

BCN Provider News



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

Some pre-COVID-19 utilization management requirements to resume July 1

With the end of the COVID-19 public health emergency, or PHE, Blue Cross Blue Shield of Michigan and Blue Care Network will reinstate utilization management requirements that were in effect before the PHE.

Topic	During the PHE	Change
For BCN Advantage members, services from providers who are not associated with the member's plan.	Prior authorization requests were approved without clinical review.	Clinical review will be required for dates of service on or after July 1, 2023.
For all members, acute medical inpatient admissions related to COVID-19, flu, pneumonia or respiratory syncytial virus (RSV).	Prior authorization requests were approved without clinical review.	Clinical review will be required for admissions on or after July 1, 2023.
Appeal of prior authorization determinations made by Blue Cross or BCN for any service.	The time frames for submitting appeals were waived.	The normal time frames for submitting appeals will be reinstated starting July 1, 2023. Refer to the denial letters for the time frames.

Inside this issue...

11 It's important to monitor the metabolic effects of psychiatric medications

14 Starting August 15, we'll require a prior auth for some diabetes drugs

25 Carelon to expand existing prior auth program starting Sept. 1

[Feedback](#) | [Subscribe](#)

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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



BCN offers incentive for PCPs who provide in-person care for BCN Virtual Primary Care patients

Starting with dates of service May 1, 2023, Blue Care Network is offering an incentive for BCN primary care providers who agree to see an adult member (age 18 and older) in their office who is enrolled in one of these two BCN commercial health plans, and for whom the BCN network PCP has received a referral:

- BCN Virtual Primary CareSM HMO
- Blue Cross[®] Preferred HMO Virtual Primary Care

Most of the care received by the members enrolled in these products is managed virtually by our vendor, Doctor on Demand by Included Health[®]. On occasion, one of these members may need to be referred to a contracted PCP for an in-person visit. *If a BCN PCP accepts a referral for one of these members and conducts the requested service, the PCP will receive an additional 20% reimbursement in addition to the PCP's contracted rate.*

Receiving a referral

Here's how a referral from Doctor on Demand to a BCN network PCP works:

1. The Doctor on Demand referral coordinator calls a BCN network PCP local to the member to ask if the PCP will accept a member for a referral to evaluate a specific need.
2. Once the referral is accepted, Doctor on Demand will input the referral into BCN's e-referral system and fax to the network PCP any pertinent information, such as past labs or imaging.

3. The network PCP can view the referral in BCN's e-referral system by searching for the patient using the Patient ID (subscriber number on the ID card). In the list of cases for that patient, look for a case with the Referring Provider or PCP listed as "Roy, Vibin." Referrals from Doctor on Demand will always list the Referring Provider and PCP as "Roy, Vibin."
4. If the network PCP needs to speak with the member's Doctor on Demand PCP, the network PCP can call 1-855-431-5552. Have the member's information available to connect to that member's virtual PCP or care team.

More information

Here's where you can find more information on BCN's Virtual Primary Care health plan:

- **Learn more about our new virtual primary care plan**, Jan.-Feb. 2023 issue of *BCN Provider News*, page 6
- Virtual Primary Care frequently asked questions for providers is available in the provider portal. Here's how to find it:
 1. Log in to our provider portal (availability.com).
 2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
 3. Click the *Resources* tab.
 4. Click *Secure Provider Resources (Blue Cross and BCN)*.
 5. Click *Products* on the menu bar and click *BCN*.
 6. Scroll down to the Virtual Primary Care section.

Please see [BCN offers incentive for PCPs](#) continued on Page 3

Editor

Michael Gingerella
bcnprovidernews@bcbsm.com

Provider Communications

Catherine Vera-Burgos, Manager
 Elizabeth Donoghue Colvin
 Tracy Petipren
 Deb Stacy

Market Communications Publications

Adam Pete

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

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

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

Network Operations

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

Need help?

Should you have any questions regarding this notification, here's who to contact:

- For primary care providers associated with a medical care group:
Contact the provider consultant assigned to your medical care group. You can find your consultant on our **physician organization consultants** list.
- For other providers in the East, Mid or Southeast regions:
Send an email to petcontactus@bcbsm.com and include your name, phone number, National Provider Identifier, provider type (for example, primary care provider, cardiologist), and your issue or question.
- For other providers in the Upper Peninsula or West regions:
Contact your provider consultant directly by selecting your location using our **Upper Peninsula** or our **West region** contact list.

If you don't know which region you're in, [view our map](#).



Network Operations

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

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

We're offering educational webinars that will provide updated information on documentation and coding of common challenging diagnoses. These live, lunchtime 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 webinars. These 30-minute sessions start at noon Eastern time. Log in to the provider training website and register for the session that best works with your schedule.

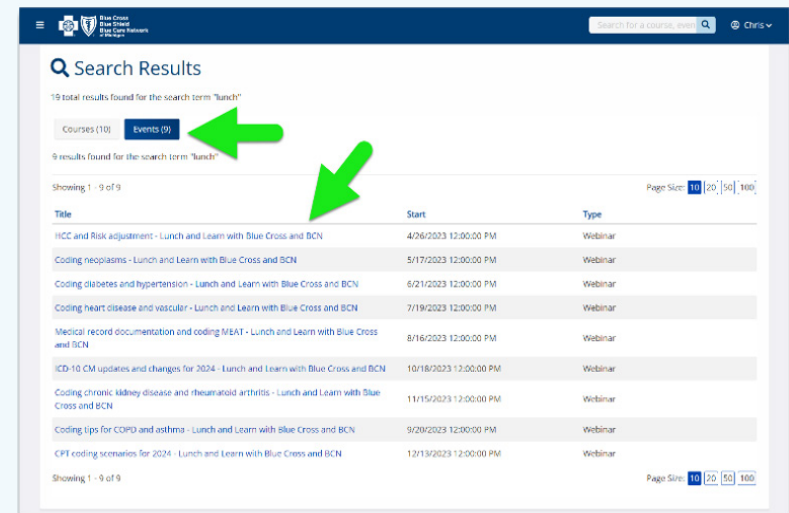
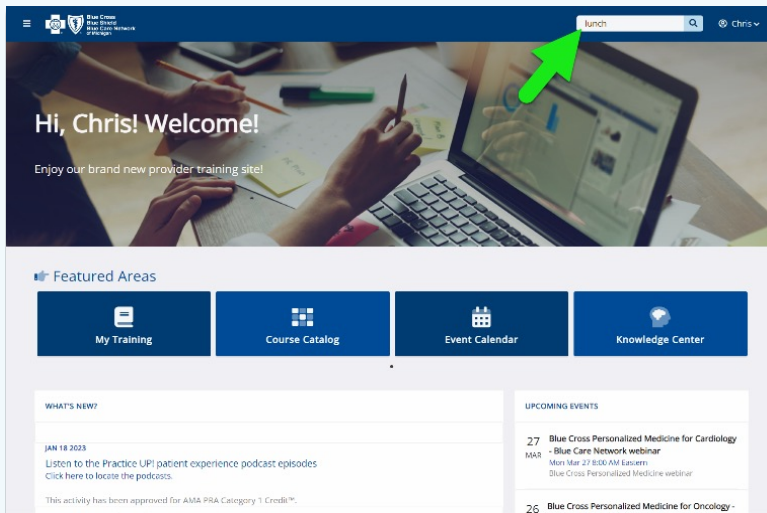
If you haven't already registered for the provider training website, follow these steps:

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.

