MARCH-APRIL 2023

BCN Provider News

Point of service health plans don't require referrals

HMO plans require referrals
BCN's HMO health plans require: • The submission of referrals to BCN when the member's primary care physician is part of a medical care group headquartered in Michigan's East and Southeast regions • Referrals between physicians (but not submitted to BCN) in the Mid, West and Upper Peninsula regions
POS plans don't require referrals
BCN's POS health plans allow members to receive covered services with any health care provider, in or out of network, with no referral required

Blue Care Network offers two point-of-service health care plans: Blue Elect Plus℠ POS and Blue Elect Plus HSA℠ POS. In addition, beginning in 2023, BCN is administering a self-funded point-of-service health plan for FCA non-bargaining employees and retirees called Healthy Blue Choices℠ POS.

How do you know which of your BCN patients don't need a referral?

- While POS member ID cards have a Blue Care Network logo, they also include the health plan name, including "POS." POS plans don't require referrals.
- The back of POS plan ID cards also have a statement saying the POS plan doesn't require a referral in or out of network.
- When you check member eligibility and benefits in our provider portal, through an electronic transaction or by calling Provider Inquiry, you'll receive a message stating that the member can self-refer to any provider for covered services with no PCP referral required.

While referrals aren't required, patients with POS coverage will have lower out-of-pocket costs when they receive services from an in-network provider.

Some services are only covered when performed by in-network providers, and some services require authorization by BCN regardless of provider network status. More information is available on the **Blue Elect Plus POS** webpage and the **Healthy Blue Choices POS webpage**.

Inside this issue…

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BCN Provider *News*
Feedback

Provider Resources site adds new search tool

Search hint

To search for an entire phrase, or to make sure you get your specific keyword higher in the search results, put quotation marks around it.

Since launching our Blue Cross Blue Shield of Michigan and Blue Care Network Provider Resources site, we have continued to expand and improve it. We now have a search tool available to assist you in finding the information you need.

You'll find the search box in the upper-left corner of every page and can use it to search the entire site, including PDFs! Like many searches, the Provider Resources search will return results even if your spelling isn't quite right.

As a reminder, the Provider Resources site replaced the BCBSM Newsletters and Resources and the BCN Provider Publications and Resources sites when we moved to our new provider portal. It has information for all lines of business, including provider alerts, forms, provider manuals and more.

To get to the Provider Resources site:

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.

To get to the Provider Resources site more quickly, make it a favorite in Availity® Essentials. On the Resources tab within our Payer Space, click the heart icon next to *Secure Provider Resources (Blue Cross and BCN)*. You'll then be able to go directly to the Provider Resources site from the My Favorites dropdown in the top menu bar on any page of the 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.

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Reminder: Submit Healthy Blue Living℠ HMO qualification forms electronically

As a reminder, primary care physicians submitting the *Blue Care Network Qualification Form* for Blue Care Network members with health care coverage from *Healthy Blue Living℠ HMO*, Healthy *Blue Living HMO Basic℠* or BCN Wellness Rewards Tracking℠ must do so electronically through BCN Health e-Blue℠. BCN does not accept paper qualification forms.

Completing the form

If you need assistance filling out the form, please see the *Instructions for Completing the BCN Qualification Form*. This document can also be found within BCN Health e-Blue. 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 *Health e-Blue - BCN* under the *Applications* tab.
5. Locate the form under the *Healthy Blue Living Supporting Documents* section.

It can also be found on the Provider Resources site of our provider portal:

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* under the Resources tab.
5. Click on the *Products* drop-down menu. Select *BCN* and it is under the Healthy *Blue* Living section. You can also choose the *Forms* drop-down menu, select *Products*, then *Blue Care Network Commercial and Healthy Blue Living*.

Getting access to Health e-Blue or Availity

If you're not already signed up for Health e-Blue, go to the ***Register for web tools*** page and click on the *Set up Health e-Blue Tools* PDF. See *Task 3: Request access* to *Health e-Blue* through the *Blue Cross and BCN payer space in Availity*.

If you need access to Availity, see the ***Register for web tools*** page and follow the instructions.

Instructions for Completing the BCN Qualification Form

Know how to access and use RC Claim Assist through Availity Essentials

What you need to know

RC Claim Assist is available to Blue Cross Blue Shield of Michigan and Blue Care Network contracted health care providers through Availity Essentials to help them bill for drugs covered under the medical benefit.

This article was developed to provide information on how to access and use RC Claim Assist, a free web-based resource. RC Claim Assist provides:

- An overview of medical drug products
- A calculation tool to identify the correct National Drug Code and CPT codes to bill
- The correct NDC quantity to bill
- The unit of measure and HCPCS billable units according to the package information

How to access RC Claim Assist

Here's how to find RC Claim Assist within Availity Essentials:

1. Go to **availity.com** and log in to your provider portal.
2. Select *Payer Spaces* on the menu bar.
3. Click on the BCBSM and BCN logo.

Please see RC Claim Assist continued on Page 4

4. Go to the *Applications* tab.
5. Click on *RC Claim Assist* medical drug coding tool.
6. Click on Select a *Provider*.
7. Click on *Submit*.

Tips to help you use RC Claim Assist

You can use any of the following starting points to retrieve the conversion between HCPCS or CPT and NDC:

- HCPCS or CPT code
- NDC code
- Drug name

Refer to the tool only as a general reference and in conjunction with other resources, such as applicable fee schedules.

Note: Average wholesale price displayed is for reference only and doesn't reflect the actual reimbursement in claims processing.

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

Lunch and learn webinars for physicians and coders focus on risk adjustment, coding

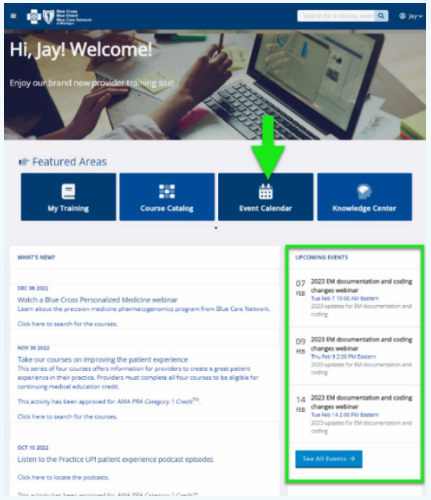
Beginning in April 2023, we will be offering webinars that will provide updated information on documentation and coding of common challenging diagnoses. These live lunchtime educational sessions will also include an opportunity to ask any questions that you may have.

Here's our current schedule and the tentative topics for the sessions. All sessions start at 12:00 p.m. Eastern time and generally last for 30 minutes. Log in to the provider training website and register for the session that best works with your schedule.

Session Date	Topic
April 26	HCC and Risk Adjustment coding scenarios
May 17	Coding Neoplasms
June 21	Coding diabetes and hypertension
July 19	Coding heart disease and vascular
August 16	Tips for proper medical record documentation and coding MEAT
October 18	ICD-10 CM updates and changes for 2024
November 15	Coding chronic kidney disease and rheumatoid arthritis
December 13	CPT coding scenarios; a look at the new CPT codes for 2024

Click here if you are already registered for the provider training website.

After logging in to the provider training website, look in Event Calendar to sign up for the desired session.



To request access to 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 Blue Shield of Michigan for other needs. This will become your login ID.

If you have any questions about the sessions, contact April Boyce at aboyce@bcbsm.com. If you have questions regarding registration, email ProviderTraining@bcbsm.com.

Register now for 2023 virtual provider symposium sessions

This year's virtual provider symposiums run throughout May and June. Physicians, physician assistants, nurse practitioners, nurses and coders can receive continuing education credits for attending. You're welcome to register for any session listed below.

Click here to log in to the provider training website to register for sessions.

You can easily create an account if you don't already have access: **click here to register**. We recommend that you use the same email address you use to communicate with Blue Cross Blue Shield of Michigan when creating the account.

