SEPTEMBER–OCTOBER 2024

# BCN Provider News







## Coming soon: Facilities and organizational providers can update information in the Provider Data Management tool within Availity Essentials

Per the Consolidated Appropriations Act, providers must update and attest to the accuracy of their provider directory data every 90 days — even if no changes are needed. In the past, Blue Cross Blue Shield of Michigan and Blue Care Network have sent letters to providers to request attestation of this information.

Soon, existing facilities and organizational providers (also known as allied providers) with Type 2 NPIs will be required to update and attest to the following basic provider information in the Provider Data Management tool in our provider portal, Availity Essentials™:

- Name
- Specialty
- Location
- Phone number
- Electronic contact information/website

Updating this information in our provider portal will update our provider directory. Failure to complete the quarterly attestation will result in being removed from our provider directory and may affect our ability to process claims on your behalf.

To learn which providers are organizational providers, see "Which providers are organizational providers" later in this article.

### Important:

- Facilities and organizational providers who need to update information other than the items listed above will have to submit the applicable change form. To access the change forms, go to **bcbsm.com/providers**, click *Enrollment*, click the *Enroll or Make Changes* button, select your classification type and then do the following:
  - If you selected *Hospital and Facilities*, click *Next*, select the appropriate type of facility and click *Next* again. Click the link for the appropriate change form.

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# BCN Provider News





- If you selected *Physicians and Professionals*, click *Next*, click *Change an existing provider* and click *Next* again. Click the appropriate option under *Organizational/ Allied Providers* and click *Next*. Click the link for the appropriate change form.

- The change described above won't affect group providers or individual practitioners. Group providers should continue to use the Provider Enrollment and Change Self-Service tool. Physician and nonphysician practitioners should continue to use the CAQH Provider Data Portal application (formerly known as CAQH ProView®) and change forms found on **bcbsm.com**.

We'll publish additional information in an upcoming provider alert and *BCN Provider News*.

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.

## Which providers are organizational providers

Organizational providers, also known as allied providers, are:

- Ambulance
- Ambulatory surgical facility
- Clinical independent laboratory
- Durable medical equipment supplier
- Freestanding radiology center
- Independent diagnostic testing facility
- Pharmacy — Not affected by this change
- Physiological laboratory
- Private duty nursing
- Prosthetic and orthotic supplier
- Retail health center
- Urgent care center
- Vaccine pharmacy

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# Network Operations





## Change Healthcare's incident and its potential effect on members

Earlier this year, Change Healthcare experienced a cybersecurity incident that affected the ability of many of our health care provider partners to handle daily transactions. Change Healthcare is an independent company that serves as a clearing house, supporting core transactions for health care providers, such as eligibility and benefit checks and claims submission.

On June 20, 2024, Change Healthcare issued a public notice formally declaring a breach of protected health information. Change Healthcare indicated that it will take full responsibility for all required breach notifications and will begin notifying individuals. If your office was affected by the incident, it is likely that some of your patients may receive a letter from Change Healthcare in the coming months notifying them that their personal or health information may have been involved. Change Healthcare will offer them two years of free credit monitoring and identity theft protection.

More information can be found on **Change Healthcare's website** or the **Change Healthcare Cyberattack webpage** set up for individuals whose data may have been affected. Questions can be directed to the Change Healthcare call center at 1-866-262-5342.

Here are provider alerts related to the Change Healthcare incident:

- **Support for providers using Change Healthcare as their EDI Clearinghouse**
- **We're granting a 90-day extension to the time limit for commercial claim submission**
- **We're reprocessing some claims denied for timely filing for Blue Cross and BCN commercial**

# Network Operations





## New enhancements to member portal for prior authorization and referral process coming soon

Blue Cross Blue Shield of Michigan and Blue Care Network are pleased to announce three new enhancements to the member portal scheduled to launch in October 2024. Each enhancement is designed to provide greater transparency for members regarding the prior authorization and referral process, including:

- Notifications sent to members by email, text message or mobile app push notification indicating when a prior authorization or referral request was received, is in review and when a request has been approved, partially approved or not approved.
- The ability for members to view real-time status updates for submitted prior authorization and referral requests through an at-a-glance status tracker.
- Additional information and guidance added to help members understand the prior authorization and referral process and what it means for them.

We continue to encourage members to engage with their providers during the prior authorization and referral process.

Be sure to check future issues of *BCN Provider News* for more information on these exciting member portal enhancements.

# Register now for Prior Authorization Programs with Carelon webinar

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

Carelon performs medical appropriateness reviews 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 and a quick review demonstration of the Carelon portal. This webinar will build on the first webinar held earlier this year to deep dive into some intermediate topics such as denials and appeals. The presentation is followed by a Q&A period. You can register for this webinar on the provider training website.

| Session | Date | Time |
|---|---|---|
| Prior Authorization Programs with Carelon | October 10 | 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, go to the *Event Calendar* to register. You may also search for all the sessions with the keyword 'Carelon' and then look under the results for Events.

## Questions?

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

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.

# Webinars for physicians, coders focus on risk adjustment, coding

We're offering 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 schedule and 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 |
|---|---|
| Sept. 18 | Neurosurgery, Dementia and Cognitive Impairment Coding Tips |
| Oct. 2 | ICD-10-CM Updates |
| Nov. 13 | Oncology Coding Tips |
| Dec. 11 | CPT Updates 2025 |

## 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 **here** if you don't have a provider portal account.

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

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

| Previously recorded | Topic |
|---|---|
| April 17 | HCC and Risk Adjustment Updates |
| May 22 | Medical Record Documentation and MEAT |
| June 26 | Orthopedic and Sports Medicine Coding Tips |
| July 10 | Diabetes and Weight Management Coding Tips |
| Aug. 21 | Cardiovascular Disease and Vascular Surgery Coding Tips |

## 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 "**Access our training site from our provider portal; new learning path available**."

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# New training opportunities available on provider training site

**Action item**

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

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

We added the following learning opportunities:

- **Find a doctor mini module**

  Providers may find it helpful to know the networks they support. Take this mini module to learn how to quickly look up the list of networks, which helps answer questions from patients and during audits.
- **New provider resource guides**

  We updated the guides for new providers. Use the keyword search to find guides for acupuncturists, athletic trainers, behavioral health professionals, genetic counselors and private duty nurses.

## How to access provider training

To access the training site, follow these steps:

1. Log in to the provider portal at **availity.com**.
2. Click on *Payer Spaces* on the menu bar and then click on the BCBSM and BCN logo.
3. Under *Applications*, click on the *Provider Training Site* tile.
4. Click on *Submit* on the *Select an Organization* page.
5. Existing users who used the same email address as their provider portal profile email will be directed to the training site. If you used a different email address, contact **ProviderTraining@bcbsm.com** to update your profile.

Those who don't have a provider portal account can directly access the training through the **Provider training website**.

## Questions?

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

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


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- *Physician appointment access survey in process*, **Page 10**
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# Select Medicare Advantage members will receive kidney health evaluation test kits from Everlywell in early September

Blue Cross Blue Shield of Michigan and Blue Care Network are partnering with Everlywell, a third-party vendor, to distribute in-home test kits to select Medicare Advantage members with diabetes. If your patients receive an advance notice letter about the kits and have questions, please encourage them to take advantage of this convenient, no-cost testing.

Kidney Health Evaluation for Patients with Diabetes (KED) is a HEDIS® measure that evaluates the percentage of diabetic patients who received both a serum estimated glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (uACR) during the measurement year. Members will receive eGFR kits and/or uACR kits depending on which aspect of the measure they are non-compliant. If a member is targeted for eGFR, their blood sample will also be tested for Hemoglobin A1c, if needed.

Members will be encouraged to discuss test results with their primary care providers.