Session Date	Topic
June 21	Coding diabetes and hypertension
July 19	Coding heart disease and vascular
Aug. 16	Tips for proper medical record documentation and coding MEAT
Sept 20	Coding tips for COPD and asthma
Oct. 18	ICD-10-CM updates and changes for 2024
Nov. 15	Coding chronic kidney disease and rheumatoid arthritis
Dec.13	CPT coding scenarios; a look at the new CPT codes for 2024

Locating a session

[Click here if you are already registered for the provider training website.](#) On the provider training website, look in the *Event Calendar* or use the search feature with the keyword **lunch** to quickly locate all 2023 sessions.



You can listen to the previously recorded sessions too. Check out the following:

Previously recorded	Topic
April 26	HCC and risk adjustment coding scenarios
May 17	Coding Neoplasms

For more information

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

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

New on-demand training available

Provider Experience continues 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.

Action item

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

We recently added the following new learning opportunities:

- CMS Star measures overview for 2023
This course is an overview of HEDIS® quality measures, which are also Medicare Star Ratings measures. Updated for 2023, the course has a new section about the CAHPS® survey, tips for closing gaps, clarifications on quality measure requirements and assistance with coding and documentation.
- HEDIS measures scenarios for 2023
This course shows you how to close quality gaps using the HEDIS tip sheets. You will learn the tips and tricks through a series of scenarios where you help figure out why the office is seeing gaps in specific measures. The course has been updated for 2023.

Check the dashboard on our provider training site, which is available to enhance the training experience for health care providers and staff, for announcements as we add more courses, including those with CME offerings.

To request access to the training site, 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.

HEDIS® (Healthcare Effectiveness Data Information Set) is a registered trademark of the National Committee for Quality Assurance.

Network Operations

Balance billing by noncontracted ambulance services continues to stress patients

As a reminder, providers must order transfers from contracted ambulance services when arranging for non-emergency ground transfers to prevent patients from being balanced billed large amounts from noncontracted ambulance services.

See the article on **Page 9** for details.

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

Feedback



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



Discuss health concerns addressed in Medicare Health Outcomes Survey with your patients

Action item

Check out our [Health Outcomes Survey tip sheet](#) to learn how you can address care opportunities with your Medicare Advantage patients.

Beginning in July, some of your Blue Cross Blue Shield of Michigan and Blue Care Network patients with Medicare Advantage plans may receive the annual Health Outcomes Survey, or HOS, conducted by Centers for Medicare & Medicaid Services. The survey will ask them about the status of their physical and mental health, and how well they have been advised by their physician on fall prevention, managing urinary incontinence and physical activity.

How you can make a difference

The interactions you have with your patients directly affect the responses on the survey. Some patients may need your encouragement to discuss their concerns during their annual physical. Having discussions and advising them on the topics covered in the HOS improves your patients' quality of life, engagement in their health and experience with your practice.

Here are some suggestions for topics to discuss at annual physicals:

- Review and address any physical or emotional wellness concerns
- Discuss and advise on appropriate exercise
- Develop treatment plans with patients to address incontinence
- Discuss ways to prevent falls and improve balance

How Blue Cross and BCN are supporting you

- Offering members incentives for annual wellness visits
- Sending members emails and letters to encourage them to have these conversations with you

- Providing health care providers with live and on-demand webinars to address incontinence, physical activity and fall prevention (see the "Find out more about HOS" section below for webinar information)
- Providing members with the SilverSneakers® program
- Providing informational resources

Find out more about HOS

Our CMS Star measures course has a module with more detail about the Health Outcomes Survey. Log in to the [provider training website](#) and search for the course. Use the keyword "HOS."

If you don't already have access to the provider training website, you can easily [create an account](#). We recommend you use the same email address you use to communicate with Blue Cross Blue Shield of Michigan when creating the account.

You can also check out our [Health Outcomes Survey tip sheet](#) for sample survey questions and tips for success.





Changes to maternity support program and new menopause support program

Last year, Blue Cross Blue Shield of Michigan and Blue Care Network announced that we’re working with Maven, an independent company, to provide a Family Building and Maternity Support Solution.

We’ve renamed this solution to the Family Building and Women’s Health Support Solution and we’re enhancing it as follows.

Maternity program

Starting in July 2023, this program will offer support during the nine months of pregnancy and for one year postpartum for members who have coverage through Blue Cross and BCN commercial self-funded groups that purchase this program.

There’s no change for members who have coverage through Blue Cross and BCN commercial fully insured groups or for members who have individual coverage. The program will still end at three months postpartum for these members.

For additional details about this program, see the [November-December 2022 BCN Provider News](#).

Menopause program

In July, we’re adding a menopause program that will provide access to expert advice and resources to members who are experiencing physical and mental symptoms related to menopause. This program will be available to all members who have coverage through Blue Cross and BCN commercial fully insured groups and to all members who have individual coverage. It’s also available to members who have coverage through self-funded groups that purchase this program.

The support that’s available through this program includes:

- Early identification of menopausal symptoms and treatment guidance.
- 24/7 virtual access to a coaching care team that specializes in perimenopause, menopause and postmenopause.

- Within the Maven mobile app, guided education and access to communities for connecting with others in the same stage of life.
- One-on-one mental health support throughout the menopausal journey.

Similar to the rest of the programs for which we’re working with Maven, the menopause program will include access to:

- A dedicated **care advocate** who can provide personalized, one-on-one support to answer questions, recommend the right types of care for specific needs, and help members find high-quality, in-network providers.
- **Personalized resources**, including clinically approved articles, community forums to engage with others on similar journeys and classes led by clinical professionals.
- **Clinical virtual support** through 24/7 on-demand video appointments that are available within one hour. Members can speak with top-rated coaches* from clinical specialties, including OB-GYNs, mental health specialists and career coaches. Appointments are available in more than 35 languages. A chat option is also available.

