

NOVEMBER 2021

NOTICES & ANNOUNCEMENTS

COVID-19 Provider Preparedness Updates

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

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) effective Jan. 1, 2022.

More Information:

Changes include the following codes reviewed by AIM Specialty Health® (AIM):

- Additional Genetic Testing codes
- Removal of some Genetic Testing codes
- Additional Cardiology codes
- Addition of Cardiology (Echo) codes

Refer to **Prior Authorization Lists** on the **Utilization Management** section of our [provider website](#), Revised lists can be found on the [Prior Authorization Lists for Fully Insured and Administrative Services Only \(ASO\) Plans](#) page.

Check Eligibility and Benefits and Determine Prior Authorization Requirements

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.

Consolidated Appropriations Act & Transparency in Coverage Final Rule

The Consolidated Appropriations Act of 2021 and the Transparency in Coverage Final Rule will impact most of our members starting Jan. 1, 2022. As providers caring for them, you will be impacted as well. [Read more](#).

BEHAVIORAL HEALTH

Depression Disorder Prescribing

Screening and Treatment

The Anxiety and Depression Association of America (ADAA) states that major depressive disorder affects 16.1 million American adults, representing 6.7% of the adult population (ADAA, 2020). Depression may adversely affect treatment and create barriers to management of other chronic medical conditions. Patient outcomes can improve when patients are screened for depression, assessed for symptoms and provided treatment.

Screening should utilize adequate evidence-based screening tools to ensure accurate diagnosis, efficient treatment, and appropriate follow-up.

Treating Depression with Telemedicine

After a positive depression screening, providers should advise patients on screening results, provide an individualized, evidence-based treatment plan, including a follow-up assessment and support for medication adherence, as well as a referral to behavioral health, when needed. Depression is remarkably responsive to antidepressant therapy, but only if the patient receives appropriate treatment in a timely manner. Proper treatment of depression has been proven to effectively reduce depressive symptoms, decrease the risk of relapse and recurrence, and decrease emergency department visits and hospitalization rates (Simon, M.D., 2019).

Telehealth as a mode of service delivery has been used in clinical settings for over 60 years, increasing in recent years, primarily due to the COVID-19 pandemic. Telehealth visits for mental health increased by 556 percent between March 11 and April 22, 2020 (SAMHSA, 2021)

Antidepressant therapy treatments delivered through telehealth have been shown to increase health outcomes, recovery and crisis support, and Medication-Assisted Treatment (MAT) across diverse behavioral health and primary care settings. Leveraging telemedicine for mental health care offers several benefits that may allow an otherwise reluctant member to receive desperately needed care. It has the potential to address treatment gaps with depression and make services more accessible and convenient, and it can improve health outcomes and reduce health disparities.

Telemedicine has tremendous potential to improve the lives of members suffering from depression and provide a powerful solution to those who need a more targeted course of treatment.

CLAIMS & ELIGIBILITY

Claim Editing Enhancements Coming Jan. 10, 2022

Effective Jan. 10, 2022, Blue Cross and Blue Shield of Texas (BCBSTX) will enhance our claims editing and review process with Cotiviti, Inc. for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

What this means for you: The enhancements will require you to continue to follow generally accepted claim payment policies. With your help, the enhanced claims review process will help our members get the right care at the right time and in the right setting.

BCBSTX will continue to follow claim payment policies that are global in scope, simple to understand and come from recognized sources, including the Centers for Medicare and Medicaid Services (CMS). Using these guidelines will help ensure a more accurate review of all claims.

Note: Inaccurately coded claims will result in denied or delayed payment.

What's changing: Components of the editing and review enhancements include:

Coding for services within the global surgical period - The global surgery package payment policies include all necessary services normally provided by the surgeon before, during and after a surgical procedure, and applies only to primary surgeons and co-surgeons. The global surgery package applies only to surgical procedures that have post-operative periods of 0, 10 and 90 days, as defined by CMS.

More Details from CMS:

The global surgery package includes:

- Review of preoperative evaluation and management visits after the decision is made to operate, where the visits occur one day prior to major surgery and on the same day a major or minor surgical procedure is performed.
- When a physician sees a patient within the global follow-up period of a surgical procedure that has a 10-, or a 90-day post-operative period, the physician should report the appropriate modifier(s), relevant to the circumstance, for the procedure performed.
- The physician should report the appropriate modifier for any surgical procedure performed within the follow-up period of the original surgical procedure, if applicable. The appropriate, applicable modifiers are as follows:
 - **58** - Staged or Related Procedure or Service by the Same Physician during the Postoperative Period
 - **78** - Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
 - **79** - Unrelated Procedure or Service by the Same Physician during the Postoperative Period

More Information: Visit our provider web site for [Clinical Payment and Coding Policies](#) with more information on the global surgery package payment policies.