## Test result notification:

| | Normal results | Abnormal results |
|---|---|---|
| Medicare Advantage Member | Mail | Mail and phone call (Certified letter if unable to reach) |
| Primary Care Provider | Direct Trust EMR Messaging or Fax (providers without a Direct Trust account) | |

# Medicare Advantage members must obtain continuous glucose monitor products through a pharmacy, starting Oct. 1

For dates of service on or after Oct. 1, 2024, Medicare Plus Blue and BCN Advantage members must obtain their continuous glucose monitor products through a participating network pharmacy.

Blue Cross Blue Shield of Michigan and Blue Care Network will no longer cover CGM products dispensed by contracted and noncontracted durable medical equipment, or DME, suppliers for Medicare Advantage members.

**Exception**: UAW Retiree Medical Benefits Trust members are excluded from this change. These members should continue to purchase their CGM products through a DME supplier.

## What's changing

When this change goes into effect on Oct. 1:

- Medicare Plus Blue and BCN Advantage members who receive their CGM products through a DME supplier will require a new prescription to be filled at a pharmacy.
- Participating pharmacies will be able to dispense CGM products through members' Part B benefits at point of sale: Freestyle Libre and Dexcom are the preferred brands. The CGM products will be billed under the members' medical benefits, not their pharmacy benefits.

**Note**: Current coverage criteria will still apply.

## Additional information

We'll notify affected members of these changes and encourage them to talk with their provider about getting a new prescription prior to Oct. 1, if needed, and to discuss any concerns.

We'll update our provider manuals and related documents by Oct. 1 to reflect this change.

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

# Physician appointment access survey in process

Blue Cross Blue Shield of Michigan and Blue Care Network must meet requirements of several regulatory or accreditation bodies, such as the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services and the state of Michigan. To help ensure we meet these requirements, we're reaching out to some physician offices to request that you complete an *Appointment Access Survey* for each physician in the office.

Your office may receive a phone call or a fax request to complete the survey. Your participation is important to demonstrate that you're meeting regulatory requirements.

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

| **Primary care**<br>Complete survey by Sept. 15, 2024 | **Specialists**<br>Complete survey by Nov. 30, 2024 |
|---|---|
| • Family practice<br>• General practice<br>• Internal medicine<br>• Pediatrics | • Cardiology<br>• Dermatology<br>• Obstetrics-gynecology<br>• Oncology<br>• Ophthalmology<br>• Orthopedic surgery<br>• Podiatry |

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

*Continued on following page*

## How to access the survey

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

## Review appointment access standards

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

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

For the ***Blue Cross Commercial Provider Manual***:

1. Click on *Blue Cross commercial*.
2. Scroll down to the *PPO Policies* chapter under *Quality Standards and Clinical Guidelines*.
3. Click on *Appointment access standards for primary care providers and specialists* in the table of contents.

For the ***BCN Provider Manual***:

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

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

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

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# Blue Cross and BCN is covering an additional vaccine

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:

| Common Name | Vaccine | Effective date |
|---|---|---|
| Pneumococcal conjugate (PCV21) | Capvaxive™ | June 20, 2024 |

**The following lists 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 cost sharing.

## Vaccines with age requirements

| Common Name | Vaccine |
|---|---|
| Human Papillomavirus Vaccine (HPV) | Gardasil9®<br>9 to 45 years old |

## Vaccines with no age requirements

| Common Name | Vaccine |
|---|---|
| COVID-19 (1vCOV-aPS) | Novavax |
| COVID-19 (1vCOV-mRNA) | • Comirnaty®/Pfizer-BioNTech<br>• Spikevax®/Moderna |
| Dengue (DEN4CYD) | Dengvaxia® |
| Diphtheria, tetanus, and acellular pertussis (DTaP) | • Daptacel®<br>• Infanrix® |
| DTaP and inactivated poliovirus (DTaP-IPV) | • Kinrix®<br>• Quadracel® |
| DTaP, hepatitis B, and inactivated poliovirus (DTaP-HepB-IPV) | Pediarix® |
| DTaP, inactivated poliovirus, and Haemophilus influenza type b, (DTaP-IPV-Hib) | Pentacel® |
| DTaP, inactivated poliovirus, Haemophilus influenza type b, hepatitis B (DTaP-IPV-Hib-HepB) | Vaxelis® |

*Continued on following page*

| Common Name | Vaccine |
|---|---|
| Haemophilus influenza type b (Hib PRP-OMP) | PedvaxHIB® |
| Haemophilus influenza type b (Hib PRP-T) | • Act HIB®<br>• Hiberix® |
| Hepatitis A (HepA) | • Havrix®<br>• Vaqta® |
| Hepatitis A and B (HepA-HepB) | Twinrix® |
| Hepatitis B (HepB) | • Engerix-B®<br>• Heplisav-B®<br>• PreHevbrio™<br>• Recombivax HB® |
| Influenza virus | Influenza vaccine (Flu) |
| Measles, mumps, rubella (MMR) | • M-M-RII®<br>• Priorix® |
| Measles, mumps, rubella and varicella (MMRV) | ProQuad® |
| Meningococcal serogroups A, B, C, W, Y vaccine (MenACWY-TT/ MenB-FHbp) | Penbraya™ |
| Meningococcal serogroups A, C, W, Y (MenACWY-CRM) | Menveo® |
| Meningococcal serogroups A, C, W, Y (MenACWY-TT) | MenQuadfi® |
| Meningococcal serogroup B (MenB-4C) | Bexsero® |
| Meningococcal serogroup B (MenB-FHbp) | Trumenba® |
| Mpox | Jynneos® |
| Pneumococcal conjugate (PCV15) | Vaxneuvance™ |
| Pneumococcal conjugate (PCV20) | Prevnar 20™ |
| Pneumococcal conjugate (PCV21) | Capvaxive™ |
| Pneumococcal polysaccharide (PPSV23) | Pneumovax23® |
| Poliovirus (IPV) | Ipol® |
| Respiratory syncytial virus (RSV) | • Abrysvo™<br>• Arexvy® |
| Respiratory syncytial virus monoclonal antibody (RSV-mAB) | Beyfortus™ |
| Rotavirus (RV1) | Rotarix® |
| Rotavirus (RV5) | RotaTeq® |
| Tetanus and diphtheria (Td) | • TdVax®<br>• Tenivac® |
| Tetanus, diphtheria, and acellular pertussis (Tdap) | • Adacel®<br>• Boostrix® |
| Varicella (VAR), chickenpox | Varivax® |
| Zoster (RZV), shingles | Shingrix® |

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.

# 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.*

## Transitions of Care (TRC)

- If a member is transferred from an inpatient stay to a skilled nursing facility, follow up should occur following the discharge from the SNF. Over half of the SNFs in Michigan are sending admissions, discharges and transfers through the Michigan Health Information Network. We expect this to increase as Blue Cross Blue Shield of Michigan and Blue Care Network continues outreach to SNFs to encourage sending of ADTs.
- 1111F can be billed as soon as medication reconciliation is performed and documented in the patient's outpatient medical record. Therefore, you do not need to wait for an office visit or all components of a transitional care management (TCM) visit to be complete to bill 1111F.
- 1111F is reimbursable for Medicare Advantage patients and there is no member cost share.
- TCM codes will satisfy both the Patient Engagement and Medication Reconciliation Post-Discharge components of TRC.

## Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

- Members will be in the denominator after each emergency department visit and could be in the denominator more than once.
- Blue Cross and BCN have worked with MiHIN to develop new ADT flags that identify high-risk member discharges for prompt post-discharge follow-up care.

For more information, see the **Transitions of Care (TRC)** or **Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)** tip sheets. Here's how to find them.