Once you are logged in to the provider training site, open the event calendar to sign up for the desired sessions.

Reach for the Stars – HEDIS®/Star Measure Overview

For physicians and office staff responsible for closing gaps in care related to quality adult measures.

Reach for the Stars – HEDIS®/Star Measure Overview	Wed.	05/10/23	9-10:30 a.m.
Reach for the Stars – HEDIS®/Star Measure Overview	Thurs.	05/18/23	12-1:30 p.m.
Reach for the Stars – HEDIS®/Star Measure Overview	Tues.	05/23/23	2-3:30 p.m.
Reach for the Stars – HEDIS®/Star Measure Overview	Thurs.	06/01/23	8-9:30 a.m.
Reach for the Stars – HEDIS®/Star Measure Overview	Tues.	06/06/23	12-1:30 p.m.

Patient Experience

For physicians and office staff responsible for creating positive patient experiences. Learn how to ensure your practice has the knowledge and tools needed to set and meet patient's expectations.

Patient Experience – Best Practices for the New Normal	Tues.	05/02/23	9-10:30 a.m.
Patient Experience – Best Practices for the New Normal	Tues.	05/09/23	11:30 a.m.–1:00 p.m.
Patient Experience – Best Practices for the New Normal	Wed.	05/17/23	12-1:30 p.m.
Patient Experience – Best Practices for the New Normal	Mon.	05/22/23	2-3:30 p.m.
Patient Experience – Best Practices for the New Normal	Thurs.	06/08/23	9-10:30 a.m.

Coding Complex Cases

For physicians, coders, billers, and administrative staff.

Coding Complex Cases	Thurs.	05/04/23	9-10:00 a.m.
Coding Complex Cases	Thurs.	05/11/23	12-1:00 p.m.
Coding Complex Cases	Tues.	05/16/23	2-3:00 p.m.
Coding Complex Cases	Wed.	06/07/23	9-10:00 a.m.
Coding Complex Cases	Tues.	06/20/23	12-1:00 p.m.

Questions: Contact Ellen Kraft at ekraft@bcbsm.com if you have questions about the sessions. Contact the provider training team at ProviderTraining@bcbsm.com for questions about registration or using the provider training website.

New on-demand training available

Action item

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

Provider Experience continues to offer new training resources for health care providers and staff. Our on-demand courses can help you work more efficiently with Blue Cross Blue Shield of Michigan and Blue Care Network.

We recently added the following learning opportunities:

- **HCPCS and revenue code combinations:** This updated course shows you how to use reference tools to complete and troubleshoot Blue Cross commercial facility claims, addressing the transition to our new provider portal.
- **Patient experience eLearning:** This new course reviews best practices for improving the overall experience of your patients. See **this article**, in the January 2023 issue of *The Record*, for complete details.

As a reminder, we also have courses available to physicians for continuing education credit. These include:

- CMS Star measures overview
- Patient experience podcast series called "Practice Up!" (See **this article** in the December 2022 *Record* for details.)

Check the dashboard on our provider training site for announcements of what's available as we add more CME offerings to enhance the training experience for health care providers and staff.

Complete the following steps to request access to the training site:

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, contact ProviderTraining@bcbsm.com.

New, engaging patient experience e-learning course now available

Action item

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

Many of you have been asking for a self-directed, virtual approach to learning best practice tips, tools and techniques for improving the patient experience in personal and office interactions with patients. We've responded by developing a patient experience e-learning course, consisting of four modules.

The four modules include:

- Understanding the patient experience
- The changing expectations of consumers
- The importance of clear communication in setting expectations and building relationships
- The impact of the patient experience on health outcomes and tips for turning a good patient experience to a great one

The series is informative, engaging, fun and respectful of your busy schedules. It takes on average about 15 minutes to complete a module.

The modules have been reviewed and enthusiastically endorsed by a variety of our stakeholders, including physicians, physician organization staff and provider office staff. They're available for clinical and non-clinical staff on our provider training site. We encourage you to go through the modules individually or as part of a team in the office.

To register for and access provider training site

To request access to the site (if you haven't already registered) or to link to the site, follow these 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, contact ProviderTraining@bcbsm.com.

Continuing education credits

The Minnesota Medical Association designates this activity for a maximum of 2 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Patient experience podcast series

As a reminder, be sure to check out our patient experience podcasts. For complete details, see the December 2022 *Record* **article**.

Additional precision medicine and pharmacogenomics education opportunities

Action item

Visit our provider training site to watch previously hosted sessions.

On Jan.1, 2023, Blue Care Network launched an end-to-end precision medicine pharmacogenomics, or PGx, program called Blue Cross Personalized Medicine℠. The program was announced in the **July-August 2022 issue of *BCN Provider News***.

You can learn more about pharmacogenomics by attending one of our free upcoming educational sessions. These sessions will focus on specific case studies as they pertain to various disease states and specialties. They'll also focus on your role in the program and on your patients' experience from invitation through testing completion and medication treatment options tailored to their individual needs. Visit our provider training website to register. Prescribers, clinical pharmacists and supportive staff are welcome to attend.

Session date/time	Case study focus	CME credit
Monday, March 27, 8 a.m. Eastern time	Cardiology	Yes
Wednesday, April 26, noon Eastern time	Oncology	No
Wednesday, May 24, 8 a.m. Eastern time	Behavioral Health	No

Access to the provider training website

- Click **here** if you are already registered for the provider training website.
- Click **here** to request access to the provider training website.
  1. Complete the registration. We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan and Blue Care Network for other provider-related needs. This will become your login ID.
  2. Follow the **link** to log in.
  3. On the main page, click on the webinar event you wish to attend under Upcoming Events on the right side of the page.
  4. Click the Register button to complete your registration. You may either click the Add to your calendar button on the confirmation page or open the calendar attachment on your confirmation email to add the event to your email calendar.

Sessions will be recorded. If you're unable to attend, you can visit our provider training website to watch the previously hosted sessions. To watch the recorded sessions, visit the provider training website. Use the words PGx or personalized to search for the sessions.

Statement of Accreditation:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Michigan State Medical Society and Blue Care Network of Michigan. The Michigan State Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit Designation Statement:

The Michigan State Medical Society designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nonclinical, transitional care program available to members discharged to additional post-acute care facilities

On Jan. 1, 2023, our nonclinical, transitional care program expanded to include members who are discharged to additional post-acute care facilities.

See the article on **Page 11** for details.

Fylnetra® requires prior authorization for Medicare Advantage members, starting Dec. 19

For dates of service on or after Dec. 19, 2022, Fylnetra® (pegfilgrastim-pbbk), HCPCS code J3590, requires prior authorization. This drug is part of members' medical benefits, not their pharmacy benefits.

Submit prior authorization requests through the NovoLogix® online tool.

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

Byooviz is no longer the preferred ranibizumab drug for Medicare Advantage members

Because Byooviz® is no longer the preferred ranibizumab drug for Medicare Plus Blue℠ and BCN Advantage℠ members, it's no longer a step therapy requirement when prescribing Lucentis®. As a result, providers no longer need to include clinical documentation showing that the patient has tried Byooviz when submitting prior authorization requests for Lucentis® with dates of service on or after Jan. 9, 2023.

See the article on **Page 23** for details.

Leqembi to require prior authorization for Medicare Advantage members starting Jan. 13

For dates of service on or after Jan. 13, 2023, we added a prior authorization requirement for Medicare Plus Blue℠ and BCN Advantage℠ members for Leqembi™ (lecanemab-irmb), HCPCS code J3590.

See the article on **Page 24** for details.

Generic pemetrexed requires prior authorization for Medicare Advantage members

For dates of service on or after Jan. 1, 2023, generic pemetrexed, HCPCS code J9314 requires prior authorization through AIM Specialty Health®.

See the article on **Page 24** for details.

