron therapy replacement drugs for Medicare Advantage members

Starting Aug. 8, 2022, we're designating certain intravenous iron replacement therapy drugs as preferred or nonpreferred for our Medicare Advantage (Medicare Plus Blue℠ and BCN Advantage℠) members. These drugs are covered under members' medical benefits.

If you're currently treating one of our Medicare Advantage members with a drug that will be designated as nonpreferred, we encourage you to transition to a preferred drug as soon as possible.

Preferred medications won't require prior authorization

The preferred IV iron therapy replacement medications are:

- Ferrlecit® (sodium ferric gluconate), HCPCS code J2916
- Feraheme® (ferumoxytol), HCPCS code Q0138
- Venofer® (iron sucrose), HCPCS code J1756
- INFeD® (iron dextran), HCPCS code J1750

These preferred medications won't require prior authorization.

Nonpreferred medications will require prior authorization

The nonpreferred IV iron therapy replacement medications are:

- Injectafer® (ferric carboxymaltose), HCPCS code J1439
- Monoferric® (ferric derisomaltose), HCPCS code J1437

For dates of service on or after Aug. 8, 2022, we'll require prior authorization for these nonpreferred IV iron therapy medications.

Submit prior authorization requests using the NovoLogix® online tool.

Exception: Injectafer and Monoferric will not require prior authorization when members receive them through a dialysis facility, in line with Original Medicare guidelines.

Refer to the **ESRD PPS Drug Designation Process** guidelines published by the Centers for Medicare & Medicaid Services.

When prior authorization is required

We require prior authorization for the nonpreferred drugs when they are administered in any site of care other than inpatient hospital (place of service code 21) and are billed as follows:

- Electronically through an 837P transaction or on a professional CMS-1500 claim form
- Electronically through an 837I transaction or by using the UB04 claim form for a hospital outpatient type of bill 013x

Submitting prior authorization requests

Submit requests for the nonpreferred drugs using the NovoLogix online tool. It offers real-time status checks and immediate approvals for certain medications.

If you have access to the Availity® Essentials provider portal, you already have access to NovoLogix. If you need to request access to Availity, follow the instructions on the **Register for webtools** webpage at **bcbsm.com/providers**.

After you've logged in to Availity, click *Payer Spaces* and then click the BCBSM and BCN logo. This will take you to the Blue Cross and BCN payer space, where you'll find links to the NovoLogix tools on the Applications tab.

List of requirements

For a list of requirements related to drugs covered under the medical benefit, see the **Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members**.

We'll update the list to reflect these changes before the effective date.

Inflectra and Avsola will be the preferred infliximab products for pediatric commercial members

The following drugs will be the preferred infliximab products for pediatric Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members, effective July 1, 2022.

- Inflectra® (infliximab-dyyb), HCPCS code Q5103
- Avsola® (infliximab-axxq), HCPCS code Q5121

The nonpreferred infliximab products will be:

- Remicade® (infliximab), HCPCS code J1745
- Renflexis® (infliximab-abda), HCPCS code Q5104

These drugs already require prior authorization for both adult and pediatric members.

How this will affect pediatric members

- Pediatric members who have an active authorization for a preferred infliximab product as of July 1, 2022, won't be affected by this change.
- For pediatric members who have an active authorization for a nonpreferred product, their authorization will remain in effect through Aug. 31, 2022. In addition, we have approved authorizations for Inflectra and Avsola from July 1, 2022, through Aug. 31, 2023, so these members can continue their infliximab therapy without interruption. Health care providers don't need to submit prior authorization requests for dates of service within this time frame.
- For pediatric members who will be initiating therapy for an infliximab product, submit a prior authorization request.

How to submit prior authorization requests

Submit prior authorization requests through the NovoLogix® online tool. To learn how to do this, visit **ereferrals.bcbsm.com** and do the following:

- **For Blue Cross commercial members:** Click *Blue Cross* and then click **Medical Benefit Drugs**. In the Blue Cross commercial column, see the "How to submit requests electronically using NovoLogix" section.
- **For BCN commercial members:** Click *BCN* and then click **Medical Benefit Drugs**. In the BCN commercial column, see the "How to submit requests electronically using NovoLogix" section.

Definition of pediatric members

Pediatric members fit into one of these categories:

- 15 years old or younger, regardless of weight
- 16 through 18 years old who weigh 50 kilograms or less

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this authorization requirement applies only to groups that currently participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the **Specialty Pharmacy Prior Authorization Master Opt-in/out Group list**.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the **Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members**.