1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN).*
5. Click *Member Care* on the menu bar and then click *Clinical Quality* and *Tip Sheets.*

# 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:

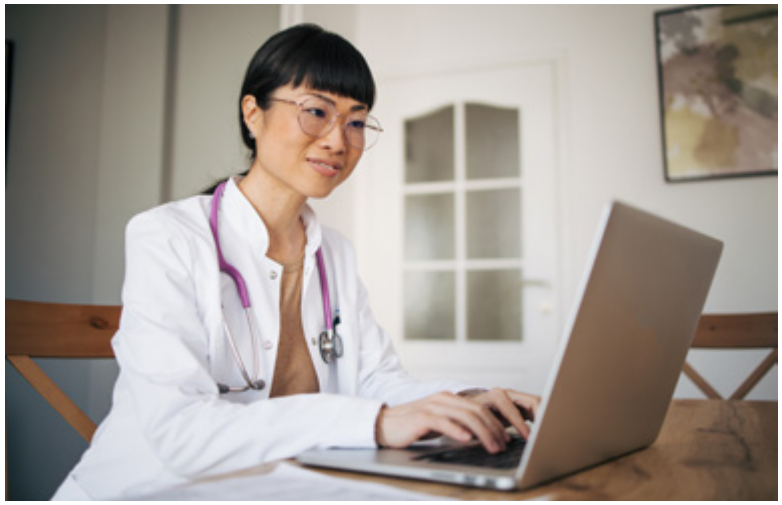
## Covered services

- Artificial intervertebral discs – lumbar spine
- BMT – HCT for autoimmune diseases
- Bone morphogenetic protein
- Bronchial valves
- Cardiac rehabilitation, outpatient
- Cognitive rehabilitation
- Diagnosis of vaginitis
- Fecal microbiota transplantation (fecal bacteriotherapy, fecal transplant)
- Genetic testing for FLT3, NPM1, CEBPA, IDH1 and IDH2 variants in Acute Myeloid Leukemia
- Hearing services
- Hyperbaric oxygen therapy, systemic and topical
- Intravitreal and punctum corticosteroid implants
- Laboratory tests post transplant (kidney, heart and lung) and for heart failure
- Microprocessor-controlled prostheses and orthoses for lower limb
- Noninvasive techniques for the evaluation and monitoring of patients with chronic liver disease
- Transplant – small bowel (isolated)
- Transplant – heart
- Transcatheter Aortic Valve Implantation for aortic stenosis
- Transcranial Magnetic Stimulation as a treatment of depression and other psychiatric/neurologic disorders

## Noncovered services

- Surgical deactivation of headache trigger sites

*Medical Policy Updates*



# Here are some other articles in this issue that may be of interest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- *Select Medicare Advantage members will receive kidney health evaluation test kits from Everlywell in early September,* **Page 8**
- *Medicare Advantage members must obtain continuous glucose monitor products through a pharmacy, starting Oct. 1,* **Page 9**
- *Updated provider toolkit for treating depression available,* **Page 17**

# Blue Cross Behavioral Health no longer requires autism diagnostic re-evaluations

As of Jan. 1, 2024, Blue Cross Behavioral Health℠ no longer requires a diagnostic re-evaluation by an approved autism evaluation center or by independent providers every three years. Diagnostic re-evaluations are optional and can be completed based on clinical need during treatment.

Here are the current guidelines:

- An initial diagnostic evaluation is required prior to treatment, to establish an autism diagnosis and identify possible treatment needs.
- A diagnostic re-evaluation is **optional**, based on clinical need.

Prior to Jan. 1, 2024, a diagnostic re-evaluation was required every three years. That requirement is no longer in effect.

**Note**: This doesn't affect the reassessments that licensed behavior analysts and others complete as needed once autism treatment has begun.

We've updated these documents to include this information:

- **Obtaining an autism diagnostic evaluation and finding treatment**
- **Autism diagnostic evaluation results form**
- **Blue Cross Behavioral Health: Frequently asked questions for providers**

These documents and other autism-related resources are available on these webpages on our **ereferrals.bcbsm.com** website:

- **BCN Autism Services**
- **Blue Cross Autism Services**

# Behavioral Health





## Updated provider toolkit for treating depression available

With many members seeking treatment for depression through their primary care providers, Blue Cross Blue Shield of Michigan's Behavioral Health Strategy department has updated the Depression Toolkit for Providers that is now available through the Blue Cross Behavioral Health Provider website or by clicking on the links below.

There are three components to this toolkit:

1. **Tip Sheet for Major Depressive Disorder**

   This document provides guidelines for evaluating, treating, and monitoring members' depressive symptoms as well as additional resources for helping members locate behavioral health specialists and for when collaboration with specialists would be indicated.

   Included in the list of treatment options for members are links to the Quartet, Blue Cross Virtual Care, and AbleTo platforms which can assist members in receiving care from in-network behavioral health providers so that they can find quality care in a timely manner to further bolster the treatment they receive from their primary care provider.

2. **Depression Office Flyer for members**

   This document helps members to understand how primary care providers will treat their depression. This is a single-sheet document that is suitable for sending to members via email or printing for them to take away at the end of an office visit.

3. **Depression Brochure for members**

   This document helps members identify symptoms of depression, and also provides additional community resources that they can access for help and further assistance. This document is also suitable for emailing to members or printing for them to take away at the end of an office visit.

With these updated guides, Blue Cross Blue Shield and Blue Care Network of Michigan reaffirm its commitment to partnering with our providers to help them deliver effective, timely treatment to members to help them manage their holistic medical and behavioral health needs.

# Reminder: Medicare Advantage members in crisis have new options for behavioral health care treatment

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

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

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

Care options include:

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

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

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

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

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

## About our mobile crisis services

Mobile crisis services include:

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

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

## About our on-site crisis stabilization services

On-site crisis stabilization services include:

- Behavioral health evaluation to initiate appropriate treatment (similar to medical observation services)
- Physical site-based services that are necessary to support the mobile crisis team

  Includes intake assessment, psychiatric evaluation, crisis intervention and initiation of treatment, such as psychotherapy, medication administration, therapeutic injection, observation and peer support
- Initiating coordinated linkages and "warm handoffs" to the appropriate level of care and community resources

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

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

# Management of medical and pharmacy benefit oncology drugs moving to OncoHealth for most members, starting Jan. 1

For dates of service on or after Jan. 1, 2025, OncoHealth® will manage prior authorizations for oncology drugs through the Oncology Value Management program.

OncoHealth will manage:

- **Medical benefit oncology drugs**, which are managed by Carelon Medical Benefits Management for dates of service before Jan. 1, 2025

  **Note**: Blue Cross Blue Shield of Michigan and Blue Care Network will continue to manage prior authorization requests for gene and cellular therapies, such as CAR-T.

- **Pharmacy benefit oncology drugs**, which are managed by Blue Cross and BCN for dates of service before Jan. 1, 2025

Coupling the review of medical benefit and pharmacy benefit oncology drugs will help to reduce the administrative burden on providers and streamline patient care.

OncoHealth will manage the following:

- Prior authorizations — Will include reviewing requests for medical necessity, preferred drugs, step therapy requirements, dose optimization, split fills and quantity limits
- Site of care transitions from higher- to lower-cost places of service — For Blue Cross and BCN commercial members only

This change will affect the following groups and members:

- Blue Cross commercial
  - Fully insured groups and individual members

    **Exception**: MESSA won't be participating in the Oncology Value Management program for medical benefit drugs.
  - Self-funded groups

    **Note**: The Oncology Value Management program changes won't apply to Blue Cross commercial UAW Retiree Medical Benefits Trust non-Medicare members or to Blue Cross and Blue Shield Federal Employee Program® members. Their medical benefit and pharmacy benefit oncology drugs will continue to be managed as they are today.
- Medicare Plus Blue℠ members
- BCN commercial members
- BCN Advantage℠ members

Watch for additional provider alerts and newsletter articles about this change, including how to register for webinars.

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. For more information, go to our ereferrals.bcbsm.com website.

