

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

**AUGUST 2021**

## **NOTICES & ANNOUNCEMENTS**

### COVID-19 Provider Preparedness Updates

Check for continuing updates to our [COVID-19 Preparedness](#) and [COVID-19 Related News](#) pages.

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### Update Your Information

Have you had a change in your location, phone number, email or other important details? As indicated in your provider agreement, make sure you are notifying Blue Cross and Blue Shield of Texas (BCBSTX) of these changes timely.

#### **Provider Finder<sup>®</sup>**

In addition, it's important that your demographic information is current so our members can locate you in our [Provider Finder<sup>®</sup>](#) tool. Be sure to review yourself on Provider Finder to verify the accuracy of your information.

#### **How to Submit Updates**

Use our online **Demographic Change Form** to [request changes](#). You can also include up to 10 of your office staff email addresses so that each person can receive the Blue Review Newsletter each month by email. Please allow at least 30 days for the changes to be added.

As a courtesy, we will be sending out quarterly phone messages to remind you to update your information. We appreciate the care you provide to our BCBSTX members and want to ensure that your current information is available to them.

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## **BEHAVIORAL HEALTH**

### Antidepressant Medication Management

Major depressive disorder is one of the most common mental disorders in the U.S. We encourage you to talk with your patients about getting help if needed. To help with these conversations, we're providing

a depression screening tool, tips and resources. [Read More](#)

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## CLAIMS & ELIGIBILITY

### Technical and Professional Components

Modifiers 26 and TC: Modifier 26 denotes professional services for lab and radiological services. Modifier TC denotes the technical component for lab and radiological services. These modifiers should be used in conjunction with the appropriate lab and radiological procedures only. Note: When a health care provider performs both the technical and professional service for a lab or radiological procedure, they must submit the total service, not each service individually.

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### Clinical Payment and Coding Policy Updates

The [Clinical Payment and Coding policies](#) on our website describe payment rules and methodologies for CPT®, HCPCS and ICD-10 coding for claims submitted as covered services. This information is a resource for our payment policies; it is not intended to address all reimbursement-related issues. We regularly add and modify clinical payment and coding policy positions as part of our ongoing policy review process. The following have been recently added or updated:

- [CPCP028 Non-Reimbursable Experimental, Investigational and/or Unproven Services - Revision](#) – Effective 8/15/2021
  - [Hernia Repair](#) – Effective 10/1/2021
  - [Preventive Services Policy](#) – Effective 7/1/2021
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### ClaimsXten™ Update to Procedure Codes

Blue Cross and Blue Shield of Texas (BCBSTX) will implement the second and third quarter code updates for the ClaimsXten auditing tool on or after August 24, 2021.

These quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSTX may also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website and the Blue Review monthly newsletter.

Use **Clear Claim Connection™ (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSTX's code-auditing software.

Please note that C3 doesn't contain all our claim edits and processes. Its results don't guarantee the final claim decision.

**For more information**, refer to the [Clear Claim Connection page](#) in the Education and Reference Center/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.

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## **CLINICAL RESOURCES**

### Colorectal Cancer Screening for Members Age 45 to 75

In line with new [U.S. Preventive Services Task Force](#) (USPSTF) recommendations, Blue Cross and Blue Shield of Texas (BCBSTX) recommends that colorectal cancer screening for our members begin at age 45 rather than 50. We are updating our [Preventive Care Guidelines](#) and our claims processing to reflect this change. Screening should continue until age 75.

#### **Why Screening Is Important**

Colorectal cancer is the third leading cause of cancer-related deaths in the U.S., according to [USPSTF](#). New cases among adults younger than 50 are increasing. Colon cancer usually has no symptoms in its early stage. Screening before symptoms present themselves can catch the disease when treatment is most effective.

#### **Recommended Screening**

USPSTF recommends screening with any of the following tests for members age 45 to 75:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT every one to three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography (CT) colonography every five years
- Colonoscopy every 10 years

Providers may want to discuss [earlier screening](#) with members with a family history of colorectal disease or other risk factors. We encourage providers to [discuss colon health](#) with all members.