Additional drugs to require prior authorization for Medicare Advantage members, starting March 1

For dates of service on or after March 1, 2023, the following drugs require prior authorization for Medicare Plus Blue℠ and BCN Advantage℠ members. These drugs are part of members' medical benefits, not their pharmacy benefits.

- Rolvedon™ (eflapegrastim-xnst), HCPCS code J3590
- Stimufend® (pegfilgrastim-fpgk), HCPCS code J3590
- Vegzelma® (bevacizumab-adcd), HCPCS code J3590

See the article on **Page 25** for details.

Hemgenix® and Tzield™ require prior authorization for Medicare Advantage members starting Dec. 2

For dates of service on or after Dec. 2, 2022, we require prior authorization for Medicare Plus Blue℠ and BCN Advantage℠ members for the following drugs covered under the medical benefit:

- Hemgenix® (etranacogene dezaparvovec-drlb), HCPCS code J3590
- Tzield™ (teplizumab-mzwv), HCPCS code J3590

Submit prior authorization requests through the NovoLogix® online tool.

See the article on **Page 26** for details.

Update: BCN Advantage professional claims require Medicare provider taxonomy codes

When submitting professional claims for services to BCN Advantage members, you must include the appropriate Medicare provider taxonomy codes.

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

Reminder: Assessments and clinical documentation to submit for services received by Medicare Advantage members in SNFs

For Medicare Plus Blue and BCN Advantage members, skilled nursing facilities must submit certain items to naviHealth within specific time frames.

See the article on **Page 28** for details.

Provider-Delivered Care Management expands to BCN and BCN Advantage℠

Effective January 1, 2023, if you are a Patient-Centered Medical Home designated provider, or mid-level provider billing under a PCMH-designated provider, you can bill for provider-delivered care management services for Blue Care Network and BCN Advantage members.

You can now use the same PDCM codes you currently use with your Blue Cross Blue Shield of Michigan PPO members for your BCN and BCN Advantage members.

These codes are:

- HCPCS Codes: G9001, G9002, G9007, G9008, S0257
- CPT Codes: *98961, *98962, *98966, *98967, *98968, *99487, *99489

We published an introductory article about PDCM in the **Jan.-Feb. 2023 issue of *BCN Provider News*, on page 16**.

As mentioned in the article, some self-funded employer groups may elect to not participate with the PDCM program. FCA's new Healthy Blue Choices℠ POS health plan has chosen not to participate in PDCM.

If you have questions about PDCM, you can contact valuepartnerships@bcbsm.com.

Nonclinical, transitional care program available to members discharged to additional post-acute care facilities

In 2021, we announced that Blue Cross Blue Shield of Michigan and Blue Care Network had contracted with naviHealth to reduce avoidable inpatient readmissions through a nonclinical, transitional care program.

This program is available to Medicare Plus Blue and BCN Advantage members who are discharged from inpatient acute care facilities in Michigan directly to their homes or to certain post-acute care facilities.

On Jan. 1, 2023, this program expanded to include members who are discharged to additional post-acute care facilities. To view the list of post-acute care facilities that participate in this program, see this **provider alert**.

For details about the nonclinical, transitional care program, see the November 2021 ***Record* article** or the November-December 2021 ***BCN Provider News*** article.

naviHealth is an independent company that provides select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

Let's focus on providing a stellar patient experience

This is the first in a series of articles on the patient experience and why it matters to health care providers.

Beginning this month and running through May, our members — your patients — will be asked to complete the annual CAHPS member survey. CAHPS, which stands for Consumer Assessment of Healthcare Providers and Systems, asks patients to report on a wide range of health care services they receive. A large portion of the CAHPS survey is driven by the patient's experience with his or her primary health care provider and the provider's health care team, including such factors as the ability to get timely doctor's appointments and follow-up on labs and imaging.

That's why it's so important for health care providers to focus on the patient experience. Patients who experience high-quality care and services from their doctor and health care team are more likely to be satisfied, loyal patients who make regular appointments and adhere to their treatment plans. This leads to healthier patients, better health care outcomes and, overall, lower health care costs since chronic conditions are better managed when a patient sees a primary care physician regularly.

How to improve the patient experience

What exactly can practices do to improve the patient experience? Here are some guidelines:

- Provide timely and appropriate screenings, tests and treatment.
- Educate staff members on how to properly document care that's being delivered.
- Strengthen patient-provider relationships through open communication regarding health care needs and quality of care.
- Work with patients on developing chronic condition care plans.
- Coordinate care among all the other providers involved with the patient.
- Follow up with patients about medications and medication adherence.
- Assess timeliness of care and work with office staff to help ensure that patients can get appointments when they need them.

New tools you can use

Our 2021 Blue Cross Blue Shield of Michigan physician survey showed that only 6 in 10 providers believe that Blue Cross is providing sufficient support to practices to help them improve the patient experience. That's why we've ramped up our support for providers in this area over the past two years.

Here are a few examples:

- A podcast series called "Practice Up." The four podcasts included in the series give providers concrete steps they can take to improve the patient experience. For complete details, see **this article** in the December 2022 *Record*.
- A four-module patient experience e-learning course that gives providers best practice tips, tools and techniques for improving the patient experience. For details, see **this article** in the January *Record*.

Sessions on "Patient Experience: Best practices in the New Normal," offered in May and June 2023 as part of this year's virtual provider symposium. It will show physicians and staff how providing great experiences to their patients benefits their practice. For more details and registration information, see **this article** in the February *Record*.

These offerings are fun, engaging and respectful of your busy schedules. You can participate at your convenience and also receive continuing education credits.

CAHPS survey: A closer look

The CAHPS survey, administered by the Agency for Healthcare Research and Quality, is sent to a random sample of members every spring to measure their experience with their health plan, prescription drug plan, health care providers and office staff. Many providers have asked us what kinds of questions patients are asked on the CAHPS survey.

Here's a sampling of the questions members will be asked about their health care experience when they receive their survey:

- Using a 10-point scale, how would you rate all your health care in the last six months?
- How often was it easy to get the care, tests or treatment you needed?
- How often did you get an appointment as soon as you needed it?

Please see Patient Experience continued on Page 13

- How often did you see the person you came to see within 15 minutes of your appointment time?
- When a provider ordered a blood test, X-ray or other test for you, how often did someone from the provider's office follow up to give you results?
- Did you get the help you needed from this provider's office in managing your care among different providers and services?

Answers that members provide influence the overall CAHPS score that a health plan receives. This score, in turn, plays a big role in a plan's Medicare Star Ratings performance. CAHPS and Star Ratings are important to providers because they indicate how well patients think physicians and staff are performing in areas that matter most to them.

"Many CAHPS metrics assess patient interactions with physicians and care delivery, including access to care, communication with physicians and the exchange of information between physicians," said Sherri Dansby, director of Patient Experience. "Satisfied patients are more likely to trust physicians with their care and be more compliant with treatment plans, which can positively impact patient outcomes."

Over the past several years, the patient experience has played an increasingly important role in Medicare Star Ratings. In 2017, it represented 18% of our Star Ratings, but now accounts for 34% of our ratings.

The link between physician satisfaction and patient satisfaction

Dansby added that practices offering a positive patient experience can also benefit physicians and staff. Good relationships with loyal patients can decrease staff burnout, stress and turnover.

According to our 2021 physician survey, two-thirds of physicians (63%) reported feelings of burnout — levels that have more than doubled since 2017 — and 70% agree they struggle with staffing challenges. A total of 428 physicians responded to the survey.

We appreciate all you do to improve the patient experience and hope your ongoing efforts lead to higher levels of physician and staff satisfaction as well.

For information or to request a patient experience consultation, please email PatientExperience@bcbsm.com.

