SEPTEMBER-OCTOBER 2023

BCN Provider News

HEALTHY mind

Blue Cross and BCN behavioral health changes coming Jan. 1, 2024

Starting Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network will consolidate the prior authorization and case management functions for behavioral health services, including treatment for autism. This change will affect all members:

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

The consolidation will result in two new programs that will align and standardize prior authorization and case management functions for all lines of business. This will make it easier for you to manage your administrative functions for Blue Cross and BCN patients. As part of this change, Lucet (New Directions) will no longer manage these functions for Blue Cross commercial members.

What are the names of the new programs?

The new programs are:

- Blue Cross Behavioral Health℠ – will manage prior authorizations for behavioral health services, including treatment for autism
- Blue Cross Coordinated Care℠ – will handle behavioral health care management

What changes will providers and members see?

Here are some changes to expect:

- Providers will submit prior authorization requests through our provider portal (**availity.com**).
- We'll no longer require routine faxing or electronic submission of discharge summaries.
- Providers and members may notice some changes in notification letters, such as those sent when prior authorization requests are approved or denied.
- Members currently enrolled in behavioral health case management services may be assigned a new case manager in January. The members affected by this change will be notified.

There will be no changes to:

- Provider networks
- Provider reimbursement
- Members' coinsurance, copayments, or deductibles

Please see Blue Cross and BCN behavioral health changes coming Jan. 1, 2024 *continued on Page 2*

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Blue Cross and BCN behavioral health changes coming Jan. 1, 2024, *continued from Page 1*

- The phone numbers providers and members use to contact Blue Cross or BCN regarding prior authorization or case management. Voice prompts will direct callers to make one of these selections:
  - For services prior to Jan. 1, 2024
  - For services after Dec. 31, 2023

What's changing for prior authorization requests?

For autism treatment services: Because prior authorizations for autism treatment services are typically approved for a longer period of time than for other services, we began handling them differently, starting in July, to ensure we can transition them into the new system.

- As of July 2023: Prior authorizations for autism treatment services are approved for shortened times — that is, for less than the typical six-month time period.

Starting in November 2023:

- Blue Cross Behavioral Health will manually enter cases into the new system.
- Each "new" case will be created with a "start" or "admission" date of Jan. 1, 2024. Providers must include the new date in claims submissions for services provided in 2024.
- Providers and members will receive letters that will reflect authorizations for the remainder of the typical six-month period that was shortened due to the transition to the new system.

Starting in 2024:

- Providers should request their next authorization or concurrent review based on the end date cited in the authorization letter they received in November or December.

Note: For BCN commercial members, providers will continue to submit authorization requests and information updates for autism treatment services through our provider portal (availity.com). Faxes won't be accepted.

For services other than autism treatment:

- For some services that require prior authorization and will continue into 2024, providers will need to obtain a new prior authorization. These prior authorizations will have a new "start/admission date," which providers must include in claims submissions for services provided in 2024. This applies to:
  - Partial hospitalization program services for Blue Cross commercial and Medicare Plus Blue members
  - Transcranial magnetic stimulation, or TMS, services for Blue Cross commercial members
- For other services that require prior authorization and have start dates or dates of service before Jan. 1, 2024, providers should submit requests for prior authorization and reviews of continued stays using the same processes they're currently using.
- For intensive outpatient services for Medicare Plus Blue, BCN commercial and BCN Advantage members, prior authorization won't be required starting Jan. 1, 2024.
- For neurofeedback services for BCN commercial and BCN Advantage members, prior authorization won't be required starting Jan. 1, 2024.

Additional information

Look for more information about these and other changes in upcoming newsletter articles.

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.

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Network Operations

BCN medical directors are a resource for physicians

Plan medical directors work throughout the state with affiliated practitioners and providers to ensure appropriate care and service for Blue Care Network members. They:

- Provide clinical support for utilization management activities, including investigation and adjudication of individual cases
- Assist in the design, development, implementation and assessment of clinical protocols, practice guidelines and criteria that support the appropriate use of clinical resources
- Adjudicate provider appeals
- Work with physicians and other health care providers to improve clinical outcomes, appropriate use of clinical resources, access to services, effectiveness of care and costs
- Serve as liaisons with the physician community

Providers may discuss decisions with BCN physician reviewers

Blue Care Network demonstrates its commitment to a fair and thorough process of determining utilization by working collaboratively with participating physicians. BCN's plan medical directors may contact the treating health care practitioner for additional information about any review deemed necessary. When BCN doesn't approve a request, we send written notification to the appropriate practitioners and providers, and the member. The notification includes the reason the service wasn't approved as well as how to contact BCN's plan medical directors to discuss the decision.

If you're a practitioner and would like to discuss a denial of an authorization request with one of our plan medical directors, request a phone appointment by following the process outlined in the document titled **How to request a peer-to-peer review with a Blue Cross or BCN medical director**. To discuss an urgent case after normal business hours, call the appropriate number:

- For medical cases (non-behavioral health) — 1-800-851-3904
- For behavioral health — 1-877-293-2788

How to obtain a copy of utilization management criteria

Upon request, Blue Care Network provides the criteria used in the decision-making process for a specific authorization request. For a copy, call Utilization Management at 1-800-392-2512 from 8:30 a.m. to 5 p.m. Monday through Friday.

You can also fax your request to us. First, complete the **BCN Criteria Request Form** (found on **ereferrals.bcbsm.com**) and fax it to 1-866-373-9468. (Note: This applies to non-behavioral health authorization requests only.)

The process for requesting utilization management criteria is also available in the Utilization Management chapter of the *BCN Provider Manual*.

InterQual® criteria is available to all practitioners and providers through our provider portal (availity.com).

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Network Operations

Clinical review decisions are based solely on appropriateness of care

Utilization decisions regarding care and service are based solely on the appropriateness of care prescribed in relation to each member's medical or behavioral health condition.

Blue Care Network's clinical review staff doesn't have financial arrangements that encourage denial of coverage or service that would result in underutilization.

BCN-employed clinical staff and physicians don't receive bonuses or incentives based on their review decisions.

Review decisions are based strictly on medical necessity within the limits of a member's plan coverage.

BCN staff available to our members for utilization management issues

Did you know we're available during normal business hours for our members (your patients) to discuss utilization management issues?

We accept inbound collect or toll-free calls; we return calls the same day or the next business day.

Our staff members identify themselves by name, title and organization when receiving or returning calls. We also provide language assistance for those who don't speak English and TDD/TTY assistance for the hearing and speech impaired free of charge to discuss utilization management issues with our members.

Tell your patients to call the number on the back of their member ID card for information about our communication services.

Subscribe now for Provider Alerts Weekly email

Provider alerts offer you information you need to know between newsletters. Housed on the secure Provider Resources website, they're accessed through the payer space on our provider portal. Through recent research, office staff shared that a weekly email with links to our provider alerts would be helpful.

You can subscribe now to receive *Provider Alerts Weekly*, a list of links to the previous week's provider alerts from Blue Cross Blue Shield of Michigan and Blue Care Network. Beginning this fall, the email will give you a week's worth of headlines as links so you can view the details for the alerts that interest you.

