



**JANUARY 2021**

**NOTICES & ANNOUNCEMENTS**

**COVID-19 Provider Preparedness Updates**

As the COVID-19 crisis evolves, we’re continuing to make updates on our [COVID-19 Preparedness](#) and our [COVID-19 Related News](#) pages. Be sure to check these pages frequently for updates including [COVID-19: Texas Provider FAQs](#) and [COVID-19: FAQs for Medicare Providers](#).



**COVID-19 Fee Schedule/Reimbursement Update**

Effective April 1, 2021, unless otherwise specified in the provider’s agreement, Blue Cross and Blue Shield of Texas (BCBSTX) will align the codes below with the Centers for Medicare and Medicaid Services (CMS) and local Medicare Intermediary reimbursement levels for the Blue Choice PPO<sup>SM</sup> (including Blue HPN<sup>SM</sup>), Blue Essentials<sup>SM</sup> (including HealthSelect<sup>SM</sup> of Texas Network), MyBlue Health<sup>SM</sup> Blue Premier<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup> and PAR Plan networks.

Code	Description
87426	IAAD IA SEVERE AQTRESPIRSYND CORONAVIRUS
0224U	ANTB SEV AQT RESPIR SYND CORONAVIRUS 2 TITER(S)
0226U	SUROGAT VIR NEUTRLZJ TST SARSCOV2 ELISA PLSM SRM

**General Reimbursement and Fee Schedule Information**

The updated fee schedules will be posted on the [General Reimbursement Information](#) page under “Reimbursement Schedules and Related Information (Secure Content)”. To access this area, please obtain the password from your [Network Management Office](#). Then refer to “Hospital/Ambul. Surg Ctr./Endoscopy Ctr. ” section and select “Hospital Schedules”.

**Have Questions?** If you have any questions, please contact your [Network Management Office](#).

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## **Tiered Payment Rate Modifiers for ABA Effective April 1, 2021**

Applied Behavior Analysis (ABA) Therapy is a treatment that is often rendered at a high intensity to individuals from vulnerable populations. The bulk of the therapy hours a member receives is rendered by an unlicensed technician under the supervision of a Qualified Healthcare Professional. To improve the quality of care for our members and be responsive to the needs of our provider network, we will be making some changes to reimbursement rates by allowing the use of modifier codes.

### **What’s changing?**

As part of our initiative to improve health care delivery as well as find solutions to aid in reducing unnecessary health care costs for everyone, we will be implementing a tiered payment rate based on modifiers for CPT® 97153 – ABA Adaptive Behavior Treatment by Protocol. We want our commercial members to receive the best health outcomes for the dollars spent on their care.

### **Reimbursement Details**

Many providers have requested higher reimbursement rates when Licensed Behavior Analysts render this service. Additionally, many providers have inquired if rates were available that reflect their commitment to best practices by ensuring all their Registered Behavior Technician (RBT) staff obtain and maintain certification. Based on similar changes across the industry and feedback from our provider network, the reimbursement rate should reflect the education, training and credentials of the clinicians providing care to our commercial members.

Based on the clinician rendering the services, the following modifiers should be used **effective April 1, 2021**:

- **HN:** RBT, Board Certified Assistant Behavior Analyst (BCaBA) or clinician with a bachelor’s degree; rate will remain equivalent to the existing rate.
- **HM:** Clinician with less than a bachelor’s degree and no RBT certification; rate will be reduced by 20%.
- **HO:** Board Certified Behavior Analyst (BCBA), Board Certified Behavior Analyst – Doctoral (BCBA-D) or clinician with a master’s level or higher education; rate will increase by 20%.

If providers do not include a modifier with code 97153, the reimbursement will default to HM.

Using provider type modifiers to compensate providers of direct services will help to ensure ABA remains a high quality and accessible service for our members.

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## Billing information on free bamlanivimab

November 23, 2020

### Providers receiving bamlanivimab for free should not bill for the product

Blue Cross and Blue Shield of Texas (BCBSTX) continues to provide access to medically necessary care for the treatment of COVID-19. The U.S. Food and Drug Administration [granted Emergency Use Authorization](#) (EUA) for Eli Lilly and Company's investigational neutralizing antibody bamlanivimab. Bamlanivimab is authorized under the EUA to treat mild to moderate COVID-19 in high-risk patients.