*Maven coaches don’t replace in-person care or relationships with established care teams and providers. They’re additional resources.

Maven is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing family building and women’s health support services.





Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



Balance billing by noncontracted ambulance services continues to stress patients

As a reminder, providers must order transfers from contracted ambulance services when arranging for non-emergency ground transfers to prevent patients from being balanced billed large amounts from noncontracted ambulance services.

You can help patients avoid this situation, which affects Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members, by using only contracted ground ambulance services. To determine which ground ambulance services are contracted with or participate with a member's health plan:

1. Go to bcbsm.com.
2. Click **Find a Doctor**.
3. Click the *Search without logging in* link.
4. If prompted, choose a location.
5. In the upper-right corner of the screen, do one of the following:
 - Click the *I don't know my network* button.
 - Click the *Change your location or plan* link and then click *I don't know my network*.

6. Click the *Find a different plan* button.
7. Select the appropriate plan.
8. Click the *Confirm selection* button.
9. Click *Places by type*.
10. Enter *Land ambulance* or the name of a specific ambulance provider, and press Enter.

The search results include the ground ambulance services that are contracted with or participate with the plan you selected.

See our *Ground Ambulance Services* medical policy for additional information. To view the policy:

1. Go to bcbsm.com/providers.
2. Click *Resources*.
3. Scroll down the page and click the *Search Medical Policies* button.
4. In the **Medical Policy Router Search** page, enter **ground ambulance services** in the Policy/Topic Keyword field and press Enter.
5. Click the *Medical Policy – Ground Ambulance Services* link.

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



Reminder: Only charge patients their cost share

When you treat a patient with Blue Cross Blue Shield of Michigan or Blue Care Network coverage, including our Medicare Advantage plans, Medicare Plus BlueSM or BCN AdvantageSM, be sure to bill Blue Cross or BCN for covered services and only charge the member the appropriate cost share according to their health plan coverage.

See the article on [Page 20](#) for details.

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:

Established

- Enteral Nutrition
- Telemonitoring - Remote Patient Monitoring and Remote Therapeutic Monitoring

Mixed

- Low-Level Laser and High-Power Laser Therapy

Investigational, not medically necessary

- Orthopedic Applications of Stem-Cell Therapy (Including Autologous Stem Cells Used with Allografts and Bone Substitutes)

Covered services

- Magnetic Resonance Spectroscopy
- Speech and Language Pathology/Swallowing Rehabilitation
- Treatment of Varicose Veins/Venous Insufficiency
- Somatic Biomarker Testing (Including Liquid Biopsy) for Targeted Treatment and Immunotherapy in Non-Small-Cell Lung Cancer (EGFR, ALK, BRAF, ROS1, RET, MET, KRAS, HER2, PD-L1, TMB)
- Multimarker Serum Testing Related to Ovarian Cancer (e.g., OVA1[®], OVERA[™], OvaWatch[®] and ROMA[™]) testing
- Genetic Testing for Alzheimer’s Disease
- Genetic Testing for Rett Syndrome
- Growing Rods for Scoliosis (e.g., MAGEC Spinal Bracing and Distraction System)
- Bariatric Surgery
- Diagnosis of Sleep Disorders
- Medical Management of Obstructive Sleep Apnea Syndrome (Oral Appliances and Novel Therapies)



Behavioral Health

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

It's important to monitor the metabolic effects of psychiatric medications

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



Antipsychotic medications, along with antidepressants and mood stabilizers, have significant weight gain associated with them.

The newer medications are better than the first-generation drugs but still have this side effect. Second-generation antipsychotic medications, such as Zyprexa® and Risperdal, have the most weight gain associated with them. Seroquel, Latuda®, Abilify® and Invega® tend to cause a medium amount of weight gain, while Geodon has the least effect. In fact, some people actually lose weight while on Geodon.

Antidepressants

Antidepressants in the SSRI class and SNRI class also can contribute to weight gain. Wellbutrin, an atypical agent, has the least amount of weight gain associated with it; some people lose weight on it. Depakote and lithium

have long been associated with weight gain. This side effect contributes to glucose intolerance and may lead to diabetes if unmonitored.

There is some evidence that metformin prevents the weight gain. Likewise, more recent information suggests semaglutide is an effective agent to assist in the prevention of metabolic syndrome and, ultimately, diabetes. Before prescribing any of these medications, doctors should discuss possible side effects with the patient and the role that diet and exercise can play in treating prediabetes.

Monitoring patients who are on antipsychotics or antidepressants

Monitoring for metabolic syndrome as outlined below is the standard of care when patients start on these medications. The American Diabetes Association suggests monitoring the following:

- Personal history (at baseline and annually)
- Weight (at baseline, 4 weeks, 8 weeks, 12 weeks, quarterly and annually)
- Waist circumference (at baseline, 12 weeks and annually)
- Blood pressure (at baseline, 12 weeks and annually)
- Fasting plasma glucose/A1C (at baseline, 12 weeks and annually)
- Fasting lipid profile (at baseline, 12 weeks and annually)

If significant issues develop while the patient is on any of these medications, changing medications may be the best solution. Or, if the medication (or medication combination) the patient is on is the only one that works, then treating the resulting metabolic issues aggressively may help enhance the patient's quality of life and decrease adverse events in the future.

We encourage you to monitor the key areas outlined above, making them part of your follow-up routine with patients who are on these medications. It's also important to help patients understand the importance of these measures and the role they play in keeping them well.



Submit prior authorization requests for ABA services through e-referral

Beginning June 1, 2023, licensed behavior analysts, or LBAs, in Michigan must submit prior authorization requests for applied behavior analysis, or ABA, services through the e-referral system. This affects LBAs who provide ABA services to BCN commercial members.

Note: Due to Michigan’s prior authorization law requirements, all providers must submit prior authorization requests electronically whenever possible. This requirement applies to behavioral health, medical and pharmacy services that require prior authorization. For more information about the requirements of the law, see the provider alert titled **Update: Prior authorization changes coming in June**.

Here's what you need to do

Each LBA needs to complete the following tasks. If you’ve already completed them, you don’t need to do anything. If you haven’t completed them, see the information in the right column.

