

OCTOBER 2021

NOTICES & ANNOUNCEMENTS

COVID-19 Provider Preparedness Updates

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

Update: Replacement for CHANTIX[®] Smoking Cessation Product Recall

Drug manufacturer Pfizer has issued a voluntary recall of its CHANTIX smoking cessation product. To help alleviate a shortage of these products, Blue Cross and Blue Shield of Texas (BCBSTX) is **temporarily covering Apo-Varenicline (varenicline tartrate) 0.5 mg and 1 mg tablets**. The coverage was effective as of Aug. 10, 2021. *It does not apply to members in our Texas Medicaid or Medicare Advantage plans.*

About the Chantix recall: The recall was due to higher than acceptable levels of N-nitroso-varenicline, an impurity that may be linked to an increased risk of cancer. Learn more from the [U.S. Food and Drug Administration](#) (FDA) [🔗](#).

What this means for you: Consider contacting our members who may be taking CHANTIX to discuss other treatment options. Our members may also be alerted to this recall notice by their pharmacy.

The [FDA advises individuals](#) [🔗](#) taking the recalled Chantix to continue to do so until their doctor, health care professional or pharmacist provides a replacement. No immediate risk to those taking CHANTIX has been found because it's meant for short-term use. The health benefits of stopping smoking outweigh the cancer risk from the impurity, according to the [FDA](#) [🔗](#).

Benefits and coverage: Members' cost share for Apo-Varenicline is based on their benefit plan and is the same as their cost share for Chantix. Some members' plans also have coverage under a preventive health benefit, which offers lower or no cost share to encourage adherence.

If you have questions about a member's pharmacy benefits, call the number on the member's ID card.

Third party brand names are the property of their respective owners.





This material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is

described in this material 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. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly.

Learn About Medical Oncology Prior Authorization via AIM®

As indicated in a [previous article](#), starting Oct. 11, AIM Specialty Health® (AIM) will review oncology drug prior authorization requests when they're supported by an oncology diagnosis for some commercial members.

It's not too late to sign up for an online training to learn about key implementation dates and how to submit prior authorizations for the Medical Oncology program. You'll also get to preview the AIM ProviderPortalSM. Please visit the [AIM website](#) for links to future training dates or register using the links below.

AIM Medical Oncology Training Dates and Times	
Wednesday, Oct. 6, from noon - 1 p.m. CT	Register 
Tuesday, Oct. 12, from noon - 1 p.m. CT	Register 
Thursday, Oct. 28, from 9-10 a.m. CT	Register 
Tuesday, Nov. 2, from 2-3 p.m. CT	Register 

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 [Availity 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](#).

New Laboratory Program Coming Jan. 1

Effective **Jan. 1, 2022**, Blue Cross and Blue Shield of Texas (BCBSTX) will implement new policies and a new program for claims for certain outpatient laboratory services provided to our **Fully Insured commercial** members. Our new Laboratory Management Program with **Avalon Healthcare Solutions** (Avalon) will help members get the right care at the right time and in the right setting. It will also help you better prepare to submit claims which support and reflect high quality, affordable care delivery to our members.

Policy Updates

Watch for new and revised medical and reimbursement policies effective Jan. 1, 2022, related to certain laboratory, services, tests and procedures. You can view both current and pending [BCBSTX medical policies](#) and our [Clinical Payment and Coding Policies](#) on the provider website.

Affected claims: Our new program includes a review of claims post-service and pre-payment for the following outpatient laboratory claims:

- Dates-of-service on or after Jan. 1, 2022
- Performed in an outpatient setting (typically office, hospital outpatient or independent laboratory)

Note: Laboratory services provided in emergency room, hospital observation and hospital inpatient settings are **excluded** from this program. Member contract benefits and clinical criteria still apply.