Go to the **Subscribe to Provider Newsletters** webpage to sign up for *Provider Alerts Weekly* emails and then look for the emails to start arriving soon.

Reminder: Health care providers must confirm data every 90 days and attest in CAQH every 120 days

What you need to know

To remain listed in Blue Cross Blue Shield of Michigan provider directories, including *Find a Doctor*, health care providers must re-attest every 120 days.

Have you confirmed data within the past 90 days and attested in CAQH within the past 120 days? If health care providers don't re-attest with CAQH every 120 days, they won't be included in Blue Cross Blue Shield of Michigan provider directories. This includes our *Find a Doctor* search tool. Please note that your credentialing status will end, and you'll have to reapply. That's why it's so important to perform this task.

Here are some other reasons to re-attest with CAQH:

- Ensure that your affiliation with Blue Cross isn't interrupted.
- Keep your contact information up to date.
- Make sure claims payment isn't interrupted.

Regardless of whether providers are practicing at an office location or exclusively in an inpatient hospital setting, they need to perform this attestation.

If you're practicing exclusively in an inpatient hospital setting, you must indicate it on your CAQH application. This information is used to determine whether full credentialing is required.

CAQH is a nonprofit alliance of health plans and trade associations focused on simplifying health care administration. Blue Cross uses CAQH to gather and coordinate our practitioner credentialing information. All health care practitioners, including hospital-based providers, need to be registered with CAQH.

If you have questions about CAQH, call the Help Desk at 1-888-599-1771, or go to **CAQH.org**.

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

We recently added the following new learning opportunities:

Our Lunch & Learn sessions from May and June have been recorded and posted on the training website. Both sessions focus on coding changes and provide scenario examples. Please search 'lunch' to quickly locate these sessions.

- Coding neoplasms
- Coding diabetes and hypertension

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

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**.

Network Operations

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

As a reminder, we're offering live, 30-minute educational webinars that provide updated information on documentation and coding for common challenging diagnoses. Webinars include an opportunity to ask questions.

Here's our upcoming schedule and tentative topics for the webinars. Each session starts at noon Eastern time. Log in to the provider training website to register for sessions that work with your schedule.

Session date	Topic
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 for 2024

Please see Lunch and learn webinars *continued on Page 7*

Lunch and learn webinars, *continued from Page 6*

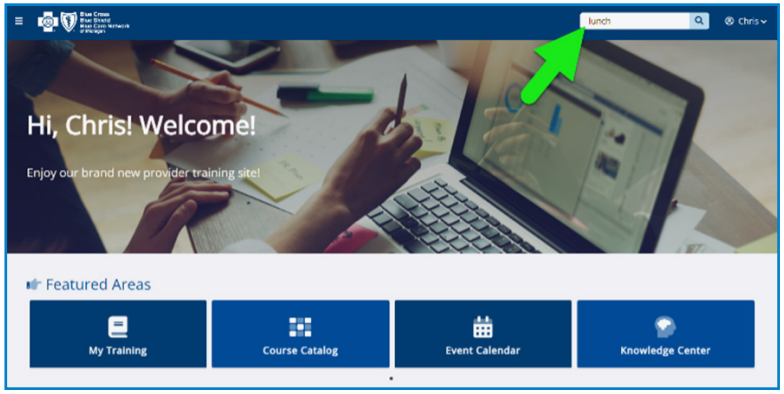
If you haven't already registered for the provider training website, follow these steps:

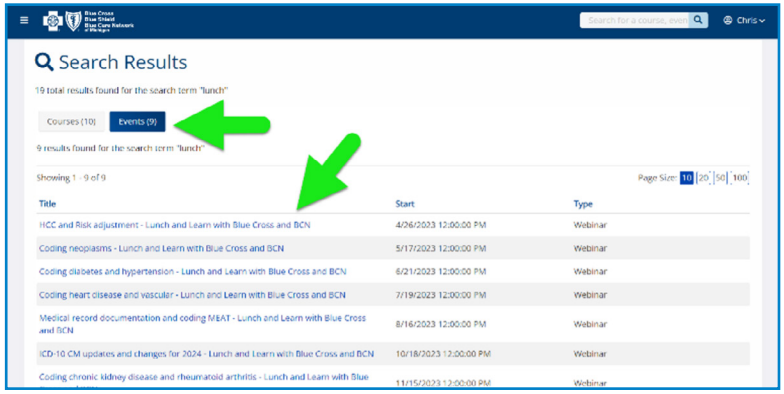
- **Click here to register**.
- Complete the registration. We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan for other needs. This will become your login ID.

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 using the keyword "lunch" to quickly locate all 2023 sessions.

See the screenshots below for more details.





Previous sessions

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

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
Aug 16	Medical record documentation and MEAT

For more information

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

Network Operations

Help patients avoid a gap in coverage due to Medicaid redetermination

During the COVID-19 public health emergency, the Families First Coronavirus Response Act mandated that Medicaid programs maintain continuous enrollment for individuals. Now that the public health emergency has ended, all Medicaid and Healthy Michigan Plan members must go through a Medicaid redetermination process. This began in June 2023 and will run through May 2024. Monthly renewal notices are sent three months before a member's renewal date.

Blue Cross Blue Shield of Michigan, Blue Care Network and our Medicaid health plan, Blue Cross Complete, encourage you to help your patients with Medicaid and Healthy Michigan Plan coverage understand the Medicaid redetermination process. This process verifies whether members still qualify for coverage. Those who no longer meet the eligibility criteria can be disenrolled.

Blue Cross wants to help your patients understand the process and learn about various options that may be available if they lose eligibility.

To learn more:

- Patients can visit **bcbsm.com/Medicaidchange** or call **1-855-401-4456**
- Providers can read ***Medicare eligibility redetermination***

Blue Cross and BCN behavioral health changes coming Jan. 1, 2024

Starting Jan. 1, 2024, Blue Cross and BCN will consolidate the prior authorization and case management functions for behavioral health services, including treatment for autism. This change will affect all members, including those with BCN Advantage℠ coverage.

See the **cover story** for details.

Medicare Advantage members in crisis to get new options for behavioral health care treatment

Starting Jan. 1, 2024, our Medicare Advantage members (Medicare Plus Blue℠ and BCN Advantage℠) will have some new options for receiving help if they're having a behavioral health crisis, as part of our crisis services program.

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

Blue Cross and BCN begin using Quartet to help connect members with behavioral health providers

Blue Cross Blue Shield of Michigan and Blue Care Network are now using Quartet, an independent company, to assist our members who are seeking outpatient care for mental health or substance use disorders. Quartet's services are available to BCN Advantage℠ adult members (18 years of age or older) residing in Michigan.

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

Pediatrician uses pharmacogenomics to help patients

Blue Care Network's new Blue Cross Personalized Medicine℠ program offers eligible BCN and BCN Advantage℠ patients a free RightMed® PGx test using the patient's genetics to help customize medications.