**What's reimbursed:** The federal government is currently purchasing bamlanivimab. It's providing bamlanivimab to states to distribute to health care providers at no cost for COVID-19 treatment. We won't reimburse for bamlanivimab that providers received for free. Providers should not charge members for the treatment. We will reimburse for the administration of the treatment. Other medically necessary treatment for COVID-19 will be covered consistent with the terms of the member's benefit plan. When providers begin to purchase bamlanivimab, we will update our position.

**Claims coding:** The Centers for Medicare & Medicaid Services identified the following codes for the bamlanivimab product and administration:

- Q0239 – Injection, bamlanivimab-xxxx, 700 mg
- M0239 – Intravenous infusion, bamlanivimab-xxxx, includes infusion and post-administration monitoring

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## Prior Authorization Has a New Home: Utilization Management

December 10, 2020

Prior authorizations are now under **Utilization Management** on our website. Utilization Management is at the heart of helping you determine coverage. It also helps our members get the right care, at the right place and at the right time. We use evidence-based clinical standards in our three types of utilization management reviews:

- **Prior Authorization**
- **Predetermination**
- **Post Service Review**

### More Information

To learn more, see our [Utilization Management](#) web page which includes:

- Explanations of utilization management reviews
- Links to tools to manage utilization management reviews
- Links to predetermination and prior authorization code lists

Watch for additional changes in January where Utilization Management will be moved under the **Claims and Eligibility** menu for easier flow of information related to submitting claims. This change will include an updated link to Utilization Management.

### Eligibility and Benefits Reminder

Always check eligibility and benefits for each member using [Availity](#) or your preferred vendor. This will confirm they are members, check their coverage, let you know you're in-network for their policy and tell you if you need to request prior authorization.

If you have questions, contact your [Network Management Representative](#).

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### Financial Liability for Experimental, Investigational and Unproven Services

As a reminder, BCBSTX-contracted providers are not permitted to bill members for services that are considered experimental, investigational or unproven unless the member acknowledges in writing that the service(s) will not be covered by their plan and agrees to accept liability for payment prior to the services being rendered. If you have any questions, please contact your [Network Management Office](#).

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## BEHAVIORAL HEALTH

### New HEDIS® Tip Sheets\*

November 17, 2020

#### Behavioral Health HEDIS Measures: APM and UOP

Two new **behavioral health tip sheets** have been added to help you satisfy Healthcare Effectiveness Data and Information Set (HEDIS) measures and code claims appropriately:

- [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)  
Document **metabolic testing** for members ages **1 to 17** who were dispensed **two or more antipsychotic medications** within a year. If the medications are dispensed on different dates, even if it's the same medication, test **both** blood glucose **and** cholesterol levels.
- [Use of Opioids from Multiple Providers \(UOP\)](#)  
This measure evaluates members **18 years and older** who were dispensed an **opioid for 15 days or more** from multiple prescribers and/or pharmacies. Three rates are reported. The proportion of members dispensed opioids from **four or more different prescribers, four or more different pharmacies** and from a **combination** of four or more different prescribers **and** four or more different pharmacies.

These measures from the National Committee for Quality Assurance (NCQA) serve as **quality improvement tools** to help ensure our members receive appropriate care.








The tip sheets include **measurement requirements, best practices and billing codes**.