New Claim Simulation Tool

You will have access to Avalon's **Trial Claim Advice Tool**, which allows providers to input laboratory procedure and diagnosis codes before submitting a claim, to see the potential outcome of your claim. The Trial Claim Advice Tool is a free simulation tool and does not guarantee approval, coverage or reimbursement of services. Responses consider information entered through the tool for the date of service entered and historical claims finalized through the previous business day. Claims not yet finalized won't be considered.

What you need to do:

- Get access to the **Trial Claim Advice Tool** via Availity®
 - If you're not already a registered Availity user, sign up before the January 2022 program activation. Register on the [Availity website](#) today, at no charge. For registration help, call Availity Client Services at 1-800-282-4548.
 - Log on to the [Availity® Provider Portal](#).
 - To get to the Trial Claim Advice Tool, use the single sign-on feature via the BCBSTX-branded Payer Spaces section within the Availity portal.

- **Attend Provider Training**

Register for your preferred date and time from the list below to attend free webinars on how to use the Trial Claim Advice Tool and learn more about the Laboratory Management Program:

- [Nov. 4, 2021 from noon to 1 pm CST](#)
- [Nov. 9, 2021 from 10 to 11 am CST](#)
- [Nov. 11, 2021 from 11 to 12 pm CST](#)
- [Nov. 17, 2021 from 11 to Noon CST](#)
- [Nov. 23, 2021 from 10 to 11 am CST](#)
- [Dec. 1, 2021 from 11 to Noon CST](#)
- [Dec. 7, 2021 from 2 to 3 pm CST](#)
- [Dec. 15, 2021 from 11 to Noon CST](#)
- [Dec. 28, 2021 from 11 to Noon CST](#)
- [Jan. 5, 2022 from 11 to Noon CST](#)

For More Information:

Watch [News and Updates](#) for future announcements.

ClaimsXten™ 4th Quarter 2021 Update

Blue Cross and Blue Shield of Texas (BCBSTX) will implement its fourth quarter 2021 code updates for the ClaimsXten auditing tool on or after December 13, 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 of 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/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.

CLAIMS & ELIGIBILITY

CPCP020 Drug Testing Policy Update

Blue Cross and Blue Shield of TX (BCBSTX) has updated the CPCP020 Drug Testing Clinical Payment and Coding Policy (CPCP). **This policy will become inactive as of November 30, 2021**. For dates of service on or after December 1, 2021, there is no current active version of CPCP020, and it is not to be used for claims adjudication or business purposes.

This CPCP is being replaced by Medical Policy MED209.070. Please see **MED209.070 Prescription Medication and Illicit Drug Testing in the Outpatient Setting** for dates of service on December 1, 2021, and after. Providers can access the medical policy on our website:

<http://www.medicalpolicy.hcsc.net/medicalpolicy/disclaimer?corpEntCd=TX1>

Be sure to check eligibility and benefits before rendering service(s) to make sure a procedure is a covered benefit for the member and determine any prior authorization requirements. Refer to [Clinical Payment and Coding Policies](#) under Standards and Requirements on the [provider website](#) to review the current CPCPs.

If you have any questions or if you need additional information, please contact your BCBSTX [Network Management Representative](#).

Cancer and Cancer-Related Treatments Coding

Wholly and accurately coding and documenting cancer and cancer-related treatments may improve member outcomes and continuity of care. As such, please review information for outpatient and professional services from the ICD-10-CM Official Guidelines for Coding and Reporting. [Read more](#).

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:

- CPCP037 [Laboratory Management](#) – Effective 12/1/2021
 - CPCP019 [Home Infusion](#) – Effective 12/20/2020
 - CPCP026 [Therapeutic, Prophylactic and Diagnostic Injection and Infusion Coding](#) – Effective 12/20/2021
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CLINICAL RESOURCES

Shared Decision-Making Aids

Shared decision-making is a way for providers and patients to make informed health care decisions that align with what matters most to the patient. We're providing evidence-based aids from Mayo Clinic® about treatment options, lifestyle changes and outcomes. When patients help make decisions about their health care, it can improve their health journey, and yield better results and quality of life. [Read more](#).