Task		If you haven’t completed this task...
1	Get access to Availity® and the e-referral system.	See the <i>LBAs must have access to Availity and the e-referral system</i> section of the April 20 provider alert for details.
2	Watch the <i>Authorization Request & Referral Request for BCBSM Providers – Recorded Webinar</i> through Availity.	It’s important that you complete this training because it includes information that won’t be covered in the LBA-specific webinar below. For information about accessing recorded training, see the Availity Essentials user guide .
3	Attend or watch the webinar titled <i>e-referral overview webinar for ABA providers</i> .	Watch the recorded webinar by doing the following: 1. Log in to the Blue Cross and BCN provider training website . (If you don’t already have a login and password, click <i>New User? Click here to register</i> at the bottom of the screen.) 2. In the Search field near the upper-right corner of the screen, enter ABA and press <i>Enter</i> . 3. Click <i>e-referral overview webinar for ABA providers</i> to access the recorded webinar.

Additional information

We announced this change in an **April 20 provider alert**, and we encouraged LBAs to register for a webinar in a **May 3 provider alert**.

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

Behavioral Health

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

Behavioral health providers: How to bill prolonged services

In January 2023, we posted a **provider alert** in which we asked behavioral health providers to hold claims for dates of service on or after Jan. 1, 2023, that contain procedure codes *99354 and *99355. These codes were for prolonged services and were terminated as of Jan. 1, 2023.

At that time, we said we were working on identifying active codes that can be billed in place of the terminated codes.

Here's what to do with the claims you've been holding

For prolonged behavioral health services:

- For Blue Cross and BCN commercial members, use HCPCS code G2212 in place of procedure codes *99354 and *99355 for dates of service on or after Jan 1, 2023. The G2212 code can now be billed with procedure codes *90837 and *90847.
- For Medicare Plus Blue and BCN Advantage members, follow the Centers for Medicare & Medicaid Services billing guidelines.

Here's some additional information:

- HCPCS code G2212 is billed in increments of 15 minutes for each unit of prolonged service after the time of the base code is exhausted.
- You can submit claims for dates of service as early as Jan. 1, 2023.

Reminder

The American Medical Association terminated procedure codes *99354 and *99355 as of Jan. 1, 2023.

- Any claims for dates of service on or after Jan. 1, 2023, that contain those codes will be rejected even if the claims contain codes that are payable.
- Claims with dates of service prior to Jan. 1, 2023, can still be billed with procedure codes *99354 and *99355.

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

We'll use 2023 InterQual® criteria starting Aug. 1

On Aug. 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network will start using 2023 InterQual criteria to make determinations on prior authorization requests for the behavioral health and non-behavioral health services we manage.

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

Reminder: Only charge patients their cost share

When you treat a patient with Blue Cross Blue Shield of Michigan or Blue Care Network coverage, including our Medicare Advantage plans, Medicare Plus BlueSM or BCN AdvantageSM, be sure to bill Blue Cross or BCN for covered services and only charge the member the appropriate cost share according to their health plan coverage.

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

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

Pharmacy News



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

Starting August 15, we'll require a prior authorization for some diabetes drugs

Beginning August 15, 2023, providers will need to submit a prior authorization to show the brand-name medications listed below are being used for Type 2 diabetes to continue coverage for Blue Cross Blue Shield of Michigan and Blue Care Network commercial members. Medicare members are excluded from this change.

Brand-name medication	FDA-approved indication	Coverage requirement
Bydureon® Byetta® Mounjaro® Ozempic® Rybelsus® Trulicity® Victoza®	Type 2 diabetes	Coverage will require the following: 1. Being used for the treatment of Type 2 diabetes OR 2. Trial of one generic or preferred medication for the treatment of Type 2 diabetes

Members will need to ask their prescribing doctor to contact us to request a prior authorization for the medications listed above. These therapies will require approval starting August 15. If the prescription is not authorized in advance, it may not be covered.

We announced a similar change on February 1, 2023, which didn't apply to members who were already taking these medications. Effective August 15, all members are required to have a prior authorization for these medications.

Providers can request a prior authorization electronically. For more information on how to submit an authorization electronically:

1. Go to ereferrals.bcbsm.com.
2. Select *Blue Cross* for PPO members or *BCN* for HMO members.
3. Click on *Pharmacy Benefit Drugs* on the left.

For a complete list of drugs and coverage requirements go to bcbsm.com/druglists.





Jemperli and Opdualag™ to have site-of-care requirements for BCN commercial members starting July 1

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

- Jemperli (dostarlimab-gxly), HCPCS code J9272
- Opdualag (nivolumab and relatlimab-rmbw), HCPCS code J9298

When you submit prior authorization requests for these drugs to Carelon Medical Benefits Management (former known as AIM Specialty Health®), the **ProviderPortal®** will prompt you to select a site of care. The request will be approved automatically if it meets clinical criteria for the drug and is for one of the following sites of care:

- Doctor's or other health care provider's office
- Ambulatory infusion center
- The member's home, when the medication is administered by a home infusion therapy provider

Additional information or documentation may be required for requests to administer Jemperli and Opdualag in an outpatient hospital setting.

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

For members who start courses of treatment with Jemperli and Opdualag in an outpatient hospital setting before July 1, 2023:

- Those members will be able to continue receiving the drug in an outpatient hospital setting through Jan. 1, 2024.
- After Jan. 1, 2024, those members will need to request prior authorization again and the site-of-care requirements outlined above will apply.

Note: The site-of-care requirements don't apply to Blue Cross Blue Shield of Michigan commercial members.

List of requirements

For additional information on requirements related to drugs covered under the medical benefit, refer to the following Blue Cross commercial and BCN commercial drug lists:

- **Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members**
- **Blue Cross and BCN utilization management medical drug list**

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

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

Carelon Medical Benefits Management (formerly known as 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.



Pharmacy News

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)



Blue Cross and BCN to use Audaire Health™ provider portal to capture clinical outcomes for CAR-T cell therapy drugs

Starting July 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network will start using the Audaire Health provider portal to track and capture clinical outcomes for CAR-T cell therapy drugs for Blue Cross commercial and BCN commercial members.

The data providers enter in the Audaire provider portal will enable Blue Cross and BCN to capture and assess the clinical benefit of these therapies.

Note: This process will replace the manual reporting process for clinical outcomes for CAR-T cell therapy drugs, thereby reducing administrative burden. Blue Cross or BCN will no longer fax forms to prescribing providers on an annual basis for them to enter clinical outcome information and send back to us.

Which CAR-T cell therapy drugs are affected?

Starting July 1, Blue Cross and BCN will require providers to enter clinical outcomes into the Audaire provider portal for the following CAR-T cell therapies, which are covered under members' medical benefits.

