MAY–JUNE 2024

BCN Provider News

Practice caution with requests for patient information

Our Corporate and Financial Investigations Unit has been made aware of provider offices receiving fraudulent requests for patient information, provider NPI numbers and provider signatures. These requests, which may come to you by standard mail, email or fax, often include clues that indicate they are not legitimate; for example:

- The use of a generic "BlueCross BlueShield" logo; that is, not the official Blue Cross Blue Shield of Michigan, Blue Care Network, or Blue Cross and Blue Shield Association logo
- Obvious grammatical errors (wrong tense, misspelled words, random or inconsistent capitalization, etc.)
- Phone numbers that don't match

DME fraud is becoming more common

One of the largest health care fraud schemes of the past few years involves durable medical equipment, costing the health care industry tens of millions of dollars a year. Our Medicare members can be particularly susceptible to these schemes. For example, fraudulent telemarketers may reach out to seniors offering "free" durable medical equipment, intentionally trying to confuse them to get Medicare to pay for equipment that isn't actually vetted by a medical professional (and that the member often never receives).

If you suspect a request may be fraudulent, don't respond to it!

When we conduct mass requests for medical records or patient information, we often notify you through a provider newsletter article or a provider alert. If you're suspicious of a request, contact our Fraud Hotline at 1-844-STOP-FWA (1-844-786-7392) or send an email to **StopFraud@bcbsm.com**. We may ask you to share the request so we can check its legitimacy.

For more useful information, check out the **Victimized Provider Project section** of the Centers for Medicare & Medicaid website. The Victimized Provider Project helps keep providers from being held liable for overpayment of claims paid that are the result of identity theft.

By working together, we can help eliminate fraud, an effort that will improve patient safety and reduce costs.

Feedback | Subscribe

Inside this issue…

BCN Provider *News*
Feedback

Confirm data every 90 days, attest in CAQH every 120 days

What you need to know

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

Have you confirmed your data within the past 90 days and attested in CAQH within the past 120 days? Health care providers are required to confirm the following data elements every 90 days: name, specialty, address, phone number and digital contact information. Providers are also required to re-attest every 120 days for all other data elements, including credentialing, licensing and demographics.

If providers don't re-attest with CAQH every 120 days, they won't be included in Blue Cross Blue Shield of Michigan's provider directories, including our *Find a Doctor* search tool. Your credentialing status will end if you fail to re-attest, and you'll need to reapply.

It's important to attest with CAQH to:

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

Providers who practice at an office location or exclusively in an inpatient hospital setting also need to perform this attestation. If you're practicing exclusively in an inpatient hospital setting, you must indicate that 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**.

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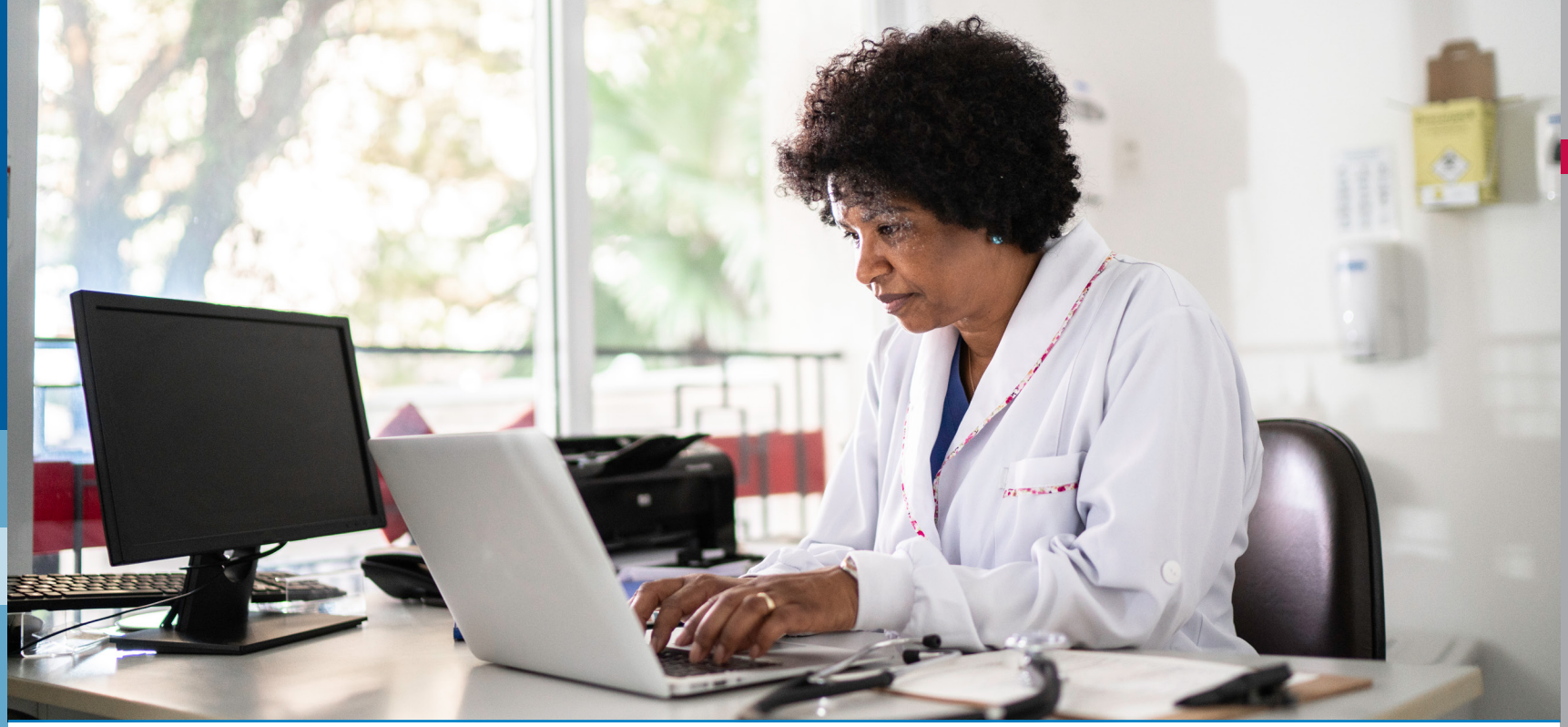


Register now for 2024 virtual provider symposium sessions

This year's virtual provider symposiums focusing on quality measures, documentation and coding guidelines will start in May. Registration is now open on the provider training website. Physicians, physician assistants, nurse practitioners, nurses and coders can receive continuing education credits for attending.

Once you're logged in to the provider training site, open the event calendar to sign up for any of the sessions listed below. You can also quickly search for all the sessions with the keyword "symposium" and then look under the results for *Events*.

All Star Performance-HEDIS® / Star Rating Measure Overview: For physicians and office staff responsible for closing gaps in care related to quality adult measures.

Session	Date	Time
All Star Performance - HEDIS®/Star Rating Measure Overview	May 9	9 - 10 a.m. Eastern time
All Star Performance - HEDIS®/Star Rating Measure Overview	May 15	9 - 10 a.m. Eastern time
All Star Performance - HEDIS®/Star Rating Measure Overview	May 23	2 - 3 p.m. Eastern time
All Star Performance - HEDIS®/Star Rating Measure Overview	May 30	3 - 4 p.m. Eastern time

Continued on following page

Network Operations

Coding and Documentation Tips for 2024 and Beyond: For physicians, coders, billers and administrative staff.