We recently spoke with Sharon McManus, D.O., F.A.A.P., of Pediatric HealthCare in Sterling Heights about her experience with PGx.

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

Medicare Advantage members receive in-home test kits

Blue Cross Blue Shield of Michigan and Blue Care Network are contracting with Everlywell, a third-party vendor, to distribute in-home test kits in September to select Medicare Advantage members. A fecal immunochemical test, or FIT, kit will be sent to members who need colorectal cancer screening, and an HbA1c test kit will be sent to those who need a hemoglobin A1c test. Everlywell will send providers a copy of their patients' results through mail or fax.

Requirements and codes changed for some 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 comprehensive lists of requirements for our members.

In April, May and June of 2023, we added requirements for some medical benefit drugs. These requirements went into effect on various dates.

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

Elahere, Imjudo, Tecvayli, Lunsumio to require prior authorization for most members starting Aug. 23

For dates of service on or after Aug. 23, 2023, the following drugs require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health®) for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Elahere™ (mirvetuximab soravtansine-gynx), HCPCS code J9063
- Imjudo® (tremelimumab-actl), HCPCS code J9347
- Tecvayli™ (teclistamab-cqyv), HCPCS code J9380
- Lunsumio™ (mosunetuzumab-axgb), HCPCS code J9350

These drugs are covered under the members' medical benefits, not their pharmacy benefits.

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

Changes for in-lab sleep studies to start Oct. 9

Prior authorization requirements for in-lab sleep studies will change for dates of service on or after Oct. 9, 2023. For BCN Advantage℠ members, prior authorization will be required for providers who are out of network for the member's plan.

See the article on **Page 32** for details.

Sharon McManus, D.O. and patient Aria McGhee

Photo by Joe Coots

Pediatrician uses pharmacogenomics to help patients

For some Blue Care Network physicians, pharmacogenomics — the science of using a patient's genetics to help customize medications — is a new concept. However, Sharon McManus, D.O., F.A.A.P., of Pediatric HealthCare in Sterling Heights, had her introduction to pharmacogenomics, or PGx, several years ago. So when BCN introduced the new Blue Cross Personalized Medicine℠ program that offers eligible BCN and BCN Advantage℠ patients a free RightMed® PGx test, she was on board.

Here's what Dr. McManus told us about her experience with PGx for pediatric patients in a recent interview.

What are the benefits of PGx?

- **Saving time**

  One of the biggest benefits of PGx, according to McManus, is its ability to save time.

  "A lot of the mood stabilizing medications, which are desperately needed these days, as well as a lot of the neurology medicines, are often times trial and error," she explained. "So, what's best for this particular patient? There are a lot of choices and if there's metabolism that can predict for us that a patient is going to have a better response, then not only might the patient benefit specifically but it's a lot less visits to the office and a lower cost of wasted time and medication in getting to the right therapy."

Please see Pediatrician uses pharmacogenomics *continued on Page 12*

Pediatrician uses pharmacogenomics, *continued from Page 11*

- **Fewer side effects**

  According to McManus, "Medications are utilized by the body differently from person to person. That genetic component of the metabolism can affect how well a medication works for a person. If their body metabolizes it as expected, then we expect it to work for them with less side effects."

- **Providing reassurance about treatment options**

  "Often patients are resistant to medication for psychiatric diagnoses," said McManus. She explained that parents often don't want to put their children on medication for anxiety, depression or attention problems "because they're worried about the side effects, and they're worried that they're not making a good choice for their child." PGx is helpful to parents because it offers them "the reassurance of making a good, informed choice."

What is your experience with PGx?

McManus has experience with PGx both as the prescriber and when the prescriber is a specialist.

When the prescriber is a specialist, her office staff uploads the PGx results into the patient's medical record and communicates to the specialist that the information is available. If the patient is being treated by a psychiatrist who doesn't have access to the patient's medical record, McManus says her office will either "give the information to the parents or the parents have the information from the performing lab with its interpretation to share with the [psychiatrist]."

McManus said the specialists she's spoken to have found PGx useful.

How have the PGx results assisted you in coordinating care for your patients?

McManus gave the example of a patient who was on a selective serotonin reuptake inhibitor, or SSRI, and experiencing many unwanted side effects. The results of the PGx test were helpful in switching that patient to a different class of medication that reduced their side effects.

How does the process work for authorizing the RightMed test for patients in your office?

"When we get the list from Blue Cross about the eligible patients, I review it and have a discussion with the medical assistant and nurse about what I think might be helpful for the individual," she explained. "If I'm seeing [the patient], then I'll talk to them about [PGx] but if I just want the parents to know that it's available, I'll have one of the medical assistants call." Sometimes McManus will reach out to the family and have the discussion if she thinks it's something they need to consider.

"Usually, the families that are identified are families we know pretty well so it's easy for us to have that conversation," explained McManus.

McManus also said that "it was a smooth transition to get [her office] on board with the RightMed tests," because she has a triage medical assistant and a nurse who are already familiar with genetic testing and able to answer patients' questions.

How do parents feel about the test?

Although McManus acknowledged that pharmacogenomics can be worrisome to some people who are concerned about privacy issues, she said she's also had patients request genetic testing. They want to know if the medicine they're giving their child is the best one.

Does it take a lot of time online to complete the test request, authorize the test and access the information?

"It really doesn't take that long," said McManus. "My understanding from the nurse is that the family sets up an account and she can process the order from there. So, I'm giving the verbal [order] to do that."

Sharon McManus, D.O.

Photo by Joe Coots

Please see Pediatrician uses pharmacogenomics *continued on Page 13*

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Pediatrician uses pharmacogenomics, *continued from Page 12*

What is your advice to other primary care physicians about authorizing PGx tests?

Staff support is important, explained McManus. "If there is a staff member who is comfortable handling the discussion with the parent, I find that really beneficial. Identifying someone who's capable of having that conversation is wise."

Based on your experience, how do you feel about PGx?

"Overall, I'm pleased to have the information [from PGx test results]," said McManus. "I think that the information can be intimidating for people who know little about PGx, but the assistance that we've had from the performing labs in interpretation has been really helpful. So, I find it only positive."

What do you see as the future of PGx?

While McManus admitted that PGx is in a "baby stage," and incorporating it into physicians' practices is still a "work in progress," she said she sees the program expanding in the future.

Photo by Joe Coots

The Pediatric HealthCare team. From left: Marrisa Lester, medical receptionist; Rebekka Parker, HR office manager; Amanda McGhee, patient registration, referral & PA specialist; Amy Gottschalk, FNP-C; Chris Love, medical receptionist; Sharon McManus, DO, physician owner; Jeanette Nicol, medical assistant; Nuzhat Mustaque, medical receptionist; Caitlyn Dent, RN; Branden Swarmer, medical assistant; Mark Deprez, MD, physician owner; Tiffany Downey, medical assistant.

Providers not pictured: Robin Hugen, MD, physician owner; Rebecca Wegner, MD, physician owner; Naba Alibeji, MD; Carolyn Grabiel, CPNP; Nirali Mody, CPCP-PC.