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## CLAIMS & ELIGIBILITY

### 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:

- [Non-Reimbursable Experimental, Investigational and/or Unproven Services \(EIU\)](#)  – Effective 01/01/2021
- [Preventive Care Services](#)  – Effective 01/01/2021
- [Evaluation and Management \(E/M\) Coding](#) – Professional Provider  – Effective 01/01/2021
- [Emergency Department Services Evaluation and Management \(E/M\) Services Coding – Facility Services](#)  – Effective 02/25/2021
- [Non-Reimbursable Experimental, Investigational and/or Unproven Services \(EIU\)](#)  – Effective 03/01/2021
- [Applied Behavior Analysis](#)  – Effective 03/03/2021
- [Inpatient/Outpatient Unbundling Policy - Facility](#)  – Effective 03/18/2021


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### Check Multiple Patient's Eligibility and Benefits via Availity®

Providers are encouraged to use the Availity Provider Portal or their preferred vendor to check eligibility and benefits before every scheduled appointment. The Availity Eligibility and Benefits Inquiry offers an **Add Multiple Patients** feature for providers to check real-time eligibility and coverage details for 2 to 50 patients in the same request. In the Availity Eligibility and Benefits response, a Patient Card will appear in the left-side Patient History list for each patient requested. Patient Cards will be available for interpretation for 24 hours at which time will auto-delete from the Patient History list.

#### Tips for Using the Add Multiple Patients Option:

- Enter each patient's information on a separate line.
- Press Enter on your keyboard to start a new line.
- Separate each piece of information on each line with a comma.
- Make sure to enter the information that matches the search option you selected in the Patient Search Option field.

This feature is available for Blue Cross and Blue Shield of Texas (BCBSTX) commercial, Federal Employee Program® (FEP®) and marketplace health plan members. Start saving time and streamlining your eligibility and benefits inquiries by utilizing the Add Multiple Patients option. Refer to the [Availity Eligibility and Benefits User Guide](#)  for step-by-step instructions.

*Please note, the Add Multiple Patients is currently unavailable for Medicare Advantage and Texas Medicaid members.*

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## View BCBSTX Member ID Cards via Availity®

We are excited to offer providers the ability to view, download and print the member's medical ID card online via the Availity Eligibility and Benefit Inquiry results (271 transaction). This new and more convenient option will be available for medical ID cards issued to Blue Cross and Blue Shield of Texas (BCBSTX) members in Dec. 2020, making it easier to obtain the member's ID card for your records.

### How to view the member ID card via Availity

1. Log into [Availity](#)
2. Select **Patient Registration** from the navigation menu
3. Select **Eligibility and Benefit Inquiry**, then complete and submit request
4. Select the **View Member ID Card** from the top of the results screen, if available
5. View, download and print the BCBSTX ID card

The online ID card is a courtesy feature offered to assist you. There may be instances when the BCBSTX member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.

Please note that Federal Employee Program® (FEP®) member ID cards are not currently available in the Availity eligibility and benefits results.

Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance call Availity Client Services at **1-800-282-4548**.

### For More Information

Refer to the [Availity Eligibility & Benefits User Guide](#) for navigational online assistance. If you need further assistance or customized training, contact our [Provider Education Consultants](#).

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## CLINICAL RESOURCES

### Benefits of Collaborating with Eye Care Providers

Despite COVID-19, annual eye exams are still recommended for patients with diabetes. Review a screening recommendations summary from the American Diabetes Association which aims to improve patient outcomes.

[Read More](#)

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## MEDICARE ADVANTAGE PLANS

## **NEW: Obtain BCBSTX Patient ID Numbers for Government Program Members via Availity®**

December 16, 2020


In [September](#), we introduced a new online tool via Availity called Patient ID Finder. This tool allows you to quickly obtain a Blue Cross and Blue Shield of Texas (BCBSTX) patient's insurance ID and group numbers after entering patient-specific data elements

### **What's New?**


We are excited to announce that you can now use the Patient ID Finder to obtain the insurance ID and group numbers for Blue Cross Medicare Advantage<sup>SM</sup> and Texas Medicaid members.

### **How do you use the Patient ID Finder via Availity?**


Searching online for BCBSTX patient ID number is easy and consists of only four steps:

- Log into [Availity](#) 
- Select Payer Spaces from the navigation menu and choose BCBSTX
- Select Patient ID Finder from the Applications tab, then complete and submit the request
- Patient ID and group numbers are returned


### **Eligibility and Benefits**

This tool does not reflect the patient's eligibility or benefits. Refer to the [Eligibility and Benefits User Guide](#)  for assistance with obtaining real-time eligibility and benefits information via Availity.