Session	Date	Time
Let's Talk Coding: Coding and Documentation Tips for 2024 and Beyond	May 7	11 a.m. - noon Eastern time
Let's Talk Coding: Coding and Documentation Tips for 2024 and Beyond	May 16	3 - 4 p.m. Eastern time
Let's Talk Coding: Coding and Documentation Tips for 2024 and Beyond	May 21	9 - 10 a.m. Eastern time
Let's Talk Coding: Coding and Documentation Tips for 2024 and Beyond	June 6	11 a.m. - noon Eastern time

Provider training website access

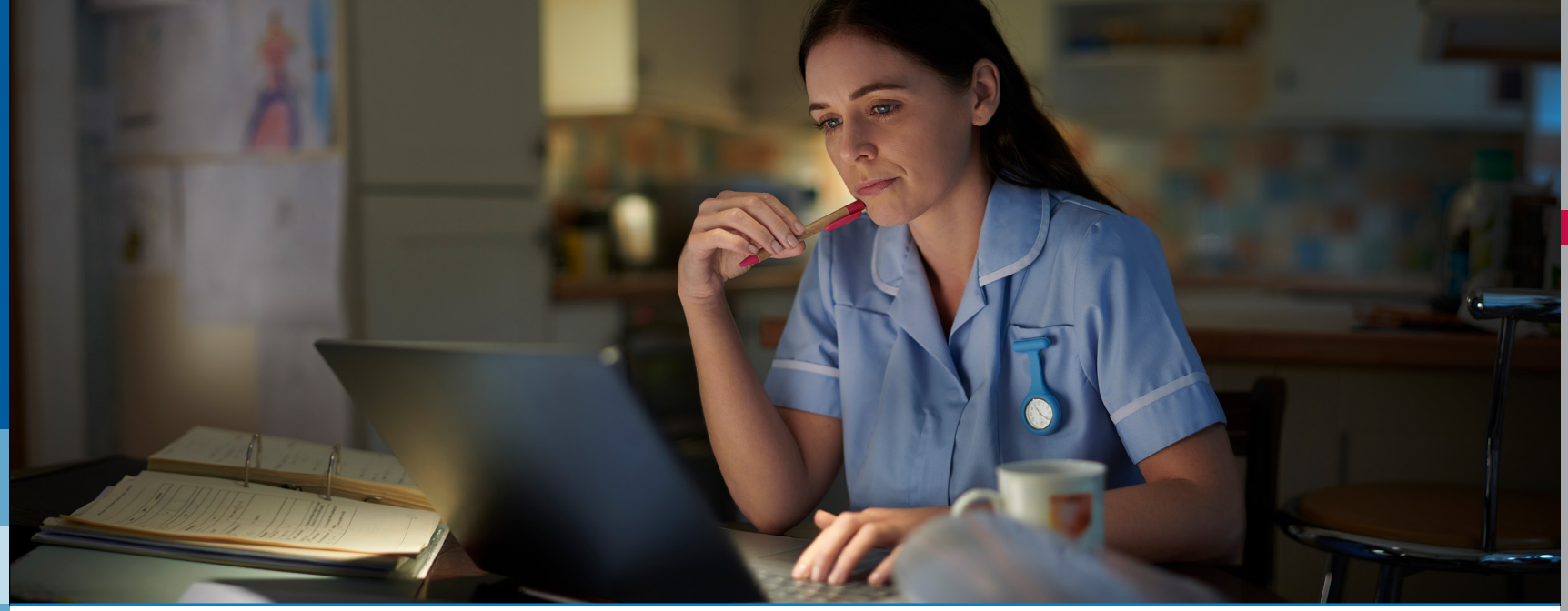
Provider portal users with an Availity® Essentials account can access the provider training website by logging in to **availity.com**, clicking on *Payer Space* in the top menu bar and then clicking on the BCBSM and BCN logo. Then click on the *Applications* tab, scroll down to the *Provider Training Site* tile and click on it.

You can also directly access the training website if you do not have a provider portal account: **Provider training website**.

Questions? For more information about the sessions, contact Ellen Kraft at **ekraft@bcbsm.com**.

For more information about registration or using the provider training website, contact the provider training team at **ProviderTraining@bcbsm.com**.

For more information on accessing the provider training website through the provider portal, see the **"Access our training site from our provider portal; new learning path available"** article in the December 2023 *Record*.



Register now for Prior Authorization Programs with Carelon webinar

Provider office personnel responsible for obtaining prior authorizations are encouraged to register now for a webinar about the Blue Cross' utilization management program partnered with Carelon Medical Benefits Management (formerly AIM Specialty Health).

Carelon performs medical appropriateness reviews on for the following services: high-tech radiology, cardiology, radiation oncology, medical oncology and in-lab sleep studies. Prior authorization programs vary based on the member group contract and benefits.

This live session will present an educational overview of all the programs, as well as a demonstration of how to navigate the Carelon portal to submit, view and manage a prior authorization request. The presentation is followed by an Q&A period. You can register for this webinar on the provider training website.

Session	Date	Time
Prior Authorization Programs with Carelon	June 13	10 - 11 a.m. Eastern time

Provider training website access

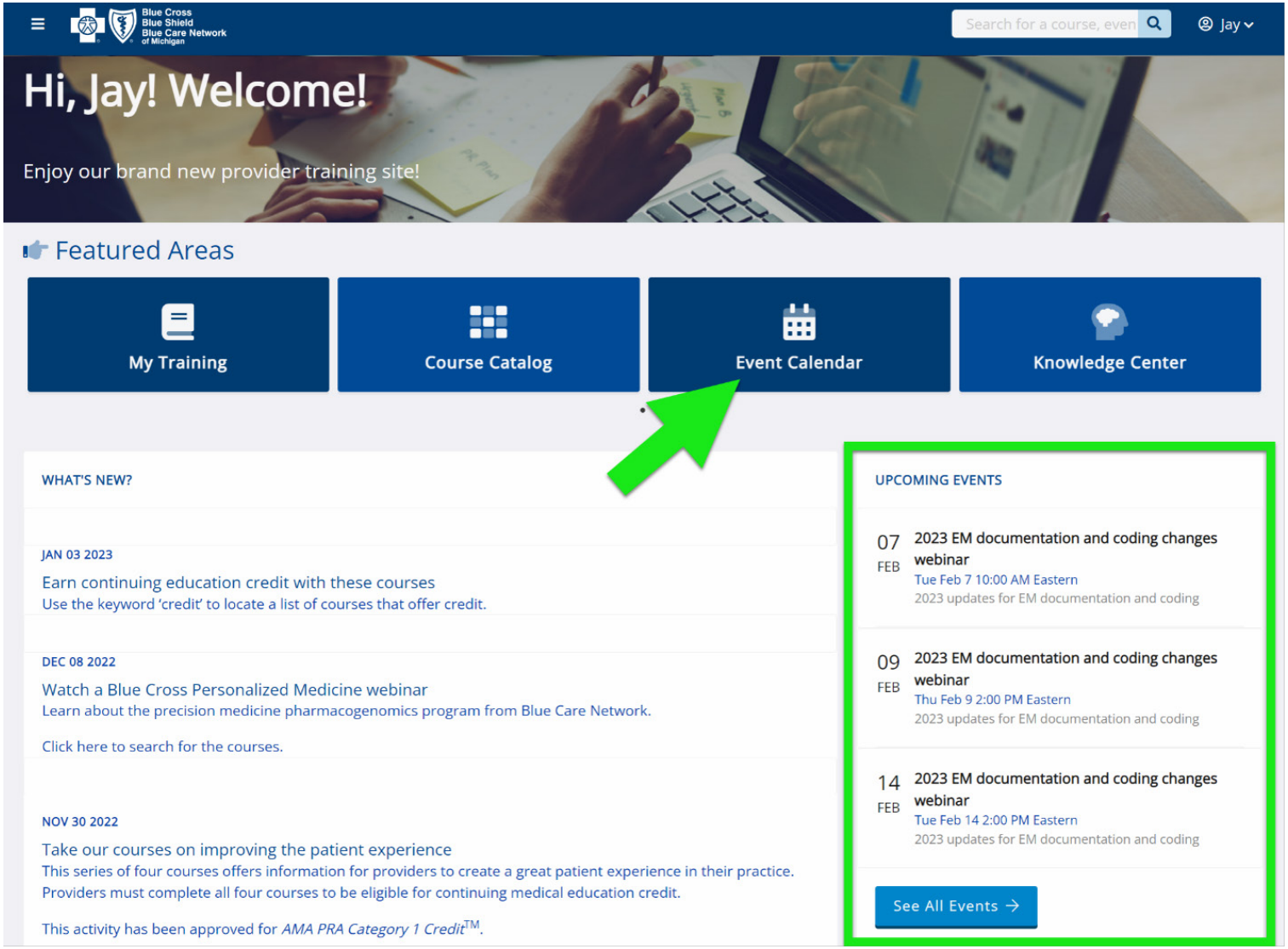
Provider portal users with an Availity Essentials account can access the provider training website on the *Applications* tab in the *BCBSM/BCN Payer Space*. Log in through **availity.com**.