Diabetes remission program for select BCN commercial members

Starting Sept. 1, 2023, select Blue Care Network commercial members who have coverage through fully insured groups and have Type 2 diabetes will be eligible for a diabetes remission program through Twin Health.

The goal of the program is to help members achieve and maintain a state of diabetes remission — as opposed to using traditional methods to treat and manage diabetes.

To do this, Twin Health:

- Creates a "digital twin" of a member's unique physiology using an artificial intelligence algorithm to provide customized, real-time guidance on nutrition, sleep and physical activity.
- Provides consultation services to members by phone and through a mobile app.

Twin Health services are intended to complement care provided by the member's primary care provider.

Twin Health will contact your practice if you have patients with Type 2 diabetes who are eligible for this program and have agreed to participate.

For additional information about this program, email **pcpinfo@twinhealth.com**.

Twin Health is an independent company that provides a diabetes remission program for Blue Cross Blue Shield of Michigan and Blue Care Network.

Overview of Family Building and Women's Health Support Solution

In 2023, Blue Cross Blue Shield of Michigan and Blue Care Network worked with Maven to provide the Family Building and Women's Health Support Solution to eligible commercial members.

This solution includes programs that support members of all backgrounds and lifestyles through four important stages of life — building a family, pregnancy, parenting and menopause.

We recently published a document titled **Family Building and Women's Health Support Solution: Overview for providers**. It provides more detailed information than the articles we previously ran in our provider newsletters and provider alerts. If there are changes to the programs, we'll update this document to reflect the changes.

You can access the document linked above in the "Care management" section of the **For Providers: Forms and Document** page of the **bcbsm.com** website.

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.

Physician appointment access survey in process

Blue Cross Blue Shield of Michigan and Blue Care Network must meet requirements of several regulatory or accreditation bodies, such as the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services and the state of Michigan. To do so, we're reaching out to some physician offices to request the completion of an *Appointment Access Survey* for each physician in the office. Your office may receive a phone call or a fax request to complete the survey. Your participation is important to demonstrate that you are meeting regulatory requirements.

Here are the physician specialties that will be included in the survey. If you have physicians with these specialties, you can follow the instructions below to complete the survey before we contact you.

Primary care

- Family practice
- General practice
- Internal medicine
- Pediatrics

Specialists

- Cardiovascular disease
- Dermatology
- Obstetrics-gynecology
- Oncology
- Ophthalmology
- Orthopedic surgery
- Podiatry

Be sure to complete a separate survey for each physician in the office.

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Physician appointment access survey in process, *continued from Page 15*

How to access the survey

Type of physician	Click this link	Or scan this QR code
Primary care	***Primary Care Appointment Access Survey***	
Specialist	***Specialist Appointment Access Survey***	

Review appointment access standards

You can review appointment access standards in our provider manuals. Here's how to find them.

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

For the *Blue Cross Commercial Provider Manual*:

1. Click *Blue Cross commercial*.
2. Scroll down to the *PPO Policies* chapter under *Quality Standards and Clinical Guidelines*.
3. Click *Access standards* in the table of contents.

For the *BCN Provider Manual*:

1. Click *BCN commercial and BCN Advantage*℠.
2. Scroll down to the *Access to Care* chapter.

For the *Medicare Plus Blue*℠ *PPO Provider Manual*:

1. Click ***Medicare Plus Blue*℠ *(PDF)***.
2. Click *Access to Care* in the table of contents.

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.

Quality improvement program information available upon request

We provide you with ongoing information about our quality improvement programs and clinical practice guidelines through this newsletter. Approved clinical practice guidelines are available to all Blue Care Network primary care physicians, primary care groups and specialists.

The Michigan Quality Improvement Consortium guidelines are available on the **MQIC website**. BCN promotes the development, approval, distribution, monitoring and revision of uniform, evidence-based, clinical practice guidelines and preventive care guidelines for practitioners. We use MQIC guidelines to support these efforts. These guidelines facilitate the delivery of quality care and the reduction in variability in physician practice and medical care delivery.

Our Quality Improvement Program encourages adherence to MQIC guidelines and offers interventions focusing on improving health outcomes for BCN members. Some examples include member and provider incentives, reminder mailings, telephone reminders, newsletter articles and educational materials. We use medical record reviews and quality studies to monitor compliance with the guidelines.

Blue Care Network promotes continuity of care in some situations

Continuity of care services are available for the following members:

- Blue Care Network members whose primary care physician, specialist or behavioral health provider voluntarily or involuntarily disaffiliates from BCN
- New Blue Care Network members who require an ongoing course of treatment

Members can't see their current physician if that physician was terminated from BCN for quality reasons. In this instance, the member is required to receive treatment from an in-network provider.

BCN provides continuity of care notification to members at least 30 days prior to the practitioner's termination date.

BCN permits the member to continue treatment in the situations described below provided that the practitioner:

- Continues to accept as payment in full, reimbursement from BCN at rates applicable prior to the termination
- Adheres to BCN standards for maintaining quality health care and provides the necessary medical information related to the care
- Adheres to BCN policies and procedures regarding referral and clinical review requirements

Primary care physicians may offer continuity of care for a member in the situations described in the table below. Specialty providers may also offer continuity of care for a member receiving an ongoing course of treatment in the situations described in this table.

Situation	Length of continuity of care
General care	Up to 90 days after the practitioner's termination date
This pregnancy	Through postpartum care directly related to the pregnancy
Terminal illness	For the remainder of the member's life for treatment directly related to the terminal illness, if the member was being treated for the terminal illness prior to the practitioner's disaffiliation

An active course of treatment is defined as:

- An ongoing course of treatment for a life-threatening condition: A disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted.
- An ongoing course of treatment for serious acute condition: A disease or condition requiring complex ongoing care that the covered person is currently receiving, such as chemotherapy, postoperative visits or radiation therapy.
- An ongoing course of treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by that physician or health care provider would worsen the condition or interfere with anticipated outcomes.
- Pregnancy through the postpartum period.

A disaffiliating physician who wishes to offer a member continuity of care in accordance with the conditions of payment and BCN policies must notify BCN and the member who desires approval of continuity of care.

Providers may contact BCN's Utilization Management department at 1-800-392-2512 to arrange for continuity of care services.

Members should contact Customer Service by calling the number on the back of their member ID card.

A nurse provides written notification of the decision to the member and practitioners.

Newly enrolled members must select a primary care physician before requesting continuity of care services and within the first 90 days of their enrollment.

Patient Care/ Quality

Blue Care Network promotes coordination of care between practitioners

Blue Care Network has a process to promote continuity and coordination of care among specialists and primary care physicians and behavioral health and primary care physicians.

We encourage all heath care providers to continue to enhance the coordination of care and bidirectional information exchange across the continuum of care among specialists, behavioral health providers and primary care providers, to improve member satisfaction and quality of care.

We collect and analyze data each year to assess the exchange of information between specialists, behavioral health and primary doctors following both inpatient and outpatient consultations. Many studies have identified fragmentation of care as a problem in the medical system.