Medical policy updates

Blue Care Network's medical policies 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

- Positron Emission Tomography (PET) for Oncologic Conditions
- Genetic Testing – NGS of Multiple Genes (Panel) for Malignant Conditions (Previous title: Genetic Testing – NGS Testing of Multiple Genes (Panel) to Identify Targeted Cancer Therapy)
- Assisted Reproductive Techniques
- Exhaled Nitric Oxide and Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders
- Magnetic Resonance Imaging for Detecting and Diagnosis of Breast Cancer
- Infertility Diagnosis
- Genetic Testing-Noninvasive Prenatal Screening For Fetal Aneuploidies, Microdeletions, Single-Gene Disorders and Twin Zygosity Using Cell-Free Fetal DNA
- Cognitive Rehabilitation
- Germline Genetic Testing for BRCA1, BRCA2, and PALB2 for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers
- Dental General Anesthesia
- Bone Growth Stimulation: Electrical Stimulation of the Spine
- Bone Growth Stimulation: Electrical Stimulation of the Appendicular Skeleton
- Magnetic Resonance Angiography and Magnetic Resonance Venography
- Lipedema-Surgical Treatments
- Genetic Testing – BCR/ABL1 in Chronic Myelogenous Leukemia and Acute Lymphoblastic Leukemia
- Relizorb
- Gender Affirming Services
- Skin and Tissue Substitutes

Medical Policy Updates

Legislation removes barriers to using buprenorphine to treat people with opioid use disorder

For more information about the Mainstreaming Addiction Treatment Act, be sure to look for an upcoming column from Dr. Beecroft in the March-April issue of *Hospital and Physician Update*, which publishes March 15

The Omnibus Spending Bill, which passed in December, marked a step forward in addressing the problem of opioid use disorder. It included the Mainstreaming Addiction Treatment Act, which is a bipartisan effort that will help prevent overdoses, increase access to treatment and reduce stigma.

The act removes many barriers in the prescription of medications for medication-assisted treatment for opioid use disorder, specifically buprenorphine, the most commonly prescribed of the MAT medications. This medication, along with naltrexone and naloxone, are considered by many to be among the principal tools in the treatment of OUD.

However, medications are only part of the solution for treating people with OUD. Other approaches include:

- Psychotherapy
- Contingency management, a *therapy approach that aims to help a person decrease drug-related behaviors through positive motivation*
- Family and social support systems
- Community resources
- Support programs such as Nar-Anon

"Case management can also be an effective tool in helping to ensure continued engagement, removing barriers to treatment and identifying non-adherence to treatment early so patients can get back on track more quickly," said William Beecroft, M.D., medical director of behavioral health for Blue Cross Blue Shield of Michigan "One of the main hallmarks of successful treatment is the patient's continued engagement with the treatment program with no future use of the substance. OUD is a chronic illness, such as diabetes and heart disease, and needs to be addressed as such."

Behavioral health providers: Hold claims for dates of service on or after Jan. 1, 2023, with codes *99354 and *99355

Until further notice, behavioral health providers should hold claims for dates of service on or after Jan. 1, 2023, that contain procedure codes *99354 and *99355. These codes are for non-medical behavioral health prolonged services.

The American Medical Association terminated codes *99354 and *99355 effective Jan. 1, 2023. If you submit claims with these codes for dates of service on or after Jan. 1, 2023, they won't be accepted, even if the claims contain other, payable codes.

Claims with dates of service prior to Jan. 1, 2023, can still be billed with these codes.

We're working on identifying active codes that can be billed in place of the terminated codes. Once we have a solution:

- We'll communicate it in another provider alert.
- You'll be able to bill claims retroactive to Jan. 1, 2023.

This applies to all our lines of business:

- Blue Cross commercial
- Blue Care Network commercial
- Medicare Plus Blue
- BCN Advantage

We appreciate your patience as we work to develop a solution.

Behavioral health coverage for Healthy Blue Choices℠ POS

The new Healthy Blue Choices℠ POS health plan has behavioral health coverage that is not handled through Blue Care Network. It is handled through Beacon Health Options. Providers should call Beacon Health using the phone number on the back of the member's ID card and submit behavioral health claims directly to Beacon Health.

Behavioral health claims for Healthy Blue Choices POS submitted to BCN will be rejected with the following exceptions.

Behavioral health services billable to BCN for Healthy Blue Choices℠ POS
Certain services for patients with an autism diagnosis. Specifically: • Occupational, speech and language and physical therapy performed by a licensed, certified therapist for PT, OT, ST • Nutritional therapy • Genetic testing
Claims with a primary diagnosis code of medical
Developmental screening
Emergency services, ambulance, outpatient radiology, outpatient rehabilitation, and outpatient laboratory services with a behavioral health primary diagnosis
Neuropsychological exams and ancillary services such as evaluations and interviews
Psychiatric diagnostic evaluations

Substance use treatment and recovery services received through a **Michigan Blue Distinction Centers** that has a Substance Use Treatment and Recovery designation.

All other behavioral health services not listed in the table above should be billed to Beacon Health Options.

Healthy Blue Choices POS is a new self-funded health plan for FCA non-bargaining employees and retirees that became effective: Jan. 1, 2023. We announced this new health plan in our Jan.-Feb. 2023 issue on page 8. See **New! Healthy Blue Choices℠ POS now available to FCA employees**.

You can learn more on our ereferrals.bcbsm.com website on the **Healthy Blue Choices POS webpage**.

BCN to use updated InterQual® ABA criteria starting March 1

Starting March 1, 2023, the Blue Care Network Behavioral Health department will use updated InterQual® applied behavior analysis criteria when making determinations on prior authorization requests for ABA services. This will apply to BCN commercial members undergoing autism therapy.

The most significant updates to the criteria are outlined in the following table.

Service	Current criteria	Updated criteria
Parent / caregiver training	Training must occur once every three or four weeks with 80% or greater attendance.	The parent or caregiver is adequately participating in treatment and training sessions. **Important:** The footnotes in the InterQual criteria are not specific about what constitutes adequate parent/caregiver training in terms of frequency or duration. However, the BCN Behavioral Health department staff and medical director will consider training to be adequate when it occurs at least one hour per month.
ABA treatment: recommended number of hours per week	A certain number of line therapy hours per week are suggested based on whether criteria were met or not met.	The recommended amount of line therapy is based on the severity of the developmental delay or problem behaviors exhibited by the member in conjunction with the number of hours per week they are involved in school or work or a similar program activity. **Important:** The severity is categorized as mild, moderate, or severe, and general guidelines for these severity categories can be found in the InterQual criteria footnotes. The number of hours authorized: • Can range from 10 hours per week for members with mild symptoms who are involved in full-time school/work/similar program activity to 40 hours per week for members who are not involved in school/work/similar program activity • Depend on the member's age, as well

Contact the Behavioral Health department at 1-800-482-5982 if you have questions or if you want to request a copy of the updated ABA criteria we'll use starting March 1, 2023.

Outpatient ECT won't require prior authorization for BCN members, starting Jan. 1

For dates of service on or after Jan. 1, 2023, Blue Care Network will no longer require prior authorization for outpatient electroconvulsive therapy, or ECT.

This change will apply to BCN commercial and BCN Advantage members.