### **Sign Up for Availity**

If you are not yet registered with Availity can sign up today at [Availity](#) , at no charge. For registration assistance call Availity Client Services at 1-800-282-4548.

### **For More Information**

- Refer to the [Patient ID Finder User Guide](#)  in the Provider Tools section of our website.
- Visit the [Training page](#) on our website to register for an upcoming Availity 101 session hosted weekly to learn more about online offerings, including the Patient ID Finder.
- If you need further assistance or customized training, contact our [Provider Education Consultants](#).

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## **NETWORK PARTICIPATION**

### **Office Based Professional Providers – Credentialing**

December 16, 2020

BCBSTX requires physicians and other professional providers to use **the Council for Affordable Quality Healthcare's (CAQH®) ProView** for initial credentialing and recredentialing. CAQH ProView, **a free online**

**service**, allows physicians and other professional providers to fill out one application to meet the credentialing data needs of multiple organizations. The CAQH ProView database online credentialing application process supports our administrative simplification and paper reduction efforts. This solution also supports quality initiatives and helps to ensure the accuracy and integrity of our provider database.

- **New to the CAQH process?**
  - CAQH is a free electronic solution for provider data collection that allows providers to maintain control of their information.
  - CAQH sends welcome email and a CAQH provider ID number.
  - Visit [CAQH ProView](#) to register and start the credentialing process.
- **Already registered with CAQH?**
  - Log in [CAQH ProView](#) and verify
  - TX is the primary practicing state
  - You have authorized access to your information by checking the box beside BCBSTX, or you may select "global authorization"
  - Your data summary **and attest**
  - Submit supporting documents
    - Upload required documents to CAQH

Note: The requirements of creating and/or updating your CAQH profile is important. *Failure to finalize your CAQH application within 45 days will cause the BCBSTX credentialing process to be discontinued and you will be required to start the process over.*

Refer to our website for more detailed information on the [credentialing process](#).

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## Requests for Medical Records

Medical record documentation may be requested by BCBSTX to determine the medical necessity for services in conjunction with BCBSTX policies. Additionally, medical records may be requested to meet quality standards in applicable health care regulations.

BCBSTX participating providers are required by their agreements to establish and maintain an accurate medical record for members. At a minimum, the medical record should:

- Include information about the member and a description of all services rendered as dictated by generally accepted practices and standards,
- Be maintained for the period of time required by applicable law
- Be established and maintained in all instances as required by the BCBSTX Policies and Procedures, as defined in your participation agreement.



- Be legible, complete, dated, timed, and authenticated.

As set forth in your participation agreement with BCBSTX, Providers are required to respond to requests for medical records from BCBSTX timely and **at no cost**. This requirement extends to records requested by not only BCBSTX but also its designees/third party vendors. All records must be submitted to BCBSTX within the requested timeframe **at no cost**. If you receive a request for medical records, we encourage you to reply within 3 to 5 business days to ensure there are no delays in claims processing.

BCBSTX values its relationship with all participating providers and appreciates their prompt response to all requests for medical records. If you have any questions, please contact you [Network Management Representative](#).

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### **Blue High Performance Network<sup>SM</sup> (Blue HPN)<sup>SM</sup> to launch in January 2021**

Beginning Jan. 1, 2021, Blue Cross and Blue Shield of Texas (BCBSTX) is launching **Blue HPN**, a new national high-performance network for large Administrative Services Only (ASO) employer groups. Blue HPN will provide additional access to quality and affordable health care nationwide in 55 major markets. **For Blue HPN service areas within Texas, see the table below of counties in and near Austin, Dallas-Fort Worth, Houston and San Antonio\*.**

#### **Blue HPN value**

Provider participation in Blue HPN is based on a range of factors, including:

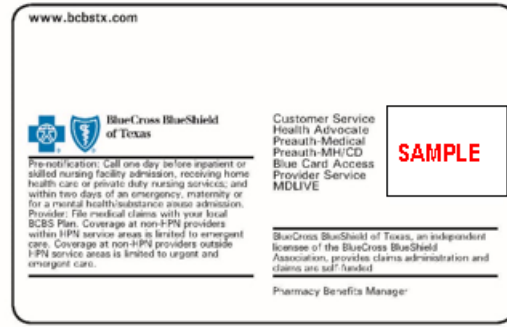
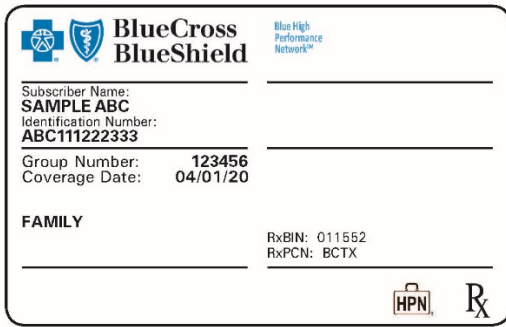
- Performance on national quality indicators, such as measures to close clinical care gaps and impact patients' quality of life
- Performance on local quality indicators, including measures to address local health care challenges and align with community health disparities
- Partnership with BCBSTX to improve affordability, efficiency and health outcomes

#### **Treating Blue HPN patients**

- Blue HPN follows the current processes and requirements of our Blue Choice<sup>®</sup> PPO network\*
- There are no Primary Care Provider (PCP) or referral requirements for in-network specialists
- In Blue HPN service areas, patients have access to **emergent care** with non-Blue HPN providers
- In non-Blue HPN service areas, patients have access to **urgent and emergent care**

#### **Recognizing Blue HPN members**

You can identify Blue HPN members by their BCBSTX ID card. Look for the Blue High Performance Network name and the "HPN in the suitcase" logo on the front. This logo indicates that Blue HPN rates apply. To receive additional information on rates, please contact your [local Network Management office](#).



### Checking eligibility and benefits

Patient eligibility and benefits should be checked using [Availity® Provider Portal](#) or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include patients' coverage status and other important information, such as applicable copays, coinsurance and deductibles. It's strongly recommended that providers **ask to see patients' ID card and photo ID** to guard against medical identity theft. If services may not be covered, patients should be notified that they may be billed directly.

### Prior Authorization

- You can check the [Prior Authorization and Predeterminations](#) page for the list of ASO services and procedure codes that require prior authorization for Blue HPN. Refer to **How to Submit a Prior Authorization or Prenotification** to learn about submission processes.
- For out-of-area members, see our [BlueCard® information](#) and the [BlueCard authorization process and requirements](#).

### Reminders

Submit claims to BCBSTX as you typically would for Blue Choice PPO. Refer to [Claims and Eligibility](#) for more details. Watch [News and Updates](#) and our [Blue Review](#) newsletter for more details on Blue HPN.

If you have additional questions, need **Blue HPN** rates, would like to apply to join the network or do not have Internet access, please contact your local BCBSTX Network Management Office:

*Network Management Office (city with designated Blue HPN county service areas)	Telephone Number	Fax Number
<b>Austin</b> (Hayes, Travis and Williamson)	800-336-5696 / 512-349-4847	512-349-4853
<b>Dallas, Fort Worth</b> (Collin, Dallas, Denton, Ellis, Johnson, Rockwall, Tarrant)	972-766-8900 / 800-749-0966	972-766-2231
<b>Houston, Beaumont</b> (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery)	713-663-1149 / 800-637-0171 press 3	713-663-1227
<b>San Antonio, Laredo</b> (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall)	361-878-1623	361-852-0624
<b>Ancillary</b> —Visit <a href="#">BCBSTX Contact Us</a> for <i>phone and fax by specialty</i>		

As a reminder, it is important to check eligibility and benefits before rendering services. This step will help you determine if benefit prior authorization is required for a member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSTX's provider website.

## PHARMACY

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – Parts 1 & 2

These pharmacy updates include network changes, drug list revisions/exclusions/updates, dispensing limit change, Utilization Management Program changes and other Pharmacy Program updates/reminders.