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

Leqvio to have site-of-care requirement for commercial members, starting Aug. 1

Leqvio® (inclisiran), HCPCS code J3590, will have a site-of-care requirement in addition to its current prior authorization requirement for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members, starting Aug. 1, 2022.

When the site-of-care requirement goes into effect, this drug may be covered only when administered at the following sites of care:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, from a home infusion therapy provider

Members who start treatment in a location other than those outlined above before Aug. 1, 2022, will be able to continue receiving the drug in that location until their current authorization expires. Providers should then transition members to one of the above sites of care.

Important information

- Starting July 1, 2022, the HCPCS code for this drug will be J1306.
- This drug is part of members' medical benefits, not their pharmacy benefits.
- As a reminder, prior authorization requests are submitted using the NovoLogix® online tool.

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this authorization requirement applies only to groups that currently participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under the medical benefit. To determine whether a group participates in the prior authorization program, see the **Specialty Pharmacy Prior Authorization Master Opt-in/out Group list**.

Note: Blue Cross and Blue Shield Federal Employee Program® members and UAW Retiree Medical Benefits Trust (non-Medicare) members don't participate in the standard prior authorization program.

List of requirements

For a full list of requirements related to drugs covered under the medical benefit, see the **Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members**. We'll update this list before Aug. 1.

You can access this list and other information about requesting prior authorization at **ereferrals.bcbsm.com**, at these locations:

- **Blue Cross Medical Benefit Drugs** page
- **BCN Medical Benefit Drugs** page

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

We're expanding our Coding Advisor program to educate providers about appropriate use of procedure codes

It can be challenging for health care providers and their office staff to select the Current Procedural Terminology, or CPT®, code that best reflects the complexity of a patient visit. That's why Blue Cross Blue Shield of Michigan contracted with Change Healthcare, an independent company, to implement our Coding Advisor program in 2019.

Earlier this year, the Coding Advisor program was expanded to include Blue Care Network and BCN Advantage℠. While Change Healthcare won't review E/M services for BCN and BCN Advantage because they use a repricing program that's already in place, the company will review other modules that include services provided by BCN and BCN Advantage.

Change Healthcare reviews evaluation and management codes billed and other scenarios such as modifier 25, observation care and nursing facility care, on claims submitted to Blue Cross. The program provides useful data insights to the provider community and works to maximize coding efficiency and accuracy through up-front education, rather than a traditional post claim review process.

Effective July 1, 2022, the Coding Advisor program will expand to include the review of the Global Surgical Package. The GSP review is meant to help ensure the surgeon is using global service modifiers appropriately, based on modifier definitions. Global surgery applies in any setting, including an inpatient hospital, outpatient hospital, outpatient surgical center and physician's office.

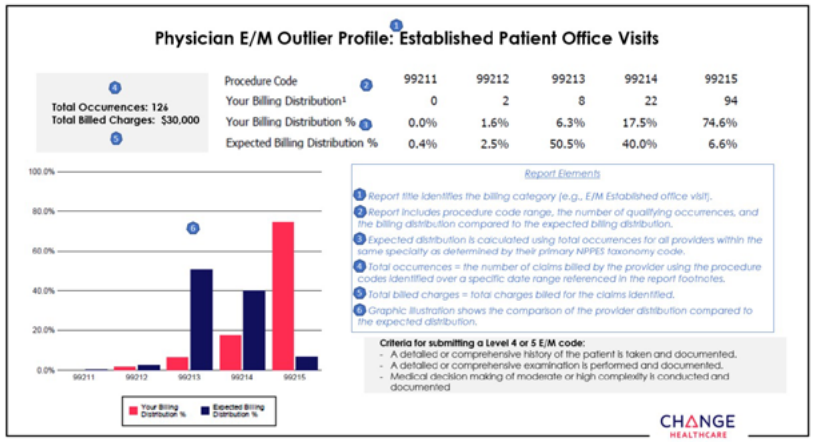
In July, Change Healthcare will reach out by phone or letter to providers who submit claims to Blue Cross and BCN. Coding Advisor will compare the billing of CPT codes to the codes used by a provider's peers through a physician profile.

Throughout the course of this program, Coding Advisor will continue to monitor billing practices and send updated reports periodically. It may contact your practice to discuss coding variances and to offer one-on-one coding education. You'll receive all correspondence from Change Healthcare.

