

**October 2017**

In this month's *Blue Review*: antidepressant medication management, flu vaccine coding and billing, and examining the variability of pricing in healthcare.

**Please share this newsletter with others in your group or practice.**

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## **Antidepressant Medication Management Initiative**

[BCBSNM is committed to improving the rate at which members remain on antidepressant medications after newly diagnosed and treated depression. What can providers do to help their patients? Read more...]

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to improving the rate at which members remain on antidepressant medications after newly diagnosed and treated depression.

### **Did you know?**

- According to the American Psychological Association (APA), major depressive disorder is a chronic condition that requires patients to participate actively in and adhere to treatment plans for long periods, despite the fact that side effects or requirements of treatment may be burdensome.
- APA guidelines recommend antidepressants as the initial treatment for mild to moderate depression.

### **Our goal and eligibility**

Our goal is to increase antidepressant medication adherence. The program is targeting members age 18 and older with at least one of the following:

- At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient, or partial hospitalization setting
- At least two visits in an outpatient, emergency department, intensive outpatient, or partial hospitalization setting on different dates of service with any diagnosis of major depression
- At least one inpatient (acute or non-acute) claim

We measure adherence for both the acute and continuation phases as outlined in HEDIS® 2017 specifications.

- **Effective Acute Phase:** Percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase:** Percentage of newly diagnosed and treated members who remained on an antidepressant for at least 180 days (6 months)

Comprehensive analysis of the results will be conducted quarterly and annually by BCBSNM.

### **What you can do**

- The physician should assess and acknowledge potential barriers to treatment adherence, including lack of motivation, side effects of treatment, and logistical, economic or cultural barriers to treatment.
- The physician should collaborate with the patient (and if possible the family) to minimize the impact of these potential barriers.
- Patients should be given realistic expectations during the different phases of treatment, including the time course of symptom response and the importance of adherence for successful treatment.
- Misperceptions, fears and concerns about antidepressants should be addressed with the patient.
- Education should be provided about major depression, the risk of relapse and the early recognition of recurrent symptoms, and the efficacy of Cognitive Behavioral Therapy in combination with medication.
- Patients should be informed about the need to taper antidepressants rather than discontinuing them prematurely.
- Common side effects of antidepressants should be discussed with the patient. The physician should encourage the patient to identify side effects they would consider reasonable and those they would consider unbearable.
- Physicians should offer to explain when and how to take the medication, reminder systems, information about continuing the medication after symptoms of depression improve, strategies to incorporate medication into the daily routine, and minimizing the cost of antidepressant regimens to improve adherence.

"Practice Guideline for the Treatment of Patients with Major Depressive Disorder 3rd Edition" (2010) American Psychiatric Association

"HEDIS® 2017 Volume 2 Technical Specifications for Health Plans (the Healthcare Effectiveness Data and Information Set)

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**Flu Vaccines, Billing and CPT codes**

[Did you know that flu vaccine codes may be specific to dosage, formulation, and other distinctive features? Make sure you are using the correct CPT Codes when billing. Read more...]

The Centers for Disease Control and Prevention (CDC) continues to recommend vaccination for everyone six months and older without contraindications. However, live attenuated influenza vaccine (FluMist Quadrivalent) is **no longer** recommended by the CDC Advisory Committee on Immunization Practice due to concerns about effectiveness during previous seasons<sup>1</sup>. When billing for flu vaccines, code descriptions may be specific to dosage, formulations (such as trivalent vs quadrivalent), preservative vs preservative free, or other distinctive features (including split virus, derived from recombinant DNA, cell cultures, and administered intradermal or intramuscular).

In June, the American Medical Association (AMA) released Current Procedural Terminology (CPT®) code 90756 for influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, **antibiotic free**, 0.5 mL dosage, for intramuscular use – which may be used to best describe preservative-containing Flucelvax Quadrivalent **vials** which received FDA approval this year.

CPT Code 90756 is only effective for claims processed with dates of service **on or after 1/1/2018**.

For claims prior to 1/1/2018, doses using preservative-containing Flucelvax Quadrivalent NDCs may be submitted with the CPT code 90749: Unlisted vaccine/toxoid. Use CPT code 90674 for influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use – may continue to be used to best describe **preservative and antibiotic free** Flucelvax Quadrivalent **pre-filled syringes**.

<sup>1</sup>[CDC Morbidity and Mortality Weekly Report Aug. 25, 2017](#)

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## Examining Variability in Pricing Solutions through Shared Data

[Variability of pricing is a leading cause of unnecessary health care spending for our members. Moreover, there is no consistent correlation between cost and quality. Read More...]

How often someone uses health care services, where they go for care, and how much they pay for care are foundational issues in the ongoing struggle to control the nation's rising health care costs.

A comprehensive, independent study published by [Health Care Cost Institute](#) shows that employers and insurers that provide private health coverage can pay for services that vary widely in price, depending on the state where people live. Further, they found that prices can even vary across a broad range within the same cities and metropolitan

areas, based on site of service and contracting rates. Those price differences exist for even the most routine diagnostic procedures.

