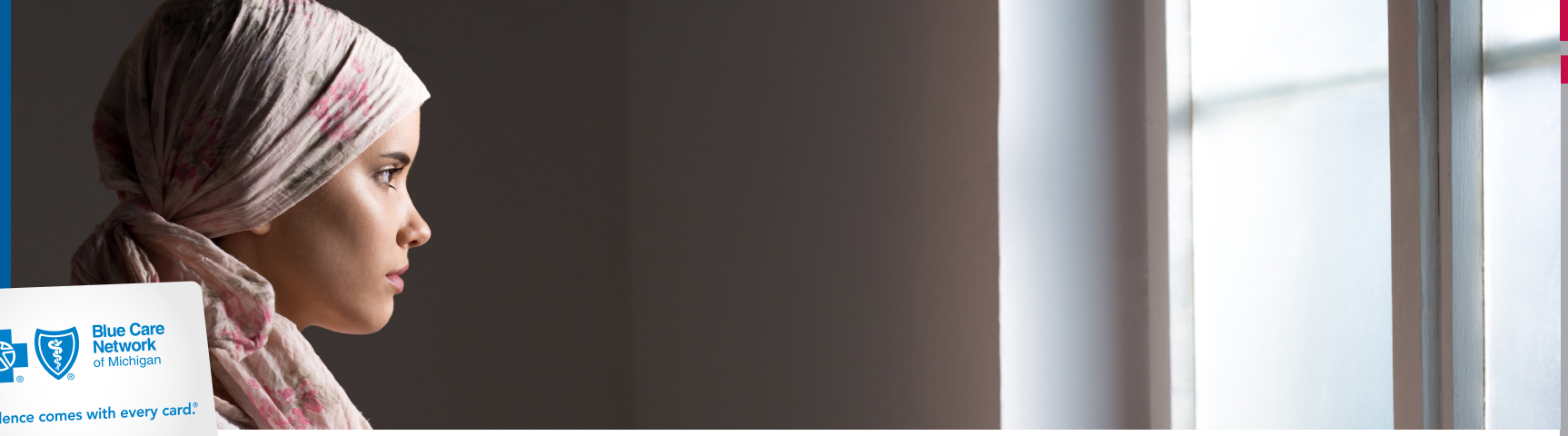
NOVEMBER-DECEMBER 2023

BCN Provider News



Starting Jan. 1, new cancer support program will be available for some commercial members

Blue Cross Blue Shield of Michigan and Blue Care Network are working with OncoHealth® to provide a cancer support program (Iris by OncoHealth) for adult members ages 18 and older who have a cancer diagnosis or who are cancer survivors.

Starting Jan. 1, 2024, this program will help members navigate the emotional, physical and financial challenges caused by cancer diagnosis and treatment. It also aims to lower the burden on health care providers and complement — not replace or interfere with — the care they provide. It's meant to provide supplemental support and education between regularly scheduled, in-person appointments.

Iris by OncoHealth will be available to:

- Members who have coverage through Blue Cross and BCN commercial fully insured groups
- Commercial members who have individual coverage
- Members who have coverage through self-funded commercial groups that purchase the program

There will be no cost to eligible members. With permission from the member, it will also be available to their caregivers.

Through the Iris mobile app or by phone, the program will include access to:

- **24/7 support from oncology nurses** — Members can discuss symptoms and side effects with oncology nurses. The Iris nurses report new or worsening symptoms to the member's primary oncology team by fax or phone. The Iris nursing team is supported by medical oncologists and advanced practice providers who are available for case escalation.

  Note: The Iris nurses use OncoHealth Medical Group's symptom management pathways to help members manage symptoms. The pathways are based on standards of care established by the National

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Inside this issue…

Comprehensive Cancer Network, the American Society of Clinical Oncology and the Oncology Nursing Society, adapted for use in virtual care.

Symptom management pathways won't include prescription medications, but may include over-the-counter medications.

- **Oncology-specific mental health support** — Members can schedule virtual care appointments with licensed therapists. The Iris therapists offer members support for cancer-specific concerns, including adjusting to illness, coping with anxiety, depression and uncertainty, and communicating with their care teams. Members are often able to meet with a therapist within 24 to 48 hours of scheduling an appointment.
- **Registered dietitian nutritionists with cancer expertise** — The Iris dietitians offer personalized support to address high-impact nutritional symptoms and provide diagnosis-specific guidance related to food and nutrition. 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.
- **Peer mentors** — A trained team of cancer patients, caregivers and survivors are available to support and advise members based on their own experiences navigating a cancer diagnosis.
- **Customized educational information** — This includes a library of clinically approved videos, articles and other self-guided content curated for each member.
- **A symptom tracker** — Members can report symptoms and side effects through the tracker in the mobile app. Iris nurses remotely monitor the information members enter, which enables them to intervene early when necessary.
- **Advance care planning assistance**
- **Navigation to financial and community resources** — These resources reduce barriers to care.
- **Interpreters** — If English isn't the member's first language, interpreters are available.

To learn more, view this **Iris by OncoHealth video** or go to **IrisOncology.com**.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.

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Network Operations

Blue Care Network is making minor changes to group and individual health plans in 2024

Starting on Jan. 1, 2024, Blue Care Network will be modifying some of the health plans we offer to both groups and individuals. Here's a quick summary of what's changing.

Group health plans

- Out-of-pocket maximums are increasing for some plans; for individual plans from $9,100 in 2023 to $9,450, and for family plans from $18,200 in 2023 to $18,900. A plan can have a lower out-of-pocket maximum so long as it's not exceeding the above annual limit.
- The health savings account IRS limits are increasing for deductibles and out-of-pocket maximums.
- About 35% of small-group plans have changes in member cost sharing.
- For large groups with high-deductible health plans or health savings account plans, we're adding an option to remove the deductible from medical and pharmacy expanded preventive services to make it easier to have covered services prior to meeting the plan deductible.

Individual health plans

- We're decreasing the number of health plans available for purchase by individuals from 48 to 43 plans in 2024. The number of HMO health plans available for purchase by individuals is decreasing from 38 to 33 in 2024.
- All members in a discontinued health plan will be notified by Nov. 1, 2023.
- The deductible and out-of-pocket maximums are changing for a majority of our plans, and some office visit copays are changing.

Check eligibility and benefits

Remember to check member eligibility and benefits at each visit to see that the coverage is in effect and review the member's coverage for the services you provide. You can check eligibility and benefits through:

- Our provider portal, using the Eligibility and Benefits Inquiry application
- Provider Inquiry, with automated response available 24 hours a day, and representatives available 8 a.m. to 5 p.m., Monday through Friday
  - Professional providers call 1-800-344-8525
  - Hospital and facilities call 1-800-249-5103
  - Vision and hearing providers call 1-800-482-4047
- HIPAA 270/271 electronic standard transaction

Network Operations

Newly enrolled PAs and NPs are required to identify their work settings to help avoid payment issues

What you need to know

This requirement applies to newly enrolled PAs and NPs only. Work setting information for PAs and NPs enrolled prior to Nov. 10 will be updated automatically — there is no action required.

