

Medicare Advantage Update

contains up-to-date information for providers about Medicare Advantage plans with Blue Cross and Blue Shield of Nebraska (BCBSNE).

We encourage you to print a copy of this Update and keep it with your BCBSNE Medicare Advantage Core HMO and Choice HMO-POS Provider Manual. To request permission to reprint this material for any other purpose, please send an email to the editor, Cassie Wade, at Cassandra.Wade@NebraskaBlue.com.

Please refer to your provider manual often. You may view it at NebraskaBlue.com/MA-Manual.

To view past issues of Medicare Advantage Update, visit NebraskaBlue.com/MA-Update.

Our customer service representatives are available 8 a.m. to 9 p.m. (CT) Monday through Sunday from Oct. 1 through March 31, and 8 a.m. to 9 p.m. (CT) Monday through Friday from April 1 to Sept. 30. Call 888-488-9850 for assistance.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

Annual wellness visit scheduling outreach begins in May

From May to November 2022, representatives from a third-party vendor will call Blue Cross and Blue Shield of Nebraska (BCBSNE) Medicare Advantage members who are due for an annual visit. The vendor will provide education on why annual visits with the patient's primary care provider are important to improving or maintaining their health through preventive care.

They will also offer to help schedule an annual wellness visit or an annual physical exam with the member's primary care provider. The vendor will offer a Welcome to Medicare visit to members who are within their first 12 months of Part B coverage.

Note the following codes for your office to use when billing:

- Physical exam: 99381-99387, 99391-99397
- Wellness exam (annual wellness visits): G0438, G0439
- Welcome to Medicare exam: G0402

Members are eligible for a gift card reward from a third-party vendor for completing one annual visit by Dec. 31, 2022. If members have any questions about the reward, direct them to call the Customer Service phone number on their BCBSNE member ID card.



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Part B drugs added for prior authorization

The following Part B drugs require preauthorization, effective March 7, 2022:

Code	Description
C9399, J9999	Carvykti™ (ciltacabtagene autoleucel)
Q2054	Breyanzi® (Lisocabtagene maraleucel)
Q2055	Abecma® (Idecabtagene vicleucel)

We have removed the botulinum administration codes (64612 and 64615) from the prior authorization list but continue to require prior authorization for the botulinum drugs.

For the most up-to-date list of required medical and Part B drug preauthorizations, visit [NebraskaBlue.com/Providers](https://www.nebraskablue.com/providers). Please call Member Services at 888-488-9850 if you have any questions.



Updated AIM Clinical Appropriateness Guidelines

Effective for dates of service on and after June 12, 2022, the following updates will apply to the AIM Clinical Appropriateness Guidelines. These updates are focused on advancing efforts to drive clinically appropriate, safe and affordable health care services.

Updated Radiology Guidelines

- Imaging of the Spine
- Imaging of the Extremities
- Vascular Imaging

For questions related to these guidelines, please contact AIM via email at AIM.Guidelines@AIMSpecialtyHealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines at [Clinical Guidelines and Pathways - AIM Specialty Health](#).

Diabetic retinopathy and the importance of a team-based approach to treatment

Diabetic retinopathy is a direct consequence of raised glucose levels in the small blood vessels of the retina. Early detection of diabetic eye disease is critically important in reducing the risk of vision loss.

According to the American Diabetes Association, members with type 1 diabetes should have annual screenings beginning five years after the onset of disease, and members with type 2 diabetes should be screened at the time of diagnosis and at least yearly thereafter. If retinopathy is progressing quickly, more frequent examinations are required.

Referral to an ophthalmologist for a screening when there is any evidence of diabetic retinopathy present is key, as retinopathy is often asymptomatic.

Early detection, prevention and slowing the progress of diabetic retinopathy depends on good diabetes management.

This begins with your office reminding members to complete annual screenings and to schedule and keep annual visits, as well as follow-up appointments.

Health care providers taking the time to provide education to the patient and facilitating the control of blood sugar, blood pressure and blood lipids through healthy lifestyles and appropriate treatment can help achieve good health outcomes, improve quality of life and reduce the risk of retinopathy developing and/or progressing.

A team-based approach to care, including nursing and health care providers within the office, as well as communication and collaboration amongst primary care health care providers with optometrists and ophthalmologists, is ideal for early detection and treatment of diabetic retinopathy.



Security Corner: Protect your network

Employees may need to connect to your network remotely. Give them the tools to make security part of their work routine with these tips:

- Include information on secure remote access in regular trainings and new staff orientations.
- Have policies covering basic cybersecurity, give copies to your employees and explain the importance of following them.
- Before letting any device connect to your network, make sure it meets your network's security requirements.



If you have questions or would like more information about the articles in this newsletter, please contact your Provider Executive at **877-435-7258** 8 a.m. to 4:30 p.m. CT, Monday through Friday.