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSTX. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.

Introducing Electronic Clinical Claim Appeal Requests via Availity®

This month Blue Cross and Blue Shield of Texas (BCBSTX) will launch a new and convenient electronic capability to submit appeal requests for specific clinical claim denials through the Availity Provider Portal for commercial members.

This information is not applicable to Medicare Advantage, Medicaid claims or BlueCard® (out-of-area) claims.

A **Clinical Appeal** is a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational or cosmetic.

Using this new online offering allows the following:

- status management
- upload clinical medical records with submission
- view and print confirmation and decision letter
- generates Dashboard view of appeal-related activity

Steps to submit appeal requests for clinical claim denials online:

1. Log into [Availity](#)
2. Select Claims & Payments from the navigation menu, then choose Claim Status
3. Search and locate the claim by using the Member ID or Claim Number
4. On the Claim Status results page, select *Dispute Claim (when applicable)*
5. Complete the Dispute Request Form
6. Upload supporting documentation
7. Review and submit your appeal request

For assistance with obtaining claim status online, refer to the [Claim Status Tool User Guide](#).

Training

BCBSTX is hosting complimentary webinars for providers to learn how to use this new electronic appeals tool. To register for a training session, select your preferred date and time below.

Nov. 8, 2021 - 1 to 2 p.m.	Nov. 19, 2021 - 10 to 11 a.m.
Nov. 10, 2021 - 10 to 11 a.m.	Nov. 22, 2021 - 1 to 2 p.m.
Nov. 12, 2021 - 10 to 11 a.m.	Nov. 24, 2021 - 10 to 11 a.m.
Nov. 15, 2021 - 1 to 2 p.m.	Nov. 29, 2021 - 1 to 2 p.m.
Nov. 17, 2021 - 10 to 11 a.m.	

Availity Administrators need to assign their users the **Claim Status role** in Availity to ensure users can access and submit electronic appeals online. If your provider organization is not yet registered with Availity, you can sign up today at [Availity](#), at no charge. For registration assistance you may contact Availity Client Services at **1-800-282-4548**.

For More Information

Watch for the **Electronic Appeals User Guide** coming soon to the [Provider Tools](#) section of our website. Visit the [Educational Webinar Sessions](#) page for additional webinar sessions that will be hosted in December. If you need further assistance, contact our [Provider Education Consultant](#).

Streamlining Coordination of Benefits for Members with Secondary Coverage

Blue Cross and Blue Shield of Texas (BCBSTX) is working with the Council for Affordable Quality Healthcare (CAQH) to help identify some commercial members who have more than one health insurance policy. By leveraging CAQH’s **COB Smart® database**, we are collaborating with other health insurers to streamline benefit coordination.

Background: Historically, coordinating payments for members who have multiple policies has been a lengthy, manual process. This challenge has been costly for everyone across the health care industry. Tracking down multiple policies for members resulted in delayed and inaccurate payments, stakeholder abrasion, significant recovery activities and unnecessary administrative costs.

How it works: CAQH is a non-profit alliance of health plans and trade associations that creates shared industry initiatives to streamline the business of health care. Its COB Smart database contains records for approximately 180 million insured members, over half of the insured population in the U.S. We will use the database to identify members with overlaps in health coverage and facilitate more efficient claim adjudication.

Benefit: By collaborating with CAQH, BCBSTX is working to reduce administrative burdens and timelines required to coordinate these claims, resulting in faster and more accurate claims payments to you.

References to other third-party sources or organizations, such as CAQH, are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.

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:

- [CPCP006 Preventive Services Policy](#) – 10/01/2021
- [CPCP010 Anesthesia Clinical Payment and Coding Policy](#) – Effective 12/29/2021
- [CPCP029 Medical Record Documentation Guideline](#) – Effective 12/01/2021
- [CPCP035 Unlisted/Not Otherwise Classified \(NOC\) Coding Policy](#) – Effective 01/08/2022

CLINICAL RESOURCES

2022 Telemedicine and Telehealth Services

In support of our members and employer groups, in 2022 Blue Cross and Blue Shield of Texas (BCBSTX) will **continue to cover the expanded [telemedicine and telehealth services](#)** that we've covered in 2021.

We are still evaluating our members' needs and **may add services** to our coverage. We'll provide a final code list in the coming months.

