PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: **December 2, 2019**

ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes

(article is published in every monthly Bulletin)

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers to submit a form to us whenever any of the following changes occur:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms Location

Based on what change has occurred, submit the appropriate form located on our website at **providers.bluecrossmn.com**. Select "Administrative Updates" in the "What's Inside" section to obtain instructions on completing the various forms or access the link below:

https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates.

How do we submit changes?

Send the appropriate form via fax as indicated below:
Fax: 651-662-6684, **Attention: Provider Data Operations**

Compliance with SAMSHA Part 2 Regulations and Identifying Claims Subject to Federal Confidentiality of Substance Use Disorder Regulations (P86-19, published 12/2/19)

Background

Several federal and state privacy laws and regulations exist to protect patients' personal health information. Among these are regulations enacted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to address confidentiality of health records for people seeking treatment for substance use disorders from federally assisted programs – "Part 2 Programs" or "Part 2 Providers." The SAMHSA "Part 2" regulations are in addition to, and separate from, privacy rules enacted pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any state privacy laws and regulations. Notably, unlike HIPAA violations, violations of the Part 2 regulations may result in criminal penalties pursuant to the Federal Code.

Generally, the regulations apply to the use and disclosure of patient identifiable information for patients receiving, diagnosis, treatment or referral for treatment for a substance use disorder that is created by a Part 2 program. The regulations - 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records) – govern how certain patient identifiable information may be used, disclosed and re-disclosed. Specifically, the regulations require that information subject to Part 2, including patient identifiable information from Part 2 Program Providers, may only be

used or disclosed for payment and/or healthcare operations purposes subject to (1) a valid patient consent and (2) a notice that prohibits re-disclosure of the information that is subject to the regulations. Absent the application of a specific exception, Part 2 Providers must obtain consent from patients to disclose covered information, including for disclosures to payers for payment. Further, outside of the context of disclosing information to contractors and subcontractors for limited set of appropriate healthcare operations purposes, re-disclosure of covered information to third parties must be done pursuant to separate, very specific consent.

The final rule requires HIPAA covered entities to amend their business associate agreements to underscore the importance of business associates' compliance with the Part 2 provisions. Accordingly, the business associate requirements in the Provider Policy and Procedure Manual are amended to include the following provision:

> "Provider shall comply with all applicable federal laws, including, but not limited to 42 CFR Part 2, governing confidentiality for people seeking treatment for substance abuse disorders from federally assisted programs, as well as all state laws not preempted pursuant to 45 CFR Part 160, Subpart B."

Part 2 Program Provider Claim Identification

Providers should submit the Part 2 disclaimer on Part 2 claims. In the 837 Professional, this disclaimer is reported in the Loop 2300 Claim Note NTE and in the 837 Institutional in Loop 2300 Billing Note NTE.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates—Effective January 6, 2020 (P87-19, published 12/2/19)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements for Medicare Advantage lines of business. This includes prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following prior authorization changes will be effective January 6, 2020 for Medicare Advantage:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: • Golodirsen (SRP-4053)	No	Removed for Golodirsen	Medicare Advantage

Products Impacted

The information in this bulletin applies **only** to subscribers who have coverage through Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service**.** Failure to submit required information may result in review delays or a denial of the request due to insufficient information. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - Select the "+" (plus) sign next to Medical and Behavioral Health Policies, then select "Blue Cross Blue Shield of Minnesota Medical Policies" to access policy criteria.
- Prior Authorization Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access Prior Authorization Lists for all lines of business:
  - Go to providers.bluecrossmn.com
  - Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  - Select the "+" (plus) sign next to "Utilization Management" to access the Prior Authorization Lists.
- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.
- **Providers may submit PA requests for any treatment in the above table starting December 30, 2019.**

Providers can Submit an Electronic Prior Authorization (ePA) Request

- Online via our free Availity provider portal – for Blue Cross to review.
- For Medical Drugs, PA's can also be submitted using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to providers.bluecrossmn.com
- Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
- Select the "+" (plus) sign next to "Medical and Behavioral Health Policies" to see the Upcoming Medical Policy Notifications section

Questions?

If you have questions, please contact provider services at (**651**) **662-5200** or **1-800-262-0820**.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Mental Health Adult and Child Crisis Services Billing (P88-19, published 12/2/19)

Effective January 1, 2019 the Centers for Medicare & Medicaid Services (CMS) approved a new procedure code for crisis response services for adults and children. Procedure code H2011 has replaced S9484. Providers should continue to use HCPCS code S9484 until January 1, 2020. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will no longer accept HCPCS code S9484 for crisis response services beginning January 1, 2020.

Effective January 1, 2020, providers must use H2011 for crisis response services. The change allows you to bill for 15-minute increments (15 minutes = 1 unit).

Mental Health Adult and Child Crisis Services Billing

New Code	Modifier	Service Description	Unit
H2011		Adult crisis assessment, intervention and stabilization – individual by a mental health professional	15 minutes
H2011	HN	Adult crisis assessment, intervention and stabilization – individual practitioner	15 minutes
H2011	HM	Adult crisis stabilization – individual by mental health rehabilitation worker	15 minutes
H2011	HQ	Adult crisis stabilization - group	15 minutes
H2011	UA	Children's crisis assessment, intervention and stabilization – individual by a mental health professional	15 minutes
H2011	UA HN	Children's crisis assessment, intervention and stabilization – individual practitioner	15 minutes

Products Impacted
This information applies to the following products:

- Minnesota Health Care Programs, including Blue Advantage Families and Children (formerly Prepaid Medical Assistance Program), Minnesota Senior Care Plus (MSC+) and MinnesotaCare (MNCare)
- SecureBlue (MSHO)

Questions?
If you have questions, please contact Provider Services at **1-866-518-8448**.