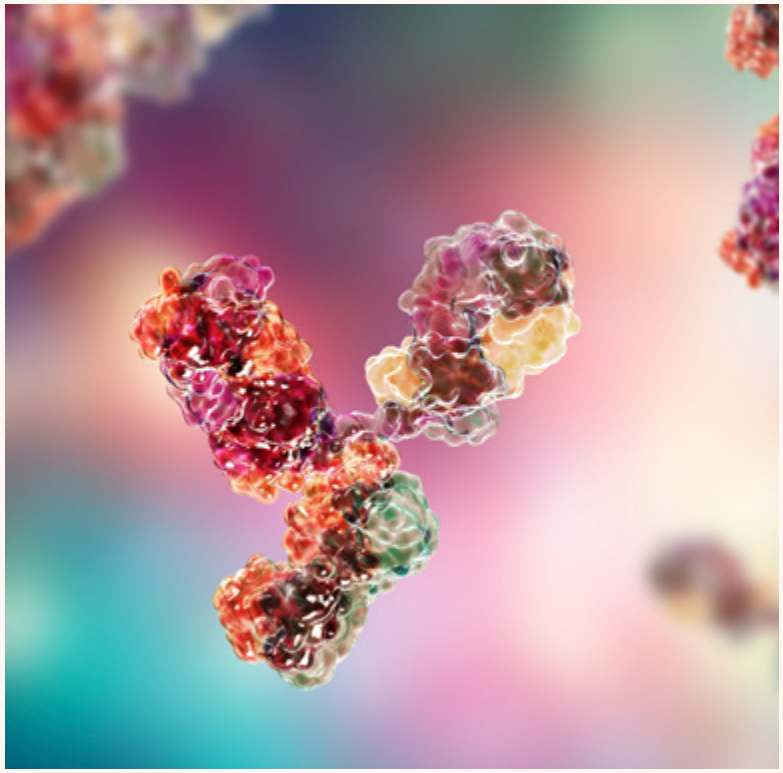
OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.

Pharmacy News





# We're changing how we manage immunoglobulin therapies for most commercial members, starting Oct. 1



For dates of service on or after Oct. 1, 2024, the drugs listed below will be the preferred immunoglobulin products for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members:

- Gammagard®, liquid and S/D, (immune globulin), HCPCS codes J1566 and J1569
- Hizentra® (immune globulin), HCPCS code J1559
- Octagam® (immune globulin), HCPCS code J1568

Here's how these products are covered:

- Gammagard, Hizentra and Octagam will continue to be covered under medical benefits when administered by a health care professional.
- Gammagard and Hizentra will continue to be covered under pharmacy benefits when self-administered.

## How this will affect members

Here's important information you'll need to know:

- Members who have active authorizations for the **preferred** immunoglobulin products won't be affected by this change.
- For members who have active authorizations for **nonpreferred** immunoglobulin products:
  - These members are authorized to continue their current therapy through Sept. 30, 2024.
  - We've proactively issued authorizations for the **preferred** products from Oct. 1, 2024, through Sept. 30, 2025, to avoid any interruptions in therapy. You won't need to submit prior authorization requests for the preferred products for dates of service within this time frame.
  - We'll mail letters to members who are currently using nonpreferred products to notify them of these changes.
  - For members who will continue to use a nonpreferred immunoglobulin product on or after Oct. 1, you'll need to submit a new prior authorization request.

## How to submit prior authorization requests

You'll submit prior authorization requests differently depending on how the medication is administered, as follows:

- For an immunoglobulin product that requires administration by a health care professional, submit the request through the NovoLogix® online tool.
- For a self-administered immunoglobulin product, submit the request using an electronic prior authorization, or ePA, tool such as CoverMyMeds® or Surescripts®.

*Continued on following page*

## Some Blue Cross commercial groups aren't subject to this requirement

For Blue Cross commercial, this requirement applies only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under medical benefits. To determine whether a group participates in the prior authorization program, see the **Specialty Pharmacy Prior Authorization Master Opt-in/out Group List**.

**Notes**:

- The changes discussed above apply to Blue Cross commercial UAW Retiree Medical Benefits Trust members with non-Medicare plans. However, they don't apply to the UAW Retiree Health Care Trust (group number 70605) or the UAW International Union (group number 71714).
- Blue Cross and Blue Shield Federal Employee Program® members don't participate in the standard prior authorization program.

## List of requirements

For more information about the requirements related to drugs covered under **medical benefits**, see these lists:

- For Blue Cross commercial URMBT members with non-Medicare plans: **Medical Drug Management with Blue Cross for UAW Retiree Medical Benefits Trust PPO non-Medicare members**
- For most other commercial members: **Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members**

For a full list of requirements related to drugs covered under the **pharmacy benefit**, see the **Prior authorization and step therapy coverage criteria**.

We'll update these lists to reflect the changes related to these drugs before the effective dates.

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

# We'll change how we pay for some brand-name drugs that have a generic equivalent available, starting October 1


Starting October 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network will no longer pay for the brand-name drugs on the following list because they have a generic equivalent available.

Members who currently receive one of these brand name drugs may need a new prescription to fill the generic. If they're already taking the generic, they can simply continue to fill their current prescription.

*Continued on following page*

| Common use or drug class | Brand name drugs that won't be covered | Covered generic equivalent |
|---|---|---|
| Androgens | Androgel® pump | testosterone transdermal gel |
| Antileukotrienes | Singulair® | montelukast tablet, chewable, granules |
| Antiviral | Valtrex® | valacyclovir tablet |
| Benzodiazepines | Ativan® | lorazepam tablet |
| | Xanax®, XR | alprazolam, alprazolam XR tablet |
| Cystic Fibrosis | Bethkis® | tobramycin nebulizer solution |
| Dyslipidemic | Lovaza® | omega-3-acid ethyl ester capsule |
| | Vytorin® | ezetimibe-simvastatin tablet |
| | Zetia® | ezetimibe tablet |
| Erectile Dysfunction | Cialis® | tadalafil tablet |
| | Viagra® | sildenafil tablet |
| HMG CoA Reductase Inhibitors | Crestor® | rosuvastatin tablet |
| | Lescol XL® | fluvastatin tablet |
| | Lipitor® | atorvastatin tablet |
| | Zocor® | simvastatin tablet |
| Multiple Sclerosis | Ampyra® | dalfampridine ER tablet |
| | Aubagio® | teriflunomide tablet |
| | Gilenya® | fingolimod capsule |
| | Tecfidera® | dimethyl fumarate capsule |
| Non-steroidal anti-inflammatory (NSAID) | Celebrex® | celecoxib capsule |
| Oncology | Gleevec® | imatinib tablet |
| Opioids, short-acting | Percocet® | oxycodone/acetaminophen tablet |
| Proton pump inhibitors | Aciphex® | rabeprazole tablet |
| | Dexilant® | dexlansoprazole capsule |
| | Nexium® capsule and packet | esomeprazole capsules and packets |
| | Prevacid®, Prevacid® solutab | lansoprazole capsule and oral disintegrating tablet |
| | Protonix® tablet and packet | pantoprazole tablet and packet |

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

# Pharmacy News





## Loqtorzi has requirements for most members

For dates of service on or after Aug. 15, 2024, Loqtorzi™ (toripalimab-tpzi), HCPCS code J3263, has the following requirements through the Oncology Value Management program:

- **For Blue Cross Blue Shield of Michigan and Blue Care Network commercial members**: Loqtorzi has both a prior authorization requirement and a site-of-care requirement.
- **For Medicare Plus Blue℠ and BCN Advantage℠ members**: Loqtorzi has a prior authorization requirement.

The Oncology Value Management program is administered by Carelon Medical Benefits Management. These drugs are part of members' medical benefits, not their pharmacy benefits.

### Prior authorization requirement

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

- Blue Cross 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**. (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
- BCN commercial members
- BCN Advantage members

*Continued on following page*

## Site-of-care requirement

For the commercial members listed above, this drug may be covered only when administered at the following sites of care for dates of service on or after Aug. 15:

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

Here's what to do for commercial members who receive Loqtorzi at an outpatient hospital facility for dates of service before Aug. 15:

- Locate an in-network home infusion therapy provider or ambulatory infusion center at which the member may be able to continue infusion therapy.
- Discuss with the member how to facilitate receiving infusions at an allowed site of care.