The information we collect is important as we work to improve continuity and coordination of care within our network.

Patient care that isn't coordinated between providers and across settings confuses members and increases risks to patient safety due to errors and unnecessary costs due to duplicate testing. The collaboration between practitioners can greatly improve both member satisfaction and health outcomes.

Our goal for exchange of information between the specialist and the primary doctor is 100%. This goal can be accomplished by ensuring that the specialist has the correct primary care provider information at the time of the visit and by forwarding the post visit information to the primary care provider.

We encourage all providers to continue to take steps to enhance the information exchange across the continuum of care.

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

- Bone Marrow Transplant - Hematopoietic Cell Transplantation for Acute Lymphoblastic Leukemia
- Blephoplasty and Repair of Brow Ptosis
- Bone Marrow Transplant-Hematopoietic Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms, Allogeneic
- BMT- Hematopoietic Cell Transplantation (HCT) for CNS Tumors, Embryonal Tumors, and Ependymoma
- Genetic Testing - Human Leukocyte Antigen Testing for Celiac Disease
- Artificial Intervertebral Discs - Lumbar Spine
- Bioimpedance Devices for Cancer Related Extremity Lymphedema
- Bone Marrow Transplant - Hematopoietic Cell Transplant for Genetic Diseases and Acquired Anemias, Allogeneic
- Bone Graft Substitutes
- Bone Morphogenetic Protein
- Bone Turnover Markers for Diagnosis and Management of Osteoporosis and Diseases Associated with High Bone Turnover
- Bronchial Valves
- Cognitive Rehabilitation
- Diagnosis of Vaginitis (including Bacterial Vaginosis, Trichomonas and Candidiasis) Using Multi-target PCR Testing
- Gene Expression Profiling for Cutaneous Melanoma
- Noninvasive Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease
- Private Duty Nursing

Noncovered services

- Low-Dose Radiofrequency for Nasal Valve Remodeling
- Measurement of Serum and Anti-Drug Antibody Levels for Selected Biologic Agents

Established

- Infertility Related to Cancer Treatment
- Cardiac Rehabilitation, Outpatient
- Elemental Formulas
- Prostate Cancer Early Detection: Biomarkers Prior to Biopsy

Medical Policy Updates

BCN medical directors are a resource for physicians

Plan medical directors work throughout the state with affiliated practitioners and providers to ensure appropriate care and service for Blue Care Network members.

See the article on **Page 3** for details.

New and updated TurningPoint medical policies for musculoskeletal and pain management procedures

Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC are adding and updating TurningPoint medical policies for musculoskeletal and pain management procedures for dates of service on or after Oct. 1, 2023.

See the article on **Page 34** for details.

Medicare Advantage members in crisis to get new options for behavioral health care treatment

Starting Jan. 1, 2024, our Medicare Advantage members (Medicare Plus Blue℠ and BCN Advantage℠) will have some new options for receiving help if they're having a behavioral health crisis, as part of our crisis services program.

"These options can be used in place of going to an emergency room in an effort to hasten access to behavioral health-focused care," said Dr. William Beecroft, medical director of behavioral health for Blue Cross Blue Shield of Michigan.

Blue Cross and Blue Care Network commercial plans began offering this program in October 2021.

Care options include:

- Psychiatric urgent care
- Mobile crisis services
- On-site crisis stabilization services
- Residential crisis treatment

Several facilities in Michigan currently offer these services as part of this program, with additional facilities expected to join the program in the future.

See our ***Help in times of crisis*** flyer for details on locations, phone numbers, service areas and care options available at these locations.

In a crisis, members or other individuals — including family members, friends, law enforcement personnel or emergency department staff — can call the number of a crisis location in their service area for guidance. A mobile unit may be deployed to offer assessment and treatment. Walk-ins are also accepted at some locations.

"The goal of such services is to make sure our members get treated at the right place at the right time," Dr. Beecroft said.

About our mobile crisis services

Mobile crisis services include:

- Professional mental health teams in the community who can evaluate the members wherever they are located — even in their homes, school, work or doctor's office
- Face-to-face evaluations, telemedicine or phone evaluations to develop a treatment plan, initiate treatment and, if needed, referral to an appropriate placement for the member

The mobile crisis team may stay involved for two to four weeks after the initial encounter to ensure members are connected to the right level of care for mental health or substance use disorder treatment, and to provide treatment as necessary.

About our on-site crisis stabilization services

On-site crisis stabilization services include:

- Behavioral health evaluation to initiate appropriate treatment (similar to medical observation services)
- Physical site-based services that are necessary to support the mobile crisis team
  - Includes intake assessment, psychiatric evaluation, crisis intervention and initiation of treatment, such as psychotherapy, medication administration, therapeutic injection, observation and peer support
- Initiating coordinated linkages and "warm handoffs" to the appropriate level of care and community resources

Facilities used for physical site-based services are open 24/7. Members will have access to services from a multidisciplinary staff, including physicians, registered nurses, licensed master social workers, psychologists, clinical supervisors and additional support staff.

As part of the evaluation and treatment process at these facilities, some members may still need psychiatric hospitalization.

We'll keep you informed as additional locations join this program.

Blue Cross and BCN begin using Quartet to help connect members with behavioral health providers

Blue Cross Blue Shield of Michigan and Blue Care Network are now using Quartet, an independent company, to assist our members who are seeking outpatient care for mental health or substance use disorders. This service, which is available at no extra cost to eligible members, is especially useful for people who are having difficulty locating and obtaining timely care from a behavioral health specialist in their area.

Effective July 1, 2023, Quartet began referring eligible members seeking outpatient treatment to behavioral health providers registered on Quartet's online platform, based on the behavioral health providers' clinical specialty and their availability.

Quartet's services are available to the following adult members (18 years of age or older) who reside in Michigan:

- Fully insured Blue Cross commercial members
- Fully insured Blue Care Network commercial members
- All BCN Advantage℠ members
- Select Medicare Plus Blue℠ members

Joining the Quartet online platform

Quartet began reaching out to Blue Cross and BCN participating behavioral health providers in April to assist them in joining the Quartet platform. Participation is voluntary, and providers are still welcome to sign up. Through Quartet, a behavioral health provider can receive referrals, accept new patients, track the patient's progress and access clinical assessments and other resources.

"We hope our behavioral health providers are encouraged to join and will see the value in this tool for both practitioners and patients," said Dr. Amy McKenzie, vice president, Clinical Partnerships and associate chief medical officer for Blue Cross. "We know that some of our members struggle to find the behavioral health care they need, and our relationship with Quartet is designed to help meet their needs."