#### **Checking Eligibility and Benefits**

For most of our members, colorectal cancer screening is covered at no cost share. Check member [eligibility and benefits](#) using [Availity® Provider Portal](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as

applicable copays, coinsurance and deductibles. Ask to see members' ID card and photo ID to guard against medical identity theft.

Some screenings involve a member's pharmacy benefits in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than BCBSTX.

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## HEALTH & WELLNESSE

*To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in the [News and Updates](#) section of our website and on our [Wellness Can't Wait web page](#).*

### Adhere to HPV and Shingles Vaccine Guidelines

Upon reviewing claims, we found that HPV and shingles vaccines are often administered outside of FDA and ACIP recommendations. If vaccines are administered outside of the recommendations, we will:

- Consider the services to be experimental, investigational or unproven, which are not covered benefits for BCBSTX members; and
- Recover reimbursements per the claim payment recovery process outlined in our participating provider contracts.

[Read More](#) 

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### Earn CME/CEU Credit at Free Webinar on Opioid Use

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar on opioid use disorder. The webinar is on **Wednesday, Aug. 18, 2021, at 8 a.m.** central time. It's free to providers. Those who attend will earn one continuing medical education credit (CME) or continuing education unit (CEU).

The webinar will provide a high-level overview of the assessment and treatment of opioid use disorder in a primary care setting. This introductory training focuses on substance abuse in the primary care setting, with treatment options across settings.

#### How to Attend

Register [here](#) .

#### Future CME/CEU Offering

We will offer a free webinar on comorbid behavioral health and physical health conditions on Oct. 27, 2021.

Watch [News and Updates](#) and our [Provider Training](#) page for details on these and other trainings.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians (MDs and DOs), nurses, physician assistants and nurse practitioners can use AOA Cat 1-4 credit toward licensure. Psychologists, social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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## MEDICARE ADVANTAGE PLANS

### Update to Prior Authorization Codes for Medicare Members

**What's Changing:** Blue Cross and Blue Shield of Texas (BCBSTX) 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 (AMA). A summary of changes is included below.

Changes will include:

- **Oct. 1, 2021** - Addition of Genetic Testing codes to be reviewed by eviCore®
- **Oct. 1, 2021** - Addition of Specialty Drug codes to be reviewed by eviCore
- **Oct. 1, 2021** - Addition of Medical Oncology codes to be reviewed by eviCore

**To view the prior authorization list,** refer to [Prior Authorization Lists for Blue Cross Medicare Advantage \(PPO\)<sup>SM</sup> and Blue Cross Medicare Advantage \(HMO\)<sup>SM</sup>](#).

**Check Eligibility and Benefits:** To identify if a service requires prior authorization for our members, check eligibility and benefits through [Availity®](#) or your preferred vendor.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

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## PHARMACY

## Select Medication List to be Updated Nov. 1, 2021

The viscosupplement products on the **Select Medication List** will be updated effective Nov. 1, 2021.

### What's Changing

|              |                   |
|--------------|-------------------|
| Euflexxa®    | Will be removed   |
| Orthovisc®   | Will be added *   |
| Synvisc-One® | Remains on list * |

\*These are injections from the viscosupplementation class and are used primarily for osteoarthritis knee pain relief.

Please note reimbursement may change to reflect these product changes.

### List Location

The current **Select Medication List** can be found on the provider website under **Related Resources** on the [Specialty Drug Program](#) section of our [Pharmacy Program](#) page. This list will be updated with the above changes prior to the Nov. 1, 2021 implementation.

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## Pharmacy Benefits

As a participating practitioner, you are given a list of reviewed and updated drugs throughout the year.

For certain drugs, we have quantity limits and/or may require prior authorization before we approve any benefits for the drug. Prior approval and quantity limits are in place to ensure we are following current medically appropriate drug guidelines.

For more information regarding our Pharmacy programs, visit the [Pharmacy Program](#) section on the [BCBSTX provider website](#). For Federal Employee Program (FEP<sup>®</sup>) members, information can be found at [febblue.org/pharmacy](http://febblue.org/pharmacy). We encourage you to check the website regularly and watch for updates in this newsletter.