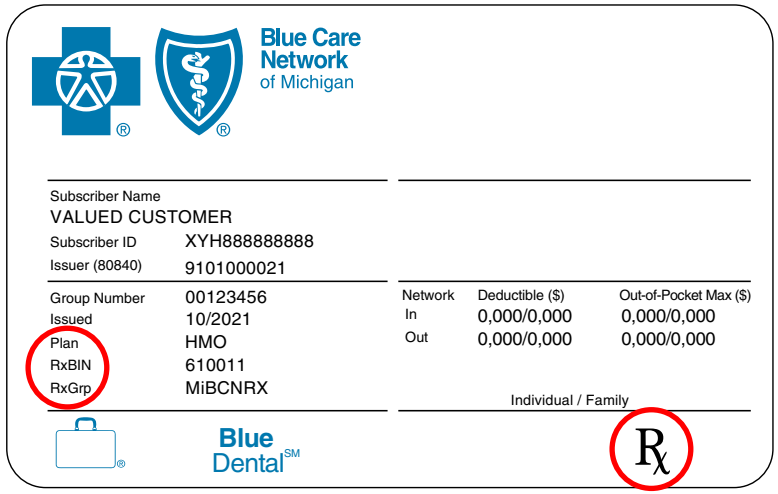
Prior to Jan. 1, we'll update the following documents to reflect this change:

- **Behavioral Health chapter** of the *BCN Provider Manual*
- **BCN referral and authorization requirements for Michigan providers** document

Reminder: Not all members have pharmacy coverage handled by BCN

Check the member's ID card to see if their Blue Care Network coverage includes pharmacy. If pharmacy is covered by BCN, you'll see an Rx graphic in the lower right corner of the ID card and an RxBIN number will be included.

If pharmacy is not covered by BCN, ask the member if they have a separate ID card for pharmacy coverage. Any requests for prescription drug coverage submitted to BCN for members whose pharmacy benefit is covered through a different company will be denied.



Example

Healthy Blue Choices℠ POS

The new Healthy Blue Choices POS health plan has pharmacy coverage that is not handled through Blue Care Network. Members with Healthy Blue Choices POS coverage have a separate ID card for pharmacy coverage. Providers and pharmacies should make sure to request a copy of the member's pharmacy ID card and follow instructions on that card.

More information

Healthy Blue Choices POS is a new self-funded health plan for FCA non-bargaining employees and retirees that became effective Jan. 1, 2023. We announced this new health plan in our Jan.-Feb. 2023 issue on page 8. See "**New! Healthy Blue Choices℠ POS now available to FCA employees**."

You can learn more on our ereferrals.bcbsm.com website on the **Healthy Blue Choices POS webpage**.

Fylnetra® requires prior authorization for Medicare Advantage members, starting Dec. 19

For dates of service on or after Dec. 19, 2022, Fylnetra® (pegfilgrastim-pbbk), HCPCS code J3590, requires prior authorization. This drug is part of members' medical benefits, not their pharmacy benefits.

Submit prior authorization requests through the NovoLogix® online tool.

When prior authorization is required

This medication requires prior authorization when it's administered by a health care provider in sites of care such as outpatient facilities or physicians' offices and is billed in one of the following ways:

- 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

Submit prior authorization requests through the NovoLogix tool

To access NovoLogix, log in to our provider portal (**availity.com**), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, follow the instructions on the Register for webtools webpage on **bcbsm.com/providers**.

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've updated the list to reflect the change for Fylnetra.

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

AIM doesn't require prior authorization for 29 medical oncology drugs for most members starting Jan. 1

For dates of service on or after Jan. 1, 2023, we don't require prior authorization from AIM Specialty Health® for the 29 medical oncology drugs listed later in this article. These drugs are 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 who have coverage through self-funded groups that have opted in to the medical oncology program. Refer to the **AIM medical oncology prior authorization program opt-in list for Blue Cross commercial self-funded groups**.
  - Members with individual coverage
- Medicare Plus Blue℠ members
- Blue Care Network commercial members
- BCN Advantage℠ members

Which drugs are affected by this change?

The following drugs are affected by this change.

HCPCS code	Brand name	Generic name
J9042	Adcetris®	brentuximab vedotin
J9302	Arzerra®	ofatumumab
J9118	Asparlas™	calaspargase pegol-mknl
J9036	Belrapzo™	bendamustine hcl

Please see AIM continued on Page 19

Pharmacy News

HCPCS code	Brand name	Generic name
J9034	Bendeka®	bendamustine hcl
J9229	Besponsa®	inotuzumab ozogamicin
J9037	Blenrep™*	belantamab mafodotin-blmf
J9039	Blincyto®	blinatumomab
J9308	Cyramza®	ramucirumab
Q2050	Doxil®	doxorubicin liposomal
J9246	Evomela®	melphalan
J9301	Gazyva®	obinutuzumab
J9179	Halaven®	eribulin
J9325	Imlygic®	talimogene laherparepvec
J9318, J9319	Istodax®	romidepsin
J9207	Ixempra®	ixabepilone
J9043	Jevtana®	cabazitaxel
J9047	Kyprolis®	carfilzomib
Q2049	Lipodox®	doxorubicin liposomal
J2562	Mozobil®	plerixafor
J9203	Mylotarg™	gemtuzumab ozogamicin
J9295	Portrazza®	necitumumab
Q2043	Provenge®	sipuleucel-t
J2860	Sylvant®	siltuximab
J9033	Treanda®	bendamustine hcl
C9399	Unituxin®	dinutuximab
J0897	Xgeva®**	denosumab
J9400	Zaltrap®	ziv-aflibercept
J9223	Zepzelca™	lurbinectedin

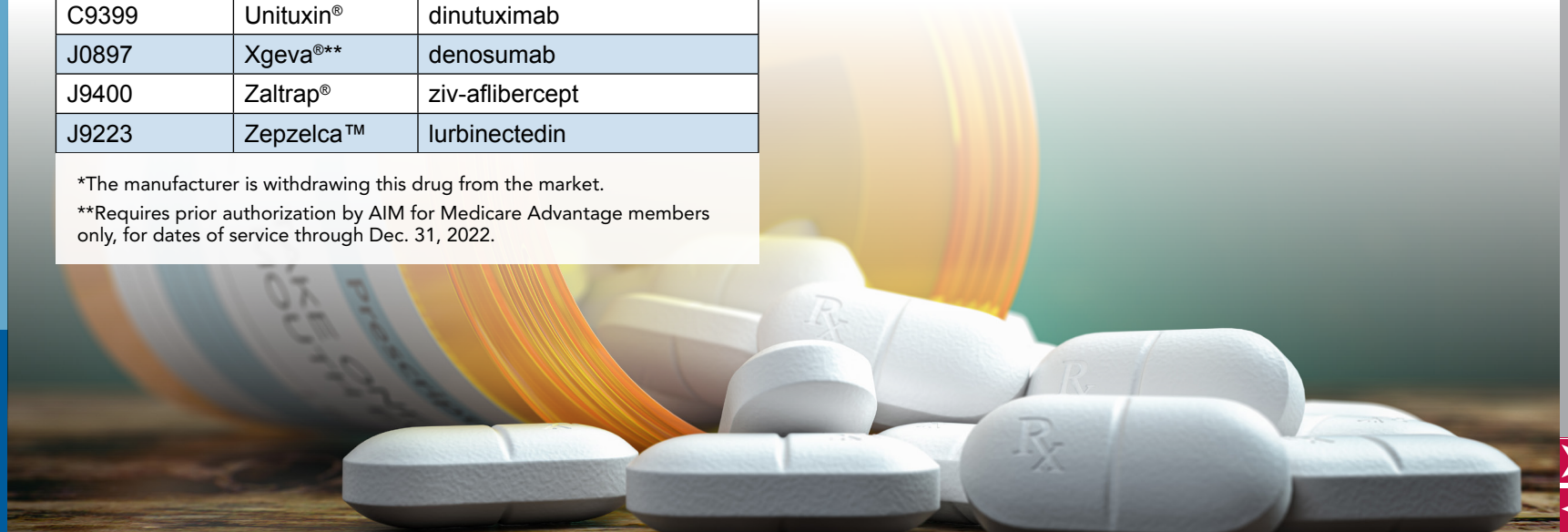
*The manufacturer is withdrawing this drug from the market.

**Requires prior authorization by AIM for Medicare Advantage members only, for dates of service through Dec. 31, 2022.

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

We've updated the pertinent drug lists to reflect the changes outlined in this article.