Wide differences in prices for the most common medical services is one potential cost driver that Blue Cross and Blue Shield of New Mexico (BCBSNM) works to impact. Variability of pricing is a leading cause of unnecessary health care spending for our members. Moreover, there is no consistent correlation between cost and quality (i.e., higher cost does not necessarily equate to higher quality).

While most health care consumers have yet to establish a habit of researching how much a procedure will cost them in advance, BCBSNM is working to change that behavior. We've implemented the Benefit Value Advisor, a tool that provides educational resources and helps members estimate costs, schedule appointments and assist with pre-certification.

Cost and quality transparency and actionable data will enable payers and providers to better collaborate on ways to make health care more affordable. BCBSNM is rolling out new data solutions this year and next that will help inform providers' clinical decisions and give them deeper insights into their care costs and quality.

Providers will have increased electronic access to members' health summaries before or at the time of service. They also may see unmet health care needs or avoid the cost and inconvenience of a member receiving redundant or unnecessary treatment with access to the health summaries.

Additionally, new performance and quality reporting will help providers pinpoint and prioritize opportunities for cost and quality improvements. These tools make transparent information that can help identify factors that explain the cost impact caused by variability in pricing.

These are a few examples of how BCBSNM is helping to make the health care system work better, together with providers, for the benefit of health care consumers. Amy Barbour, a customer service specialist in the Benefit Value Advisor program, says the typical member's mindset about health care is at odds with how Americans generally approach other choices. "While people would never dream of not knowing the price of a part for a car repair," she says, "in the medical world, not knowing the costs doesn't seem to throw them for a loop."

But Barbour believes things are slowly changing. "Ten years from now, I think it will be unheard of to not know health care costs in advance."

Sources:

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[https://www.nytimes.com/interactive/2015/12/15/upshot/the-best-places-for-better-cheaper-health-care-arent-what-experts-thought.html?\\_r=1](https://www.nytimes.com/interactive/2015/12/15/upshot/the-best-places-for-better-cheaper-health-care-arent-what-experts-thought.html?_r=1)

<http://healthaffairs.org/blog/2015/12/30/making-sense-of-price-and-quantity-variations-in-u-s-health-care/>  
<http://www.healthcarepricingproject.org/>

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**Blue Cross Community Centennial<sup>SM</sup> (Medicaid)**

**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 1-800-567-8540.

**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](#).

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**Provider Resources**

**BCBSNM Website**

[It's important for you to stay informed about news that could affect your practice. Blue Cross and Blue Shield of New Mexico (BCBSNM) offers many ways to stay informed via our website, [bcbsnm.com/provider](http://bcbsnm.com/provider), and our provider newsletter, *Blue Review*. Read more.]

**Signing up is easy.** Go to [bcbsnm.com/provider](http://bcbsnm.com/provider), select *Update Your Information*, complete the form, and click *Submit*.

**We guard your privacy.** BCBSNM treats your email address as confidential. We never sell or give your email address(es) to any third party without your permission.

**Don't have email?** If you do **not** have an email address, please call 1-800-567-8540 or (505) 837-8800. We can mail paper copies of *Blue Review* to providers.

The *Blue Review* is posted online after the email distribution date—go to [bcbsnm.com/provider](http://bcbsnm.com/provider), then select *Blue Review*.

Stay current with BCBSNM provider news and updates. Visit [bcbsnm.com/provider](http://bcbsnm.com/provider) regularly—look under *Education and Reference / News and Updates*.

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**Medical Policy Updates**

Approved new or revised Medical Policies and their effective dates are usually posted on our website the first and fifteenth 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](http://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. **Call 888-349-3706** For out-of-area claims inquiries, please call the BCBSNM BlueCard PSU at 800-222-7992.

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

### [Network Services Regional Map](#)

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### **Do we have your correct information?**

Maintaining up-to-date contact and practice information helps to ensure that you are receiving critical communications and efficient reimbursement processes. Please complete our quick and easy [online form](#) for any changes to contact or practice information.

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### **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. [Read More...](#)]

Blue Cross and Blue Shield of New Mexico (BCBSNM) is committed to ensuring that enrolled members are treated in a manner that respects their rights as individuals entitled to receive health care services. BCBSNM is committed to cultural, linguistic and ethnic needs of our members. 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 also holds forth certain expectations of members with respect to their relationship to the managed care organization and the independently contracted providers participating in Blue Cross Community Centennial. These rights and responsibilities are reinforced in member and provider communications, including those on the provider website.

BCBSNM encourages all our independently contracted providers to become familiar with the following member rights and responsibilities, so you can assist us in serving our members in a manner that is beneficial to everyone.

[Commercial, Exchange, and FEP](#)  
[Blue Cross Community Centennial \(Medicaid\) \(Page S97\)](#)  
[Medicare \(Page S20\)](#)

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We want your feedback on *Blue Review*! Have suggestions for future articles? Drop us a line anytime: [NM Blue Review Editor@bcbsnm.com](mailto:NM_Blue_Review_Editor@bcbsnm.com).

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