

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.

Updates to telehealth coverage



Telehealth services for Blue Cross and Blue Shield of Nebraska (BCBSNE) Medicare Advantage members will continue through the end of the year. We will continue to cover COVID-19 telehealth-related services with no member cost-share or copay through Sept. 30, 2020. For all other telehealth services, applicable member cost-shares and copays will apply starting July 1, 2020.

Please continue to use the place of service 02 and modifier 95 with the appropriate CPT codes when submitting a telehealth claim.

Beginning Jan. 1, 2021, BCBSNE will add telehealth benefits permanently to the Medicare Advantage product.

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

Prior authorization updates for Part B drugs



BCBSNE Medicare Advantage members no longer need prior authorization for the following Part B drugs:

HCPCS Code	Drug
J1740	Boniva
J3489	Reclast
J7323	Euflexxa
J7326	Gel-one
J7328	Gel-syn
J7321	Hyalgan, Supartz
J7327	Monovisc
J7325	Synvisc, Synvisc-one
Q9980	Genvisc

Beginning Sept. 1, 2020, prior authorization will be required for the following Part B Drugs for BCBSNE Medicare Advantage members:

HCPCS Code	Drug
J0179	Beovu
J2796	Nplate
J0222	Onpattro
J1555	Cuvitru
J2326	Spinraza

Requests may be submitted by calling Care Management at 877-399-1671 or by faxing the Medical Benefit Drug Request Form along with supporting documentation to 855-342-9648. The Medical Benefit Drug Request Form and guidelines on the Part B authorizations can be found at [NebraskaBlue.com/MA-Manual](https://www.nebraskablue.com/MA-Manual).

If you have any questions, please contact Customer Service at 888-505-2022 or contact your designated BCBSNE provider executive.

Medicare Advantage prior authorization update

Beginning July 1, 2020, prior authorization will be required for the following services for BCBSNE Medicare Advantage members

- Acupuncture
- Lower Extremity Prosthesis
- Power Mobility Devices
- Pressure Reducing Support Surfaces- Group 2
- Vein Ablation
- Botulinum Toxin
- Cosmetic/Reconstructive Surgery
 - Blepharoplasty
 - Panniculectomy
 - Rhinoplasty

Policies and procedures on these and existing prior authorizations can be found at [NebraskaBlue.com/MA-Manual](https://www.nebraskablue.com/MA-Manual).

Providers should contact BCBSNE Medicare Advantage to obtain an authorization before scheduling or performing any of the above services.

Authorization requests can be submitted via fax at 866-422-5120 or by calling 877-399-1671, Monday through Friday, 8 a.m. to 4:30 p.m. CT.

For all prior authorization requests, the following information is required:

- Patient first and last name, member contract number and date of birth
- Ordering provider first and last name
- CPT code and the name of the exam being requested
- Diagnostic code (ICD-10) or name of your patient's diagnosis
- Name and location of the facility where the exam will be performed

The following supporting information may also be required when appropriate:

- Reason for ordering the exam (i.e., what the provider is looking for or differential diagnosis)
- Physical exam findings
- Patient history (including prior surgery)
- Prior service dates and results

Standard timeframes for all prior authorization requests:

Type of Request	Decision
Pre-service urgent/ concurrent	Within 72 hours of receipt
Pre-service nonurgent	Within 14 days of receipt
Post-service	Within 30 days of receipt

If you have any questions, please contact Customer Service at 888-505-2022 or your designated BCBSNE provider executive.





Medication adherence tips

Five ways to help your patients take their medicine on time

Missing a daily dose of medicine can be frustrating for patients. Here are some tips to help them remember to take their medicine on time:

1. Tie their doses to a daily routine, like waking up or having dinner.
2. Set a reminder on their phone or smart device or ask a family member or friend to help them do it.
3. Put a note somewhere in their breakfast area, on their nightstand or by their toothbrush.
4. Keep their medicine in plain sight. If they see it, they'll take it.
5. Download an app to help them track and manage their medicine.

Four ways to make medicine more affordable for your patients

Some patients can't afford their medicine, especially if they're taking specialty drugs or multiple drugs. Here are some ways that could help them lower their costs:

1. If there is one, suggest a lower-cost medicine that will work just as well.
2. Refer them to the Centers for Medicare & Medicaid Services at 1-800-MEDICARE (633-4227) and ask if they qualify for extra help paying for their medicine.
3. Remind your patients that some pharmaceutical companies have programs that offer discounts on medicines. They can visit the Medicare website to see if their medicine has a program.
4. Suggest patients download an app on their smartphone that compares drug prices at different pharmacies.

Five ways to help patients remember to order prescription refills on time

If your patients forget to order their prescription refills, they could miss a few doses. Here are a few simple ways to help them remember to order and pick up their refills:

1. Consider moving their prescriptions to home delivery. It's easy to reorder, and their medicine will be delivered to their door.
2. Suggest they sign up for auto refills at their pharmacy.
3. Suggest they move to a 90-day supply, so they won't need to get refills as frequently.
4. Suggest they sign up for reminders at their pharmacy. Some pharmacies send emails when it's time to reorder and when a prescription is ready to pick up.
5. Have them set monthly reminders on their smartphone.

Four things to tell patients who want brand-name drugs over generics

Generic drugs have been around for years and are approved by the Food and Drug Administration to be safe and effective. But some patients still think brand-name drugs are better — even though they know generics usually cost less. Here are four reasons patients should choose generic:

1. Generic drugs are made with the same key ingredient as the brand-name version.
2. Generics have the same strength as the brand-name version.
3. Generics come in the same dosage form as the brand-name version (tablet, capsule or liquid).
4. Patients take them the same way as the brand-name version (by mouth, applied on skin or injected).



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.