HCPCS code	Brand name	Generic name
Q2055	Abecma®	idecabtagene vicleucel
Q2054	Breyanzi®	lisocabtagene maraleucel
Q2056	Carvykti™	ciltacabtagene autoleucel
Q2042	Kymriah®	tisagenlecleucel
Q2053	Tecartus®	brexucabtagene autoleucel
Q2041	Yescarta®	axicabtagene ciloleucel

Notes:

- Current requirements will continue to apply to these drugs. Continue to submit prior authorization requests through the NovoLogix® online tool. (To access NovoLogix, log in to our provider portal ([availability.com](https://www.availability.com)), click on *Payer Spaces* and then click on 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 don't have access to Availity®, see the [Register for web tools](#) page on [bcbsm.com](https://www.bcbsm.com).)

Please see [Audaire Health™ provider portal](#) continued on Page 17

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

Pharmacy News

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



- We'll require that providers enter clinical information in the Audaire provider portal for any CAR-T cell therapy drugs that are approved by the Food and Drug Administration, or FDA, after July 1, 2023.

What will change on July 1?

- The first time Blue Cross or BCN approves a prior authorization request you submitted for one of these therapies, you (the requesting provider) must attest that you'll enter clinical outcome information in the Audaire provider portal as requested by Blue Cross or BCN. Attestation is required for the therapies to be covered by a member's benefit. (See the *How should you prepare for this change?* section below to learn more about attestation.)
- For any member who is approved for one of these therapies, we'll automatically add their basic information to the Audaire provider portal.

Note: We'll also add basic information for any members who were approved for one of these therapies from Jan. 1, 2022, through June 30, 2023. An Audaire representative will reach out to ask that the requesting provider enter clinical outcome information in the Audaire provider portal for these members.

- Providers or their offices will receive email reminders from Audaire on a regular basis to remind them to submit clinical information. The email messages will be sent by hello@audaire.com, and they'll include a direct link to the portal for easy access.

Providers can use either of these submission methods:

- Entering clinical information in the easy-to-use survey format in the Audaire provider portal.
- Calling 512-643-5099. After stating your name, you'll be connected to an Audaire representative, who can enter the clinical information on your behalf.

Note: To get help entering information in the Audaire provider portal, call 512-643-5099 to schedule an appointment with an Audaire representative.

How should you prepare for this change?

You don't need to take action.

The first time Blue Cross or BCN approves a prior authorization request you submitted for one of these therapies, an Audaire representative will reach out to you to set up a 30-minute phone call during which they'll:

- Create your Audaire Health profile, which will complete your attestation
- Provide training on how to use the Audaire provider portal
- Answer your questions about the Audaire provider portal

Note: An Audaire representative will also reach out to you if you have patients for whom we approved an authorization request for one of these therapies prior to July 1 and who have active coverage with Blue Cross or BCN.

Why are we making this change?

CAR-T cell therapies are high-cost treatments, and Blue Cross and BCN recognize the value and therapeutic promise these therapies hold. The goal of collecting this data is to ensure member access to therapies while maintaining affordability.

Do any other drugs require tracking in the Audaire provider portal?

Blue Cross and BCN also require providers to track clinical outcomes for commercial members for the following high-cost spinal muscular atrophy therapies: Zolgensma® (onasemnogene abeparvovec-xioi), Spinraza® (nusinersen) and Evrysdi® (risdiplam). For additional details, see the **October 2022 Record article** and the **November-December 2022 BCN Provider News article**.

Questions?

If you have questions about this change, send them to Allison Olmsted, Pharm.D., at aolmsted@bcbsm.com.

Audaire Health is a contracted vendor that provides select services to Blue Cross and BCN commercial members.

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



The Blue Care Network Generics Advantage Program helps members stay adherent and save money on generics

Through our free Generics Advantage Program, we reward enrolled BCN commercial members with discounts when they follow their doctors' medication treatment plans. (Medicare members are excluded.) The program targets medications for chronic conditions and includes statins, beta blockers and angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers.

This program reduces members' out-of-pocket costs when they fill prescriptions for select generic medications as prescribed. Each time members refill their prescriptions, they may receive bigger discounts and may eventually pay nothing. After their benefits reset in the new year and members remain on targeted medications, they'll continue receiving discounts. The program includes 90-day scripts at retail. It does not include home delivery. See the list of medications in the table below.

How the program works

Members who are adherent to their drug therapies are rewarded with discounts on their prescriptions for certain generic medications. Each time they refill a prescription, they may receive a bigger discount.

Eligible members will receive mailers with program and enrollment information from Sempre Health. They can enroll by text, phone or online to take full advantage of the savings. They receive a discount ID via text or phone call. When this discount ID is shared with a pharmacist, a member will pay a discounted rate for a prescription refill. A member never pays more than his or her typical copay.

List of medications on the Generics Advantage Program:

Medications on the Generics Advantage Program	Dosage
Atenolol tab	100, 25, 50 mg
Atorvastatin Calcium tab	10, 20,40, 80 Mg (Base equivalent)
Carvedilol Phosphate cap ER 24hr	10, 20, 40, 80 mg
Carvedilol tab	12.5, 25, 3.125, 6.25 mg
Lisinopril and Hydrochlorothiazide tab	10-12.5, 20-12.5, 20-25 mg
Lisinopril tab	2.5, 5, 10, 20, 30, 40 mg
Losartan Potassium tab	25, 50 100 mg
Losartan Potassium and Hydrochlorothiazide tab	50-12.5, 100-12.5, 100-25 mg
Metoprolol Succinate Tab ER 24hr	25, 50, 100, 200 mg (Tartrate equivalent)
Metoprolol Tartrate tab	25, 37.5, 50, 75,100 mg
Pravastatin Sodium tab	10, 20, 40, 80 mg
Propranolol HCL tab	10, 20, 40, 60, 80 mg
Propranolol HCL cap ER 24hr	60, 80, 120, 160 mg
Rosuvastatin Calcium tab	5, 10, 20, 40 mg
Simvastatin tab	5,10, 20, 40, 80 mg

This GAP drug list may change or expand in the future.

Pharmacy News

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)



Michigan Automated Prescription System may not capture all information about a patient’s experience with controlled substances

Health care providers using the Michigan Automated Prescription System should know that the database may not capture information about some controlled substances in a patient’s history.

Substances not captured by MAPS include:

- Controlled substances administered or dispensed to patients from opioid treatment programs, such as methadone and buprenorphine
- Samples of controlled substances provided to a patient
- Controlled substances dispensed by a doctor at a medical institution for a maximum of 48 hours

MAPS is an interactive database used to track controlled substances, schedule II through V, including gabapentin.