You can also directly access the training website if you don't have a provider portal account: **Provider training website**.

After logging in to the provider training website, look in *Event Calendar* to sign up for your desired session. Or quickly search for all the sessions with the keyword 'Carelon' and then look under the results for Events.

Continued on following page

Network Operations



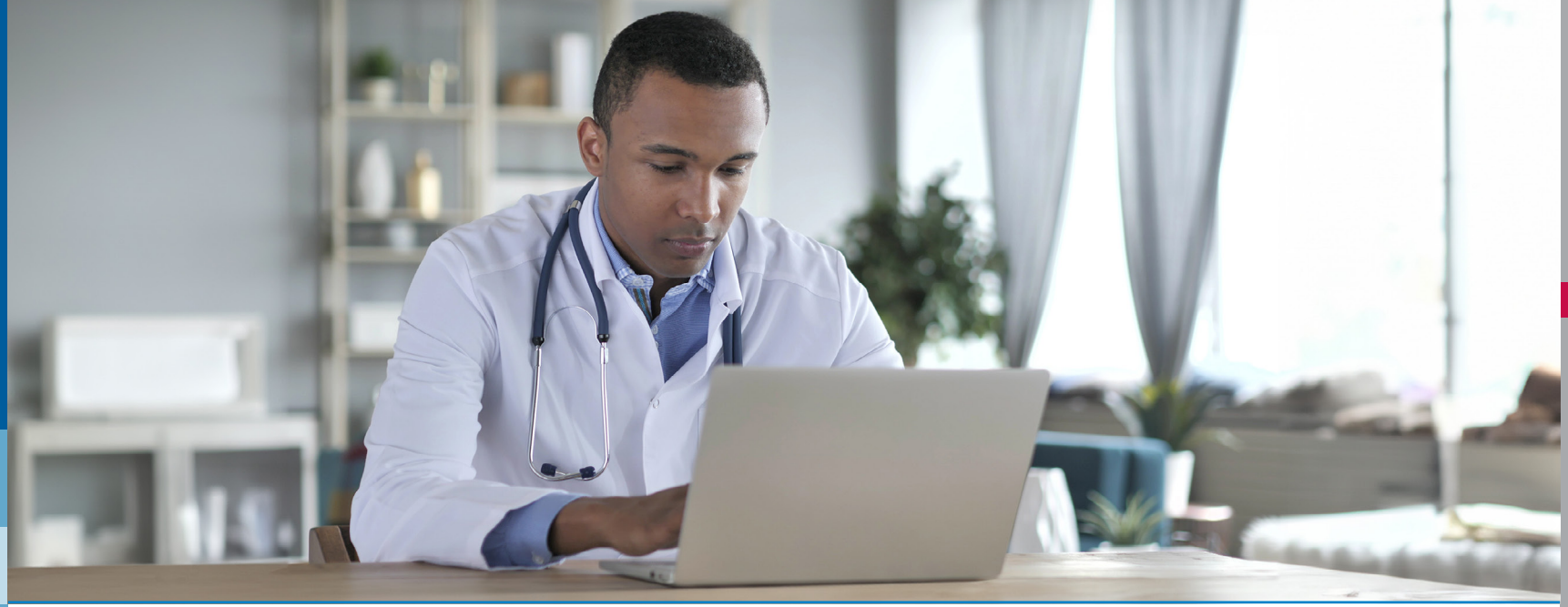
Questions?

- For more information about registration or using the provider training website, contact the provider training team at **ProviderTraining@bcbsm.com**.
- For more information on accessing the provider training website through the provider portal, see the **"Access our training site from our provider portal; new learning path available"** article in the December 2023 *Record*.

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.

Network Operations



New on-demand training available: Check out our latest learning opportunities

Action item

Visit our provider training site to find short courses about working with our processes.

We recently added the following learning opportunities:

- **Submitting appeals and peer-to-peer review requests in e-referral**

  The recording for the March 13, 2024 webinar for inpatient hospital providers is now available on the provider training website. You can also take the e-learning course that includes a simulation of the steps you take to submit requests. Search 'e-referral' to find these courses along with all other courses about the e-referral tool.

- **Provider portal mini modules**

  We have a series of short courses that can be completed in just a few minutes. **Click here for a quick introduction to our mini module concept**.

- **Carelon Medical Benefits Management overview**

  This course gives an overview of the prior authorization program administered by Carelon Medical Benefits Management. Search "Carelon" to quickly locate this course.

Provider training website access

Provider portal users with an Availity Essentials account can access the provider training website on the *Applications* tab in the *BCBSM/BCN Payer Space*. Login through **availity.com**.

You can also directly access the training website if you don't have a provider portal account: **Provider training website**.

Questions?

For more information about using the provider training website, contact the provider training team at **ProviderTraining@bcbsm.com**.

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.

Network Operations

Webinars for physicians, coders focus on risk adjustment, coding

We offer several webinars about documentation and coding of common challenging diagnoses. These live lunchtime educational sessions will also include an opportunity to ask questions.

Below is our current schedule and the tentative topics for the sessions. All sessions start at noon Eastern time and generally last for 30 minutes. Register for the session that best works with your schedule on the provider training website.

Session date	Topic
May 22	Medical Record Documentation and MEAT
June 26	Orthopedic and Sports Medicine Coding Tips
July 10	Diabetes and Weight Management Coding Tips
August 21	Cardiovascular Disease and Vascular Surgery Coding Tips
September 18	Neurosurgery, Dementia and Cognitive Impairment Coding Tips
October 2	ICD-10-CM Updates
November 13	Oncology Coding Tips
December 11	CPT Updates 2025

Provider training website access

Provider portal users with an Availity Essentials account can access the provider training website on the *Applications* tab in the *BCBSM/BCN Payer Space*. Log in through **availity.com**.

You can also directly access the training website if you do not have a provider portal account: **Provider training website**.

After logging in to the provider training website, look in *Event Calendar* to sign up for your desired session. Or quickly search for all the sessions with the keyword 'lunchtime' and then look under the results for Events.

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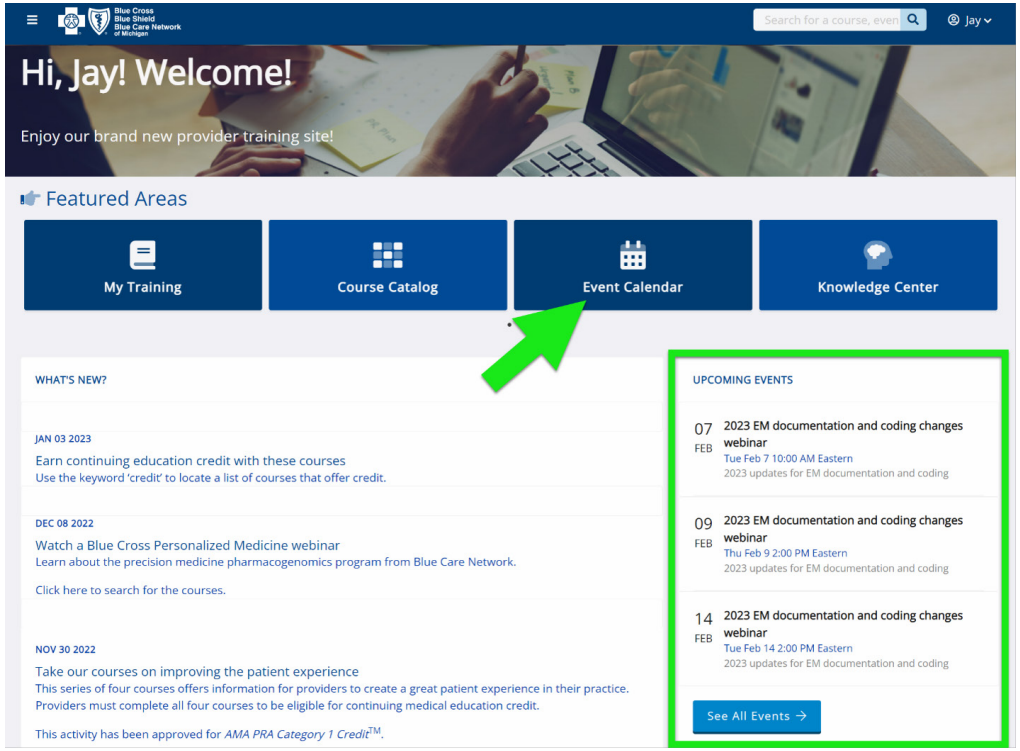
Network Operations



Questions?