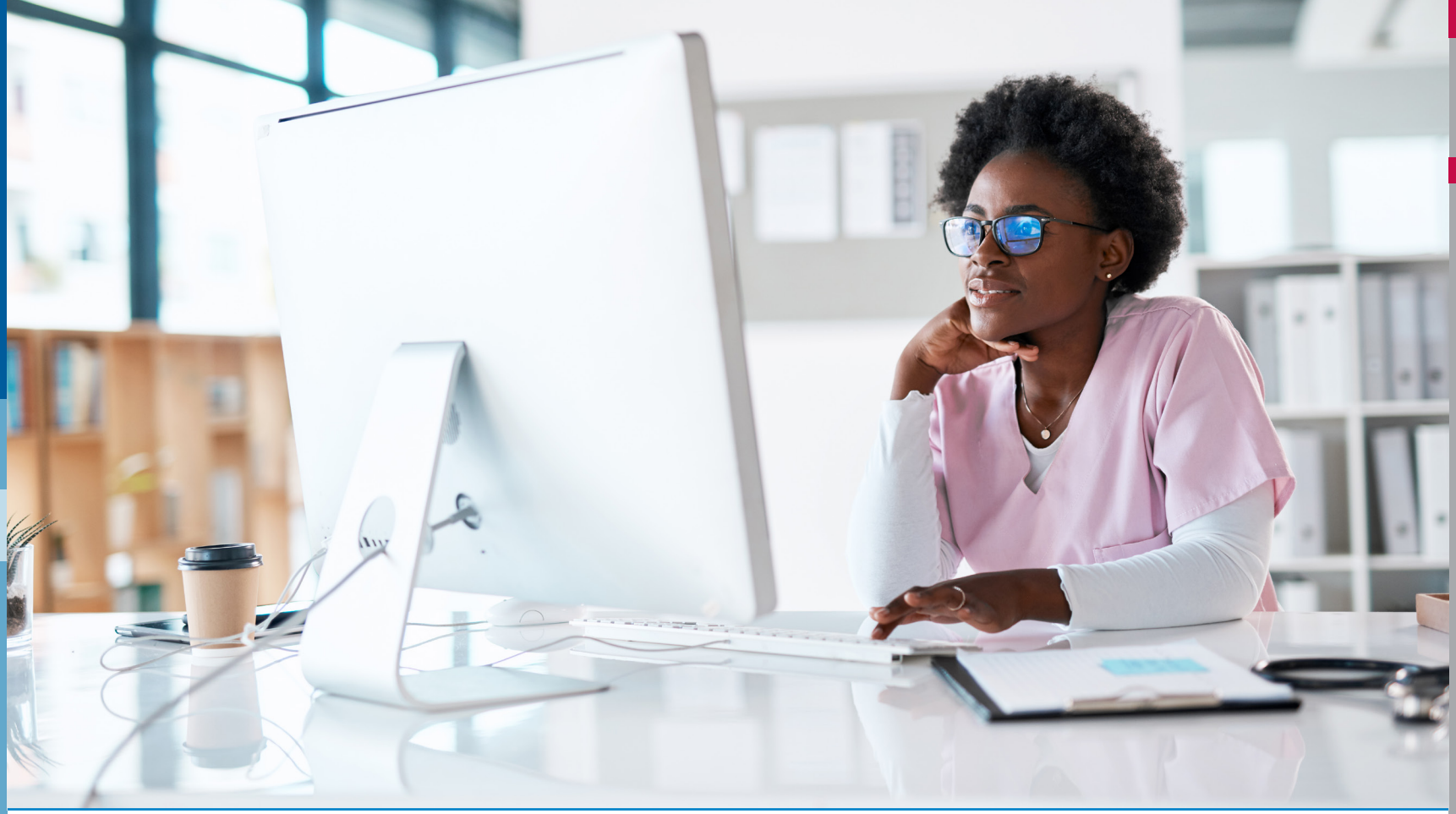
Starting Nov. 10, 2023, newly enrolled physician assistants and nurse practitioners will be required to identify their work settings (primary care or specialty care) on our provider enrollment and change forms. This information is necessary to help ensure that withholds can be accurately applied and payment issues can be resolved for PAs and NPs covering for physician specialists or primary care physicians.

The following provider enrollment and change forms have been updated to include work setting:

- *Allied Practitioner Enrollment Form*
- *Allied Practitioner Change Form*
- *New Group Enrollment Form*
- *Group Change Form*

Provider enrollment and change forms can be found in the Enrollment section at **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 also 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
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

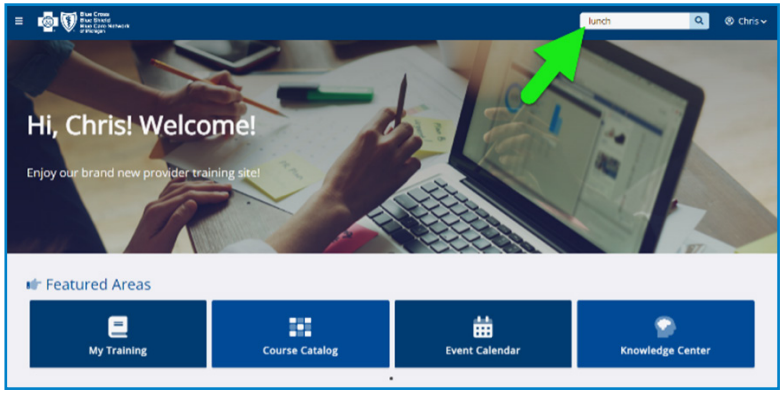
If you haven't already registered for the provider training website, follow these steps:

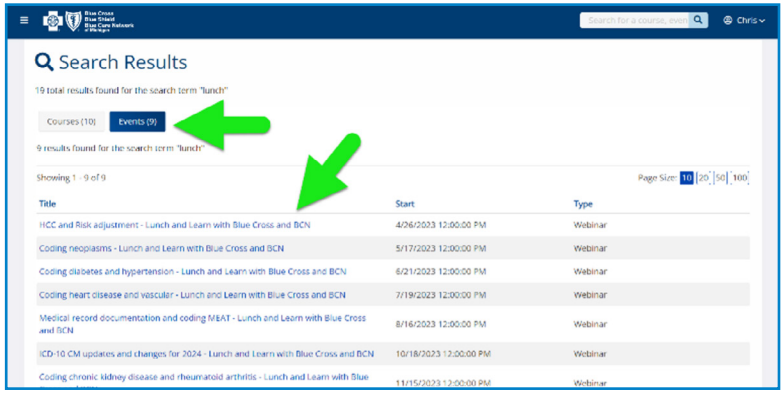
- **Click here to register**.
- Complete the registration. We recommend using the same email you use to communicate with Blue Cross Blue Shield of Michigan for other needs. This will become your login ID.

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
Sept. 20	Coding Tips for COPD and asthma

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**.

Resources, on-demand courses available on our training website

Action Items

We encourage you to use our **provider training website** to take courses and learn about topics relevant to your work.

Take advantage of the training resources we offer to health care providers and their staff. Resources include on-demand courses designed to help you work more efficiently with Blue Cross Blue Shield of Michigan and Blue Care Network.

See the information below to find out about some of the learning opportunities we launched earlier this year that we think you'll find worthwhile.

Blue Cross Personalized Medicine℠ presentations: We hosted a series of webinars discussing this new program, which is based on pharmacogenomics, a subgroup of precision medicine. The presentations are specific to primary care physicians, behavioral health providers, cardiologists and oncologists. Search "personalized" on the training website to quickly locate the four presentations.

CMS Star measures overview for 2023: This course is an overview of HEDIS® quality measures that are also Medicare Star Ratings measures. Updated for 2023, the course has a new section on the CAHPS® survey, tips for closing gaps in care, clarifications on quality measure requirements and assistance with coding and documentation. You can earn continuing education credits for completing these courses. Search "star" to locate the series.

HEDIS® measures scenarios for 2023: This course shows you how to close quality gaps using the HEDIS® tip sheets. Learn the tips and tricks through a series of scenarios where you'll help figure out why an office is seeing gaps in specific measures. The course has been updated for 2023 and is also eligible for continuing education credits. Search "HEDIS" to locate the course.

To log in to the provider training site, **click here**.

To request access to our training site:

1. Visit the **registration page** and provide the requested information. We recommend using the same email you use to communicate with Blue Cross for provider-related needs. This will become your login ID.
2. Click on *Register*, and follow the prompts to log in.

If you need assistance registering or navigating the site, contact **providertraining@bcbsm.com**.

New Patient Experience webinar series

We are excited to announce an upcoming **Patient Experience** webinar series, "Combatting Burnout in the Healthcare Setting." This five-part series will provide practical tips to help healthcare professionals manage their own stress and burnout. Visit the Patient Experience website for more information and to register. Also be sure to check out the On-Demand Webinars page on the website to register to view our Consumer Assessment of Healthcare Providers and Systems (CAHPS) best practices webinars.

New mailing address for BCN Appeals and Grievance Unit

Blue Care Network's Appeals and Grievance Unit has a new mailing address.

Previous address	New address
Appeals and Grievance Unit Blue Care Network P.O. Box 284 Southfield, MI 48086-5043	Appeals and Grievance Unit Blue Care Network P.O. Box 44200 Detroit, MI 48244-0191

The fax number for the unit, 1-866-522-7345, has not changed.

We've updated the *BCN Provider Manual* to include the new address. You can find the new address — and more information about submitting appeals and grievances for BCN commercial and BCN Advantage℠ members — in these chapters of the manual:

- Member Rights and Responsibilities chapter
- **BCN Advantage chapter**

To access the *BCN Provider Manual*:

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 and then click *Secure Provider Resources* (Blue Cross and BCN).
4. Click *Provider Manuals* and then click *BCN commercial* and *BCN Advantage*.

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.