MAPS provides clinicians with important information about a patient’s controlled substance prescription history. It can be a valuable tool when considering treatment options and screening patients who may be at risk for abuse or diversion.

For more information on MAPS, visit the [MI Automated Prescription System \(MAPS\)](#) website.

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



BCN and BCN AdvantageSM provider-delivered care management program expands to include specialists

BCN and BCN Advantage have expanded the provider-delivered care management program to specialists retroactive to the beginning of 2023. For dates of service on or after January 1, 2023, specialists can now bill PDCM services for BCN commercial and BCN Advantage members using the following codes:

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

Specialists who received a claims denial for one of the above codes for a 2023 date of service for a BCN or BCN Advantage member don't need to take any action. We are already reprocessing these PDCM denied claims.

We updated our systems March 27, so claims with these codes will no longer deny for specialists.

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Reminder: Only charge patients their cost share

When you treat a patient with Blue Cross Blue Shield of Michigan or Blue Care Network coverage, including our Medicare Advantage plans, Medicare Plus BlueSM or BCN AdvantageSM, be sure to bill Blue Cross or BCN for covered services and only charge the member the appropriate cost share according to their health plan coverage.

Always ask to see the patient's health plan ID card and check their eligibility and benefits through one of these methods:

- *Eligibility and Benefits Inquiry* in our provider portal
- Provider Inquiry
 - Professional providers: 1-800-344-8525
 - Hospital and facility providers: 1-800-249-5103
- Electronic standard transaction

You can use these sources to determine the appropriate member cost share, including deductible, coinsurance and copay prior to providing the service, then you can charge the member the correct amount at the time of service. As an alternative, you can provide the service, submit the claim and wait for the remittance advice or voucher to explain the member's cost share before billing the member. If you wait to bill the member, be sure to check

that the member's coverage is active and that the service you're providing is a covered benefit before providing the service.

Our provider agreements prohibit participating, or contracted, providers from charging Blue Cross or BCN members any amounts beyond the member's applicable cost share. If the remittance advice or voucher indicates the member's cost share should have been less than what you charged, you will need to refund the member the overcharged amount.

Change to member reimbursement

Blue Cross and BCN are changing the way we manage reimbursement requests from members with Blue Cross and BCN commercial coverage. When a member sends in a request for reimbursement, we'll look to see if the health care provider is a participating or contracted provider. If that is true, we'll direct payment to the provider. The provider will then need to reimburse the member.

If your practice has been asking patients to pay for the service and request reimbursement from us, this will result in additional work for you.

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

BCN changing check reference ID in claim status options

When you view your Blue Care Network or BCN AdvantageSM remittance advices, vouchers, 835 electronic remittance advice transactions or your BCN Negative Balance Report, you may notice a new format in the “Check Reference ID” field.

This field is a series of numbers used to identify a specific check. Currently, the digits in this field begin with the check payment date shown in this format: YYYYMMDD, where September 1, 2023 is listed as 20230901. This is followed by eight additional digits.

You don’t need to use this field to determine the check payment date as this information is available elsewhere in each document or report. For example, a BCN voucher has a “Date” field at the top with the check payment date in an easy-to-understand format.

For electronic transactions, the check reference ID that is changing will be reflected in the TRN02 segment, known as the check or EFT trace number. The date format is unchanged in the BPR16 segment displaying the check issue or electronic fund transfer effective date.

We don’t expect the change to the format of the check reference ID to affect your ability to use any of the BCN claim status options. There’s also no change to the way you look up a claim status document.

If you’re curious about the new BCN check reference ID format, read on.

Check reference ID will include the check payment date displayed in Julian date format

The new format for the check reference ID, which is expected to begin August 13, lists a two-digit year followed by the month and day displayed in a three-digit Julian date format. The combined year and month/day results in a five-digit Julian date which is followed by 11 additional alphanumeric digits.

What is a Julian date?

A Julian calendar counts 365 days per year with an additional leap day added every four years. Jan. 1 is day 1. Each day after that adds another number. Thus, Feb. 1 is day 32, March 1 is day 60, etc., until we end the year on Dec. 31 at day 365 (in a non-leap year).

While most of us follow a Gregorian calendar, some information technology uses the Julian calendar. BCN’s claims payment system is undergoing an upgrade that will result in the “Check Reference ID” field being displayed as a Julian date.

Here’s how you may see the September 1, 2023 date in our old and new formats:

- Old format: 202309010300531
- New format: 23244B1000000531

The date is highlighted in both. Note that the new format has an alpha character following the date (either a B or an S). This is used only by BCN.

How can I translate a Julian date?

There are several online sources that will translate between Gregorian and Julian calendar dates. Here are some examples you can use:

- [CalendarLabs.com 2023 Yearly Julian Calendar](#)
- [101planners.com 2023 Julian Calendar](#)
- [Longpela Expertise](#)

Billing Bulletin

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)



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:

- New clinical edits for drugs and biologicals
- Update to multiple radiology professional reads
- Updates on a claim that may trigger a new clinical edit



Balance billing by noncontracted ambulance services continues to stress patients

As a reminder, providers must order transfers from contracted ambulance services when arranging for non-emergency ground transfers to prevent patients from being balanced billed large amounts from noncontracted ambulance services.

See the article on **Page 9** for details.

Behavioral health providers: How to bill prolonged services

In January 2023, we posted a provider alert in which we asked behavioral health providers to hold claims for dates of service on or after Jan. 1, 2023, that contain procedure codes *99354 and *99355. These codes were for prolonged services and were terminated as of Jan. 1, 2023.

See the article on **Page 13** for details.

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

Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

We'll use 2023 InterQual® criteria starting Aug. 1

On Aug. 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network will start using 2023 InterQual criteria to make determinations on prior authorization requests for the behavioral health and non-behavioral health services we manage.

Note that this information applies to lines of business and members whose authorizations are managed by Blue Cross or BCN directly and not by independent companies that provide services to Blue Cross Blue Shield of Michigan.

Non-behavioral health services

We'll use updated criteria for all levels of care to make determinations on prior authorization requests for non-behavioral health services for the following members:

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

When clinical information is requested for a medical or surgical admission or for other services, we require providers to submit the specific components of the

medical record that show that the request meets the criteria. We review this information when making determinations on prior authorization requests.

Blue Cross and BCN also use local rules, which are modifications of InterQual criteria, in making determinations. You can access the local rules as follows:

- On the Blue Cross **Authorization Requirements & Criteria** page of ereferrals.bcbsm.com. Look in both the Blue Cross commercial and the Medicare Plus Blue sections of that page.
- On the BCN **Authorization Requirements & Criteria** page of ereferrals.bcbsm.com. Look under the "Referral and authorization information" heading.