For more information

- To schedule a demo or sign up to be part of the Quartet platform, visit **quartethealth.com/mental-health-providers** for more information.
- To learn more about Quartet's guidelines and patient referral process, refer to the **Quartet Care Navigation Platform: FAQ for behavioral health providers**, which is also available on the following webpages:
  - ***Blue Cross Behavioral Health*** on **ereferrals.bcbsm.com**. In the section titled *For both Blue Cross commercial and Medicare Plus Blue members*, look under the *General resources* heading.
  - ***BCN Behavioral Health*** on ereferrals.bcbsm.com. Look under the *Other resources* heading.
  - *Secure Provider Resources* on our provider portal (**availity.com**). Click on the *Member Care* tab and then on *Behavioral Health*. Scroll down and look under the *General Resources* heading.
- Check out our **Quartet flyer**, which is available on **ereferrals.bcbsm.com** and the *Behavioral Health* page on the *Provider Resources* site.

Quartet is an independent company contracted by Blue Cross Blue Shield of Michigan to provide behavioral health services for Blue Cross and BCN members.

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

Blue Cross and BCN behavioral health changes coming Jan. 1, 2024

Starting Jan. 1, 2024, Blue Cross and BCN will consolidate the prior authorization and case management functions for behavioral health services, including treatment for autism. This change will affect all members.

See the **cover story** for details.

Pharmacy News

How Blue Cross and BCN are handling authorizations for Makena following FDA announcement

In a **news release** dated April 6, 2023, the U.S. Food & Drug Administration announced it has withdrawn its approval of Makena® (hydroxyprogesterone caproate), HCPCS codes J1726 and J1729. This decision also applies to generic Makena products.

This means that Makena and its generic products are now unapproved and cannot lawfully be distributed in interstate commerce.

For Blue Cross Blue Shield of Michigan and Blue Care Network commercial members, here's how we're handling authorizations for Makena:

- We'll honor prior authorization requests that have already been approved for this medical benefit drug through their end dates.
- Due to the change in approval status from the FDA, we're denying prior authorization requests submitted for dates of service on or after April 6, 2023.

These changes apply to:

- All Blue Cross and BCN commercial members
- All versions of Makena, including compounded and generic versions

We've updated the pertinent drug lists to reflect this change.

Requirements and codes changed for some 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 comprehensive lists of requirements for our members.

In April, May and June of 2023, we added requirements for some medical benefit drugs. These requirements went into effect on various dates.

In addition, some drugs were assigned new HCPCS codes.

Keep reading for the details you need to know.

Changes in requirements

- For **Blue Cross commercial and BCN commercial members**
  We added prior authorization requirements, site-of-care requirements or both as follows:

HCPCS code	Brand name	Generic name	Requirement	
			Prior authorization	Site of care
J3590*	Elfabrio®	pegunigalsidase alfa-iwxj	✓	
J3590*	Omisirge®	omidubicel-onlv	✓	
J3590*	Qalsody™	tofersen	✓	
J3590*	Vyjuvek™	beremagene geperpavec-svdt	✓	

Please see Requirements and codes changed for some medical benefit drugs *continued on Page 24*

Requirements and codes changed for some medical benefit drugs, *continued from Page 23*

- For **Medicare Plus Blue℠ and BCN Advantage℠ members**

  We added prior authorization requirements as follows:

HCPCS code	Brand name	Generic name	For dates of service on or after
J3590*	Syfovre™	pegcetacoplan injection	4/3/2023
J9029	Adstiladrin®	nadofaragene firadenovec-vncg	5/1/2023
J3590*	Lamzede®	velmanase alfa	5/1/2023

Code changes

The table below shows HCPCS code changes that were effective April 1, 2023, for the medical benefit drugs we manage.

New HCPCS code	Brand name	Generic name
Q5128	Cimerli™	ranibizumab-eqrn
Q5130	Fylnetra®	pegfilgrastim-pbbk
J1411	Hemgenix®	etranacogene dezaparvovec-drlb
J1449	Rolvedon™	eflapegrastim-xnst
J1747	Spevigo®	spesolimab-sbzo
Q5127	Stimufend®	pegfilgrastim-fpgk
C9149	Tzield™	teplizumab-mzwv
Q5129	Vegzelma®	bevacizumab-adcd
J0218	Xenpozyme™	olipudase alfa-rpcp

Drug lists

For additional details, see the following drug lists:

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

These lists are also available on the following pages of the **ereferrals.bcbsm.com** website:

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

Additional information about these requirements

We communicated these changes previously through provider alerts. Those alerts contain additional details.

You can view the provider alerts on ereferrals.bcbsm.com and on our Provider Resources site, which is accessible through our provider portal (**availity.com**).

Additional information for Blue Cross commercial groups

For Blue Cross commercial groups, authorization 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.

Reminder

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

*May be assigned a unique code in the future.

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.

Pharmacy News

Starting Jan. 1, 2024, all DME codes will be removed from the CareCentrix HIT and AIS program

For dates of service on or after Jan. 1, 2024, the durable medical equipment codes listed in the table below will be removed from the CareCentrix network management program for home infusion therapy and ambulatory infusion suite providers.

HCPCS codes					
B2034	B2035	B2036	B4081	B4082	B4083
B4087	B4102	B4103	B4104	B4105	B4149
B4150	B4152	B4153	B4154	B4155	B4157
B4158	B4159	B4160	B4161	B4162	B4185
B4187	B9002	B9998			

This change applies to:

- Blue Cross Blue Shield of Michigan and Blue Care Network commercial members
- Independent home infusion therapy and ambulatory infusion suite providers

Note: Ambulatory infusion suite providers are a subset of ambulatory infusion centers.

These codes are still part of the DME benefit. Providers who participate in the Blue Cross or BCN DME network can bill them in line with existing Blue Cross or BCN billing guidelines.

Prior to Jan. 1, 2024, we'll update the **Home infusion therapy and ambulatory infusion suite provider network management: Frequently asked questions** document to reflect this change.

Elahere, Imjudo, Tecvayli, Lunsumio to require prior authorization for most members starting Aug. 23

For dates of service on or after Aug. 23, 2023, the following drugs require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health®) for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Elahere™ (mirvetuximab soravtansine-gynx), HCPCS code J9063
- Imjudo® (tremelimumab-actl), HCPCS code J9347
- Tecvayli™ (teclistamab-cqyv), HCPCS code J9380
- Lunsumio™ (mosunetuzumab-axgb), HCPCS code J9350

These drugs are covered under the members' medical benefits, not their pharmacy benefits.

Prior authorization requirements apply when these drugs are administered in outpatient settings for:

- Blue Cross Blue Shield of Michigan commercial
  - All fully insured members (group and individual).
  - Members who have coverage through **self-funded groups that have opted in to the Carelon medical oncology program.** (Although UAW Retiree Medical Benefits Trust non-Medicare plans have opted into this program, these requirements may not apply; refer to their medical onolcogy drug list, which is linked below.)
- Note: This requirement doesn't apply to members who have coverage through the Blue Cross and Blue Shield Federal Employee Program®.
- Medicare Plus Blue℠ members
- Blue Care Network commercial members
- BCN Advantage℠ members

How to submit authorization requests

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

- Through the Carelon 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 *Carelon ProviderPortal* tile.
  - Logging in directly to the Carelon ProviderPortal at **providerportal.com**.
- By calling the Carelon Contact Center at **1-844-377-1278**.