Free mail-order COVID-19 tests sent directly to patients

Due to an increase in demand for COVID-19 testing, the federal government is restarting a program for each U.S. household to order four free COVID-19 rapid tests for mail delivery. These tests can be ordered through **COVIDtests.gov**.

Medicare Plus Blue, BCN Advantage offer additional benefits for 2024

Medicare Plus Blue℠ and BCN Advantage℠ added three enhanced benefits to their comprehensive Medicare Advantage plans for the 2024 plan year. Beginning Jan. 1, 2024, members can capitalize on the following:

- Ambulance services without transport
- Enhanced annual wellness visit
- Mobile crisis and crisis stabilization for behavioral health (available for members who reside in select counties)

Note: Please check patient's eligibility and benefits in our provider portal (availity.com) to verify coverage for these new benefits.

New 2024 enhanced benefits explained

Ambulance services without transport: Currently, if a member or another person calls for an ambulance for a member's health emergency, and the member isn't transported, the service isn't covered. Beginning Jan. 1, 2024, if the ambulance providers are able to stabilize the member at the current location without transporting to a facility, the plan covers the services with the applicable cost sharing. This service isn't covered outside of the U.S. or its territories.

Enhanced annual wellness visit: After having Medicare Part B for longer than 12 months, members can get an annual wellness visit every 12 months to develop or update a personalized prevention plan based on their current health and risk factors. They can get the enhanced annual wellness visit anytime throughout a calendar year, regardless of the date of the previous year's visit. No cost sharing applies.

Mobile crisis and crisis stabilization for behavioral health: This benefit offers improved care for people experiencing a behavioral health crisis. Services include mobile crisis intervention by eligible providers through telehealth or face to face, onsite services and crisis stabilization. Members can be treated in their homes or other locations and at participating outpatient psychiatric centers available in certain counties in Michigan. Cost sharing applies. For more information on crisis care services and locations, visit our crisis care webpage on our website.

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

Update on high-intensity, in-home care program through Landmark

Blue Cross Blue Shield of Michigan and Blue Care Network launched the Landmark high-intensity, in-home care program in late 2021 for eligible members in Southeast Michigan with coverage through an employer group. The program was expanded in phases and, starting in January 2023, it's now available to all eligible Medicare Plus Blue℠ and BCN Advantage℠ members who reside in Michigan's Lower Peninsula.

Blue Cross and BCN offer this program as a benefit for our most at-risk members. This additional, in-home support is also something employer groups have requested to help improve quality of life and health outcomes.

To be eligible for the Landmark program, members must have multiple chronic conditions and take a high number of prescription medications. Currently, approximately 15% of Blue Cross and BCN's Medicare Advantage members are eligible.

Using a physician-led, interdisciplinary team, the Landmark program complements office-based primary care by:

- Collaborating and coordinating with each member's primary care provider, using the primary care provider's preferred method of communication
- Supporting frail, elderly patients who want help managing their conditions through in-home care
- Delivering additional support, including medical, behavioral and urgent care; medication management; and 24/7 nurse triage when a member is unable to reach their primary care provider

The Landmark program provides supplemental support and reinforces the primary care provider's plan of care for chronic condition management. It doesn't replace a member's primary care provider, and members don't become attributed or assigned to Landmark.

Note: Because the Landmark program is part of members' benefits, eligible members can choose whether they want to participate.

Program outcomes

We're beginning to see the benefits of the Landmark program on this vulnerable member population.

Early data from the initial phase of the program has shown the following for engaged members:

- An increase in primary care provider visits
- A decrease in acute inpatient utilization after a period of time in the program
- High member satisfaction, with 96% rating it as excellent, very good or good

Landmark has built collaborative relationships with a number of physician organizations and is willing to adapt processes and communication methods to best meet the unique needs of each physician organization.

At a recent Physician Group Incentive Program, or PGIP, meeting, Sparrow Care Network shared details of how they're working with Landmark to build a successful collaboration, despite initial concerns from Sparrow providers about the program. The working relationship is being customized to fit into Sparrow's overall Population Health Service Organization and requires engagement from clinical and operational teams from both organizations. Sparrow Care Managers also play a significant role in ensuring communication flows appropriately in both directions. Sparrow has expressed appreciation for Landmark's flexibility and responsiveness, and continues to collaborate on achieving best care outcomes for patients.

What members are saying about the Landmark program

Here are just a few quotes from Blue Cross and BCN members who are engaged in the Landmark program:

"I was in need of some help. My Dr. wasn't available. Erica [nurse practitioner] arrived within a few hours. Erica was very friendly and professional. I am grateful for her help."

"Wonderful experience. Very professional, but very caring. Very nice to have medical service at home."

"The nurses have been very good about responding to me when I get sick or fall. I'm grateful they're included in my insurance plan."

"My father received excellent and immediate care in his home when his cold became more serious with shortness of breath, fever and productive cough. I was able to talk with the clinician by phone during the visit and all our concerns were addressed. Follow-up care was also excellent."

"Great program for keeping my health at its best."

How to learn more

To learn more about our program with Landmark, see the High-intensity in-home care program: **Frequently asked questions for providers document**.

If you have questions about the program, email the Blue Cross Care Delivery Solutions team at **CareDeliverySolutionsProgramMtg@bcbsm.com**.

To coordinate directly with Landmark about patient care, call 313-241-5242.

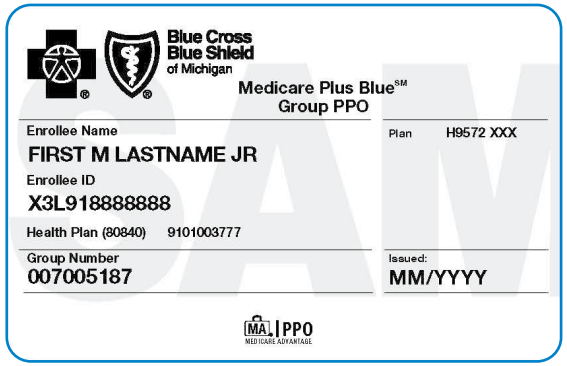
Landmark Health L.L.C is an independent company that provides in-home care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

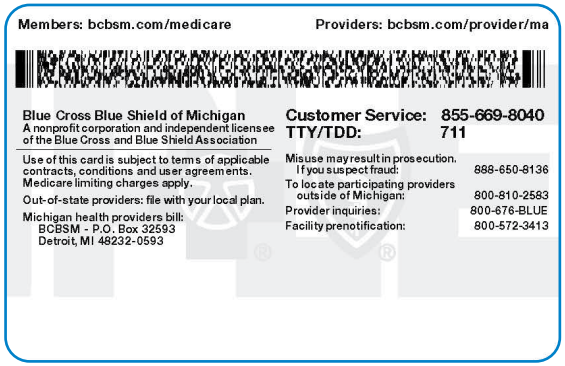
University of Michigan retirees join our Medicare Advantage plans

University of Michigan retirees will become members of our Medicare Advantage plans and will be able to choose either a Medicare Plus Blue℠ or BCN Advantage℠ plan, effective Jan. 1, 2024. These plans provide coverage for medical and surgical benefits (Part C). Magellan administers their prescription drug benefits (Part D).

How do I recognize a University of Michigan Medicare Advantage member?

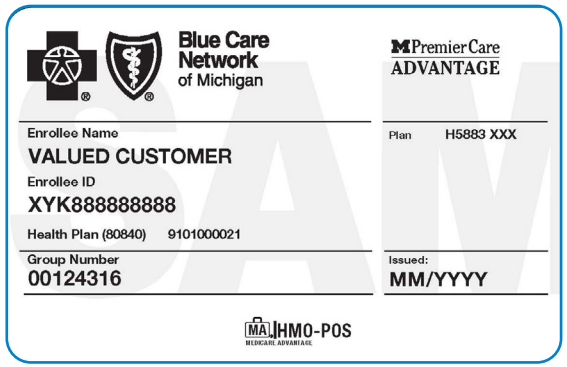
For the PPO plan, University of Michigan Medicare Plus Blue members have Blue Cross Blue Shield of Michigan identification cards with the Medicare Plus Blue Group PPO logo near the top center. They use group number 007005187 and have the alphanumeric prefix X3L. The PPO logo shows that the member is enrolled in a preferred provider organization plan.