Fylnetra and Rolvedon to require prior authorization for most commercial members starting March 13

Starting March 13, 2023, we're adding prior authorization requirements for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit:

- Fylnetra® (pegfilgrastim-pbbk), HCPCS codes J3590 and C9399
- Rolvedon™ (eflapegrastim-xnst), HCPCS codes J3590 and C9399

When submitting requests on or after March 13

Starting March 13, 2023, submit prior authorization requests for Fylnetra and Rolvedon through the NovoLogix® online tool. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal (**availity.com**), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, follow the instructions on the **Register for webtools** webpage on **bcbsm.com/providers**.

When submitting requests before March 13

Before March 13, 2023, fax requests for preservice review as follows:

- Blue Cross commercial members: Fax to Provider Inquiry at 1-866-311-9603.
- BCN commercial members: Fax to the Medical Drug Help Desk at 1-877-325-5979.

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, this authorization requirement applies only to groups that 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 prior to the effective change of the change.

You can access this list and other information about requesting prior authorization on the following pages of the **ereferrals.bcbsm.com** website:

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

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

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

Requirements changed for some commercial medical benefit drugs

Blue Cross Blue Shield of Michigan and Blue Care Network encourage proper utilization of high-cost medications that are covered under the medical benefit. As part of this effort, we maintain a comprehensive list of requirements for Blue Cross and BCN group and individual commercial members.

From October through December 2022, we added prior authorization requirements, site-of-care requirements, or both for Blue Cross commercial and BCN commercial members for the following medical benefit drugs:

HCPCS code	Brand name	Generic name	Requirement	
			Prior authorization	Site of care
J3590*	Hemgenix®	etranacogene dezaparvovec-drlb	P	
J0224	Oxlumo®	lumarisan		P
Q5125	Releuko®	filgrastim-ayow	P	
J2327	Skyrizi® IV	risankizumab-rzaa		P
J3590*	Skysona®	nivolumab and relatlimab-rmbw	P	
J3590*	Spevigo®	spesolimab-sbzo	P	
J3590*	Tzield™	teplizumab-mzwv	P	
J3590*	Xenpozyme™	olipudase alfa	P	

*Will become a unique code

For additional details, see the **Blue Cross and BCN utilization management medical drug list**. This list is available on the following pages of the ereferrals.bcbsm.com website:

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

As a reminder, an authorization approval isn't a guarantee of payment. Health care providers need to verify eligibility and benefits for members.

Additional information

For Blue Cross commercial groups, these requirements apply only to groups that 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**. A link to this list is also available on the ***Blue Cross Medical Benefit Drugs*** page of the **ereferrals.bcbsm.com** website.

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.

Xenpozyme and Spevigo to have site-of-care requirements for most commercial members starting March 1

For dates of service on or after March 1, 2023, we're adding site-of-care requirements for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit:

- Xenpozyme™ (olipudase alfa), HCPCS code J3590
- Spevigo® (spesolimab-sbzo), HCPCS code J3590

The NovoLogix® online tool will prompt you to select a site of care when you submit prior authorization requests for these drugs. If the request meets clinical criteria for the drug and is for one of the following sites of care, it will be approved automatically:

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

Additional information or documentation may be required for requests to administer Xenpozyme or Spevigo in an outpatient hospital setting.

As a reminder, these drugs already require prior authorization; providers can submit prior authorization requests using NovoLogix. The new site-of-care requirements are in addition to the current prior authorization requirements.

Members who start courses of treatment with Xenpozyme or Spevigo before March 1, 2023, will be able to continue receiving the drug in their current location until their existing authorization expires. If those members then continue treatment under a new prior authorization, the site-of-care requirements outlined above will apply.

Some Blue Cross commercial groups not subject to these requirements

For Blue Cross commercial groups, the prior authorization and site-of-care requirements apply only to groups that 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 prior to March 1, 2023.

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.

Byooviz is no longer the preferred ranibizumab drug for Medicare Advantage members

Because Byooviz® is no longer the preferred ranibizumab drug for Medicare Plus Blue℠ and BCN Advantage℠ members, it's no longer a step therapy requirement when prescribing Lucentis®.

As a result, providers no longer need to include clinical documentation showing that the patient has tried Byooviz when submitting prior authorization requests for Lucentis® with dates of service on or after Jan. 9, 2023.

Important: Both Byooviz and Lucentis continue to require that the member first try and fail Avastin® (bevacizumab), HCPCS code J3590 for Medicare Plus Blue and HCPCS code J9035 for BCN Advantage.

As a reminder, Avastin doesn't require prior authorization when used for retinal conditions.

These drugs are covered under members' medical benefits.

Prior authorization still required

Both Byooviz and Lucentis continue to require prior authorization when administered by a health care provider in sites of care such as outpatient facilities or physician offices and billed in one of the following ways:

- 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

Submit prior authorization requests through the NovoLogix® tool

Submit prior authorization requests for both Byooviz and Lucentis using NovoLogix. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal (**availity.com**), 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.

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

Reminder about requirements for other retinal drugs

All other intravitreal drugs for retinal conditions still have Avastin as a step therapy requirement. These drugs are:

- Eylea® (aflibercept), HCPCS code J0178
- Beovu® (rolucizumab-dbll), HCPCS code J0179
- Vabysmo® (facricimab-svoa), HCPCS codes J2777
- Susvimo™ (ranibizumab injection, for ocular implant), HCPCS code J2779
- Cimerli™ (ranibizumab-eqrn), HCPCS code J3590

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.

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

Leqembi requires prior authorization for Medicare Advantage members

For dates of service on or after Jan. 13, 2023, we're adding a prior authorization requirement for Medicare Plus Blue℠ and BCN Advantage℠ members for the following drug:

- Leqembi™ (lecanemab-irmb), HCPCS code J3590

This drug is a part of members' medical benefits, not their pharmacy benefits.

When prior authorization is required

Leqembi will require prior authorization when it is administered by a health care provider in sites of care such as outpatient facilities or physician offices and is billed in one of the following ways:

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

Submit prior authorization requests through the NovoLogix tool

To access NovoLogix, log in to our provider portal (**availity.com**), 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.

Note: If you need to request access to Availity®, follow the instructions on the **Register for webtools** webpage at **bcbsm.com/providers**.

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 this change prior to the effective date of this change.

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

Generic pemetrexed requires prior authorization for Medicare Advantage members

For dates of service on or after Jan. 1, 2023, the following drug requires prior authorization through AIM Specialty Health®:

- Generic pemetrexed, HCPCS code J9314

As a reminder, we previously communicated the following requirements for brand name drugs:

- Alimta® (pemetrexed), HCPCS code J9305, requires prior authorization through AIM.
- Pemfexy® (pemetrexed), HCPCS code J9304, requires prior authorization through AIM for dates of service on or after Feb. 9, 2023.

These requirements apply to Medicare Plus Blue and BCN Advantage members. These medications are part of members' medical benefits, not their pharmacy benefits.

When prior authorization is required

These drugs require prior authorization when they're administered by a health care provider in an outpatient facility or a physician's office and are billed in one of the following ways:

- 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

Please see Generic pemetrexed continued on Page 25

How to submit authorization requests

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

- Through the AIM ProviderPortal, which you can access by doing one of the following:
  - Logging in to our provider portal (**availity.com**), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *AIM Provider Portal* tile.
  - Logging in directly to the AIM ProviderPortal at **providerportal.com**.
- By calling the AIM Contact Center at 1-844-377-1278

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 this change prior to 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.

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

Additional drugs to require prior authorization for Medicare Advantage members, starting March 1

For dates of service on or after March 1, 2023, the following drugs will require prior authorization for Medicare Plus Blue℠ and BCN Advantage℠ members. These drugs are part of members' medical benefits, not their pharmacy benefits.

- Rolvedon™ (eflapegrastim-xnst), HCPCS code J3590
- Stimufend® (pegfilgrastim-fpgk), HCPCS code J3590
- Vegzelma® (bevacizumab-adcd), HCPCS code J3590

Submit prior authorization requests through the NovoLogix® online tool.