You can find the following information on our website:

- Formulary lists, including restrictions and preferences
- How to use our pharmacy procedures
- An explanation of limits or quotas
- How you can provide information to support an exception request

- The process for generic drug substitutions, therapeutic interchange and step-therapy protocols

BCBSTX distributes the Roles and Responsibilities Notification to our practitioners annually to keep you informed about important topics that impact you and your practice.

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## **PRIOR AUTHORIZATION**

### Prior Authorization Update - Medical Oncology

#### What's Changing

Starting **Oct. 11, 2021**, **AIM Specialty Health® (AIM)**, will begin managing prior authorization and post service medical necessity review requests for drugs for the “Medical Oncology” care category for certain Blue Cross and Blue Shield of Texas (BCBSTX) commercial members. In some cases, AIM is managing the drug in place of BCBSTX Medical Management.

#### Important Reminders:

- AIM will review requests for **oncology drugs that are supported by an oncology diagnosis**. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSTX.
- Always check eligibility and benefits first through the [Availity® Provider Portal](#) or your preferred vendor, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

#### Key Dates and Scenarios for the Transition to Medical Oncology to AIM:

- *For Dates of Service prior to Oct. 11, 2021*
  - Continue to submit prior authorization requests to BCBSTX Medical Management through Oct. 10, 2021.
  - Contact BCBSTX to extend an active authorization for dates of service prior to Oct. 11, 2021.
  - Authorizations initiated with BCBSTX will remain active with BCBSTX until the request expires, including dates before or after Oct. 11, 2021.
- *For Dates of Services Oct. 11, 2021 and after:*
  - Utilize the [AIM ProviderPortal](#) to extend an active authorization
  - Contact AIM to initiate new authorizations. Please use the AIM ProviderPortal for these new requests.
  - AIM's [ProviderPortal](#) and call center will begin accepting prior authorization requests on Sep. 27, 2021 for dates of service on or after October 11, 2021.
  - Do not submit prior authorization requests for Medical Oncology drug codes to BCBSTX Medical Management
  - Predetermination of Benefits will no longer be offered for the Medical Oncology care category. All requests will be processed as a prior authorization.

#### More Information

Codes have been updated on the [Prior Authorization Lists for Fully Insured and Administrative Services Only \(ASO\) Plans](#) located on the [Utilization Management](#) page of the provider website. Watch for updates on the [AIM microsite](#) for Medical Oncology information. Continue to watch [News and Updates](#) for reminders, announcements and educational resources including AIM Medical Oncology training webinars.

Make sure you're registered with AIM, prior to Oct. 11, 2021. [If you're already registered with AIM, you don't need to register again.] There are two ways to register:

- **Online** – Go to the [AIM ProviderPortal](#); or
- **By Phone** – Call the AIM Contact Center at **1-866-859-5299**, Monday through Friday, 7 a.m. to 7 p.m., CT.

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|---------------------------------------|------------------------|
| • Episode Condition and Disease Stage | • Working Specialty    |
| • Contracted Network                  | • Overall Efficiency   |
| • Geographic Market                   | • Attribution and Cost |
| • Pharmacy Coverage                   | • Expected Dollars     |
| • Patient Risk                        | • Outliers             |

Be sure to watch for more information on the [PEAQ Program](#) page or [News and Updates](#).

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## Contact Us


View our [quick directory of contacts](#) for BCBSTX.

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## Update Your Information

Do you need to update your location, phone number or other important details on file with BCBSTX? Do we have the most current email address for you and your staff? Use our online forms to [request information changes](#). Are you receiving a copy of the Blue Review by email? If not, contact your local [BCBSTX Network Management Representative](#) to have up to 10 of your office email addresses added.

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*Checking eligibility, benefit information and/or if a service has been prior authorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you*

*AIM Specialty Health is an independent medical benefits management company that provides utilization management services for Blue Cross and Blue Shield of Texas (BCBSTX).*

*eviCore is a trademark of eviCore health care, LLC, formerly known as CareCore, an independent company that provides utilization review for select health care services on behalf of BCBSTX.*

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*Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.*

*The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits.*

*The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.*

*Members should refer to their certificate of coverage for more details, including benefits, limitations and*

*exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.*

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