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

Note that starting Aug. 1, we'll no longer use the condition-specific local rules for acute inpatient medical admissions.

Criteria	Services
InterQual acute — Adult and pediatrics	<ul style="list-style-type: none"> • Inpatient admissions • Continued stay discharge readiness
InterQual level of care — Subacute and skilled nursing facility	<ul style="list-style-type: none"> • Subacute and skilled nursing facility admissions • Continued stay discharge readiness
InterQual rehabilitation — Adult and pediatrics	<ul style="list-style-type: none"> • Inpatient admissions • Continued stay and discharge readiness
InterQual level of care — Long-term acute care	<ul style="list-style-type: none"> • 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
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

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

Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

Behavioral health services

On Aug. 1, 2023, we'll begin using the 2023 InterQual criteria to make determinations on prior authorization requests for behavioral health services for these members:

- Medicare Plus Blue
- BCN commercial
- BCN Advantage

In addition, certain 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	<ul style="list-style-type: none"> • Mental health disorders: partial hospital program • Residential mental health treatment (adult, geriatric, child and adolescent members) <p>Note: Neither BCN commercial members with BCN1, BCN5 and BCN10 plans nor BCN Advantage members have residential mental health treatment benefits.</p>	<ul style="list-style-type: none"> • Applied behavior analysis for autism spectrum disorder • Neurofeedback for attention deficit disorder and attention deficit hyperactivity disorder • Transcranial magnetic stimulation, or TMS • Telemedicine (telepsychiatry and teletherapy)
Medicare Plus Blue	Mental health disorders: partial hospital program	Telemedicine (telepsychiatry and teletherapy)

You can find links to the current modified behavioral health and autism local rules and to the medical policies on these webpages:

- [Blue Cross Behavioral Health page](#)
- [BCN Behavioral Health page](#)
- [Blue Cross Autism page](#)
- [BCN Autism page](#)

We'll update those pages prior to Aug. 1 to reflect the criteria changes.

Note: Determinations on Blue Cross commercial behavioral health authorization requests are handled by New Directions Behavioral Health®. 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.



Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



Carelon to expand existing prior authorization program starting Sept. 1

For dates of service on or after Sept. 1, 2023, additional services will require prior authorization by Carelon Medical Benefits Management (formerly known as AIM Specialty Health®).

Carelon currently manages select services for Blue Cross Blue Shield of Michigan commercial, Blue Care Network commercial, Medicare Plus BlueSM and BCN AdvantageSM members.

Here’s a summary of the changes that will occur starting Sept. 1:

- For both Blue Cross and BCN commercial members, additional cardiology, advanced imaging and sleep study services will require prior authorization.
- For BCN commercial members, Carelon will start managing in-lab sleep studies.

By Aug. 14, the Carelon ProviderPortal® and the Carelon call center will be ready to accept prior authorization requests for these additional services.

These changes apply to:

- Most Blue Cross Blue Shield of Michigan commercial members
- All Blue Care Network commercial members

For the services that Carelon already manages, you’ll continue to request prior authorization through the Carelon ProviderPortal.

Look for additional details about these changes in upcoming provider alerts and newsletter articles.

Carelon Medical Benefits Management (formerly known as 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.

Reminder: Prior authorization changes began June 1

Michigan’s **prior authorization law requirements** went into effect on June 1, 2023. These requirements apply to health care insurers and providers in Michigan for members who have commercial coverage.

One of the requirements of the law is that providers must submit prior authorization requests electronically. If providers are unable to submit electronically due to temporary technical problems, such as power or internet outages, they can submit via alternate methods, such as phone or fax. For alternate submission methods, see the appropriate page of our ereferrals.bcbsm.com website.

The law also requires health care insurers to:

- Provide a list of services that require prior authorization and the clinical criteria used to make determinations on prior authorization requests. This information is available at bcbsm.com/priorauth.
- Make determinations on standard (non-urgent) preservice prior authorization requests within nine days of receiving a request. We began doing this June 1.

With this shorter timeframe, it is crucial that you submit all necessary clinical documentation when you enter the request on e-referral. This will prevent denials due to lack of information and, as a result, will decrease the need to file appeals.

We communicated this information and more about the requirements of the law in previous issues of this newsletter and in the provider alert titled **Update: Prior authorization changes coming in June**.

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

Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

Questionnaire changes in the e-referral system

From March through May, we added, updated and removed questionnaires in the e-referral system. We also added, updated and 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 authorization requests.

New questionnaire

On March 26, we added a Breast reduction questionnaire that's specific to BCN Advantage members. This questionnaire opens for adolescent and adult BCN Advantage members for procedure code *19318.

Updated questionnaires

We updated the following questionnaires on the date specified below:

Questionnaire	Opens for	Updates	Release date
<i>Abdominoplasty</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Added a question.	5/14/2023
<i>Bone-anchored hearing aid</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Updated several questions.	5/14/2023
<i>Breast reduction</i>	BCN commercial	<p>No longer opens for BCN Advantage members. This questionnaire continues to open for procedure code *19318 for BCN commercial members.</p> <p>As noted above, a separate questionnaire opens for BCN Advantage members.</p>	3/26/2023
<i>Cosmetic and reconstructive surgery</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	<ul style="list-style-type: none"> Updated some questions. Deleted a question. 	4/24/2023
<i>Dental general anesthesia or repair of trauma to natural teeth</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Updated the wording of a question.	4/9/2023
<i>Endovascular intervention, peripheral artery</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	<ul style="list-style-type: none"> Updated the wording of a question. 	3/26/2023
		<ul style="list-style-type: none"> Providers can request only 2 units per procedure code. 	5/14/2023
<i>Excess skin removal</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Updated several questions.	5/14/2023
<i>Experimental and investigational services</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Opens for both pediatric and adult members.	5/1/2023