For members who need to transition to a new infusion location, we'll work with you and the member to facilitate the transition. We'll notify members and encourage them to talk to you before changing their infusion location. We'll also let them know that the change of location doesn't affect the treatment you're providing.

## How to submit prior authorization requests

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

- Through the Carelon provider portal, which you can access by doing one of the following:
  - Logging in to our provider portal (**availity.com**), clicking on *Payer Spaces* and then clicking on 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 provider portal at **providerportal.com**.
- By calling the Carelon Contact Center at 1-844-377-1278

## Drug lists

For additional information on requirements related to drugs covered under medical benefits, refer to the following drug 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**

As a reminder, 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.

# Pharmacy News





## Step therapy requirement added for Saphnelo for Medicare Advantage members, starting Sept. 1

For dates of service on or after Sept. 1, 2024, providers will have to show that our Medicare Plus Blue℠ and BCN Advantage℠ members tried and failed Benlysta® (belimumab), HCPCS code J0490, when requesting prior authorization for Saphnelo® (anifrolumab-fnia), HCPCS code J0491.

**Note**: Benlysta will continue to require prior authorization.

Submit prior authorization requests through the NovoLogix® online tool.

These drugs are a part of members' medical benefits, not their pharmacy benefits.

### When prior authorization is required

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

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

### Submit prior authorization requests through NovoLogix

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

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

### List of requirements

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

We'll update this list before the effective date.

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

# Soliris, Ultomiris to require step therapy for commercial members

For dates of service on or after July 22, 2024, members must try and fail — or have a contraindication or intolerance for — Empaveli® (pegcetacoplan), HCPCS code J3590, before we'll approve prior authorization requests for the following drugs:

- Soliris (eculizumab), HCPCS code J1300
- Ultomiris (ravulizumab), HCPCS code J1303

This step therapy requirement applies to most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members and is in addition to the other requirements that currently apply to Soliris and Ultomiris.

## Prior authorization information

- When you submit prior authorization requests for Soliris and Ultomiris, the NovoLogix® online tool will prompt you to answer questions related to the step therapy requirement.
- Prior authorization is also required for Empaveli.

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

For Blue Cross commercial, these requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under medical benefits. 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 members with Blue Cross non-Medicare plans don't participate in the standard prior authorization program.

# Step therapy requirements added for Soliris, Ultomiris for Medicare Advantage members with PNH, starting Sept. 16

For dates of service on or after Sept. 16, 2024, providers will have to show that our Medicare Plus Blue℠ and BCN Advantage℠ members have tried and failed Empaveli® (pegcetacoplan), HCPCS code J3490, when requesting prior authorization for the following drugs for the diagnosis of **paroxysmal nocturnal hemoglobinuria**, or PNH:

- Soliris® (eculizumab), HCPCS code J1300
- Ultomiris® (ravulizumab-cwvz), HCPCS code J1303

Empaveli will continue to require prior authorization.

Here's other important information:

- Trial and failure of Vyvgart® or Vyvgart® Hytrulo and Rystiggo® is required for Soliris and Ultomiris for the diagnosis of **myasthenia gravis**. See this **Jan. 10, 2024, provider alert** for additional information.
- Submit prior authorization requests through the NovoLogix® online tool when these drugs will be billed as a medical benefit.

## When prior authorization is required

These drugs require prior authorization, as applicable, when they are administered by a health care provider in sites of care such as outpatient facilities or physician offices and are billed in one of the following ways:

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

## How to access NovoLogix

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

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

## List of requirements

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

We'll update this list before the effective date.

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

# Hemlibra has a quantity limit requirement for most commercial members

We've added a quantity limit requirement for most Blue Cross Blue Shield of Michigan and Blue Care Network group and individual commercial members for Hemlibra® (emicizumab-kxwh), HCPCS code J7170. The new quantity limit requirement, effective for dates of service on or after June 20, 2024, is in addition to the prior authorization and site-of-care requirements that apply to this drug when it's covered under the medical benefit.

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

For Blue Cross commercial, these requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under medical benefits. 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 members with Blue Cross non-Medicare plans don't participate in the standard prior authorization program.

## List of requirements

For a full list of quantity limit requirements related to drugs covered under the medical benefit, see the document titled **Blue Cross and BCN quantity limits for medical drugs**.

# Requirements, 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 medical benefits. As part of this effort, we maintain comprehensive lists of requirements for our members.

In April, May and June 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.

*Continued on following page*

## Changes in requirements

For Blue Cross and BCN commercial members, we added prior authorization requirements for the following drugs:

| HCPCS code | Brand name | Generic name |
|---|---|---|
| J3590* | Beqvez™ | Fidanacogene elaparvovec-dzkt |
| J3590* | Bkemv™ IV | Eculizumab-aeeb |
| J3590* | Hercessi™ | Trastuzumab |
| J3590* | Opuviz™ | Aflibercept-yszy |
| J3590* | Yesafili™ | Aflibercept-jbvf |

For Medicare Plus Blue℠ and BCN Advantage℠ members, we added prior authorization requirements for the following drugs:

| HCPCS code | Brand name | Generic name | For dates of service on or after |
|---|---|---|---|
| J1599 | Alyglo™ | Immune globulin intravenous, human-stwk 10% | 4/1/2024 |
| J3590 | Amtagvi™ | Lifileucel | 4/1/2024 |
| J3590 | Avzivi® | Bevacizumab-tnjn | 4/1/2024 |
| J1931 | Ryzneuta® | Efbemalenograstim alfa-vuxw | 4/1/2024 |
| Q5111 | Udenyca® Onbody | Pegfilgrastim-cbqv | 4/1/2024 |
| Q5133 | Tofidence™ | Tocilizumab-bavi | 5/1/2024 |
| J3590 | Winrevair™ | Sotatercept-csrk | 5/1/2024 |
| J3590 | Beqvez | Fidanacogene elaparvovec-dzkt | 6/1/2024 |

## Code changes

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

| New HCPCS code | Brand name | Generic name |
|---|---|---|
| J0177 | Eylea® HD | Aflibercept |
| J0589 | Daxxify® | Daxibotulinumtoxin A |
| J1203 | Pombiliti™ | Cipaglucosidase alfa-atga |
| J2782 | Izervay™ | Avacincaptad pegol |
| J9376 | Veopoz™ | Pozelimab-bbfg |

*Continued on following page*

## 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, authorization requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under medical benefits.

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.

# Vyjuvek has additional requirements for most commercial members

Blue Cross Blue Shield of Michigan and Blue Care Network have updated the medical policy for Vyjuvek® (beremagene geperpavec-svdt). The requirements in the medical policy apply for most Blue Cross and BCN commercial members for dates of service on or after July 22, 2024.

In keeping with the updated medical policy, the following additional requirement must be met for treatment with Vyjuvek to be considered medically necessary:

- The prescriber must attest that the member is receiving and adherent to wound care interventions.

*Continued on following page*

- The member must not use Vyjuvek on the same wound in combination with other gene therapies for the treatment of dystrophic epidermolysis bullosa, or DEB.

To see the full list of requirements in the updated medical policy, go to the **Medical Policy Router Search** page, enter the name of the drug in the *Policy/Topic Keyword* field and press *Enter*.

**Tip**: To access the Medical Policy Router Search page, go to **bcbsm.com/providers**, click on *Resources* and then click on *Search Medical Policies*.

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

For Blue Cross commercial, these requirements apply only to groups that participate in the standard commercial Medical Drug Prior Authorization Program for drugs administered under medical benefits. 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 members with Blue Cross non-Medicare plans don't participate in the standard prior authorization program.

### Additional information

For additional information about drugs covered under medical benefits, see 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 providers need to verify eligibility and benefits for members.

## We've changed how we cover brand-name Copaxone 40 mg, starting August 1

Starting Aug. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network changed how we cover brand-name Copaxone® (glatiramer acetate) 40 mg, a medication commonly used to treat relapsing forms of multiple sclerosis.