1. [Part 1](#)
2. [Part 2](#)

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### UTILIZATION MANAGEMENT

#### Update to Prior Authorization Codes for Commercial Members

**What's New:** Blue Cross and Blue Shield of Texas (BCBSTX) will be updating its lists of Current Procedural Terminology (CPT®) codes requiring prior authorization, for some commercial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

**More Information:** Refer to **Prior Authorization Lists** on the **Utilization Management** section of our [provider website](#). The new lists can be found on the **Prior Authorization Lists for Fully Insured and Administrative Services Only (ASO) Plans** link and will have an effective date of:

- **Jan. 1, 2021** - Updated to include additional codes added by the AMA
- **April 1, 2021** – New lists to include Utilization Management updates.

**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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#### Use AIM ProviderPortal<sup>SM</sup> for Pre & Post-Service Reviews

*December 14, 2020*

Providers need to use the AIM Specialty Health® (AIM) [ProviderPortal](#) to request prior authorization and respond to post-service review requests required by AIM. **Do not submit medical records to Blue Cross and Blue Shield of Texas for prior authorization or post-service reviews for the care categories managed by AIM. If medical records are needed for pre or post-service reviews using the AIM portal, you will receive notification to submit them.**

Providers can submit prior authorization requests between 12/21/20 and 12/30/20 via the AIM portal **only for services that have a start date on or after 1/1/21.**

Benefits of the AIM *ProviderPortal* for Pre & Post-Service Reviews:

- **Medical records for pre or post-service reviews are not necessary unless specifically requested by AIM.**
- Offers self-service, smart clinical algorithms and in many instances real-time determinations
- Check prior authorization status
- Increases payment certainty
- Provides faster pre-service decision turnaround times than post service reviews

**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.

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## Updates on our Prior Authorization Expansion to AIM®

### What's Changing?

In [October](#), we notified you the utilization management vendor that manages certain outpatient prior authorizations for some members will be AIM Specialty Health® (AIM) effective Jan. 1, 2021. Be sure to review that notice for the impacted plans and services.

### Consider these Key Dates for the Transition of Care between eviCore and AIM

- AIM's *ProviderPortal*™ will be open for you to begin submitting prior authorization requests on Dec. 21, 2020, for dates of service on or after Jan. 1, 2021. You can submit requests via the [AIM \*ProviderPortal\*](#) 24/7 or by calling **1-800-859-5299** Monday through Friday, 6 a.m. to 6 p.m., CT; and 9 a.m. to noon, CT on weekends and holidays.
- Do not submit prior authorization requests to eviCore for dates of service that start on or after Jan. 1, 2021.
- Continue to submit prior authorization requests to eviCore through Dec. 31, 2020, for dates of service before or on Dec. 31, 2020.

### Join Us for A Webinar to Learn More

It's important to attend online training sessions to learn how to use the [AIM \*ProviderPortal\*](#). Visit the [AIM training page](#) to view and register for webinars coming in December and January.

Also, you can find **code lists** for the services that require prior authorization [on our provider website](#). Remember code lists are periodically updated.

**Check which services need prior authorization for your patient by using [Availity®](#) or your preferred vendor or call the number on the back of the ID.**

### How can you prepare?

- Attend a training session listed above.

- Make sure you have an **account** with **AIM** by accessing the [AIM ProviderPortal](#) or call the **AIM Contact Center** at **1-800-859-5299**. If you are already registered with AIM, you do not need to register again.

## Reminders

If benefit prior authorization is required, services performed without benefit 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.

Look for future news and updates on upcoming training and FAQs that will provide important information you need regarding AIM. If you have any questions, you may contact your [Network Management Representative](#).

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## Update to Prior Authorizations – Jan.1, 2021

**What's New:** On Jan. 1, 2021, Blue Cross and Blue Shield of Texas (BCBSTX) will update its list of Current Procedural Terminology (CPT®) codes requiring prior authorization to comply with changes as a result of new, replaced or removed codes implemented by the [American Medical Association \(AMA\)](#) and BCBSTX Utilization Management updates.

**More Information:** For a revised list of codes effective Jan. 1, 2021, go to our provider website in the [prior authorization section](#). Check the [AMA website](#) for more information on CPT code updates.

**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.

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