- For more information about the sessions, contact April Boyce at **aboyce@bcbsm.com**.
- For more information about registration or using the provider training website, contact the provider training team at **ProviderTraining@bcbsm.com**.
- For more information on accessing the provider training website through the provider portal, see the **"Access our training site from our provider portal; new learning path available"** article in the December 2023 *Record*.

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.

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

- *New on-demand Patient Experience resources include tips for elder care, managing difficult patients and improving telehealth visits,* **Page 13**
- *Register now for our Behavioral Health Summit,* **Page 15**
- *Reminder: BCN and BCN Advantage professional claims must report the same POS code within the claim,* **Page 29**

BCN Advantage

We're no longer mailing some letters related to Medicare Advantage inpatient admissions

As of Jan. 17, 2024, we're no longer using the U.S. mail service to send some letters related to acute medical or surgical inpatient admissions for our Medicare Advantage (Medicare Plus Blue℠ and BCN Advantage℠) members. The affected letters are those that indicate:

- We've bundled admissions for a member for billing purposes.
- We've denied an inpatient authorization request for a member.

We're now sending these letters to facilities by eFax or through the *Case Communication* field in the e-referral system.

When it's not possible to use eFax or the e-referral system, we'll send these letters though the U.S. mail.

As a reminder, we stopped using the U.S. mail to send approval letters for inpatient authorization requests for these members in 2023.

Quality Minute

An ongoing series of quick tips designed to be read in 60 seconds or less and provide your practice with information about performance in key areas.

Medicare wellness visits

- Annual wellness visits, or AWVs, are the most critical visit for your Medicare Advantage members' quality of care and a component of contracts and incentive programs.
- AWVs can be scheduled anytime during the calendar year, regardless of the member's previous AWV. This means you do **not** have to wait 365 days from the previous AWV – every Medicare Plus Blue℠ and BCN Advantage℠ member is eligible for an AWV starting January 1 of the new year.
- AWVs can be completed and billed on the same day as an annual physical exam (*99385-87, *99395-97) or an evaluation & management service (*99202-215) if all components of both visits are met including all medical record documentation guidelines. Add modifier 25 to the physical or E & M code. Members should be informed that there may be cost associated with services billed in addition to the AWV.
- When an AWV is completed virtually with an E & M code, both video and audio are required.

Continued on following page

BCN Advantage

For more information:

- Refer to "Get ready for 2024 annual Medicare wellness visits" on page 10 of the **January-February issue of *BCN Provider News***.
- Refer to the Medicare Wellness Visits tip sheet. Here's how to find it:

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. Click *Member Care* on the menu bar and then click *Clinical Quality* and *Tip Sheets*.

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

Successful phototherapy pilot program continues for eligible BCN members with psoriasis

In November 2022, Blue Care Network began a phototherapy pilot program to help address rising specialty drug costs. Select BCN members are eligible as part of their BCN health plan with pharmacy benefits to participate in the program at no additional cost if they have a diagnosis of mild to moderate psoriasis without psoriatic arthritis and haven't previously received a biologic medication.

Phototherapy, also referred to as "light therapy," is a safe and effective option recommended by the American Academy of Dermatology for patients with psoriasis who require more than topical medications or are seeking an additional option. Although the service is currently available to members, it has been challenging because it requires visits to a health care provider's location multiple times per week. This often leads to poor adherence and treatment discontinuation. Through this pilot program, members can treat their psoriasis in the comfort and privacy of their own home, at work, or at times that fit best with their schedule.

Feedback received for the first year of the pilot has been very positive. For participating members, self-reported satisfaction is averaging a 4.9 out of 5 rating, and a majority are achieving either clear skin after treatments or the ability to enter a maintenance phase to prevent future psoriasis flares.

The goal of the program is to reduce unnecessary progression to expensive biologic therapy. Make sure to regularly check in with your patient at clinic visits whether they are participating in any health care interventions, such as home light therapy, for consideration of their full treatment plan.

We're working with Zerigo Health

BCN has contracted with Zerigo Health to facilitate this program for network providers and plan members. Services provided by Zerigo Health include provider education, member enrollment, onboarding, consistent member communication and monitoring.

The service utilizes FDA cleared, narrow band ultraviolet B, or NB-UVB, phototherapy treatment that is self-administered at home through a smartphone-enabled handheld device. Secure cloud-based software automatically manages the dosing, frequency and duration of treatment, including adjustments based on the provider's prescribed protocol. Additionally, providers can opt in to receive their patients' progress reports to track adherence and satisfaction.

For more information on Zerigo Health, visit **zerigohealth.com**.

New on-demand Patient Experience resources include tips for elder care, managing difficult patients and improving telehealth visits

If you missed the live presentation of the three-part virtual workshop, "Improving Health Outcomes for Older Adults," you can watch each session **on demand**. This series was designed to help physicians and clinical staff navigate the complexities of discussing potentially sensitive issues with older patients and strategies to foster a more open dialog. This series also supports providers who adopt Blue Cross' Patient-Centered Medical Home, or **PCMH, capabilities 9.13 and 9.14** to screen seniors for fall risk, physical activity and bladder control, which are part of the At-Risk Communities value-based reimbursement.

- **Part 1 (45 minutes) – "Ensuring effective care through conversations"**

  Part 1 of the workshop focuses on ensuring effective care through conversations with patients about urinary incontinence, physical activity and fall risk. It also includes a brief background on the annual Health Outcomes Survey (HOS) conducted by the Centers for Medicare & Medicaid Services (CMS) to assess the health status of seniors over time.

- **Part 2 (45 minutes) – "Helping older patients maintain mental and physical health"**

  In Part 2, participants will hear about strategies to discuss mental health and physical health with older adults. The session also includes patient-centered planning to improve or maintain patients' health.

- **Part 3 (45 minutes) – "Overcoming barriers to sensitive conversations with patients"**

  Part 3 discusses the barriers and anxiety older patients have about broaching sensitive topics, such as memory problems and advanced care planning. Providers' apprehension to bringing up sensitive topics are also explored. The session includes tips to relieve patients' anxiety, ways to build trust and strategies providers can use to overcome their own anxieties about sensitive conversations.

Visit the **Upcoming Webinars** page of the **Blue Cross Patient Experience site** to view the live recordings or download the slides. CME credits are available for physicians. CEUs are also available for medical assistants.

New on-demand e-learning series and webinar now available

Many physician practices use telehealth visits to increase access for patients and provide greater flexibility in scheduling. Our new e-Learning series titled "Telehealth – Processes to maintain a great patient experience," helps practices ensure their virtual visits provide the same patient experience as in-office visits. Two modules are available:

- A module for clinicians focused on patient-centered care and communication tips (15 minutes)
- A module for office managers or leads with preparation and follow-up tips to ensure telehealth appointments are successful (15 minutes)

Visit the **on-demand page** of the Patient Experience site to access the training. CME credits are available for physicians and CEU's are available for medical assistants.

If you missed the live presentation of "Managing Challenging Patient Interactions" in March, check out the **on-demand page** of the Patient Experience site to view the webinar recording or download the slides. This webinar covers strategies for health care professionals to manage upset or frustrated patients or caregivers in office setting and tactics to prevent contentious situations. CME

Continued on following page

credits are available for physicians and CEU's are available for medical assistants.

More resources coming soon

Visit the **Upcoming Webinars** page of the Patient Experience site to register for our May webinar series focused on health equity for an aging population. This series highlights the barriers for hearing, vision, and cognitively impaired patients and the impact it has on their health care experience. We'll discuss strategies practices can implement to make care more inclusive for this vulnerable population of patients, along with additional resources for planning and staff training.

The Patient Experience team also offers in-office sessions to share best practices with staff and facilitate process improvement workshops. For more information on webinars, e-learning or to schedule a consultation with a Patient Experience consultant, email **PatientExperience@bcbsm.com**.

Medical policy updates

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

1. Go to **bcbsm.com/providers**.
2. Click *Resources* in the top navigation.
3. Click the *Search Medical Policies* button.