This applies to our fully insured and self-funded employer group members. Benefit coverage will be **consistent with the member's benefit plan**, including copays, coinsurance and deductibles. **Medicare** members' telemedicine and telehealth coverage is consistent with CMS requirements. Our **Medicaid** members' telemedicine and telehealth benefits are defined by state Medicaid requirements.

Avoiding Antibiotics for Acute Bronchitis

Antibiotics only treat certain bacterial infections and **don't work against viruses, which are often the cause of acute bronchitis, colds and flu**. According to the [Centers for Disease Control and Prevention \(CDC\)](#), at least 28% of antibiotics prescribed each year in doctor's offices and emergency departments aren't needed. We encourage providers to talk with our members about taking antibiotics only when necessary.

Why It Matters

Antibiotics can cause [side effects](#) ranging from minor to severe, according to the CDC. These include rash, diarrhea, yeast infections and allergic reactions. Antibiotics also give bacteria a chance to become more resistant to them, making future infections harder to treat. More than 35,000 people die each year in the U.S. because of [antibiotic-resistant infections](#), according to the CDC.

Closing Care Gaps

We track [Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis \(AAB\)](#) as part of monitoring and helping improve quality of care. AAB is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure

from the National Committee for Quality Assurance (NCQA). The measure tracks the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in the member receiving an antibiotic prescription. A higher ratio indicates appropriate treatment for acute bronchitis/bronchiolitis, meaning antibiotics weren't prescribed.

Tips to Consider

The CDC suggests [alternatives to antibiotics](#) for acute bronchitis and other conditions, including:

- Adequate rest and increased fluids
- Using a clean humidifier or cool mist vaporizer
- Inhaling hot shower steam or other sources of hot vapor
- Throat lozenges for adults and children age 5 years and older
- Over-the-counter medications to treat symptoms

Consider providing our members handouts, such as [these from the CDC](#), explaining that viruses, not bacteria, cause colds and flu.

HEALTH & WELLNESS

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](#).

Catch Up on Vaccines for All Ages

The COVID-19 pandemic has significantly disrupted routine immunizations for children, adolescents and adults, according to the U.S. Department of Health and Human Services. Review our preventive care guidelines and how to close this gap in care. [Read more](#).

NETWORK PARTICIPATION

MyBlue HealthSM Network Expansion

Blue Cross and Blue Shield of Texas (BCBSTX) is expanding the **MyBlue HealthSM** network, effective **January 1, 2022** for Bexar, Travis and Williamson Counties. MyBlue Health members in these areas will access care through providers contracted in the **MyBlue Health** network. Note these additional counties have no impact on the current MyBlue Health network benefits applicable to Dallas and Harris counties.

MyBlue Health members must choose a Primary Care Physician (PCP). Members can choose a family practitioner, internist, pediatrician, physician assistant (PA) or advanced practice registered nurse (APN) and/or obstetrician/gynecologist as their PCP.

In Bexar, Travis and Williamson counties, some MyBlue Health members may choose a MyBlue Health Select PCP within the following practice groups which may result in a lower copayment for scheduled PCP office visits as indicated in their schedule of copayments and benefit limits.

- CentroMed
- CommUnityCare
- Lone Star Circle of Care

Members covered by MyBlue Health can be identified through their **BCBSTX ID card**:

- **MyBlue Health** is displayed on the [ID card](#).
- MyBlue Health members have a unique network ID: **BFT**.
- The 3-character prefix is on the ID card: **T2G**

Patient eligibility and benefits should be checked prior to every scheduled appointment through the [Avality Provider Portal](#)® or your preferred web vendor. Eligibility and benefit quotes include participant confirmation, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Its strongly recommended providers **ask to see the participant's** ID card for current information and **photo ID** at every visit to guard against medical identity theft. When services may not be covered, participants should be notified they may be billed directly.

If you have any questions, please contact your Network Management Representative:

- Bexar County **1-361-878-1623** or email [Provider Relations South Texas](#)
- Travis County **1- 800-336-5696/1- 512-349-4847** or email [Provider Relations Austin](#)
- Williamson County **1- 800-336-5696/1- 512-349-4847** or email [Provider Relations Austin](#)
- All others, contact your [local Network Management office](#) location

Additional information regarding **MyBlue Health** will be available in future [Blue Review](#) newsletters and on our [provider website](#).

PHARMACY

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2021 – Part 2

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While that Part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, [this Part 2 version](#) contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

Contact Us

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

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.

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

Material presented is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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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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