**Members can continue to fill their prescription with generic glatiramer acetate (Copaxone®, Glatopa®).**

A new prescription may be needed.

The following table summarizes the changes for members if they continue to fill their prescription with brand-name Copaxone® 40 mg.

| Affected drug list or benefit plan | Change for brand-name Copaxone® 40 mg starting Aug. 1 |
|---|---|
| • Custom Select Drug List<br>• Preferred Drug List<br>• Closed Benefit | Drug not covered<br>(Member will be responsible for the entire cost of the prescription.) |
| • Custom Drug List<br>• Clinical Drug List | Member may pay more<br>(Higher cost share) |

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

# Guidelines for billing Avastin for Blue Cross and BCN commercial members

When submitting claims for Avastin® (bevacizumab), follow these guidelines:

| Use | Member | HCPCS code to use |
|---|---|---|
| Intravitreal treatment | Blue Cross commercial | J3590 |
| | BCN commercial | J9035<br>**Important**: Don't bill with modifier JZ. Billing with modifier JZ may lead to incorrect denials and longer-than-expected wait times for reimbursement. |
| Intravenous, or IV, infusions for oncology treatment | Blue Cross commercial | J9035 |
| | BCN commercial | J9035 |

**Note**: When Avastin is used for intravitreal treatment:

- For many members, prior authorization isn't required for diagnoses associated with intraocular conditions.
- Avastin injections are an off-label use and require a smaller-than-normal dosage.

For more information about requirements related to Avastin and other drugs covered under the medical benefit, see these documents:

- **Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members**
- **Utilization management medical drug list for Blue Cross and Blue Shield Federal Employee Program® non-Medicare members**
- **Medical oncology prior authorization list for Blue Cross and BCN commercial members: Medications that require authorization by Carelon**

You can access these lists 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**

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

- *Medicare Advantage members must obtain continuous glucose monitor products through a pharmacy, starting Oct. 1,* **Page 9**
- *Blue Cross and BCN is covering an additional vaccine,* **Page 12**

# Quality MINUTE

Blue Cross Blue Shield Blue Care Network of Michigan





*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.*

## CPT II codes

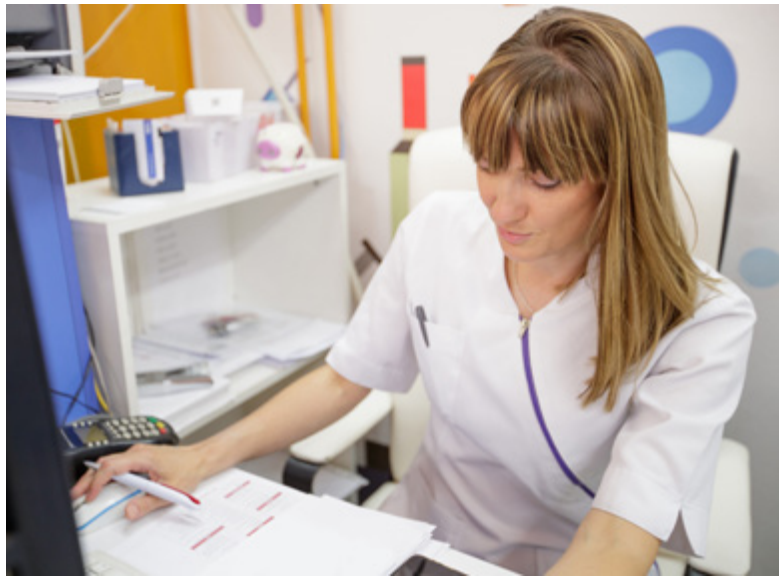
Here are some billing tips when submitting CPT II codes for office, lab or facility visits:

- The use of CPT category II codes decreases the administrative burden on practitioners and staff, decreases requests for members' medical records for review, and impacts performance in many quality measures including Controlling High Blood Pressure, Eye Exams for Patients with Diabetes, Glycemic Status Assessment for Patients with Diabetes and Transitions of Care: Medication Reconciliation.
- Automating your EMR to add CPT category II codes to claims is the most efficient way to close quality gaps.
- When billed on a claim, the CPT category II code is added to the procedure code field with a $0 charge. If your billing system drops non-revenue-generating codes, enter $0.01. Exception: Medicare Advantage plans reimburse $35 for *1111F.
- CPT category II codes can be billed alone if reported outside of a visit, using the date the service was performed.
- If the patient has a visit and a CPT category II service was reviewed during the visit, the date of the visit should be entered for the visit service code date of service and the date the CPT category II service was performed should be entered for the CPT category II code date of service.

For more information, see the *2024 NPI Series – CPT Category II Codes (PDF)*. 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 *Clinical Quality Overview*. The PDF is under the *Network Performance Improvement* section.

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



# Billing Bulletin



BCN Provider *News*

Feedback

## Clinical editing billing tips

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

This issue's tips:

- E&M when billed with preventive service
- Reporting and coding debridement codes

*Clinical Editing Billing Tips*

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

# Changes to the *BCN referral and authorization requirements for Michigan providers* document

We updated the document titled *BCN referral and authorization requirements for Michigan providers*. Although the document continues to be accessible at the same location you're used to and at the same website address, we renamed it to **Michigan providers: BCN global referral, plan notification and prior authorization requirements** to reflect the full scope of the information found in the document. We also updated the look of the document and reorganized the information.

Here's a summary of the changes:

| Section in previous document | Section in new document |
|---|---|
| "Section 1. Plan notification and authorization requirements" — Explanation of plan notifications and prior authorizations | Moved to the new "Overview of global referrals, plan notifications and prior authorizations" section.<br>This section contains a detailed explanation of each of these terms. |
| "Section 1. Plan notification and authorization requirements" — Table of services | Replaced by the "Requirements at a glance" section.<br>This section lists all services and indicates whether each service requires a global referral, plan notification or prior authorization.<br>If more information is available for the service, the name of the service is linked. Clicking the link takes you to a subsection later in the document that includes the additional information. |

| Section in previous document | Section in new document |
|---|---|
| "Section 1. Plan notification and authorization requirements" — "Vendor contact information" subsection | Replaced by the "How to submit global referral requests, plan notifications and prior authorizations" section.<br>This section states how to log in to our provider portal (availity.com) and access the appropriate portal for submitting global referral, plan notification and prior authorization requests. |
| "Section 2: Referral requirements" — General referral requirements and product-specific requirements | Moved to the new "Overview of global referrals, plan notifications and prior authorizations" section. Look in the "Global referrals" subsection. |
| "Section 2: Referral requirements" — Table of services | Moved into the new "Requirements at a glance" section. |

You can access the updated document by:

1. Going to **ereferrals.bcbsm.com**.
2. Clicking *BCN*.
3. Clicking *Prior Authorization & Plan Notification* in the left navigation.
4. Clicking the *Michigan providers: BCN global referral, plan notification and prior authorization requirements* link.

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.

# Home health care services won't require prior authorization for Medicare Advantage members, starting Oct. 1

For dates of service on or after Oct. 1, 2024, home health care services for Medicare Plus Blue℠ and BCN Advantage℠ members won't require prior authorization.

For dates of service before Oct. 1, 2024, continue to submit prior authorization requests to CareCentrix® for our Medicare Advantage members.

As part of our commitment to deliver care in line with standards set by the Centers for Medicare & Medicaid Services, we'll continue to monitor compliance with these standards through claims review, post-payment audits and strategic collaboration with health care providers who are in shared- and full-risk arrangements.

Watch for provider alerts and articles in *BCN Provider News* with additional information about this change.

CareCentrix is an independent company that manages the prior authorization of home health care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

# Updated TurningPoint medical policies for musculoskeletal and pain management procedures

Blue Cross Blue Shield of Michigan, Blue Care Network and TurningPoint Healthcare Solutions LLC are updating TurningPoint medical policies for musculoskeletal and pain management procedures. These policies apply to prior authorization requests submitted on or after Oct. 16, 2024.