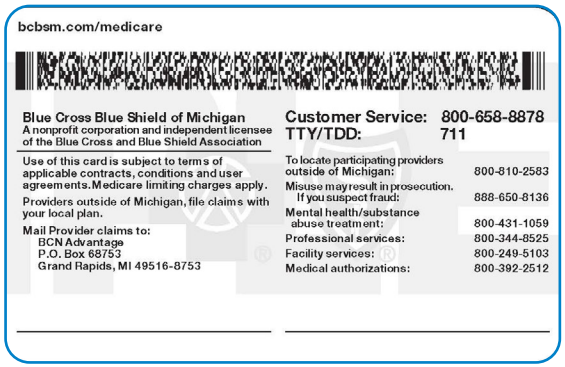




For the HMO-POS plan, the University of Michigan BCN Advantage plan is called U-M PremierCare Advantage, which will be displayed at the top right. The ID card will say Blue Care Network of Michigan at the top left and will show group number 00124316 and have the alpha prefix XYK before the enrollee ID number. The HMO-POS logo next to the MA suitcase image at the bottom center shows that members have a point-of-service option, which means they can use providers outside the plan's network for an additional cost.

Note: Providers should verify eligibility and coverage at every visit. To verify eligibility and check coverage, log in to our provider portal on Availity Essentials at **availity.com**.





Enhanced Benefits

University of Michigan Medicare Advantage members have some additional enhanced benefits not offered to other groups. Visit the **Medicare Plus Blue PPO Enhanced Benefits Policies webpage** or the **BCN Advantage Enhanced Benefits Policies webpage** and search for University of Michigan MA for more information.

What do I need to know about prior authorization for University of Michigan Medicare Advantage members?

Like our other Medicare Advantage plans, University of Michigan Medicare Advantage benefits require prior authorization for all acute inpatient admissions, specified high-tech radiology services, and for skilled nursing, long-term acute care, and inpatient rehabilitation admissions. For prior authorization requirements, refer to the appropriate provider manual listed below:

- ***Medicare Plus Blue PPO Provider Manual***
- ***BCN Provider Manual – BCN Advantage chapter***

Here are some other articles in this issue that may be of interest

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

- Artificial pancreas device systems
- Bone marrow transplant — hematopoietic cell transplantation for non-Hodgkin lymphomas
- Cochlear implant
- Genetic testing-assays of genetic expression in tumor tissue as a technique to help guide decision-making in patients with breast cancer
- Genetic testing — next generation sequencing for assessment of measurable residual (for example, ClonoSEQ) in hematological malignancies
- Genetic testing-whole exome and whole genome sequencing for diagnosis of genetic disorders
- Leadless cardiac pacemaker
- Lung and lobar lung transplant
- Procalcitonin testing (PCT)
- Prostatic urethral lift procedure for the treatment of BPH
- Skin and tissue substitutes

Noncovered services

- Cryoablation, radiofrequency ablation, and laser ablation for treatment of chronic rhinitis

Established

- Autism spectrum disorder services
- Intraoperative neurophysiologic monitoring
- Reconstructive breast surgery/management of breast implants

Medical Policy Updates

Here are some other articles in this issue that may be of interest

- *Starting Jan. 1, new cancer support program will be available for some commercial members,* **Page 1**
- *Reminder: Resources, on-demand courses available on our training website,* **Page 7**
- *Medicare Plus Blue, BCN Advantage offer additional benefits for 2024,* **Page 9**
- *Update on high-intensity, in-home care program through Landmark,* **Page 10**
- *Update: New and updated TurningPoint medical policies for musculoskeletal and pain management procedures,* **Page 41**

More information about the Blue Cross and BCN behavioral health changes coming Jan. 1, 2024

We communicated in ***The Record*** and ***BCN Provider News*** that 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 will affect members covered by Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠ plans, except those in certain employer groups. Refer to the **Mental Health and Substance Use Disorder Carve-Out List**.

The programs are called:

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

These programs will align and standardize prior authorization and case management functions for Blue Cross and BCN members. We expect this consistency across lines of business to simplify processes for providers.

Consistent processes

The main benefit for providers is consistency across all lines of business. For example, for dates of service on or after Jan. 1, 2024:

- You'll use a new provider portal to submit prior authorization requests for all affected Blue Cross and BCN members.
- For autism treatment services, we'll be revising the requirement to obtain an evaluation through an approved autism evaluation center. Watch for future communications on this topic.

FAQ document

We've published the **Blue Cross Behavioral Health: Frequently asked questions** for providers document, which contains many details you'll need to know.

In the FAQ document, you'll find important information that will help you navigate this change, including how to submit requests for prior authorization, continued stay reviews and appeals for all dates of service.

We'll update the FAQ document with additional information as it becomes available.

Behavioral Health

Change for Blue Cross commercial prior authorization requests

Important! Starting Jan. 1, 2024, New Directions, now known as Lucet, won't handle requests for Blue Cross commercial members with dates of service on or after Jan. 1, 2024.

They also won't handle requests related to dates of service before Jan. 1, 2024. This is a correction to information previously published.

For Blue Cross commercial members, submit requests for prior authorization, continued stay reviews and appeals related to dates of service before Jan. 1, 2024, using one of these methods:

- Email: **BHStrategyAppealsandRetrospectiveRequests@bcbsm.com**
- Call: 313-225-0329

When you email or call, provide:

- Your name and a contact phone number for you
- The member's name and contract number
- The date of service you're inquiring about
- A brief description of what you're requesting (for example, prior authorization, continued stay review or appeal)

Medical necessity criteria

For dates of service on or after Jan. 1, 2024, Blue Cross Behavioral Health will use the following to make determinations on prior authorization requests:

- Level of Care Utilization System, or LOCUS®, criteria
- Child and Adolescent Level of Care Utilization System, or CALOCUS®, criteria
- Early Childhood Services Intensity Instrument, or ECSII, criteria
- The ASAM Criteria®, from the American Society of Addiction Medicine
- Blue Cross and BCN medical policy for transcranial magnetic stimulation

Later in 2023, you'll be able to access these criteria on our **Services That Need Prior Authorization** webpage at **bcbsm.com**.

Appeals process

Starting in 2024, the addresses will change for submitting appeals of prior authorization requests that aren't approved. Refer to the determination letters for the addresses.

Training

We'll offer training for providers to learn how to access and use the new provider portal to submit prior authorization requests. Watch for more information.

Behavioral Health

Learn about the 7 myths about suicide

Suicide is a public health crisis, with one death from suicide every 11 minutes in the United States, according to 2021 data from the Centers for Disease Control and Prevention.

William Beecroft, M.D., medical director of behavioral health for Blue Cross Blue Shield of Michigan and Blue Care Network, recently shared his thoughts on suicide. To learn about suicide warning signs, myths and crisis care options, read ***7 myths about suicide can prevent people from getting the help they need*** in the Sept.-Oct. 2023 issue of *Hospital and Physician Update*.

Here's another article in this issue that may be of interest

- *Medicare Plus Blue, BCN Advantage offer additional benefits for 2024,* **Page 9**

Blue Cross, BCN covering additional vaccines

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

Vaccines	Common name and abbreviation	Effective date
Arexvy™	Respiratory syncytial virus, or RSV	July 17, 2023
Abrysvo™		
Pfizer COVID-19 Vaccine (2023-2024), 6 months through 4 years old	COVID-19	Sept. 15, 2023
Pfizer COVID-19 Vaccine (2023-2024), 5 through 11 years old		
Comirnaty, Pfizer COVID-19 Vaccine (2023-2024)		
Spikevax, Moderna COVID-19 Vaccine (2023-2024)		
Novavax COVID-19 vaccine (2023-2024)		

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

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

Vaccines that are covered and have no age requirement	
Vaccine	**Common name and abbreviation**
• Dengvaxia®	Dengue vaccine — DEN4CYD
• Daptacel® • Infanrix®	Diphtheria, tetanus, and acellular pertussis vaccine — DTaP
• Diphtheria and tetanus toxoids	Diphtheria, tetanus vaccine — DT
• Kinrix® • Quadracel®	DTap and inactivated poliovirus vaccine — DTaP-IPV
• Pediarix®	DTaP, hepatitis B, and inactivated poliovirus vaccine — DTaP-HepB-IPV
• Vaxelis®	DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine — DTaP-IPV-Hib-HepB
• ActHIB® • Hiberix® • PedvaxHIB®	Haemophilus influenzae type b vaccine — Hib
• Havrix® • Vaqta®	Hepatitis A — HepA
• Engerix-B® • Heplisav-B® • PreHevbrio™ • Recombivax HB®	Hepatitis B — HepB
• Twinrix®	Hepatitis A & B — HepA-HEPB
• M-M-R II® • Priorix®	Measles, mumps, rubella vaccine — MMR
• ProQuad®	Measles, mumps, rubella and varicella vaccine — MMRV
• Menveo®	Meningococcal serogroups A, C, W, Y vaccine — MenACWY-CRM
• Menactra®	Meningococcal serogroups A, C, W, Y vaccine — MenACWY-D
• MenQuadfi®	Meningococcal serogroups A, C, W, Y vaccine — MenACWY-TT
• Bexsero®	Meningococcal serogroup B vaccine — MenB-4C
• Trumenba®	Meningococcal serogroup B vaccine — MenB-FHbp
• Vaxneuvance™	Pneumococcal 15-valent conjugate vaccine — PCV15
• Prevnar 20™	Pneumococcal 20-valent conjugate vaccine — PCV20