Recent updates to the medical policies include:

Covered services

- Aquablation (transurethral waterjet ablation) of the prostate
- Contrast-Enhanced Computed Tomography Angiography (CTA, CCTA, MDCT, MSCT) of the heart and/or coronary arteries
- Magnetic resonance imaging – targeted biopsy of the prostate
- Pressure gradient garments and support stockings
- Prostatic Artery Embolization (PAE) for Benign Prostatic Hypertrophy (BPH)
- Radioembolization for primary and metastatic tumors of the liver

Noncovered services

- Miscellaneous and genetic and molecular diagnostic tests
- Percutaneous and implantable tibial nerve stimulation

Established services

- Laser interstitial thermal therapy for neurological conditions
- Percutaneous Arteriovenous Fistula (pAVF)
- Suprachoroidal delivery of pharmacologic agents

Experimental/Investigational services

- Genetic testing multicancer early detection testing (e.g., Galleri)

Medical Policy Updates

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

- *Practice caution with requests for patient information,* **Page 1**
- *Register now for 2024 virtual provider symposium sessions,* **Page 4**
- *Register now for our Behavioral Health Summit,* **Page 15**
- *Quality Minute - Medicare wellness visits,* **Page 10**

Register now for our Behavioral Health Summit

Professional behavioral health providers and billers are invited to our upcoming Behavioral Health Summit. Attendees can interact with Provider Engagement & Transformation consultants, receive tailored presentations from various behavioral health-specific departments and network with peers and industry leaders. The summit will be held in person on Thursday, May 9 and Thursday, June 6, and virtually Thursday, Aug. 8.

Session date/time	Time	Registration
Thursday, May 9 ***RSVP by May 2***	1 - 3 p.m. Eastern time	**Register here** Lyon Meadows Conference Center Conference Room A 53200 Grand River Ave. New Hudson, MI 48165
Thursday, June 6 ***RSVP by May 30***	9 - 11 a.m. Eastern time	**Register here** Lyon Meadows Conference Center Conference Room A 53200 Grand River Ave. New Hudson, MI 48165
Thursday, Aug. 8 **(virtual only)**	Noon - 1:30 p.m. Eastern time	**Register here**

For more information about the summit, contact **providerengagement@bcbsm.com**.

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

- *Practice caution with requests for patient information,* **Page 1**
- *New on-demand training available: Check out our latest learning opportunities,* **Page 7**

Omvoh to have a site-of-care requirement for most commercial members starting May 1

We're adding a site-of-care requirement for Omvoh™ SC and IV (mirikizumab-mrkz), HCPCS code J3590, which is covered under the medical benefit, for dates of service on or after May 1, 2024. The new requirement applies to Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members.

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

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

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

This drug already requires prior authorization. Providers can submit prior authorization requests using NovoLogix. The new site-of-care requirement is in addition to the current prior authorization requirement.

Members who start courses of treatment with Omvoh before May 1, 2024, will be able to continue receiving the drug in their current location until their existing authorization expires. If those members continue treatment under a new prior authorization, the site-of-care requirement outlined above will apply.

Some Blue Cross commercial groups aren't subject to these requirements

For Blue Cross commercial groups, the prior authorization and site-of-care requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under members' 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**.

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

List of requirements

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

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

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

Reminder: Prior authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members.

NovoLogix is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.

Pemfexy step therapy requirements started in April

Members must try and fail two other pemetrexed drugs before we'll approve prior authorization requests for Pemfexy® (pemetrexed), HCPCS code J9304, for dates of service on or after April 26, 2024.

Members must try and fail two of the following drugs:

- Alimta® (pemetrexed), HCPCS code J9305
- Pemrydi® RTU (pemetrexed), HCPCS code J9324
- Pemetrexed (generic, various brands), HCPCS codes J9294, J9296, J9297, J9314, J9322, J9323

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

All of the drugs listed above continue to require prior authorization through Carelon Medical Benefits Management, as specified in the pertinent drug lists, which are linked below. We'll update these lists to reflect the new step therapy requirement prior to the effective date.

Members affected by this change

This new requirement applies to:

- 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 Oncology Value Management program**. This includes members who have UAW Retiree Medical Benefits Trust non-Medicare plans.

    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

More about the prior authorization requirements

For a full list of requirements related to drugs covered under the medical benefit, see the following lists:

- Blue Cross commercial and BCN commercial
  - **Oncology Value Management program 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
  - **Oncology Value Management program 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**

Prior authorization isn't a guarantee of payment. Health care providers 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.

Blue Cross and BCN covers 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 added the following vaccine to our list of vaccines covered under the pharmacy benefit.

Vaccine	Common name and abbreviation	Effective date
Penbraya™	Meningococcal serogroups A, B, C, W, Y vaccine (MenACWY-TT/ MenB-FHbp)	Jan. 1, 2024

The following charts list 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.

Vaccines that have an age requirement

Vaccine	Common name and abbreviation	Age Requirement
Gardasil 9®	Human papillomavirus vaccine (HPV)	9 to 45 years old
Influenza virus	Influenza vaccine (Flu)	• Under 9: 2 vaccines per 180 days • 9 and older: 1 vaccine per 180 days
Prevnar 13®	Pneumococcal 13 - valent conjugate vaccine	65 and older

Vaccines that 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)

Continued on following page

Pharmacy News

Vaccines that have no age requirement

Vaccine	Common name and abbreviation
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)
Penbraya™	Meningococcal serogroups A, B, C, W, Y vaccine (MenACWY-TT/ MenB-FHbp)
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)
Pneumovax 23®	Pneumococcal 23-valent polysaccharide vaccine (PPSV23)
IPOL®	Poliovirus (IPV)
• Arexvy™ • Abrysvo™ • Beyfortus™	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) (chickenpox)
Shingrix®	Zoster vaccine (RZV) (Shingles)

Covid Vaccines
• Pfizer COVID-19 Vaccine (2023-2024), 6 months to 4 years old • Pfizer COVID-19 Vaccine (2023-2024), 5 to 11 years old • Comirnaty, Pfizer COVID-19 Vaccine (2023-2024) • Novavax, COVID-19 Vaccine (2023-2024) • Spikevax, Moderna COVID-19 Vaccine (2023-2024)

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

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

Additional preferred products for Soliris, Ultomiris now required for most commercial members

For dates of service on or after April 1, 2024, step therapy requirements changed for Soliris® (eculizumab), HCPCS code J1300, and Ultomiris® (ravulizumab), HCPCS code J1303.

Preferred products for Soliris and Ultomiris	
Before April 1, 2024	**On or after April 1, 2024**
Members must try and fail: • Vyvgart®	Members must try and fail **both**: • Rystiggo® • Either Vyvgart or Vyvgart Hytrulo

This change affects Blue Cross Blue Shield of Michigan commercial members and Blue Care Network commercial members.

We've updated the **Blue Cross and BCN utilization management medical drug list** to reflect the new preferred drugs.

The drugs discussed above continue to require prior authorization through the NovoLogix® online tool.

Some Blue Cross commercial groups aren't subject to these requirements.

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.

Additional information

For more information about medical benefit drugs, see the following pages on **ereferrals.bcbsm.com**:

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

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

Pharmacy News

Starting June 1, Blue Cross will no longer cover Sajazir injection

Starting June 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network will no longer cover Sajazir™ injection as a pharmacy benefit. Instead, we'll cover generic icatibant acetate subcutaneous injection. Sajazir is a medication commonly used to treat acute attacks of hereditary angioedema.

Both Sajazir and icatibant acetate subcutaneous injection are generic icatibant acetate products for brand name Firazyr® and are FDA-approved; however, Sajazir is more expensive than other available generic products. It also requires limited distribution through LeMed Specialty Pharmacy©, a nonpreferred specialty pharmacy, whereas the other generic products are available through specialty pharmacies. Our preferred specialty pharmacy is AllianceRx Walgreens Pharmacy.

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

We'll notify affected members of these changes and encourage them to talk with you to address any concerns and get a new prescription, if needed.

If you have questions, call the Pharmacy Services Clinical Help Desk at 1-800-437-3803.