The updated TurningPoint medical policies will be available in the TurningPoint provider portal on Oct. 16, 2024.

For details, see the document **2024 updates to TurningPoint medical policies for musculoskeletal and pain management procedures**.

# Referral Roundup





## Release schedule for eviCore category assignments and practitioner performance summaries for PTs and OTs

EviCore healthcare assigns physical and occupational therapists to a category that affects the information you need to supply when submitting prior authorization requests. You can view your category assignment through your practitioner performance summary.

### When eviCore releases category assignments

EviCore releases practitioner performance summaries with updated categories twice a year. The category assignment from the report is effective two months following the release of the report.

| Report is released | Category assignment is effective |
|---|---|
| First business day of **February** | First business day of **April** |
| First business day of **August** | First business day of **October** |

*Continued on following page*

## How to view practitioner performance summaries

As a reminder, eviCore no longer sends written notification of physical therapy utilization management category changes through postal mail. Instead, you can view practitioner performance summaries, which include your category assignment, through the eviCore provider portal. To do this:

1. Log in to Blue Cross and BCN's provider portal (**availity.com**).
2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
3. Click the *eviCore Provider Portal* tile in the Applications tab.
4. In the eviCore provider portal, select *Practitioner Performance Summary* from the main menu.
5. Select the health plan *(Blue Care Network)* and a provider. Only providers you've added to your eviCore web user account are available to select.
6. Click the *UM Category* tab.

The eviCore provider portal displays the results of the most recent claims analysis and the key performance benchmarks eviCore used to determine your category.

## How to appeal a category B assignment

If you believe there were circumstances that adversely affected your category assignment, you can request reconsideration within 15 days from the date on which eviCore published the new practitioner performance summary.

Submit the request for category reconsideration through the Practitioner Performance Summary area of the eviCore provider portal.

## Background

EviCore assigns physical and occupational therapists to a category based on physical therapy visits per episode. They do this by retroactively reviewing physical therapy claims from a one-year period. The categories are:

- **Category A**: When submitting prior authorization requests, providers need to submit limited information about the patient's condition. EviCore approves the request for a block of visits over an extended duration. The provider determines the number of visits that are medically necessary within the approved time period.
- **Category B**: When submitting prior authorization requests, providers need to submit additional information, which varies based on the patient's age and condition and the type of request (initial or continuing). The number of visits eviCore approves varies based on the patient's condition, severity, complexity and response to treatment received.

**Important**: For hospitals or outpatient therapy centers that bill both physical and occupational therapy using the same NPI, the assigned category establishes the review requirements for both physical and occupational therapists. This is true even though the category is based only on physical therapy claims and occupational therapists aren't assigned to a category.

## Additional information

To learn more about category assignments and practitioner performance summaries, see the following documents:

- **Musculoskeletal Specialized Therapy Program: Physical Therapy Practitioner Performance Summary and Provider Category FAQs**
- **Practitioner Performance Summary and Utilization Management Categories**

The above documents are available on the **BCN PT, OT, ST and Physical Medicine Therapy Services** page on **ereferrals.bcbsm.com**.

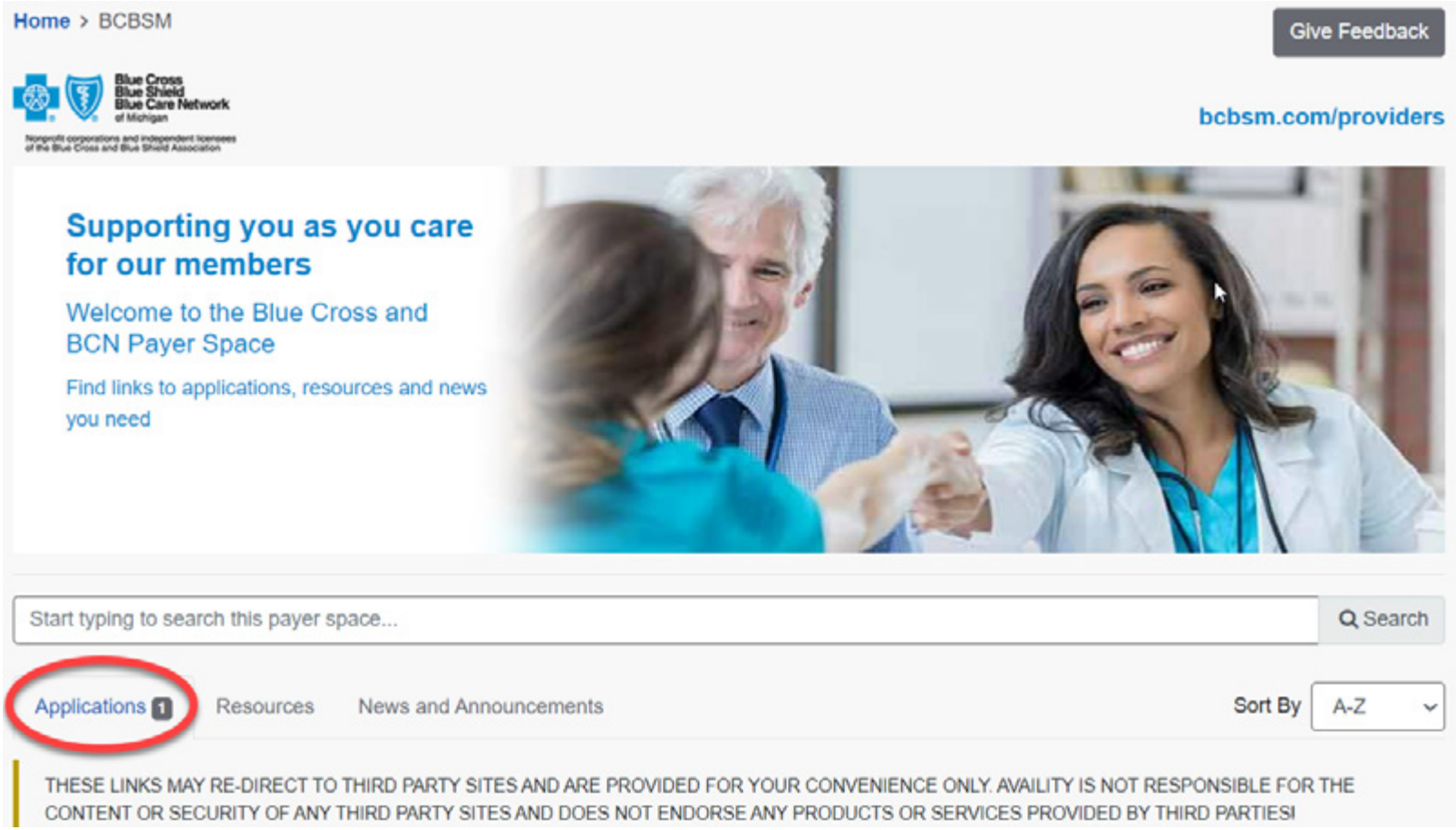
Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

eviCore healthcare is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our **ereferrals.bcbsm.com** website.