Vaccines that are covered and have no age requirement	
Vaccine	**Common name and abbreviation**
• Pneumovax 23®	Pneumococcal 23-valent polysaccharide vaccine — PPSV23
• IPOL®	Poliovirus — IPV
• Arexvy™ • Abrysvo™	Respiratory syncytial virus — RSV
• Rotarix®	Rotavirus vaccine — RV1
• RotaTeq®	Rotavirus vaccine — RV5
• Tdvax® • Tenivac®	Tetanus and diphtheria vaccine — Td
• Adacel® • Boostrix®	Tetanus, diphtheria and acellular pertussis vaccine — Tdap
• Varivax®	Varicella vaccine — VAR or chickenpox
• Shingrix®	Zoster vaccine — RZV or shingles

Vaccines that have an age requirement **Note:** If a member doesn't meet the age requirement for a vaccine, Blue Cross and BCN won't cover it under the prescription drug plan, and the claim will reject.		
Vaccine	**Common name and abbreviation**	**Age requirement**
• Pfizer	COVID-19 vaccine, 2023-2024	6 months through 4 years old, 5 through 11 years
• Comirnaty • Pfizer • Spikevax • Moderna	COVID-19 vaccine, 2023-2024	12 years and older
• 12 years and older	Human papillomavirus vaccine — HPV	9 to 45 years old
• Influenza virus	Influenza vaccine — Flu	Under 9 years: 2 vaccines per 180 days 9 years and older: 1 vaccine per 180 days
• Prevnar 13®	Pneumococcal 13 — valent conjugate vaccine	65 years and older

Pharmacy News

Starting Jan. 1, we're changing how we cover some drugs on our Clinical, Custom, Custom Select and Preferred Drug Lists

Our goal at Blue Cross Blue Shield of Michigan and Blue Care Network is to provide our members with safe, high-quality prescription drug therapies. We continually review prescription drugs to help ensure we provide the best value for our members, control costs and make sure our members are using the right drug for the right situation.

Starting Jan. 1, 2024, we'll change how we cover some medications on the Clinical, Custom, Custom Select and Preferred Drug Lists. The following lists detail these changes.

We'll send letters to notify affected members, their groups and their health care providers about these changes.

Clinical, Custom and Custom Select Drug List changes

Drugs that won't be covered on the Clinical, Custom and Custom Select Drug Lists

We'll no longer cover the following drugs. Unless noted, both the brand name and available generic equivalents won't be covered. If a member fills a prescription for one of these drugs on or after Jan. 1, 2024, the member will be responsible for the full cost.

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

Drugs that won't be covered	Affected drug lists	Common use or drug class	Preferred alternatives
Generic doxycycline monohydrate 75mg capsule	Custom Select	Tetracycline antibiotic	Generic doxycycline hyclate capsule; 100mg tablet; generic doxycycline monohydrate 50mg, 100mg capsule; 50mg, 75mg, 100mg tablet
APO-varenicline	Clinical, Custom, Custom Select	Smoking cessation	Generic varenicline tartrate (Chantix®)
Copaxone® 20mg/mL (brand glatiramer)	Custom Select	Multiple sclerosis	Generic glatiramer 20mg/mL, 40mg/mL (Glatopa®)

Drugs that will have a higher copayment on the Clinical, Custom and Custom Select Drug Lists

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

Drugs that will have a higher copayment*	Affected drug lists	Common use or drug class	Preferred alternatives
Generic doxycycline monohydrate 75mg capsule	Custom (HMO only)	Tetracycline antibiotic	Generic doxycycline hyclate capsule; 100mg tablet; generic doxycycline monohydrate 50mg, 100mg capsule; 50mg, 75mg, 100mg tablet
Generic doxycycline monohydrate 150mg tablet	Custom (HMO only) Custom Select (HMO only)		
Copaxone® 20mg/mL (brand glatiramer)	Clinical, Custom	Multiple sclerosis	Generic glatiramer 20mg/mL, 40mg/mL (Glatopa®)

*Nonpreferred brand drugs are not covered for members with a closed benefit.

Brand name drugs no longer covered with a generic copay on the HMO Custom Drug List

On some of our drug lists, select brand-name drugs are covered at a generic copay and the generic equivalent drug isn't covered. These brand-name drugs will no longer be covered at the generic copay. Members can fill prescriptions with the generic equivalent.

Brand-name drug	Common use or drug class	Preferred alternatives
Adderall® XR	Custom (HMO only)	Dextroamphetamine / amphetamine ER capsule

Preferred Drug List changes

Drugs that won't be covered on the Preferred Drug List

We'll no longer cover the following drugs. Unless noted, both the brand-name and available generic equivalents won't be covered. If a member fills a prescription for one of these drugs on or after Jan. 1, 2024, the member will be responsible for the full cost.

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

Drugs that won't be covered	Common use or drug class	Preferred alternatives
Adhansia® XR	Attention-deficit/hyperactivity disorder (ADHD)	Generic methylphenidate (such as Ritalin® LA, Concerta®), generic dexmethylphenidate (such as Focalin® XR), generic amphetamine / dextroamphetamine (such as Adderall® XR), lisdexamphetamine (Vyvanse®)
Aklief®, Arazlo®	Acne vulgaris	Generic adapalene 0.1% cream, gel (Differin®); generic adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo®), generic tazarotene 0.1% cream, gel (Tazorac®)
Aplenzin®, Forfivo XL®, bupropion ER 450mg (authorized brand alternative for Forfivo XL®)	Depression	Generic bupropion ER (Wellbutrin® SR/XL)
APO-varenicline	Smoking cessation	Generic varenicline tartrate (Chantix®)
Copaxone® 20mg/mL (brand glatiramer)	Multiple sclerosis	Generic glatiramer 20mg/mL, 40mg/mL (Glatopa®)
Generic dapsone 7.5% gel (Aczone®)	Acne vulgaris	Generic dapsone 5% gel (Aczone®)

Pharmacy News

Drugs that won't be covered	Common use or drug class	Preferred alternatives
Evekeo ODT®	Attention-deficit/hyperactivity disorder (ADHD)	Generic dextroamphetamine solution (ProCentra®), generic methylphenidate solution, chewable tablet (Methylin®)
FloLipid®	Hypercholesterolemia	Generic statin (such as rosuvastatin (Crestor®), fluvastatin (Lescol XL®), atorvastatin (Lipitor®), pravastatin (Pravachol®), simvastatin (Zocor®))
Impoyz®	High-potency topical steroid	Generic high-potency topical steroid (such as betamethasone 0.5% cream, lotion; desoximetasone 0.25% cream, diflorasone 0.5% cream, flucinonide 0.5% cream, lotion; halcinonide 0.1% cream)
Lexette®, Ultravate® 0.05% lotion	Ultra-high-potency topical steroid	Generic ultra-high-potency topical steroid (such as clobetasol 0.05% cream, foam, spray; flucinonide 0.1% cream, halobetasol 0.05% cream, lotion)
Kristalose® packet	Constipation	Generic lactulose oral solution
Generic meclizine 50mg tablet	Vertigo, motion sickness	Generic meclizine 12.5mg, 25mg tablet
Ortikos®	Crohn's disease	Generic budesonide 3mg capsule
Osmolex ER®	Parkinson's disease	Generic amantadine tablet, solution
Oxaydo®	Pain	Generic oxycodone tablet
Phenergan Fortis® 25mg/5mL syrup	Nausea and vomiting	Generic promethazine 6.25mg/5mL syrup
Kristalose® packet	Constipation	Generic lactulose oral solution
Roszet®	Hypercholesterolemia	Generic ezetimibe (Zetia®) plus generic rosuvastatin (Crestor®)
Sernivo®	Moderate-potency topical steroid	Generic moderate-potency topical steroid (such as betamethasone 0.12% foam, desoximetasone 0.05% cream, fluticasone 0.05% cream, lotion; mometasone 0.1% cream, lotion; triamcinolone 0.2% spray)
Sprix®	Pain	Generic ketorolac tablet, injection
Generic tavaborole (Kerydin®)	Onychomycosis (nail fungus)	Ciclodan topical solution
Teriparatide 620 mcg/ 2.48mL injection	Osteoporosis	Forteo®, Tymlos®