More about the authorization requirements

Authorization isn't a guarantee of payment. As always, health care practitioners need to verify eligibility and benefits for members.

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

- Blue Cross commercial and BCN commercial
  - **Medical oncology prior authorization list for Blue Cross commercial fully insured and BCN commercial members**
  - **Blue Cross and BCN utilization management medical drug list**
- 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 Benefits 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'll update the pertinent drug lists to reflect the information in this message prior to the effective date.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services.

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.

Clarification: Xgeva continues to require prior authorization through NovoLogix for most commercial members

Xgeva® (denosumab), HCPCS code J0897, continues to require prior authorization for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members. Providers should submit prior authorization requests for these members through the NovoLogix® online tool.

Note: On Dec. 6, 2022, we published a **provider alert** stating that Xgeva would no longer require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health®). That change applied only to Medicare Plus Blue℠ and BCN Advantage℠ members, starting Jan. 1, 2023.

How to submit prior authorization requests

Submit prior authorization requests through 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* 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, see the **Register for webtools** webpage on **bcbsm.com**.

Some Blue Cross commercial groups not subject to this requirement

For Blue Cross commercial groups, this prior 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**.

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 and electronic data interchange services.

We're changing prior authorization requirements for some weight loss drugs

Beginning Sept. 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network will amend prior authorization coverage criteria for the brand-name weight loss medications listed below for commercial members.

- Contrave®
- Saxenda®
- Xenical®
- Qsymia®
- Wegovy®

For certain members, weight loss drugs are excluded under the pharmacy benefit.

Prior authorization and renewal criteria changes

Starting Sept. 1, we'll shorten the initial prior authorization approval duration to four months from 12 months for commercial Blue Cross and BCN members who initiate one of these drug therapies for the first time. The duration of subsequent prior authorization renewals following initial prior authorization approval will remain unchanged and valid for 12 months for members who meet renewal requirements.

We'll also amend the renewal criteria for these weight loss drugs. Health care providers will be required to attest that the member is actively engaged in appropriate lifestyle modifications in conjunction with weight loss therapy for continuation of coverage after the initial prior authorization expires, and for each renewal request thereafter.

For a list of prior authorization and renewal requirements for pharmacy benefit drugs, refer to our prior authorization and step therapy document at **bcbsm.com/rxinfo**.

Reasons for these changes

Weight loss drug therapy is highly effective when used in conjunction with appropriate lifestyle interventions, including a balanced healthy diet and exercise. Providers should follow up with patients at regular intervals after initiating weight loss pharmacotherapy to make sure they're continuing to engage in appropriate lifestyle modifications for optimal weight loss results.

Documentation of appropriate lifestyle modifications

Providers must attest through electronic prior authorization, or ePA, that the patient has provided them with documentation to show that they're participating in appropriate lifestyle modifications. Here are some examples of documentation and lifestyle modifications:

- Patient documentation of lifestyle modifications may include recent food logs, exercise logs or receipts to show engagement in a formal weight loss modification program.
- Appropriate lifestyle modifications may include member participation in a formal lifestyle modification program or participation in an appropriate lifestyle modification treatment plan (healthy diet and exercise) under the supervision of their provider.

Member eligibility

Not all members have weight loss drugs covered under their pharmacy benefit. Providers should determine if members are eligible before prescribing weight loss drug therapy.

Providers can call the Provider Inquiry automated response system at **1-800-344-8525** to verify eligibility for members with Blue Cross or BCN commercial coverage.

Billing Bulletin

How to find Blue Cross and BCN policies related to COVID-19 public health emergency

Since the COVID-19 public health emergency ended on May 11, 2023, there's a reduced need for viewing Blue Cross Blue Shield of Michigan and Blue Care Network's temporary policies for COVID-19. As a result, we're removing most of them from our public website, **bcbsm.com/providers**.

However, we know providers may need to reference these policies when working on claims for dates of service on or before May 11, 2023. Thus, they can still access the temporary policies by following these steps:

1. Log in to our provider portal (**availity.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. Under *Easy Access*, click *Coronavirus information*.

COVID-19-related documents for pharmacies

Some COVID-19-related documents for pharmacies are still available on our public website but have moved to a new location. They are:

- **Pharmacies encouraged to join the Blue Cross Vaccine Affiliation Program**
- COVID-19 testing for pharmacies:
  - **For Blue Cross PPO and BCN HMO members**
  - **For Medicare Plus Blue and BCN Advantage members**

Here's the new location where you can find these documents on our public website:

1. Go to **bcbsm.com/providers**.
2. Click the *Resources* tab.
3. To the right of the *Key Forms and Documents* heading, click *View all*.
4. Scroll down to the *Pharmacy services* section.

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.

Billing Bulletin

Clinical editing billing tips

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

This issue's tips:

- Genicular nerve blocks
- Diagnosis code reporting reminders

Clinical Editing Billing Tips

Starting Jan. 1, 2024, all DME codes will be removed from the CareCentrix HIT and AIS program

For dates of service on or after Jan. 1, 2024, some durable medical equipment codes will be removed from the CareCentrix network management program for home infusion therapy and ambulatory infusion suite providers.

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

New on-demand training available

Our Lunch & Learn sessions on coding neoplasms and coding diabetes and hypertension have been recorded and posted on the training website.

See the article on **Page 5** for details.

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

We're offering live, 30-minute educational webinars that provide updated information on documentation and coding for common challenging diagnoses.

See the article on **Page 6** for details.

Referral Roundup

More details on Carelon expansion of existing prior authorization program starting Sept. 1

We communicated in the **July-August 2023 issue**, page 25, that 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®).

The codes that Carelon will begin managing on Sept. 1 can be seen in the updated document titled **Procedures that require prior authorization by Carelon: Cardiology, radiation oncology, radiology (high technology) and sleep studies (in lab)**.

In the document, look for the codes highlighted in blue:

- For both Blue Cross and BCN commercial members, additional cardiology and advanced imaging services will require prior authorization.
- For Blue Cross commercial members, additional 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.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services.

Referral Roundup

Changes for in-lab sleep studies to start Oct. 9

Prior authorization requirements for in-lab sleep studies will change for dates of service on or after Oct. 9, 2023.

For dates of service on or after Oct. 9

- For Medicare Plus Blue℠ PPO members, prior authorization won't be required for in-lab sleep studies.
- For BCN Advantage℠ members, prior authorization won't be required for in-lab sleep studies. However, if the provider is out of network for the member's plan, then prior authorization will be required.

For dates of service prior to Oct. 9

Continue to submit prior authorization requests as you do now:

- For Medicare Plus Blue members, submit prior authorization requests to Carelon Medical Benefits Management through the **Carelon ProviderPortal**.

  Additional options for submitting requests are outlined on the Blue Cross **Carelon-Managed Procedures** webpage at **ereferrals.bcbsm.com**.

- For BCN Advantage members, submit prior authorization requests to BCN's Utilization Management team through the e-referral system.

  You must complete the **sleep study questionnaire** in the e-referral system.