# 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 for them by following these steps:

1. Logging in to our provider portal (**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**.

# Questionnaire changes in the e-referral system

On May 26 and June 23, 2024, we updated and deleted questionnaires in the e-referral system. We also updated and deleted the corresponding preview questionnaires from 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

On May 26 and June 23, we updated the following questionnaires:

| Questionnaire | Opens for | Updates | Release date |
|---|---|---|---|
| *Chemical peels, dermal* | BCN commercial | • For BCN AdvantageSM, this questionnaire no longer opens. However, procedure codes *15789 and *15793 continue to require prior authorization for those members.<br>• For BCN commercial, there are no changes to the questionnaire. | June 23, 2024 |
| *Chemical peels, epidermal* | BCN commercial | • For BCN Advantage, this questionnaire no longer opens. However, procedure codes *15788 and *15792 continue to require prior authorization for those members. *17360 is no longer covered by Medicare or by our Medicare Advantage plans.<br>• For BCN commercial, there are no changes to the questionnaire. | June 23, 2024 |
| *Enteral nutrition* | BCN commercial | • For BCN Advantage, the questionnaire no longer opens. However, the following procedure codes continue to require prior authorization for those members: B4102, B4103, B4104, B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162, B9002 and B9998.<br>• For BCN commercial, the questionnaire no longer opens for the following procedure codes: S9341, S9342 and S9343. | June 23, 2024 |
| *Hyperbaric oxygen therapy* | BCN Advantage | Updated a question and added a question. | May 26, 2024 |
| *Hyperbaric oxygen therapy* | BCN commercial | Updated a question. | May 26, 2024 |

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## Deleted questionnaire

On May 26, we deleted the following questionnaire from the e-referral system:

| Questionnaire | Updates |
|---|---|
| *Medicare implantable ambulatory event monitors* | This questionnaire no longer opens for Medicare Plus Blue℠ or BCN Advantage members. However, procedure code *33285 continues to require prior authorization for these members. |

## 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.

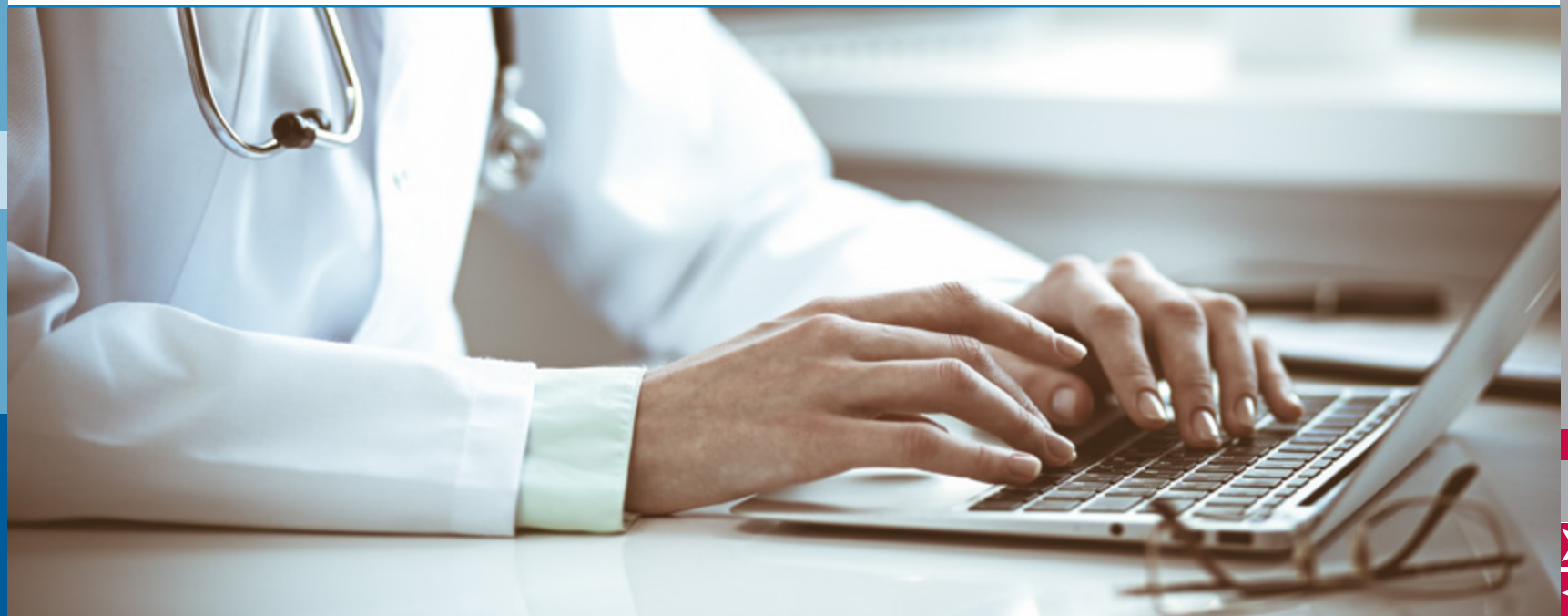
To find the preview questionnaires, see the document titled **Authorization criteria and preview questionnaires**.

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.



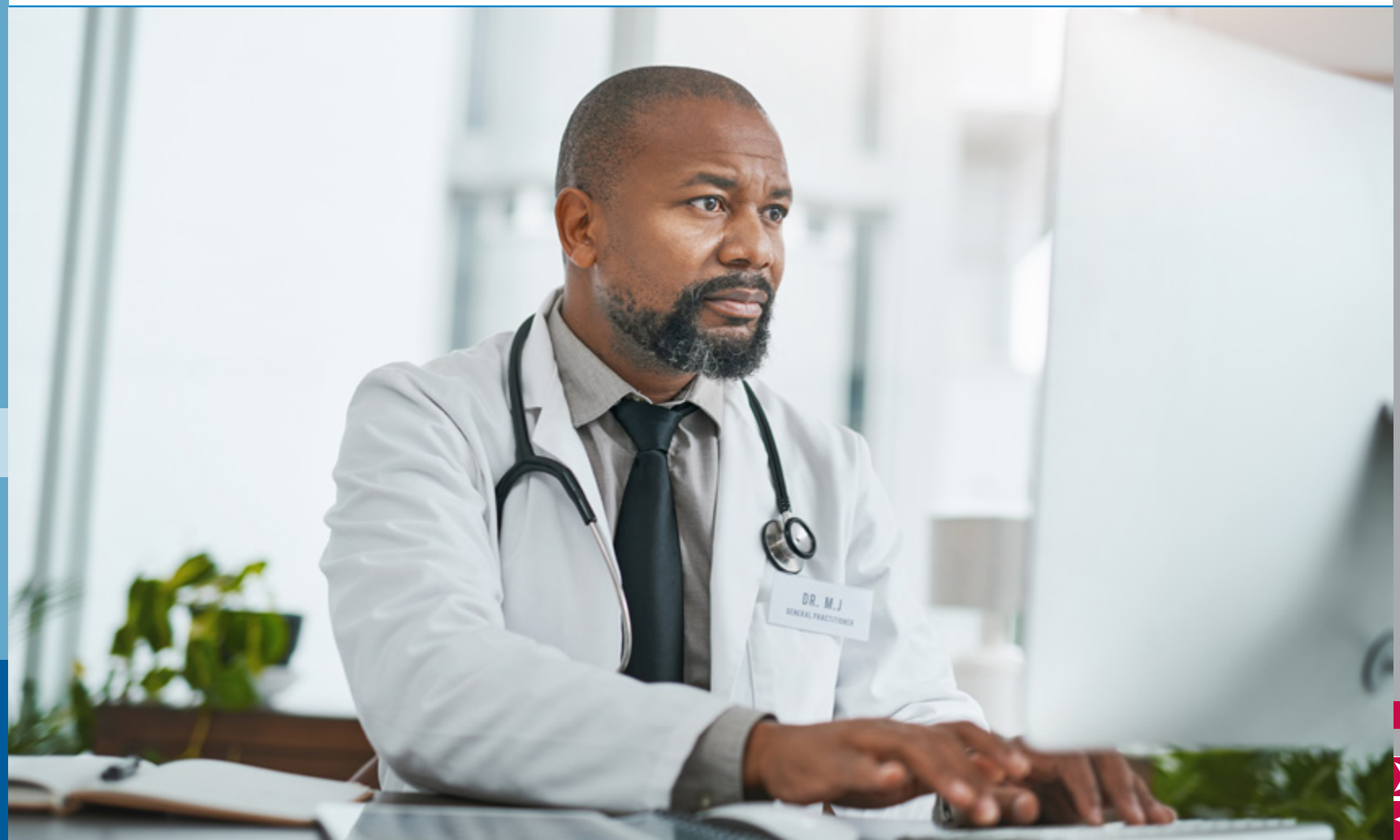
# Referral Roundup





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





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