Drugs that won't be covered	Common use or drug class	Preferred alternatives
Tosymra®	Migraine	Generic triptan (such as sumatriptan nasal spray (Imitrex®), zolmitriptan 5mg nasal spray (Zomig®), orally-disintegrating tablet (Zomig ZMT®); rizatriptan orally-disintegrating tablet (Maxalt-ODT®))
Wynzora®	Plaque psoriasis	Generic calcipotriene/betamethasone ointment (Taclonex®), generic tazarotene 0.1% cream (Tazorac®), Enstilar®
Xerese®	Herpes labialis (cold sores)	Generic acyclovir 5% ointment
Zilxi®	Rosacea	Generic azelaic 15% gel (Finacea®), generic metronidazole 0.75% cream, lotion (MetroCream®, MetroLotion®), Finacea® foam

Drugs that will have a higher copayment on the Preferred Drug List

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

Drugs that will have a higher copayment	Common use or drug class	Preferred alternatives
Nulev®	Gastrointestinal conditions	Generic hyoscyamine sulfate 0.125mg, 0.375mg tablet (such as Levsin®, Levbid®)
Sucraid®	Congenital sucrase-isomaltase deficiency	Discuss treatment options with your provider.
Xywav®	Narcolepsy, Idiopathic hypersomnia	Discuss treatment options with your provider.
Zomig® 2.5mg nasal spray	Migraine	Generic triptan (such as sumatriptan nasal spray (Imitrex®), zolmitriptan 5mg nasal spray (Zomig®), orally-disintegrating tablet (Zomig ZMT®); rizatriptan orally-disintegrating tablet (Maxalt-ODT®))

Pharmacy News

Brand name drugs with a generic copay that won't be covered on the Preferred Drug List

On some of our drug lists, select brand-name drugs are covered at a generic copay and the generic equivalent drug is not covered. These brand-name drugs will no longer be covered at the generic copay. Members can fill prescriptions with the generic equivalent, and the brand-name drug will no longer be covered.

Drugs that won't be covered	Covered generic equivalent
Adderall® XR	Dextroamphetamine / amphetamine ER capsule
Advair® Diskus®	Fluticasone propionate / salmeterol Diskus, Wixela® Inhub®
Firazyr®	Icatibant acetate injection
Lialda®	Mesalamine 1.2g tablet
Targretin® capsule	Bexarotene capsule
Targretin® gel	Bexarotene gel

We'll require prior authorization for some diabetes drugs, starting Jan. 1

We continually review prescription drugs to provide the best value for our members, control costs and make sure members are using the right drug for the right situation.

Starting Jan. 1, 2024, certain diabetes medications will require prior authorization as described below for members with the following coverage:

- Medicare Plus Blue℠
- BCN Advantage℠

Also starting Jan. 1, 2024, the presence of prior pharmacy claims for insulin alone will no longer qualify certain diabetes medications for coverage for the following members:

- Blue Cross commercial
- BCN commercial

The drugs affected by these changes include:

Brand-name medication	FDA-approved indication	Coverage criteria
• Bydureon® • Byetta® • Mounjaro® • Ozempic® • Rybelsus® • Trulicity® • Victoza®	Type 2 diabetes	Prior authorization is not required if either of the following criteria are met: 1. Member has a prior claim for a Type 2 diabetes drug in his or her pharmacy claims history 2. Member has diagnosis of Type 2 diabetes in his or her medical claims history Providers must submit a prior authorization request for coverage if neither criterion described above are met.

For patients with Medicare Advantage coverage

Health care providers prescribing any of the medications listed above will need to request prior authorization for Medicare Plus Blue℠ and BCN Advantage℠ members who don't have a supporting prescription or medical record with a diabetes diagnosis.

The prior authorization will only be approved if the drug is used for an approved indication. Original Medicare prohibits Part D plans from covering drugs used for weight loss.

For a complete list of drugs and associated requirements, go to **2023 Drug Lists**.

For patients with Blue Cross or BCN commercial coverage

Coverage **without** prior authorization will require diagnosis of Type 2 diabetes verified through one of these methods:

1. Trial of one generic or preferred medication for the treatment of Type 2 diabetes within the prior 12-month period, **except** for metformin, GLP-1 receptor agonist or **insulin***
2. Diagnosis code for Type 2 diabetes identified in medical claim history within the prior 24-month period

If neither of the coverage criteria outlined above are fulfilled, you must request prior authorization to confirm that your patient has a diagnosis of Type 2 diabetes for coverage.

*Starting Jan. 1, 2024, previous trial of only insulin will no longer qualify a member for coverage without prior authorization if they don't have a medical diagnosis of Type 2 diabetes.

Helpful information

We'll let your affected patients know about this change and encourage them to speak with you about any concerns.

For information on how to submit the request electronically, view the flyer, **Save time and submit your prior authorization requests electronically for pharmacy benefit drugs**.

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 *Pharmacy Benefit Drugs* on the left.

A complete list of included drugs and coverage requirements for all drug lists is available at **bcbsm.com/druglists**.

Pharmacy News

Review requirements for prior authorization of Omisirge

Omisirge® is a new-to-market cellular therapy that was recently approved by Blue Cross Blue Shield of Michigan's and Blue Care Network's Pharmacy and Therapeutics committee.

On May 23, 2023, we published a **provider alert** stating that Omisirge will require prior authorization for most commercial members for dates of service on or after June 8, 2023. The member **must have an approval for a stem cell transplant on file** through Blue Cross' and BCN's Human Organ Transplant Program before a prior authorization request for Omisirge can be approved.

You can view the complete requirements in our Omisirge medical policy. To access the medical policy:

1. Go to **bcbsm.com/providers**.
2. Click on *Resources*.
3. Click on *Search Medical Policies*.
4. In the ***Medical Policy Router Search*** page, type "Omisirge" in the *Policy/Topic Keyword* field and press Enter.
5. Click on the link to open the Omisirge medical policy.

Zynyz to require prior authorization for most members starting Dec. 10

For dates of service on or after Dec. 10, 2023, the following drug will require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health®):

- Zynyz™ (retifanlimab-dlwr), HCPCS code J9345

The drug is covered under medical benefits, not pharmacy benefits.

Prior authorization requirements apply when the drug is 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 oncology 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.

    Note: If you need to request access to our provider portal, see the **Register for web tools** webpage on **bcbsm.com**.
  - Logging in directly to the Carelon ProviderPortal at **providerportal.com**
- By calling the Carelon Contact Center at 1-844-377-1278

More about the prior authorization requirements

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 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.

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

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.

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.

Lumoxiti will no longer require prior authorization starting Sept. 30

For dates of service on or after Sept. 30, 2023, the following drug will no longer require prior authorization through Carelon Medical Benefits Management (formerly known as AIM Specialty Health®):

- Lumoxiti™ (moxetumomab pasudotox-tdfk), HCPCS code J9313

This drug is covered under medical benefits, not pharmacy benefits.

This change applies to:

- Blue Cross and 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**. This includes members who have UAW Retiree Medical Benefits Trust non-Medicare plans.

  Note: This change 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

More about the prior authorization requirements

For 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 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 prior authorizations for select services.

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 July, August and September 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 as follows:

HCPCS code	Brand name	Generic name
J3590*	Elevidys	Delandistrogene moxeparvovec-rokl
J3590*	Eylea® HD	Aflibercept
J3590*	Izervay™	Avacincaptad pegol
J3590*	Lantidra™	Donislecel-jujn
J3590*	Roctavian™	Valoctocogene roxaparvovec-rvox
J3590*	Rystiggo®	Rozanolixizumab-noli
J3590*	Tyruko®	Natalizumab-sztn
J3590*	Veopoz™	Pozelimab-bbfg
J3590*	Vyvgart® Hytrulo	Efgartigimod alfa and hyaluronidase-qvfc

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*	Elevidys	Delandistrogene moxeparvovec-rokl	7/10/2023
J3590*	Roctavian™	Valoctocogene roxaparvovec-rvox	7/10/2023
J3590*	Rystiggo®	Rozanolixizumab-noli	7/10/2023
J3490*	Vyvgart® Hytrulo	Efgartigimod alfa and hyaluronidase-qvfc	7/1/2023
J3590*	Qalsody™	Tofersen	8/1/2023
J3590*	Elfabrio®	Pegunigalsidase alfa-iwxj	8/14/2023
J3590*	Vyjuvek™	Beremagene geperpavec-svdt	8/14/2023
J3590*	Veopoz™	Pozelimab-bbfg	9/1/2023

Code changes

The table below shows HCPCS code changes that were effective July 1, 2023, (unless otherwise noted), for the medical benefit drugs we manage.