Additional information

Prior to Oct. 9, we'll update several documents to reflect these changes, including:

- **Procedures that require prior authorization by Carelon: Cardiology, radiation oncology, radiology (high technology) and sleep studies (in lab)**
- **BCN referral and authorization requirements for Michigan providers**

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.

Referral Roundup

Submit prior authorization requests for non-emergency air ambulance flights through the Alacura PreAuth Portal

Prior to each flight, Michigan and non-Michigan providers must submit a prior authorization request for non-emergency air ambulance services. This requirement applies to Blue Cross Blue Shield of Michigan commercial and Blue Care Network commercial members.

Due to Michigan's prior authorization law requirements, providers must submit these requests to Alacura Medical Transport Management electronically.

Submit requests using the web form on the Alacura PreAuth Portal. To learn how to access the web form and for detailed information about completing the form, see the document titled **Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers**.

If you're experiencing temporary technological problems that prevent you from accessing the Alacura PreAuth Portal, you can submit requests by calling Alacura or by faxing the *Air ambulance flight information (non-emergency)* form to Alacura. You can find information about these alternate submission methods in the document linked above.

You can access the overview document and the form discussed above from the **Blue Cross Authorization Requirements & Criteria** page or the **BCN Authorization Requirements & Criteria** page on the **ereferrals.bcbsm.com** website.

Alacura Medical Transport Management is an independent company that manages the authorization of non-emergency flights for Blue Cross Blue Shield of Michigan and Blue Care Network members who have commercial plans.

New and updated TurningPoint medical policies for musculoskeletal and pain management procedures

Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC are adding and updating TurningPoint medical policies for musculoskeletal and pain management procedures. These policies apply to dates of service on or after Oct. 1, 2023.

The new and updated TurningPoint medical policies will be available in the TurningPoint provider portal on Oct. 1, 2023.

To see a list of the new TurningPoint medical policies and details about updates to existing TurningPoint medical policies, see our **July 27, 2023, provider alert**.

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.

For commercial LTACH requests, submit information about three SNFs to avoid delays

As a reminder, for prior authorization requests for admissions to long-term acute care hospitals, or LTACHs, you are required to include information about three skilled nursing facilities, or SNFs, you have contacted. These must be SNFs that you believe may be able to provide care for the member but have indicated they can't provide the level of care the member requires.

This applies to LTACH placement requests for Blue Cross and BCN commercial members.

If the information that's required about the three SNFs isn't included when you submit the prior authorization request, the request is considered incomplete and can't be processed. We'll reach out to you and ask that you resubmit the request when the information is available. This delays the processing of the request.

Here's the information we need about the three SNFs:

- Name of the SNF
- Phone number of the SNF
- Name of the person you talked to at the SNF
- Reason the SNF gave for not accepting the member

Be aware that:

- The three SNFs must be contracted with Blue Cross or BCN and located within 75 miles of the facility in which the member is currently a patient.
- Two of the three SNFs must be facilities that can accommodate members who need higher levels of care.

You can read more about these and other requirements in the document **Blue Cross and BCN Local Rules for 2023 for post-acute care: Modifications of InterQual® criteria**.

You can access this document at **ereferrals.bcbsm.com**, on these webpages:

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

Questionnaire updates in the e-referral system

In June, we updated questionnaires in the e-referral system. We also updated the corresponding preview questionnaires on the **ereferrals.bcbsm.com** website.

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

Updated questionnaires

We updated the following questionnaires on the date specified below:

Questionnaire	Opens for	Updates	Release date
Blepharoplasty	• Medicare Plus Blue℠ • BCN commercial • BCN Advantage℠	• Updated a question • Added two questions	6/25/2023
Left atrial appendage closure	BCN commercial	Added a question	6/11/2023
Left atrial appendage closure	• Medicare Plus Blue • BCN Advantage	• Updated a few questions • Added a question	6/11/2023
Septoplasty	• Medicare Plus Blue • BCN commercial • BCN Advantage	This questionnaire no longer opens for pediatric members	6/25/2023

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.
- For 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 Authorization Requirements & Criteria pages explain how to access the pertinent authorization criteria and medical policies.

Use new mailing address for provider appeals of some utilization management decisions

A mailing address for submitting provider appeals of some utilization management decisions has changed as shown below.

Previous address	New address
Utilization Management — Provider Appeals Mail Code C336 Blue Cross Blue Shield of Michigan and Blue Care Network P.O. Box 5043 Southfield, MI 48076-5043	Utilization Management — Provider Appeals Mail Code 0520 Blue Cross Blue Shield of Michigan and Blue Care Network 600 E. Lafayette Blvd. Detroit, MI 48226-2998

We updated the denial letters to include the new address.

Be sure to follow the instructions in the denial letters to help ensure that your appeal arrives at the appropriate location within the time frame allowed.

How Blue Cross and BCN are handling authorizations for Makena following FDA announcement

The U.S. Food & Drug Administration announced it has withdrawn its approval of Makena® (hydroxyprogesterone caproate), HCPCS codes J1726 and J1729. This decision also applies to generic Makena products.

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

Requirements and codes changed for some 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 comprehensive lists of requirements for our members.

In April, May and June of 2023, we added requirements for some medical benefit drugs.

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

Elahere, Imjudo, Tecvayli, Lunsumio to require prior authorization for most members starting Aug. 23

For dates of service on or after Aug. 23, 2023, the following drugs require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health®) for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Elahere™ (mirvetuximab soravtansine-gynx), HCPCS code J9063
- Imjudo® (tremelimumab-actl), HCPCS code J9347
- Tecvayli™ (teclistamab-cqyv), HCPCS code J9380
- Lunsumio™ (mosunetuzumab-axgb), HCPCS code J9350

These drugs are covered under the members' medical benefits, not their pharmacy benefits.

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

Clarification: Xgeva continues to require prior authorization through NovoLogix for most commercial members

Xgeva® (denosumab), HCPCS code J0897, continues to require prior authorization for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members. Providers should submit prior authorization requests for these members through the NovoLogix® online tool.

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

We're changing prior authorization requirements for some weight loss drugs

Beginning Sept. 1, 2023, Blue Cross Blue Shield of Michigan and Blue Care Network will amend prior authorization coverage criteria for the brand-name weight loss medications listed below for commercial members.

- Contrave®
- Qsymia®
- Saxenda®
- Wegovy®
- Xenical®

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

Clinical review decisions are based solely on appropriateness of care

Utilization decisions regarding care and service are based solely on the appropriateness of care prescribed in relation to each member's medical or behavioral health condition.

See the article on **Page 4** for details.

Referral Roundup

BCN staff available to our members for utilization management issues

Did you know we're available during normal business hours for our members (your patients) to discuss utilization management issues?

See the article on **Page 4** for details.

BCN medical directors are a resource for physicians

Plan medical directors work throughout the state with affiliated practitioners and providers to ensure appropriate care and service for Blue Care Network members.

See the article on **Page 3** for details and to learn how to obtain a copy of utilization management criteria.

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