We've changed how we manage Entyvio SC, Omvoh SC

On March 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network changed how we manage the following drugs for our Medicare Plus Blue℠ and BCN Advantage℠ members:

- Entyvio® SC (vedolizumab), HCPCS code J3590
- Omvoh™ SC (mirikizumab-mrkz), HCPCS code J3590

Note: This change doesn't affect Entyvio IV, HCPCS code J3380, or Omvoh IV, HCPCS code J3590, which will continue to be managed as part of members' Part B medical benefits. These drugs continue to require prior authorization through the NovoLogix® web tool.

What changed on March 1

Beginning March 1, Medicare Plus Blue and BCN Advantage members who previously received Entyvio SC or Omvoh SC under their Part B medical benefit are required to continue their treatments under their Part D pharmacy benefits.

We made this change because these therapies can be safely and conveniently self-administered in the home; the Centers for Medicare & Medicaid Services, or CMS, has added these drugs to the **Self-Administered Drug Exclusion List: (SAD List)**.

As a result:

- These drugs are no longer covered when administered by a doctor or other health care professional under the Part B medical benefit.
- Entyvio SC and Omvoh SC aren't included in our Medicare Advantage Part D formularies, but providers can request prior authorization for them as exceptions. (See the "How to submit prior authorization requests for Entyvio SC and Omvoh SC" section below.)
- Your patients can obtain these medications at pharmacies that dispense specialty drugs. They can also obtain these drugs from AllianceRx Walgreens Pharmacy through mail order or pickup at a Walgreens retail pharmacy.
- For members who don't have Part D pharmacy benefits through Blue Cross or BCN, providers need to work with the pharmacy vendor that provides each member's Part D coverage.

How to submit prior authorization requests for Entyvio SC and Omvoh SC

For members who have Part D pharmacy benefits through Medicare Plus Blue or BCN Advantage, providers need to submit prior authorization requests for Entyvio SC and Omvoh SC as follows:

- **Electronically**

  Through CoverMyMeds® or another free ePA tool, such as Surescripts® or ExpressPAth®. See **Save time and submit your prior authorization requests electronically for pharmacy benefit drugs** for more information.

- **By phone**

  Call 1-800-437-3803 and follow the prompts for medications billed through the pharmacy benefit.

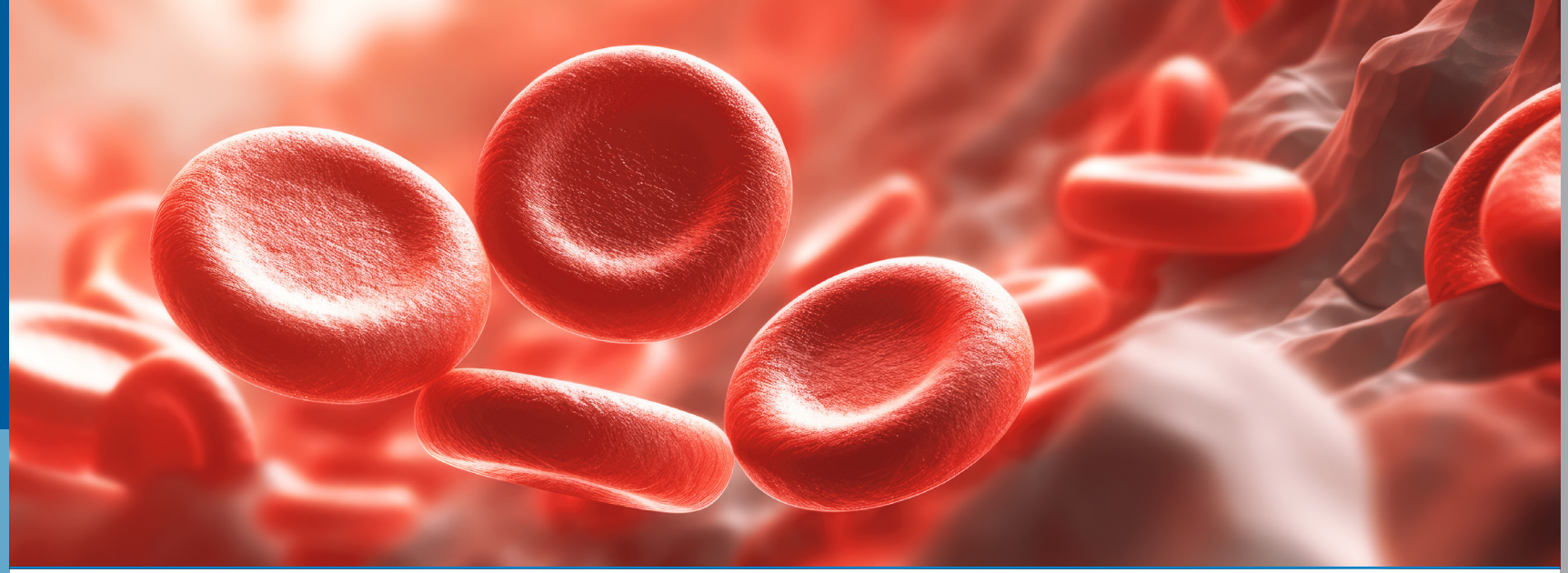
- **By fax:**
  - For Medicare Plus Blue requests, fax to 1-866-601-4428.
  - For BCN Advantage requests, fax to 1-800-459-8027.

List of requirements

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

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

Pharmacy News



Preferred product for Zynteglo for most commercial members started in April

For dates of service on or after April 19, 2024, we added a step therapy requirement for Zynteglo™ (betibeglogene autotemcel), HCPCS code J3590.

Preferred product for Zynteglo	
Before April 19, 2024	**On or after April 19, 2024**
There isn't a preferred product.	Members must try and fail Casgevy™.

This change affects Blue Cross Blue Shield of Michigan commercial members and Blue Care Network commercial members.

We've updated the **Blue Cross and BCN utilization management medical drug list** to reflect the preferred drug.

The drugs discussed above continue to require prior authorization through the NovoLogix® online tool.

Some Blue Cross commercial groups aren't subject to these requirements

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.

Additional information

For more information about medical benefit drugs, see the following pages on **ereferrals.bcbsm.com**:

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

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

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 January, February and March 2024, 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.

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
J1599	Alyglo™	Immune globulin intravenous, human-stwk 10%	✓	✓
J3590*	Amtagvi™	Lifileucel	✓	
J3590*	Avzivi®	Bevacizumab-tnjn	✓	
J3590*	Ryzneuta®	Efbemalenograstim alfa-vuxw	✓	

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

  We added prior authorization requirements to the following drugs:

HCPCS code	Brand name	Generic name	For dates of service on or after
J3590	Casgevy™	Exagamglogene autotemcel	1/2/2024
J3590	Lyfgenia™	Lovotibeglogene autotemcel	1/2/2024
J3490	Omisirge®	Omidubicel-onlv	2/1/2024
J3590	Bimzelx®	Bimekizumab-bkzx	2/12/2024
J3590	Cosentyx® IV	Secukinumab	2/12/2024
J3590	Omvoh™ IV	Mirikizumab-mrkz	2/12/2024
J3590	Pombiliti™	Cipaglucosidase alfa-atga	2/12/2024
J3490	Rivfloza™	Nedosiran	2/12/2024
J3490	Zilbrysq®	Zilucoplan	2/12/2024
J3590	Zymfentra™ SC	Infliximab-dyyb	2/12/2024
J3590	Adzynma	ADAMTS13,recombinant-krhn	3/1/2024
J3490	Wainua™	Eplontersen	3/1/2024

Continued on following page

Code changes

The table below shows HCPCS code changes that were effective January 2024, for the medical benefit drugs managed by Blue Cross and BCN.

New HCPCS code	Brand name	Generic name
J0217	Lamzede®	Velmanase alfa
J1304	Qalsody®	Tofersen
J1412	Roctavian™	Valoctocogene roxaparvovec-rvox
J1413	Elevidys	Delandistrogene moxeparvovec-rokl
J2508	Elfabrio®	Pegunigalsidase alfa-iwxj
J3401	Vyjuvek®	Beremagene geperpavec-svdt
J9333	Rystiggo®	Rozanolixizumab-noli
J9334	Vyvgart® Hytrulo	Efgartigimod alfa and hyaluronidase-qvfc

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 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.

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.