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

Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



Questionnaire	Opens for	Updates	Release date
<i>Hammertoe correction surgery</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Oral surgery</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Updated a question.	5/14/2023
<i>Otoplasty</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	Updated a question.	4/24/2023
<i>Pediatric feeding program</i>	BCN commercial	Updated a question.	4/24/2023
<i>Prostatic urethral lift</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	<ul style="list-style-type: none"> Updated the wording of a question. Removed a question. 	3/26/2023
<i>Radiofrequency ablation (RFA), cardiac atrial fibrillation or atrial flutter</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of a question.	4/9/2023
<i>Radiofrequency ablation (RFA), cardiac frequent monomorphic premature ventricular contractions</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial tachycardia</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Radiofrequency ablation (RFA), cardiac sustained (more than 30 seconds) ventricular tachycardia</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Radiofrequency ablation (RFA), cardiac treatment for preexcitation syndrome or WPW syndrome</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Responsive neurostimulator/deep brain stimulation trigger questionnaire</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	No longer opens for procedure code *61868.	3/26/2023
<i>Responsive neurostimulation for the treatment of refractory partial epilepsy</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	No longer opens for procedure code *61868.	3/26/2023

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

Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

Questionnaire	Opens for	Updates	Release date
<i>Rhinoplasty</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Deleted a question.	4/24/2023
<i>Thyroidectomy, partial</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of some questions.	4/9/2023
<i>Thyroidectomy, total</i>	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	Updated the wording of a question.	4/9/2023
<i>Varicose vein treatment</i>	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	<ul style="list-style-type: none"> Opens for procedure code *37799. Updated the wording of some questions. 	3/26/2023

Removed questionnaires

- On March 26, we removed the *Blepharoplasty, lower lid* questionnaire. Although this service continues to require prior authorization for Medicare Plus Blue, BCN commercial and BCN Advantage members, this questionnaire no longer opens.
- On May 14, we removed the *Cholecystectomy (laparoscopic)* questionnaire for BCN commercial and BCN Advantage members. Plan notification is required for procedure codes *47562, *47563 and *47564, but no clinical review is performed.

Preview questionnaires

Preview questionnaires show the questions you'll need to answer in the e-referral system so you can prepare your answers ahead of time. To access them, go to [ereferrals.bcbsm.com](#), and for:

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

Authorization criteria and medical policies

The pertinent authorization criteria and medical policies are accessible from the Authorization Requirements & Criteria pages.

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.



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

Referral Roundup

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)



Updates to list of musculoskeletal procedure codes that require prior authorization

We recently updated the **Musculoskeletal procedure codes that require authorization by TurningPoint** document to reflect the following changes:

- For dates of service on or after March 19, 2023, procedure code *64625 is no longer payable for Medicare Plus Blue or BCN Advantage members.
Note: This procedure code continues to be payable for commercial members. It requires prior authorization for BCN commercial members. It doesn't require prior authorization for Blue Cross commercial members.
- For dates of service on or after March 25, 2023, procedure code C1767 doesn't require prior authorization for Medicare Plus Blue, BCN commercial or BCN Advantage members.

Note: This procedure code has never required prior authorization for Blue Cross commercial members.

- For dates of service on or after July 1, 2023, procedure code *0775T will require authorization for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members.

For more information about TurningPoint's musculoskeletal surgical quality and safety management program, see the following pages on the referrals.bcbsm.com website:

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

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



BCN Provider News

[Feedback](#)

Updated medical record documentation guidelines for musculoskeletal procedures

In February 2023, Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC updated the guidelines for medical record documentation for musculoskeletal procedures as follows:

- Each entry in the office visit notes must include the author, the appropriate signature and the date.
- Surgical candidates must be seen by the surgeon during the four months prior to the date on which the procedure is performed.
 - For established patients who have previously seen the surgeon in person, this can be a telemedicine visit or an in-person visit.

- For new patients or patients who haven't previously seen the surgeon in person, this must be an in-person visit.

Note: Previously, candidates had to be seen by the surgeon during the three months prior to the date on which the procedure was performed.

To view the updated requirements document, see the document titled **GN-1002 Medical Record Documentation**, which is available on the Musculoskeletal Services pages of our ereferrals.bcbsm.com website.

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.

Some pre-COVID-19 utilization management requirements to resume July 1

With the end of the COVID-19 public health emergency, or PHE, Blue Cross Blue Shield of Michigan and Blue Care Network will reinstate utilization management requirements that were in effect before the PHE.

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

Submit prior authorization requests for ABA services through e-referral

Beginning June 1, 2023, licensed behavior analysts, or LBAs, in Michigan must submit prior authorization requests for applied behavior analysis, or ABA, services through the e-referral system. This affects LBAs who provide ABA services to BCN commercial members.

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

Jemperli and Opdualag™ to have site-of-care requirements for BCN commercial members starting July 1

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

- Jemperli (dostarlimab-gxly), HCPCS code J9272
- Opdualag (nivolumab and relatlimab-rmbw), HCPCS code J9298

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

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

Index

Cover Story

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup

Index



Network Operations

Some pre-COVID-19 utilization management requirements to resume July 1 **Page 1**

BCN offers incentive for PCPs who provide in-person care for BCN Virtual Primary Care patients **Page 2**

Lunch and learn webinars for physicians and coders focus on risk adjustment, coding **Page 4**

New on-demand training available. **Page 5**

BCN Advantage

Discuss health concerns addressed in Medicare Health Outcomes Survey with your patients. **Page 7**

Patient Care/Quality

Changes to maternity support program and new menopause support program **Page 8**

Balance billing by noncontracted ambulance services continues to stress patients **Page 9**

Medical policy updates **Page 10**

Behavioral Health

It's important to monitor the metabolic effects of psychiatric medications **Page 11**

Submit prior authorization requests for ABA services through e-referral **Page 12**

Behavioral health providers: How to bill prolonged services **Page 13**

Pharmacy News

Starting August 15, we'll require a prior authorization for some diabetes drugs **Page 14**

Jemperli and Opdualag™ to have site-of-care requirements for BCN commercial members starting July 1 **Page 15**

Blue Cross and BCN to use Audaire Health™ provider portal to capture clinical outcomes for CAR-T cell therapy drugs **Page 16**

The Blue Care Network Generics Advantage Program helps members stay adherent and save money on generics **Page 18**

Michigan Automated Prescription System may not capture all information about a patient's experience with controlled substances . . . **Page 19**

Billing Bulletin

BCN and BCN AdvantageSM provider-delivered care management program expands to include specialists **Page 20**

Reminder: Only charge patients their cost share **Page 20**

BCN changing check reference ID in claim status options **Page 21**

Clinical editing billing tips **Page 22**

Referral Roundup

We'll use 2023 InterQual® criteria starting Aug. 1 **Page 23**

Carelon to expand existing prior authorization program starting Sept. 1 **Page 25**

Reminder: Prior authorization changes began June 1 **Page 25**

Questionnaire changes in the e-referral system **Page 26**

Updates to list of musculoskeletal procedure codes that require prior authorization **Page 29**

Updated medical record documentation guidelines for musculoskeletal procedures **Page 30**