If you have any questions, call the Coding Advisor customer support line at 1-844-592-7009 and select option 3.

For reference, we've included an example of a physician profile below.

Example of a physician profile:



New collections vendor for most Blue Cross and BCN commercial claims

Blue Cross Blue Shield of Michigan and Blue Care Network have contracted with a new collections vendor, GB Collects, for most Blue Cross commercial and BCN commercial claims.

GB Collects will handle collections cases that are created on or after April 1.

This change affects all commercial claims except those for the Blue Cross and Blue Shield Federal Employee Program®.

What you should know:

- Collections cases that are affected by this change and are created on or before March 31 will be handled by Windham Professionals.
- Windham Professionals will continue to handle all claims for FEP.

GB Collects and Windham Professionals are independent companies that provide collections services for Blue Cross commercial and BCN commercial claims.

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 the performed procedure is correctly reported to us.

This issue's tips:

- Billing for multi-leaf collimator device with intensity-modulated radiation therapy plan
- ICD-10 coding reminder

Clinical editing billing tips

Starting Aug. 1, reimbursement is changing for compounded Avastin eye injections, for Medicare Advantage

For claims received on or after Aug. 1, 2022, reimbursement will change to $160 per eye injected with compounded Avastin® (bevacizumab) eye injections. This is for medical drug claims for our Medicare Advantage (Medicare Plus Blue℠ and BCN Advantage℠) members.

See full article on **Page 30**.

Reminder: BCN Advantage members are eligible for one physical exam per calendar year

We want to remind providers that BCN Advantage℠ members are eligible for a physical exam once per calendar year.

This policy is applicable for CPT codes *99381-*99387 and *99391-*99397.

A clinical edit will occur if a member receives more than one physical exam per calendar year. Even though the provider is allowed to appeal, the appeal won't be overturned for payment.

Action Item

Register now for webinars that can improve your coding and documentation processes.

Lunch and learn webinars focus on risk adjustment, coding

Physicians and coders are invited to attend webinars that provide new information on documentation and coding of common and challenging diagnoses. These live lunchtime educational sessions will include an opportunity to ask questions.

Current schedule

All sessions start at noon Eastern time and generally run for 30 minutes. Click on a link below to sign up.

Session date	Topic	Registration
July 19	Coding and Documentation for Vascular Disease	**Register here**
Aug. 17	Coding and Documentation for History and Rheumatoid Arthritis	**Register here**
Sept. 22	Coding and Documentation for Heart Failure, COPD, CHF	**Register here**
Oct. 11	2023 Updates for ICD-10-CM	**Register here**
Nov. 16	Coding Scenarios for Specialty Providers and PCPs	**Register here**
Dec. 8	E/M Coding Review and Scenarios	**Register here**

How to access recorded webinars

To locate the recorded webinars from login to our Provider Training website, use the keyword "Lunch" to search for the courses. You will also find them listed in the Quality management section of the course catalog.

If you are already registered for the site, **log in**.

To request access for the Provider Training website:

1. Click **here** to register.
2. Complete the registration. We recommend using the same email you use to communicate with Blue Cross for provider-related needs. This will become your login ID.

Previously recorded webinars	Topic
April 19	Coding and Documentation for HCC Capture and Risk Adjustment
May 5	Coding and Documentation for Cancer and Neoplasms
June 16	Coding and Documentation for Heart Disease and Heart Arrythmias

If you have any questions about the sessions, contact April Boyce at ***aboyce@bcbsm.com***. If you have questions about registration, email Patricia Scarlett at ***pscarlett@bcbsm.com***.

Prior authorization requirements change for radiology code *71271

Radiology code *71271 no longer requires prior authorization through AIM Specialty Health® for these members:

- Medicare Plus Blue℠ PPO
- Blue Care Network commercial
- BCN Advantage℠

This information is intended to clarify earlier communications about prior authorization requirements for this procedure code.

We've updated the document **Procedures that require prior authorization by AIM Specialty Health: Cardiology, radiology (high technology) and sleep studies (in lab)** to reflect this.

As a reminder, AIM Specialty Health makes authorization determinations for select high-tech imaging services and other services performed in freestanding facilities, outpatient hospital settings, ambulatory surgery centers and physician offices.