New HCPCS code	Brand name	Generic name
J1440	Rebyota™	Fecal microbiota, live-jslm
J1576	Panzyga®	Immune globulin intravenous (human) – ifas 10%
J9381	Tzield®	Teplizumab-mzwv
J9029	Adstiladrin®	Nadofaragene firadenovec-vncg
J0174 (effective 7/6/2023)	Leqembi®	Lecanemab-irmb

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.

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

This is an update to an article we published in the September-October 2023 issue of *BCN Provider News* and the September 2023 issue of *The Record*. In those previous articles, the table with the HCPCS codes contained errors. This article shows the correct HCPCS codes that will be removed from the CareCentrix HIT and AIS program starting Jan. 1, 2024.

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					
B4034	B4035	B4036	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.

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

Pharmacy News

New location for pharmacy services information for providers on our public website

We have relocated our pharmacy services information for providers on our public website. This location contains information on medical and pharmacy benefit drug lists for both Blue Cross and Blue Care Network, Medicare and pharmacy forms and documents, prior authorization request information and other resources. Here's how to find it:

1. Go to **bcbsm.com/providers**.
2. Click the *Resources* tab.
3. Scroll down to the section labeled *Pharmacy information* and click *Access pharmacy resources* to open the **Pharmacy Resources for Providers** webpage.

Billing Bulletin

BCN transitions reimbursement method for some urgent care providers

Effective Jan. 1, 2024, Blue Care Network will be transitioning some providers currently receiving global or per diem reimbursement to the Urgent Care Fee Schedule. This change supports the BCN strategy to implement a consistent reimbursement method across urgent care providers and won't negatively affect reimbursement for the transitioned providers. This applies to covered services for BCN commercial and BCN Advantage℠ members.

We'll mail a letter to providers affected by this change. To obtain a copy of the fee schedule, contact **FeeSchedule@bcbsm.com**.

Here are some key guidelines for NICU billing

When billing room and board services for new admissions of pediatric patients outside the defined newborn age of 28 days or less, health care providers should use the appropriate corresponding pediatric room and board revenue codes.

According to ICD-10-CM classification guidelines, a newborn is defined as a baby who is in the first 28 days of life. Critical care services for the newborn take place in a nursery or neonatal intensive care unit, also called NICU, and are represented by revenue codes 0170-0174. A medical condition that presents after the first 28 days of life is no longer considered a newborn condition.

Exclusions to this billing guideline are when the patient is transferred from the birth hospital to another hospital for non-routine care, with services beginning during the newborn period.

Newborn and pediatric revenue codes and descriptions:

0170	Room and Board Nursery	Used for routine newborn care
0171	Newborn Level 1	Used for non-routine newborn care
0172	Newborn Level II	Used for non-routine newborn care
0173	Newborn Level III	Used for non-routine newborn care
0174	Newborn Level IV	Used for non-routine newborn care
0113	Pediatric Room and Board	Private
0123	Pediatric Two Beds	Semi-private
0203	Pediatric Intensive Care	Used for intensive pediatric care

None of the information included in this article is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all coding and documentation are done in accordance with all applicable state and federal laws and regulations.

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:

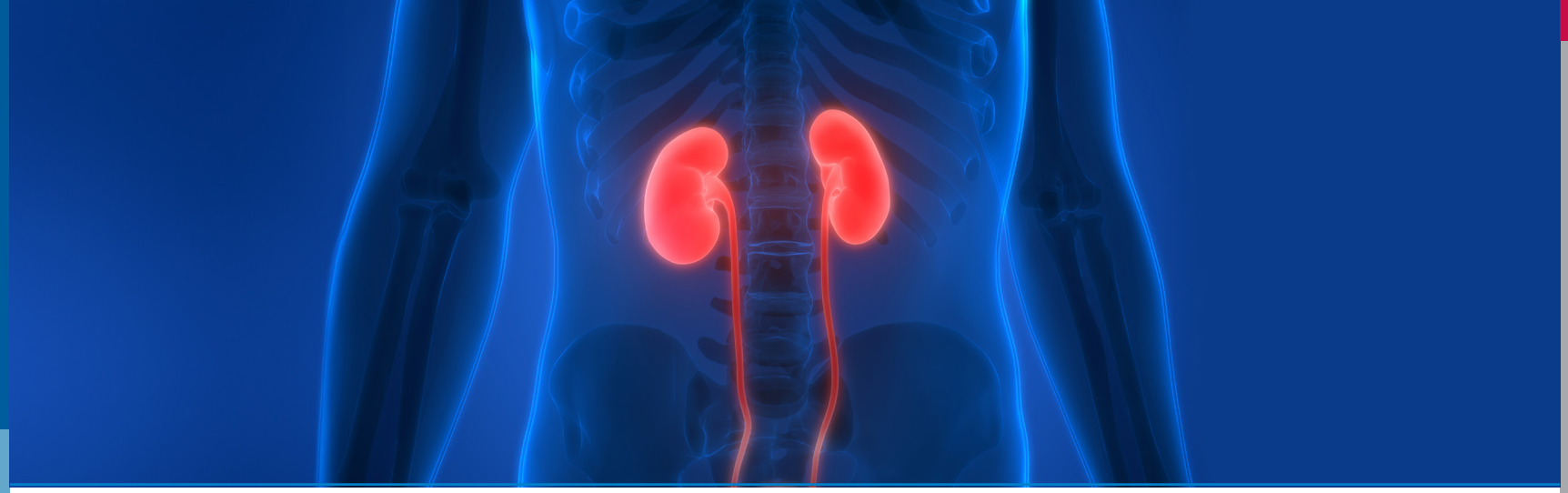
- Superficial radiation therapy-related edits
- Clear Claim Connection tool not to be used for Blue Care Network and BCN Advantage
- Time-based procedures and HCPCS codes

Clinical Editing Billing Tips

Here are some other articles in this issue that may be of interest

- *Newly enrolled PAs and NPs are required to identify their work settings to help avoid payment issues,* **Page 4**
- *Lunch and learn webinars for physicians and coders focus on risk adjustment, coding,* **Page 5**
- *Update: Starting Jan. 1, 2024, all DME codes will be removed from the CareCentrix HIT and AIS program,* **Page 34**

Referral Roundup



Kidney-only transplants to require prior authorization, starting Jan. 1

For dates of service on or after Jan. 1, 2024, hospital transplant financial coordinators must submit prior authorization requests for kidney-only transplants through the e-referral system for:

- Blue Cross Blue Shield of Michigan fully insured group and individual commercial members
- Blue Care Network fully insured group and individual commercial members
- All BCN Advantage℠ members

As with other transplants that already require prior authorization — including simultaneous pancreas-kidney, or SPK — it's a two-step process in the e-referral system:

1. Submit an **outpatient** prior authorization request that includes:
   - Procedure codes *50360 and *50365
   - The facility
     - For commercial members, enter a Blue Distinction® Center for Transplants.
     - For BCN Advantage members, enter a facility that's accredited by the Centers for Medicare & Medicaid Services for kidney transplants.
   - The completed questionnaire — the questionnaire automatically opens in the e-referral system for you to fill out.
   - Clinical information — include the history and physical, the letter of intent and clinical documentation to support the need for the transplant.

The request will pend for clinical review. In addition, the request will require medical director review if the facility **isn't** a Blue Distinction Center for Transplants (for commercial members), the facility isn't accredited by CMS for kidney transplants (for BCN Advantage members) or the member doesn't meet medical policy criteria.

If the authorization is approved, it will be valid for one year.

2. When a kidney becomes available, submit a prior authorization request for the inpatient stay. **Include the outpatient authorization number for the transplant procedure codes in the *Case Communication* field.** This will enable us to issue an approval quickly as it makes the connection between the inpatient request and the already-approved outpatient authorization.

You'll be able to start submitting requests through the e-referral system for kidney-only transplants on Jan. 1, 2024.