Udenyca Onbody now requires prior authorization for most commercial members

For dates of service on or after March 5, 2024, we added a prior authorization requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for the following drug covered under the medical benefit:

- Udenyca® Onbody (pegfilgrastim-cbqv), HCPCS code Q5111

Note: This change applies to UAW Retiree Medical Benefits Trust (non-Medicare) members.

How to submit prior authorization requests

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

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

Note: If you need to request access to our provider portal, see the **Register for web tools** webpage on **bcbsm.com**.

Some Blue Cross commercial groups aren't 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 don't participate in the standard prior authorization program.

List of requirements

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

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**

Prior 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.

Quality Minute

An ongoing series of quick tips designed to be read in 60 seconds or less and provide your practice with information about performance in key areas.

The importance of medication review with every patient at every visit!

- Remind patients to bring their medications to each visit, you can add this to your messaging for appointment reminders.
- Use a standard phrase, such as "I'm going to review your medications." This will help with patient recall if they receive a CAHPS survey.
- The medical record must include the name of the person who reviewed the medications with the patient and the date of review.

Cost, side effects, and barriers to pharmacy pick up may impact medication adherence

- Remind patients to use their pharmacy benefit when paying for medications.
- A patient's pharmacy benefit is typically more cost effective than discount programs, especially for generic medications.
- Use of discount programs will not count toward pharmacy quality gaps such as medication adherence.
- 90-day mail order prescriptions are the gold standard to ensure patients adhere to their medication regimen.
- All active diagnoses should be submitted on claims annually to exclude members from quality measures for which their diagnoses make medications intolerable.

By following these simple tips, you'll greatly impact several Star measures!

For more information, refer to the **Medication Adherence Star measure tip sheet**. Here's how to find it:

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. Click *Member Care* on the menu bar and then click *Clinical Quality* and *Tip Sheets.*

CAHPS®, Consumer Assessment of Healthcare Providers and Systems, is a registered trademark of the Agency for Healthcare Quality and Research.

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.

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

- *Practice caution with requests for patient information,* **Page 1**
- *Successful phototherapy pilot program continues for eligible BCN members with psoriasis,* **Page 12**

Billing Bulletin

BCN urgent care providers recently moved to fee schedule reimbursement should update billing practices

Effective Jan. 1, 2024, Blue Care Network transitioned some providers currently receiving global/per diem reimbursement to the urgent care fee schedule. Providers impacted by this change received a letter and updated payment exhibit in October 2023.

As a reminder, the providers that received this communication should bill for individual services that occur during a visit. Per diem payments using S9083 are no longer payable.

This applies to covered services for BCN commercial and BCN Advantage℠ members.

To obtain a copy of the fee schedule, contact FeeSchedule@bcbsm.com.

Cotiviti to perform DRG cross-claim clinical reviews of BCN Advantage inpatient facility claims starting July 1

Beginning July 1, 2024, Cotiviti will perform diagnosis-related group, or DRG, cross-claim clinical reviews of BCN Advantage inpatient facility claims.

The reviews are based on the member's episode of care and won't initially require you to provide medical records. Here's more information you need to know:

- If you have claims selected for review without medical records, you'll receive a letter advising you of the results of the review.
- If Cotiviti identifies an opportunity for a change, you'll have the option to submit an appeal and provide the full medical records for consideration.

You'll be able to request first- and second-level appeals of the findings by the Physicians Review Organization.

If you have questions about this, contact Cotiviti Provider Relations at 1-770-379-2009 (Monday - Friday, 8 a.m. - 5 p.m. Eastern time).

Cotiviti is an independent company that provides auditing support services for Blue Cross Blue Shield of Michigan and Blue Care Network.

Reminder: BCN and BCN Advantage professional claims must report the same POS code within the claim

Action item

Use the same POS code for all services being billed on each claim.

We've received claims for professional services for BCN commercial and BCN Advantage members that contain different Place of Service codes; that is, POS codes within a claim that indicate different service locations.

We can't successfully process these claims. Remember—**you must use the same POS code for all services being billed on each claim**.

For proper adjudication of BCN commercial and BCN Advantage professional claims, follow these guidelines:

- For electronic 837 professional claims:
  - In Loop 2300 CLM05-1: Report the POS code that applies to all services billed on the claim.
  - In Loop 2400 SV105: Do not report a POS code at the service line level.
- For CMS-1500 paper claims:
  - Report the same POS code in box 24B for each service line.

BCN Advantage claims that contain different POS codes are automatically rejected and sent back to the provider. We will soon be updating our systems so that BCN commercial claims will also be automatically rejected. In either case, you'll have to submit a corrected claim.

Clinical editing billing tips

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

This issue's tips:

- Availity appeal submissions—Missing case number
- Correcting a claim to avoid sending an appeal

Clinical Editing Billing Tips

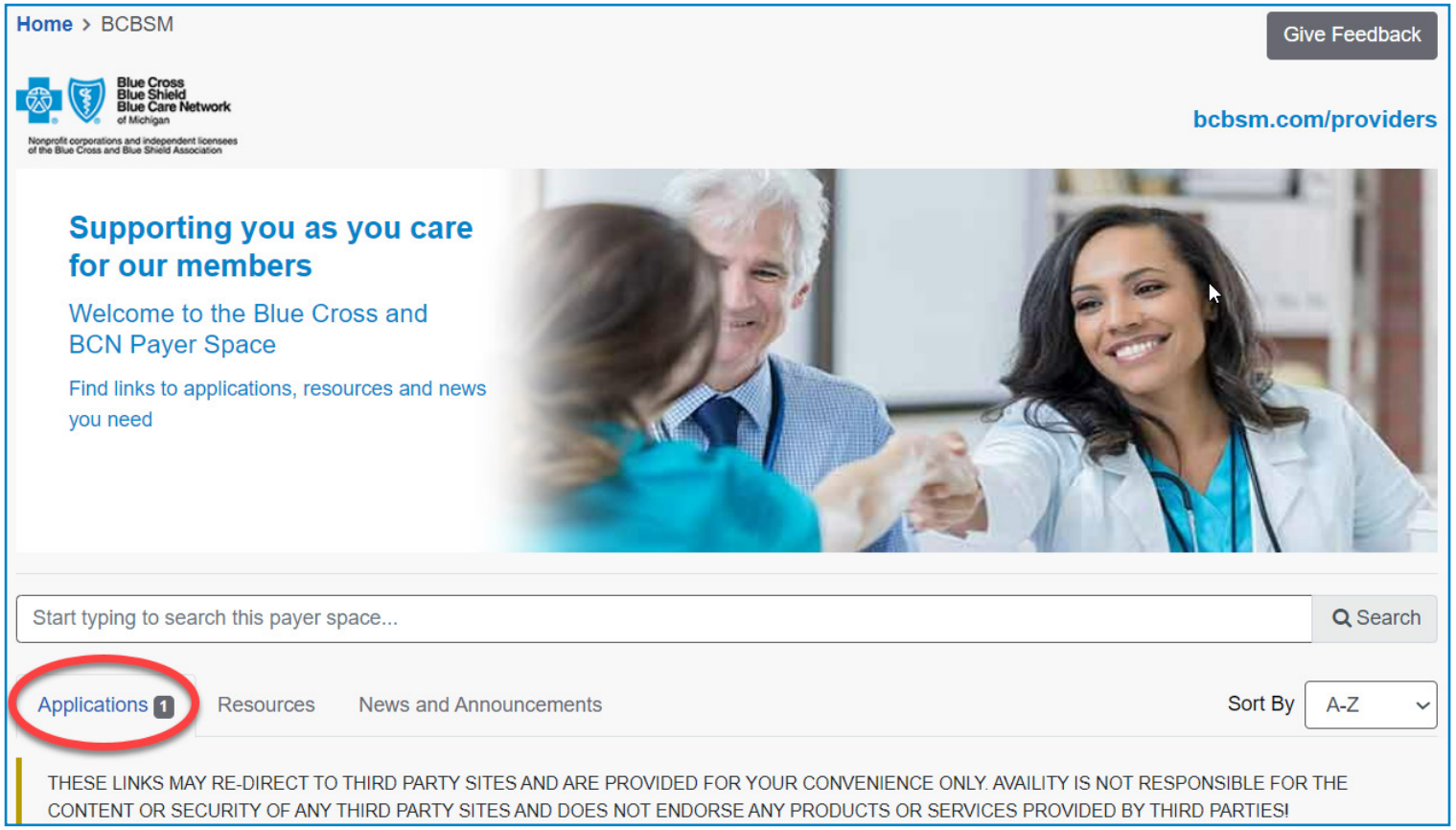
Here are some other articles in this issue that may be of interest

- *Practice caution with requests for patient information*, **Page 1**
- *Register now for 2024 virtual provider symposium sessions*, **Page 4**
- *Webinars for physicians, coders focus on risk adjustment, coding*, **Page 8**

Reminder: How to check the status of prior authorization requests to share with your patients

As a reminder, if a patient who has coverage through Blue Cross Blue Shield of Michigan or Blue Care Network asks about the status of a prior authorization request, you can check it by following these steps:

1. Logging in to our provider portal at **availity.com**.
2. Click on *Payer Spaces* in the menu bar and then click on the BCBSM and BCN logo.
3. Click on the applicable tile in the *Applications* tab through which you submitted the authorization request.