When prior authorization is required

These medications require prior authorization when they're administered by a health care provider in sites of care such as outpatient facilities or physicians' offices and are billed in one of the following ways:

- 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

Submit prior authorization requests through NovoLogix

To access NovoLogix, log in to our provider portal (**availity.com**), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, follow the instructions on the **Register for webtools** webpage on **bcbsm.com/providers**.

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 prior to the effective date.

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

Pharmacy News

Hemgenix® and Tzield™ require prior authorization for Medicare Advantage members starting Dec. 2

For dates of service on or after Dec. 2, 2022, we require prior authorization for Medicare Plus Blue℠ and BCN Advantage℠ members for the following drugs covered under the medical benefit:

- Hemgenix® (etranacogene dezaparvovec-drlb), HCPCS code J3590
- Tzield™ (teplizumab-mzwv), HCPCS code J3590

Note: A prior authorization requirement also applies to most Blue Cross and Blue Shield of Michigan and Blue Care Network commercial members. See this **provider alert** for more information.

Submit prior authorization requests through NovoLogix®

Submit prior authorization requests for Hemgenix and Tzield through the NovoLogix online tool. It offers real-time status checks and immediate approvals for certain medications.

To access NovoLogix, log in to our provider portal (**availity.com**), click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo. You'll find links to the NovoLogix tools on the Applications tab.

Note: If you need to request access to our provider portal, follow the instructions on the **Register for webtools** webpage on **bcbsm.com/providers**.

When prior authorization is required

These medications require prior authorization when they're administered by a health care provider in sites of care such as outpatient facilities or physicians' offices and are billed in one of the following ways:

- 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

List of requirements

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

We've updated this list to reflect the change for Hemgenix and Tzield.

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.

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

Starting March 1, 2023, we'll no longer cover Vigadrone® powder packets

Starting March 1 Blue Cross Blue Shield of Michigan and Blue Care Network will no longer cover Vigadrone® powder packets on the pharmacy or medical benefit. Instead, we'll cover other generic vigabatrin powder packets. Vigadrone is a medication commonly used to treat certain types of seizures.

Both Vigadrone and vigabatrin are AB-rated generic equivalent products for Sabril® that were approved by the FDA via an Abbreviated New Drug Application. Both products are generic vigabatrin powder, but Vigadrone is approximately 10 times more expensive than other available generic products. It also requires limited distribution through PANTHERx, a nonpreferred specialty pharmacy, whereas the other generic products are available through specialty pharmacies. Our preferred specialty pharmacy is AllianceRx Walgreens Pharmacy.

If your patient requires treatment with Vigadrone rather than another generic product after March 1, a medical necessity review will be required.

We'll notify affected members of these changes and encourage them to talk with you about getting a new prescription if needed and any concerns they may have. If you have questions, call the Pharmacy Services Clinical Help Desk at 1-800-437-3803.

Update: BCN Advantage professional claims require Medicare provider taxonomy codes

When submitting professional claims for services to BCN Advantage members, you must include the appropriate Medicare provider taxonomy codes. Here's what to do.

For providers billing with a Type 2 (group) NPI

When billing BCN Advantage professional claims with a Type 2 (group) NPI, you must do both these things:

When billing electronically:

- Include the Medicare taxonomy code for the billing provider in loop 2000A of the electronic 837P claim transaction.
- Include the Medicare taxonomy code for the rendering provider, as applicable, in loop 2310B of the electronic 837P claim transaction.

When billing with the CMS-1500 paper claim form:

- Report the billing provider's taxonomy code and qualifier ZZ in box 33b.
- Report the rendering provider's Medicare taxonomy code in the first row of box 24J along with qualifier ZZ in box 24I.
- Report the rendering provider's NPI in the second row of box 24J.

Including the Medicare taxonomy code for both the rendering provider and the billing provider on professional claims billed with a Type 2 (group) NPI ensures that we can process these claims accurately and in a timely manner. It also meets the requirements of the Affordable Care Act and the Centers for Medicare & Medicaid Services.

BCN Advantage professional claims submitted without the Medicare taxonomy code for the rendering provider will be denied. You'll need to resubmit them with the Medicare taxonomy code for the rendering provider included.

For providers billing with a Type 1 (individual) NPI

When billing BCN Advantage professional claims with a Type 1 (individual) NPI, you must:

- Include the Medicare taxonomy code for the billing provider in loop 2000A of the electronic 837P claim transaction.
- Report the billing provider's taxonomy code and qualifier ZZ in box 33b of the 1500 paper claim form.

BCN Advantage professional claims submitted without the Medicare taxonomy code for the billing provider will be denied. You'll need to resubmit them with the Medicare taxonomy code.

Additional information about Medicare provider taxonomy codes

For more information about Medicare provider taxonomy codes, refer to the **Find Your Taxonomy Code** webpage at **cms.gov**.

Medicare provider taxonomy codes determine how providers are reimbursed for professional services for BCN Advantage members.

BCN to change inpatient readmission review guidelines starting June 1, 2023

Starting June 1, 2023, BCN will change the guidelines it uses to review inpatient readmissions of BCN commercial and BCN Advantage members for billing purposes.

Under the updated guidelines, BCN will review admissions for BCN commercial and BCN Advantage members readmitted within 30 days of discharge. Currently, BCN reviews admissions for members readmitted within 14 days of discharge.

These guidelines apply to facilities that are reimbursed by diagnosis-related groups, or DRGs. In some instances, BCN combines the two admissions into one for purposes of the DRG reimbursement.

You can access the current **Guidelines for Bundling Admissions** by following the steps below. We'll update that document before June 1 to reflect any changes.

1. Visit **ereferrals.bcbsm.com**.
2. Click *BCN*.
3. Click *Authorization Requirements & Criteria*.
4. Click *Guidelines for Bundling Admissions* under the "Referral and authorization information" heading and the "Acute inpatient care" subheading.

Watch for additional information about these changes in future *BCN Provider News* articles.

Reminder: Assessments and clinical documentation to submit for services received by Medicare Advantage members in SNFs

For Medicare Plus Blue and BCN Advantage members, skilled nursing facilities must submit certain items to naviHealth within specific time frames.

PT, OT, ST and nursing assessments

SNFs must submit physical therapy, occupational therapy, speech therapy and nursing assessments to naviHealth within 48 hours of a member's admission to a skilled nursing facility.

naviHealth uses these assessments to:

- Complete the nH Predict functional assessment
- Create and deliver the nH Predict outcome report to the member and the SNF in a timely manner

Clinical documentation and assessments for calculating CMG levels

By day seven of a member's stay, SNFs must submit the following items to naviHealth so they can calculate the case mix group, or CMG, level:

- PHQ-9 assessment
- Medication Administration Record, or MAR / Treatment Administration Record, or TAR
- Discharge planning assessment
- Physician and nursing notes
- Physical, occupational and speech therapy notes

naviHealth will calculate the CMG level within two days of receiving clinical documentation and assessments. They'll use the CMG level to generate patient-driven payment model, or PDPM, codes, which are used for billing.

Requirements for reassessments of CMG levels

After naviHealth has calculated the CMG level, SNFs can submit requests to reassess CMG levels. **Be sure to request the reassessment prior to discharging the member from skilled services**. Send the clinical documentation required for the reassessment to naviHealth as soon as possible.

Please see Assessments and clinical documentation continued on Page 29

Clinical documentation for the reassessment of CMG levels includes — but isn't limited to — information from the most recent history and physical, transfer documents, physician progress notes, discharge summaries, nursing assessments, nursing care plans, medication sheets, doctor's orders, consults and diagnostic reports.

naviHealth will use the clinical documentation to determine whether to change the CMG level. The provider must identify where the supporting documentation appears within the clinical documentation. If naviHealth determines that the CMG level should change, they'll change it retroactive to the day of admission.

