



BLUE REVIEWSM

A Provider Publication

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News & Updates

COVID-19 Information for Providers

Please check the following Blue Cross and Blue Shield of New Mexico (BCBSNM) resources frequently for updates to important information related to COVID-19:

- [Provider Information on COVID-19 Coverage](#)
- [BCBSNM News and Updates](#)
- [BCBSNM COVID-19 Member Website](#)

Current Procedural Terminology® (CPT®) Codes Updated for Prior Authorization for Medicare Programs July 1

BCBSNM is changing prior authorization requirements for Medicare members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association.

[Read More](#)

Advisory on Telemedicine Services — Place of Service (POS) Codes

BCBSNM has updated its telemedicine commercial reimbursement guidelines due to recent Centers for Medicare & Medicaid Services updates. For commercial member claims, providers

should continue using POS 02 with telehealth claims even when telehealth is provided in a patient's home. Claims using POS 10 may be rejected.

[Read More](#)

Credentialing Requirement for Providers Based at Facilities

The Consolidated Appropriations Act of 2021 requires that we list all contracted providers in our online directory, Provider Finder®. To be listed, contracted providers must be credentialed with BCBSNM, including providers based at facilities who haven't previously been credentialed. To become credentialed, you must be registered with the Council for Affordable Quality Healthcare® and complete a free credentialing application online.

[Read More](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2022 — Part 2

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSNM drug lists. Your patients may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

[Read More](#)

Delivering Quality Care

Follow-Up Care for Substance Abuse Disorders

More than 40 million people ages 12 and older in the U.S. needed treatment for a substance abuse disorder in 2020, but only about 2.6 million received it, according to the latest survey by the Substance Abuse and Mental Health Services Administration. We encourage you to talk with our members about the signs of substance abuse disorder and urge them to seek help when appropriate.

[Read More](#)

Supporting Care During and After Pregnancy

For pregnant and postpartum women, care visits can set the stage for their and their infants' long-term well-being, according to the American College of Obstetricians and Gynecologists. We encourage you to discuss timely care with our members during and after pregnancy. We have resources that may help.

[Read More](#)

Coding and Claims

Coding for Breast Augmentation and Removal for Gender Affirming Surgery

The American Medical Association (AMA) recently updated its guidance for the correct CPT codes to use when filing claims for breast removal and breast augmentation as part of gender reassignment surgeries. BCBSNM has updated its system to align with AMA and American Academy of Professional Coders billing guidance.

[Read More](#)

New 'Message This Payer' Option Coming Soon via Availity Essentials

We will soon launch *Message This Payer*, a convenient electronic method to send us secure messages for claim management questions. It will allow you to resolve claim inquiries online rather than by phone. You will receive a secured message in response to questions within two business days.

[Read More](#)

Blue Cross Community CentennialSM (Medicaid)

Third-Party Liability Claims Processing for Blue Cross Community Centennial


The New Mexico Human Services Department, Medicaid Assistance Division and BCBSNM are now following standard procedure for **prenatal services claims** when a member has more than one insurance plan. This includes claims for labor and delivery and post-partum care.

[Read More](#)

Not Yet Contracted?

Providers who are participating in commercial BCBSNM products are not automatically participating providers in Blue Cross Community Centennial. If you are interested in becoming a Blue Cross Community Centennial provider, please call 505-837-8800 or 800-567-8540.

Reminder: Update your Enrollment Information

Due to Centennial Care requirements, all enrollment information (changes to demographics, licensure or certification, provider status, etc.) must be updated on the [NM Medicaid Provider Web Portal](#) 

BCBSNM Website

It's important for you to stay informed about news that could affect your practice. BCBSNM offers many ways to stay informed via our website, bcbsnm.com/provider, and our provider newsletter, *Blue Review*. [Signing up is easy](#).

Medical Policy Updates

Approved new or revised medical policies and their effective dates are usually posted on our website the 1st and 15th of each month. These policies may impact your reimbursement and your patients' benefits. These policies are located under the [Standards & Requirements](#) tab at bcbsnm.com/provider.

Clinical Payment and Coding Policies



BCBSNM has adopted additional clinical payment and coding policies. These policies are based on criteria developed by specialized professional societies, national guidelines (e.g., Milliman Care Guidelines (MCG) and the CMS Provider Reimbursement Manual) and are not intended to provide billing or coding advice but to serve as a reference for facilities and providers. These policies are located under the Standards & Requirements tab at bcbsnm.com/provider.

Claims Inquiries

Our Provider Service Unit (PSU) handles all provider inquiries about claims status, eligibility, benefits and claims processing for BCBSNM members. For the BCBSNM BlueCard® PSU, call 800-222-7992. For out-of-area claims inquiries, call 888-349-3706.

[Network Services Contacts and Related Service Areas](#)


Verify Your Directory Details & Look for Reminders



Your directory information must be verified every 90 days under a new federal law. It's easy and quick to get it done for all health plans in [Availity®](#) , or if you prefer, you can use our [Demographic Change Form](#). If we haven't received your verification, look for emails and postcards from us with the checkmark symbol . They're a friendly reminder that it's time to verify or update.

Member Rights and Responsibilities

[BCBSNM policies](#) help address the issues of members participating in decision making regarding their treatment; confidentiality of information; treatment of members with dignity, courtesy and a respect for privacy; and members' responsibilities in the practitioner-patient relationship and the health care delivery process.

bcbsnm.com/provider

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