Additional information available for providers

Providers can also find a summary of services that require prior authorization through our **Summary of utilization management programs for Michigan providers** document on **ereferrals.bcbsm.com**.

Note: For help using the e-referral tool, go to **ereferrals.bcbsm.com** and, under *Access & Training*, click on ***Training Tools***.

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.

Referral Roundup

Additional cardiology codes will require prior authorization through Carelon for commercial members, starting May 11

For dates of service on or after May 11, 2024, these additional cardiology codes will require prior authorization by Carelon Medical Benefits Management for Blue Cross Blue Shield of Michigan and Blue Care Network commercial members:

- *0795T
- *0796T
- *0797T

Starting May 11, Carelon will use the Blue Cross and BCN medical policy titled *Leadless Cardiac Pacemakers* as the criteria for making determinations on prior authorization requests. To access this policy, open the **Medical Policy Router Search** page on **bcbsm.com**, enter the name of the policy in the *Policy/Topic Keyword* field and press *Enter*.

You'll be able to access Carelon's clinical criteria for these procedures, when available, on the **Current Cardiology Guidelines** page of the Carelon website.

Additional information

By May 11, we'll update **this document** to include the previously mentioned codes.

For more resources related to the cardiology procedures that require prior authorization, refer to these webpages at **ereferrals.bcbsm.com**:

- **Blue Cross Cardiology Services**
- **BCN Cardiology 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.

Changes to Gastric stimulation and Breast reconstruction questionnaires in e-referral system

On Feb. 25, 2024, we updated questionnaires in the e-referral system.

We also updated the corresponding preview questionnaires in the **Authorization criteria and preview questionnaires** document on the **ereferrals.bcbsm.com** website.

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

Updated questionnaires

We updated the following questionnaires in the e-referral system:

Questionnaire	Opens for	Updates
Gastric stimulation	• Medicare Plus Blue℠ • BCN commercial • BCN Advantage℠	Removed a question.
Breast reconstruction	• BCN commercial	Updated a question.

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 find the preview questionnaires, see the document titled **Authorization criteria and preview questionnaires**.

You can access this document by going to **ereferrals.bcbsm.com** and doing the following:

- **For Medicare Plus Blue:** Click on *Blue Cross* and then click on ***Prior Authorization***. Scroll down and look under the *Authorization information for Medicare Plus Blue members* heading.
- **For BCN:** Click on *BCN* and then click on ***Prior Authorization & Plan Notification***. Scroll down and look under the *Authorization criteria and preview questionnaires for select services* heading.

Authorization criteria and medical policies

The **Authorization criteria and preview questionnaires** document explains how to access the pertinent authorization criteria and medical policies.

Billing Bulletin

Prior authorization requirements are changing for musculoskeletal pain management and spinal procedure codes

For dates of service on or after June 3, 2024, we're adding prior authorization requirements for several pain management and spinal procedure codes that are managed through TurningPoint Healthcare Solutions LLC's Musculoskeletal Surgical Quality and Safety Management program.

The tables below outline the changes. In the tables:

- Some of the procedure codes represent specific procedures that have been separated out from more general procedures already managed by TurningPoint.
- Other procedure codes replaced codes that were retired by the American Medical Association.

Note: This change doesn't affect MESSA members. For additional information about which members are affected, see the Musculoskeletal Services and Pain Management Services pages on **ereferrals.bcbsm.com**.

Pain management procedure code

Procedure code	Change
*64625	Will require prior authorization for Medicare Plus Blue and BCN Advantage members. **Note**: This code will continue to require prior authorization through TurningPoint for Blue Care Network commercial members. It doesn't require prior authorization for Blue Cross Blue Shield of Michigan commercial members.

Continued on following page

Spinal procedure codes

Procedure code	Change
*0784T	Will require prior authorization for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members.
*0785T	
*0786T	
*0787T	
*0790T	Will require prior authorization for Medicare Plus Blue, BCN commercial and BCN Advantage members.
*22836	
*22837	
*22838	
*27278	Will require prior authorization for Medicare Plus Blue, BCN commercial and BCN Advantage members. **Note:** For dates of service before June 3, 2024, BCN Utilization Management manages prior authorizations for procedure code *27278 for BCN commercial and BCN Advantage members.

Additional information

We updated the document titled **Musculoskeletal procedure codes that require authorization by TurningPoint** to reflect these changes.

For more information about TurningPoint's Musculoskeletal Surgical Quality and Safety Management program, see the following pages on the **ereferrals.bcbsm.com** website:

- **Blue Cross Musculoskeletal Services**
- **Blue Cross Pain Management Services**
- **BCN Musculoskeletal Services**
- **BCN Pain Management Services**

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

Michigan acute inpatient facilities should submit peer-to-peer review requests and appeals through the e-referral system

Acute inpatient facilities in Michigan should use the e-referral system to submit peer-to-peer review requests and appeals related to prior authorization requests for inpatient acute care medical and surgical (non-behavioral health) admissions. Submitting these requests through the e-referral system involves completing questionnaires and attaching clinical documentation when applicable.

Submitting through the e-referral system offers a streamlined process that:

- Can help you meet submission deadlines and get faster responses
- Allows you to see initial prior authorization requests, peer-to-peer review requests and appeals in the same location

In addition, once you start using the e-referral system for these requests, you won't need to search through emails, wonder if a fax went through or call to confirm that a request has been received.

Here are some resources you can use to learn more about this:

- The document **How to request a peer-to-peer review with a Blue Cross or BCN medical director.** We've updated this document to include the details you'll need to know about using the e-referral system to submit these requests. In the table under the "Non-behavioral health services," look for the row labeled "Inpatient non-behavioral health non-elective admissions — in acute care hospitals for medical and surgical admissions."
- The training course "Submitting requests for appeals and peer-to-peer reviews in e-referral." For instructions on accessing the course on our Provider Training Site, refer to the article **New training course explains how to submit requests for appeals, peer-to-peer reviews in e-referral** in the March 2024 issue of *The Record*.
- The **e-referral User Guide**. Look in the section titled "Submit an inpatient authorization."

When the e-referral system is not available, you can:

- Submit peer-to-peer requests using the **Physician peer-to-peer request form (for non-behavioral health cases)**. Follow the instructions on the form.
- Submit appeals through traditional methods (fax, email or U.S. mail) as instructed in the denial letter.

You can't use the e-referral system to submit a peer-to-peer review request or appeal for prior authorization requests that:

- Were submitted prior to the member's admission
- Were administratively denied
- Are for inpatient behavioral health admissions
- Are for outpatient medical, surgical or behavioral health services
- Are for inpatient hospital clinical edit denials, pre-service denials, post-service audit overturns, post-claim bundling and claim denials
- Are for professional service authorization denials
- Are for denials made by a vendor

Non-Michigan facilities can't use the e-referral system to submit peer-to-peer review or appeal requests. They must continue to:

- Submit peer-to-peer requests using the **Physician peer-to-peer request form (for non-behavioral health cases)**.
- Submit appeals through traditional methods (fax, email or U.S. mail) as instructed in the denial letter.

Referral Roundup

BCN Provider News

Feedback

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

Index

BCN Provider *News*

Feedback

W012248

INDEX: May-June 2024

Network Operations

BCN Advantage

Patient Care/Quality

Behavioral Health

Pharmacy News

Billing Bulletin

Referral Roundup