You can use the *Request for a Reassessment of the CMG Level* worksheet to ensure that you submit comprehensive clinical documentation to support the request. You can find this worksheet:

- By requesting it from your assigned naviHealth Care Coordinator.
- Through the naviHealth resource website for Blue Cross and BCN at **https://partners.navihealth.com/partner/bcbsm**. If you haven't already registered for this website, see the "How do I access naviHealth documents related to this program?" section of the **Post-acute care services: Frequently asked questions for providers** document to learn how.

Note: The decision to change a CMG level may require review of the request by a naviHealth medical director.

Additional information

If you have questions about the information in this provider alert, contact your naviHealth Care Coordinator or your naviHealth Provider Relations Manager.

You can find more information in the **Post-acute care services: Frequently asked questions for providers** document. We updated this document to include the information in this provider alert.

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.

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 tip:

- Important Updates for Submitting a Clinical Editing Appeal

Clinical Editing Billing Tips

Behavioral health providers: Hold claims for dates of service on or after Jan. 1, 2023, with codes *99354 and *99355

Until further notice, behavioral health providers should hold claims for dates of service on or after Jan. 1, 2023, that contain procedure codes *99354 and *99355. These codes are for non-medical behavioral health prolonged services.

See the article on **Page 14** for details.

Behavioral health coverage for Healthy Blue Choices℠ POS

The new Healthy Blue Choices℠ POS health plan has behavioral health coverage that is not handled through Blue Care Network. It is handled through Beacon Health Options. Providers should call Beacon Health using the phone number on the back of the member's ID card and submit behavioral health claims directly to Beacon Health.

See the article on **Page 15** for details.

We added, updated and removed questionnaires in the e-referral system

In November and December 2022, we added, updated and removed questionnaires in the e-referral system. We also added, updated or removed 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 prior authorization requests.

New questionnaires

We added the following questionnaires:

- *Breast implant management* — For adult BCN Advantage members
- *Breast implant management* — For adult BCN commercial members

As part of this change, we removed the Breast implant management questionnaire that applied to both Blue Care Network commercial and BCN Advantage adult members.

Updated questionnaires

We updated the following questionnaires:

- *Breast reconstruction* — This questionnaire now opens only for adult BCN commercial members.

  Note: Although the *Breast reconstruction* questionnaire no longer opens for adult BCN Advantage members, breast reconstruction procedures continue to require prior authorization for these members.
- *Gastric stimulation* — We updated some of the questions in this questionnaire, which opens for adult Medicare Plus Blue℠, BCN commercial and BCN Advantage℠ members.

Removed questionnaires

We removed the following questionnaires, which previously opened for adult and pediatric BCN commercial and BCN Advantage members:

- *Cardiac rehabilitation* — This questionnaire no longer opens for procedure codes *93797 and *93798.

  Although these procedure codes no longer require prior authorization, you need to submit plan notification because these services have benefit limits. Within the benefit limit, the e-referral system will automatically approve plan notification requests. Any requests received after the benefit limit has been exhausted won't be approved.
- *Cognitive rehabilitation* — This questionnaire, which is for adult and pediatric BCN commercial and BCN Advantage members, will no longer open for procedure code *97129.

  Note: Procedure code *97129 continues to require prior authorization. Submit prior authorization requests to eviCore healthcare® when the procedure is related to occupational therapy. Submit the request to BCN through the e-referral system when the procedure is related to speech therapy.
- *Pulmonary rehabilitation* — This questionnaire will no longer open for procedure codes G0237, G0238, G0239, G0302, G0303, G0304, G0424 and S9473.

  Although these procedure codes no longer require prior authorization, you need to submit plan notification because these services have benefit limits. Within the benefit limit, the e-referral system will automatically approve plan notification requests. Any requests received after the benefit limit has been exhausted won't be approved.

Preview questionnaires

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

To find the preview questionnaires:

- Click *Blue Cross* and then click **Authorization Requirements & Criteria**. Scroll down and look under the "Authorization criteria and preview questionnaires – Medicare Plus Blue" heading.

Please see We added, updated continued on Page 31

- 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 pages.

eviCore healthcare 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.

Updated fax forms for submitting prior authorization requests to TurningPoint for musculoskeletal procedures

On Nov. 22, 2022, Blue Cross Blue Shield of Michigan and Blue Care Network posted updated fax forms for use when submitting prior authorization requests to TurningPoint Healthcare Solutions, LLC.

We updated the forms as follows:

Prior authorization request form	Updates
Joint and spine procedures	• Added a Case urgency section (standard or expedited). • Specified that for procedures with policies that have smoking and BMI criteria, the requesting provider must include signed documentation stating that they have discussed the risks and benefits of the procedure related to smoking and elevated BMI, as appropriate.
Pain management: Epidural steroid injections	Added a Case urgency section (standard or expedited).
Pain management: Facet joint injection	Added a Case urgency section (standard or expedited).
Pain management: Neuroablation procedures	• Added a Case urgency section (standard or expedited). • Added the question: "Is this request for Iovera® (cryoablation)?"
Pain management: Sacroiliac joint injections	Added a Case urgency section (standard or expedited).

If you use fax forms to submit prior authorization requests to TurningPoint, be sure to incorporate the updated forms into your process.

You can find these forms and other useful resources on these 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.

Referral Roundup

Point of service health plans don't require referrals

Blue Care Network offers two point-of-service health care plans: Blue Elect Plus℠ POS and Blue Elect Plus HSA℠ POS. In addition, beginning in 2023, BCN is administering a self-funded point-of-service health plan for FCA non-bargaining employees and retirees called Healthy Blue Choices℠ POS.

How do you know which of your BCN patients don't need a referral?

See the article on **Page 1** for details.

BCN to use updated InterQual® ABA criteria starting March 1

Starting March 1, 2023, the Blue Care Network Behavioral Health department will use updated InterQual® applied behavior analysis criteria when making determinations on prior authorization requests for ABA services. This will apply to BCN commercial members undergoing autism therapy that's managed by BCN.

See the article on **Page 16** for details.

AIM doesn't require prior authorization for 29 medical oncology drugs for most members starting Jan. 1

For dates of service on or after Jan. 1, 2023, we don't require prior authorization from AIM Specialty Health® for 29 medical oncology drugs. These drugs are part of members' medical benefits, not their pharmacy benefits.

See the article on **Page 18** for details.

Fylnetra and Rolvedon to require prior authorization for most commercial members starting March 13

Starting March 13, 2023, we're adding prior authorization requirements for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit:

- Fylnetra® (pegfilgrastim-pbbk), HCPCS codes J3590 and C9399
- Rolvedon™ (eflapegrastim-xnst), HCPCS codes J3590 and C9399

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

Requirements changed for some commercial medical benefit drugs

From October through December 2022, we added prior authorization requirements, site-of-care requirements, or both for Blue Cross commercial and BCN commercial members for several medical benefit drugs.

See the article on **Page 21** for details.

Referral Roundup

Xenpozyme and Spevigo to have site-of-care requirements for most commercial members starting March 1

For dates of service on or after March 1, 2023, we're adding site-of-care requirements for Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drugs covered under the medical benefit:

- Xenpozyme™ (olipudase alfa), HCPCS code J3590
- Spevigo® (spesolimab-sbzo), HCPCS code J3590

See the article on **Page 22** for details.

BCN to change inpatient readmission review guidelines starting June 1, 2023

Starting June 1, 2023, BCN will change the guidelines it uses to review inpatient readmissions of BCN commercial and BCN Advantage members for billing purposes.

See the article on **Page 28** for details.

Reminder: Assessments and clinical documentation to submit for services received by Medicare Advantage members in SNFs

For Medicare Plus Blue and BCN Advantage members, skilled nursing facilities must submit certain items to naviHealth within specific time frames.

See the article on **Page 28** for details.

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