For additional information about submitting prior authorization requests to AIM, visit these webpages at **ereferrals.bcbsm.com**:

- **Blue Cross AIM-Managed Procedures**
- **BCN AIM-Managed Procedures**

Updated questionnaires in the e-referral system

We updated the following questionnaires in the e-referral system for BCN commercial and BCN Advantage℠:

- *Endoscopy, upper gastrointestinal, for Gastroesophageal Reflux Disease (GERD)* — For adult members
- *Oral surgery* — For adult pediatric and adult members
- *Otoplasty (outpatient)* — For pediatric and adult members

We also updated the corresponding preview questionnaires on the **ereferrals.bcbsm.com** website.

As a reminder, we use our authorization criteria, our medical policies and your answers to the questionnaires in the e-referral system when making utilization management determinations on your authorization requests.

Preview questionnaires

You can access preview questionnaires at **ereferrals.bcbsm.com**. They show the questions you'll need to answer so you can prepare your answers ahead of time.

To find the preview questionnaires, click *BCN* and then click ***Authorization Requirements & Criteria***. Scroll down and look under the "Authorization criteria and preview questionnaires" heading.

Authorization criteria and medical policies

The pertinent authorization criteria and medical policies are also available on the **Authorization Requirements & Criteria** page.

Time frames for determinations on authorization requests for acute inpatient medical admissions

The time frame within which Blue Cross and BCN must make a determination on a request to authorize an acute inpatient medical admission depends on the type of request.

We've updated the document **Submitting acute inpatient authorization requests: Frequently asked question for providers** to include information on the time frames for determinations. You can access that document on these webpages:

- **Blue Cross Authorization Requirements & Criteria**
- **BCN Authorization Requirements & Criteria**

For easy reference, we also included the details in the table below. This information applies only to acute inpatient medical admissions, not to behavioral health inpatient admissions.

Request for…	Time frame for determination	Line of business				Standard set by …
		Blue Cross commercial	Medicare Plus Blue	BCN commercial	BCN Advantage	
Preservice expedited organization determination	Within 72 hours of receipt of request	✓	✓	✓	✓	CMS NCQA
Concurrent expedited organization determination	Within 72 hours of receipt of request	✓		✓	✓	NCQA
Preservice standard organization determination	Within 14 calendar days of receipt of request	✓	✓	✓	✓	CMS NCQA
Concurrent standard organization determination	Within 14 calendar days of receipt of request		✓			CMS
Postservice standard organization determination	Within 30 calendar days of receipt of request	✓	✓	✓	✓	CMS NCQA

Please see Acute inpatient authorization requests continued on Page 39

TurningPoint coding requirements for musculoskeletal procedures and related services

TurningPoint Healthcare Solutions LLC has developed a new document titled **TurningPoint Coding Requirements**. It outlines the coding requirements that each prior authorization request must meet, along with examples.

To access this document and other resources, see the following pages of our **ereferrals.bcbsm.com** website:

- **Blue Cross Musculoskeletal Services**
- **BCN Musculoskeletal Services**

TurningPoint Healthcare Solutions LLC is an independent company that manages authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.

Acute inpatient authorization requests,
continued from Page 38

Here's more information about the types of requests:

- Standard: Request to reimburse for services.
- Expedited: Request when standard time frame could seriously jeopardize the life or health of a member or the member's ability to regain maximum function. Requires that a physician attest to the need for an expedited request.
- Preservice: Request is received prior to receipt of care.
- Concurrent: Request is received while member is receiving care.
- Postservice: Request is received after member has been discharged.

Reminders:

- We don't use the CMS two-midnight rule; we require authorization for all hospital admissions, both Medicare Advantage and commercial.
- Our authorization program is oriented toward providers, not members. We don't deny care, services or treatment. Our program determines the appropriate level of care for reimbursement (observation versus inpatient).

We're removing age limits for autism spectrum disorder services for Blue Cross and BCN commercial members

We're removing age limits for autism spectrum disorder services, including applied behavior analysis, or ABA. This change is retroactive to Jan. 1, 2022, to ensure continued access to treatment for members whose plan benefits include ABA treatment, other autism services or both. It applies to Blue Cross Blue Shield of Michigan and Blue Care Network commercial members.

See full article on **Page 20** for details.

Medicare Advantage post-acute care: New seven-day limit on documents in naviHealth's nH Access portal

Documents for Medicare Plus Blue℠ and BCN Advantage℠ members are available within nH Access™ for only seven days from the day they were posted. This was effective June 3, 2022.

For more information, see the full article on **Page 8**.

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