We'll update the ***e-referral User Guide*** for kidney-only transplants before Jan. 1. The pertinent information will be in "Section IV: Referrals and Authorizations," in the subsection titled "5. Submit an Outpatient Authorization." (The *e-referral User Guide* also includes information about submitting a re-authorization request, if the authorization obtained through Step 1, mentioned above, expires before a kidney becomes available.)

Notes:

- For more information about ***Blue Distinction Centers***, see the Blue Distinction Centers webpage on our **ereferrals.bcbsm.com** website.
- If the e-referral system isn't available or isn't performing as expected, see the document titled ***e-referral system maintenance times and what to do***.
- This prior authorization requirement for kidney-only transplants is already in place for the Blue Cross and Blue Shield Federal Employee Program® members.

Prior authorization no longer required for some procedures, starting Jan. 1

For dates of service on or after Jan. 1, 2024, the following procedures will no longer require prior authorization.

Note: For dates of service before Jan. 1, these procedures require prior authorization by Medicare Plus Blue℠ and BCN Utilization Management.

Procedure	Applies to	Affected procedure codes
Biofeedback, non-behavioral health	• BCN commercial • BCN Advantage℠	*90901, *90912
Deep brain stimulation	• Medicare Plus Blue • BCN commercial • BCN Advantage	*61863, *61864, *61867, *61868, *61880, *61885, *61886, *61888
Noncoronary vascular stents	• Medicare Plus Blue • BCN commercial • BCN Advantage	*37236, *37238
Total artificial heart	• BCN commercial • BCN Advantage	*0051T, *0052T, *0053T, *33927, *33928, *33975, *33976, *33977, *33978, *33979, *33980, *33981, *33982, *33983, *33990, *33991, *33992, *33993, *33995, *33997

Prior to Jan. 1, we'll update lists of procedure codes that require prior authorization.

Referral Roundup

Management of outpatient diabetes supplies for additional members, starting Jan. 1

Starting Jan. 1, 2024, Northwood Inc., an independent company, will manage outpatient diabetes supplies that are covered under the medical benefit for Medicare Plus Blue℠, BCN commercial and BCN Advantage℠.

For these members, Northwood will:

- Maintain the statewide provider network for durable medical equipment and prosthetic and orthotic supplies and services
- Receive and make determinations on prior authorization requests
- Process and pay claims for covered services

Outpatient diabetes supplies include items such as continuous glucose monitors, insulin pumps and supplies, and testing supplies.

Contact Northwood starting Jan. 1

Starting Jan. 1, for diabetes supplies for Medicare Plus Blue, BCN commercial and BCN Advantage members, providers can call Northwood at 1-800-393-6432 to locate the nearest supplier contracted with Northwood. The contracted supplier:

- Submits the prior authorization requests to Northwood for review
- Submits the claims directly to Northwood

Providers who currently submit orders directly to J&B Medical may continue to do so. J&B Medical is an independent company that participates in the Northwood network.

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

In the September *Record* and the September-October *BCN Provider News*, we reported that Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC added and updated TurningPoint medical policies for musculoskeletal and pain management procedures.

The newsletter articles linked to a provider alert for details. We're letting you know that we updated the provider alert to:

- Add the *Intraosseous Basivertebral Nerve Ablation (Intracept)* medical policy to the list of new TurningPoint medical policies.
- State that the new and updated medical policies apply to prior authorization requests submitted on or after Oct. 1, 2023 — not to dates of service on or after Oct. 1, as previously reported.

View the **updated provider alert** for full details.

Look for status note in e-referral system when we pend prior authorization requests for some services

In the Blue Cross Blue Shield of Michigan and Blue Care Network e-referral system, we're adding a status note to let health care providers know when we've pended prior authorization requests for initial admissions to and extensions of stays in:

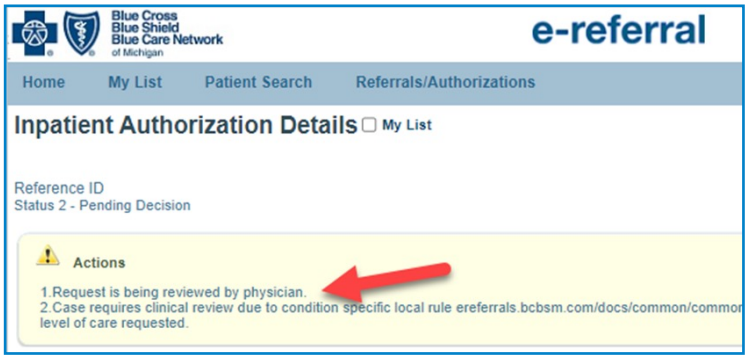
- Acute (non-behavioral health) inpatient hospitals
- Skilled nursing facilities, acute inpatient rehabilitation facilities and long-term acute care hospitals — for commercial members only

Note: As a reminder, naviHealth manages these requests for Medicare Plus Blue℠ and BCN Advantage℠ members.

We recently implemented this function to make it easier for providers to see the status of their requests. Here's how it works:

When a Blue Cross or BCN Utilization Management staff member pends a prior authorization request for review by a medical director, a status note appears in the upper-left portion of the *Inpatient Authorization Details* screen.

The status note says, "Request is being reviewed by physician," as shown below.



The status note is displayed for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage requests that are managed by Blue Cross and BCN Utilization Management.

When we make a determination on the request — whether an approval or a denial — you'll no longer see the status note.

Previously, when we pended a request, we added a statement to that effect in the Case Communication field.

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

Referral Roundup

New and updated questionnaires in e-referral system

In July, August and September, we added and updated questionnaires in the e-referral system. We also updated the corresponding preview questionnaires and authorization criteria 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

We added the following questionnaires.

Questionnaire	Opens for	Details	Effective date
Balloon ostial dilation	• Medicare Plus Blue • BCN commercial • BCN Advantage	Began opening for procedure codes *31295, *31296, *31297 and *31298 **Note:** For dates of service on or before Aug. 27, 2023, the *Sinusotomy* questionnaire opened for these procedure codes.	Sept. 24, 2023
Deep brain stimulation	• BCN commercial members with Healthy Blue Choices℠ POS plans	Began opening for procedure codes *01966, *59100, *59840, *59841, *59850, *59851, *59852, *59855, *59856, *59857, *59866, S0190, S0191 and S0199	Sept. 24, 2023

Updated questionnaires

We updated the following questionnaires on the dates specified below:

Questionnaire	Opens for	Details	Effective date
Blepharoplasty	• Medicare Plus Blue • BCN commercial • BCN Advantage	Updated a question	July 30, 2023
Chemical peels	• BCN commercial • BCN Advantage	Updated a question	July 30, 2023
Deep brain stimulation	• Medicare Plus Blue • BCN commercial • BCN Advantage	Updated two questions	Aug. 27, 2023
Ethmoidectomy	• Medicare Plus Blue • BCN commercial • BCN Advantage	Updated several questions	July 30, 2023
Endovascular intervention, peripheral artery	• Medicare Plus Blue • BCN Advantage	No longer opens for procedure codes *0238T, *34101, *34111, *34151, *34201, *34203, *37184 and *37222 Effective Sept. 1, 2023, this questionnaire no longer opens for BCN commercial members because these procedures are managed by Carelon Medical Benefits Management.	Aug. 27, 2023
Orthoptic and pleoptic visual training	• BCN commercial • BCN Advantage	Began opening for procedure code *92066. (Continues to open for procedure code *92065.)	Sept. 24, 2023
Pregnancy termination 3 — elective	• BCN commercial	No longer opens for procedure codes S2260, S2265, S2266 and S2267 Updated questions	Sept. 24, 2023
Responsive neurostimulator/deep brain stimulation trigger	• BCN commercial • BCN Advantage	Updated the question	Aug. 27, 2023

Questionnaire	Opens for	Details	Effective date
Responsive neurostimulation for the treatment of refractory focal epilepsy	• BCN commercial • BCN Advantage	Updated the title of the questionnaire to align with title of the updated medical policy.	Aug. 27, 2023
Septoplasty	• Medicare Plus Blue • BCN commercial • BCN Advantage	Updated two questions	Aug. 27, 2023
Sinusotomy	• Medicare Plus Blue • BCN commercial • BCN Advantage	No longer opens for procedure codes *31295, *31296, *31297 and *31298 Removed questions related to balloon ostial dilation Updated several questions	Aug. 27, 2023
Thyroidectomy, total	• Medicare Plus Blue • BCN commercial • BCN Advantage	Updated five questions	Aug. 27, 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.

Here are some other articles in this issue that may be of interest

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