Initiating and Engaging Patients in Treatment for Alcohol and Drug Dependence: A Key Quality Measure

You can help patients diagnosed with alcohol or drug dependence (AOD) achieve positive treatment results when you improve their care coordination or plan and manage their treatment. Please review our recommendations on what you should do after a patient is diagnosed with AOD. [Read more](#).

Delivering Quality Care – Managing Diabetes

More than 34 million Americans have diabetes, according to the CDC. Because symptoms can develop slowly, 1 in 5 don't know they have it. Please review “closing care gaps” recommendations and tips to consider when managing members with diabetes. [Read more](#).

Delivering Quality Care – Breast Cancer Screening

According to the CDC, about 1 in 8 women will be diagnosed with breast cancer at some point in her life. Because screening is the best way to find cancer early, we're providing resources to help you discuss risk factors and the importance of screenings with your patients. Please review “closing care gaps” recommendations and tips to consider when screening members for breast cancer. [Read more](#).

EDUCATION & REFERENCE

Earn CME/CEU Credit at Free Webinar on Comorbid Conditions

Join our board-certified psychiatrists and behavioral health medical directors for a one-hour webinar on comorbid behavioral health and physical health conditions. The free webinar is on **Wednesday, Oct. 27, 2021, at 8 a.m.** Central time. Those attending will earn one continuing medical education (CME) credit or continuing education unit (CEU).

The webinar will provide a high-level overview of the epidemiology of comorbid medical and mental health conditions and how they impact each other. This introductory training focuses on behavioral health in the primary care setting, with treatment options across various care settings.

How to attend

Register [here](#).

In case you missed it: A recording of our June 2021 webinar on *Depression in a Primary Care Setting* is available online. [Register or sign in here](#) and view the entire recording at no cost to earn one CME/CEU credit. The one-hour webinar offers a high-level overview of depression and measurement-based care in a primary care setting.

Watch the Educational Webinar Sessions section of 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, nurse practitioners and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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](#).

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 \(PPO\)SM and Blue Cross Medicare Advantage \(HMO\)SM](#).

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.

NETWORK PARTICIPATION

Facility Based Provider Onboarding Process

Do you have a new provider to add to your Facility Based group or an individual provider joining as a facility-based provider? To get assigned a provider record ID and join our networks, you will need to complete the Provider Onboarding form and be sure to include the following important or required information to prevent a delay in processing your request:

- Ensure all provider information is included on the on-boarding form and roster. Completing this information up front and accurately, in its entirety, will prevent delays in processing. Examples: Name, date of birth, NPI, social security number, gender, tax ID, etc.
- Individual providers need to provide the name of **all** Hospital or Ambulatory Surgery Centers that the provider services in the **Hospital Admitting Privileges** field(s) of the **Provider Onboarding Form**.
- Group Providers need to include the name of **all** Hospital and/or Ambulatory Surgery Centers that they service in the **Hospital Privileges** and/or **Ambulatory Surgery Centers Privileges** columns of the Provider Onboarding **Roster**.

For more information refer to the [Verification Process for Hospital or Facility Based Providers](#) page on the provider website.

We appreciate you participating in our networks!

UTILIZATION MANAGEMENT

Utilization Management Decisions

We are dedicated to serving our customers through health care coverage and benefit services. Utilization Management (UM) determinations are made by licensed clinical personnel based on the:

- benefits policy (coverage) of a member's health plan,
- evidence-based medical policies and medical necessity criteria, and the
- medical necessity of care and service.

All UM decisions are based on appropriateness of care and service and existence of coverage. We prohibit decisions based on financial incentives, nor do we reward practitioners or clinicians for issuing denials of coverage. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.


The criteria used for UM determinations are available upon request. Please call the Customer Service number on the back of the member's ID card.


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.

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 By clicking this link, you will go to a new website/app (“site”). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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

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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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