

SEPTEMBER 2021

NOTICES & ANNOUNCEMENTS

COVID-19 Provider Preparedness Updates

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

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.

HealthSelect of Texas® Prior Authorization Procedure Code Update

Effective Sept. 1, 2021, certain procedure codes are being removed from the list of services that require prior authorization for HealthSelect of Texas® & Consumer Directed HealthSelect™ participants. You can review a [list of the codes being removed here](#). BCBSTX is currently working on system updates to reflect this change.

Remember to use [Availity](#) or your preferred vendor to check eligibility and benefits before rendering services. This will help you confirm coverage details and prior authorization requirements and determine if you are in-network for the member's policy. Refer to [Eligibility and Benefits](#) for details.

If you have questions, contact your local [Network Management Representative](#) or Blue Cross and Blue Shield of Texas Provider Customer Service at **1-800-451-0287**.

Important Information About Participants Transitioning to HealthSelect of Texas

Effective Sept. 1, HMO plans will no longer be an enrollment option under the Texas Group Benefits program. All current subscribers and dependents enrolled in one of the HMO plans will be automatically enrolled in HealthSelect of Texas administered by Blue Cross and Blue Shield of Texas, unless they elect otherwise during their summer enrollment period. Visit our [Participants Transitioning to HealthSelect of Texas](#) page to learn more about:

- Selecting a primary care provider
 - Referrals and prior authorizations
 - Transition of care
 - In-patient hospital stays
-

BEHAVIORAL HEALTH

No articles

CLAIMS & ELIGIBILITY

Documenting and Coding Obesity and Morbid Obesity

Accurate and complete documentation and coding of obesity/morbid obesity diagnoses can help identify and

address related comorbidities that may impact your patients' health status. Insights and examples of documentation and coding are included. [Read More](#)

Availity® Claim Status Response Enhancement for Blue Cross Medicare Advantage Claims

What's new? The Availity Claim Status response now provides **Additional Action(s)** for specific ineligible reason codes on finalized Blue Cross Medicare Advantage claim denials. This information provides the same instruction as our Customer Advocates and will help you understand what further step(s) may be taken for certain denial scenarios.

Availity Training and Guide

- Join a weekly webinar hosted by Blue Cross and Blue Shield of Texas (BCBSTX) to learn how to use the Availity Claim Status offering. Visit the [Training page](#) to register for an upcoming session.
- View the [Claim Status Tool User Guide](#) for step-by-step navigation and helpful tips.

About Availity: The Availity Claim Status tool provides enhanced, real-time claim status details to help you manage and resolve your BCBSTX claims online. You can search for claims by using the member ID or specific claim number and the results provide more detailed information than the HIPAA-standard claim status 276/277 transaction.

Need help? Email our [Provider Education Consultants](#) if you have further questions or would like customized training.

Enrollee Notification Form Required for Out-of-Network Care for Blue Choice PPOSM and Blue Advantage HMOSM (for Blue Advantage PlusSM)

Before referring a Blue Choice PPO or Blue Advantage HMO (for Blue Advantage Plus point-of-service benefit plan) member to an out-of-network provider for non-emergency services – if such services are also available through an in-network provider – the referring participating network provider must complete the appropriate Out-of-Network Care – Enrollee Notification forms for Regulated Business (used when “TDI” is on a member’s ID Card) or Non-Regulated Business (used when “TDI” is not on a member’s ID card). Locate them under [Forms](#) on our provider website.




The referring network physician must provide a copy of the completed form to the enrollee and retain a copy in the enrollee’s medical record files.

It is essential that Blue Choice PPO and Blue Advantage Plus enrollees fully understand the financial impact of an out-of-network referral to a health care provider that does not participate in their BCBSTX provider network. Although they have out-of-network benefits and may use out-of-network providers, they will be responsible for

an increased cost-share under their out-of-network benefits.

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:

- [Observation Services Policy](#)  – Effective 11/4/21
 - [Intraoperative Neurophysiology Monitoring \(IONM\) Coding and Reimbursement Guideline](#)  – Effective 11/10/2021
 - [Laboratory Panel Billing Guideline](#)  – Effective 11/10/2021
 - [CPCP034 Unbundling Policy-Professional Providers](#) – Effective 11/12/2021
-

CLINICAL RESOURCES

Updates to Clinical Practice and Preventive Care Guidelines

We've updated our [Clinical Practice Guidelines](#) and [Preventive Care Guidelines](#). The guidelines draw from evidence-based standards of care and nationally recognized medical authorities to help **direct our quality and health management programs** and help improve member care.

What's New

Updated [Clinical Practice Guidelines](#) for:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Comprehensive Human Immunodeficiency Virus (HIV)
- Diabetes
- Weight Management

Updated [Preventive Care Guidelines](#) for:

- Cholesterol Screening
- Colorectal Cancer Screening
- Diabetes Screening
- Hypertension Screening
- Lung Cancer Screening
- Unhealthy Drug Use Screening

We update our guidelines no less than every two years or when new significant findings or major advancements in evidence-based care are established.

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 [Avality® 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.

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](#).

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](#)

MEDICARE ADVANTAGE PLANS

Blue Cross Medicare Advantage PPO Network Sharing

Applies to: Blue Cross Medicare Advantage (PPO)SM (BC MA PPO)

All Blue Cross Medicare AdvantageSM plans participate in reciprocal network sharing. This allows all BC MA PPO members to obtain in-network benefits when traveling or living in the service area of any other BC MA PPO plan if the member sees a contracted BC MA PPO provider. For detailed information on BC MA PPO network sharing, refer to the [Blue Cross Medicare Advantage \(PPO\) Provider Manual Supplement](#), which can also be located under the [Standards and Requirements tab/Manuals](#) on our provider website. If you have any questions regarding the BCBS MA PPO program or products, contact Blue Cross Medicare Advantage (PPO) Customer Service at 1-877-774-8592.

Preventive Services Reminder: Zero Copay for Blue Cross Medicare AdvantageSM

We want to remind you that there are no copays for preventive services for Blue Cross Medicare Advantage (PPO)SM or Blue Cross Medicare Advantage (HMO)SM members. Blue Cross Medicare Advantage covers a full range of preventive services to help keep patients healthy, find problems early and determine when treatment is most effective.

For detailed information about Medicare preventive services, [access this PDF](#) from the Centers for Medicare & Medicaid Services.

Additionally, you should check eligibility and benefits electronically through [Availity](#) or your preferred web vendor.

Annual Health Assessment Coding*

Code**	Service	Description
G0402	Initial Preventive Physical Examination	Code is limited to new beneficiary during the first 12 months of Medicare enrollment.
G0438	Initial Annual Wellness Visit (AWV)	The initial AWV, G0438, is performed on patients who have been enrolled with Medicare for more than one year, including new or established patients.
G0439	Subsequent AWV	The subsequent AWV occurs one year after a patient's initial visit.

**Codes for Annual Health Assessments are subject to change by Medicare Advantage Organization (MAO), without prior notice to Medical Group, for codes to be consistent with Medicare coding requirements for Annual Health Assessments.*

***Any updates, deletions and/or additions to coding shall be updated according to nationally recognized coding guidelines.*

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.

PHARMACY

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

Review changes to the following: drug list, dispensing limits and the Utilization Management program. Also, review a reminder about that Split-Fill program, a change in benefit coverage for select high-cost products and updates to bowel preparation coverage.

[Read More](#)

New Specialty Pharmacy for Pharmacy Members as of Aug. 1

As of Aug. 1, BCBSTX members whose pharmacy benefits were administered through Prime are now administered through Accredo – a full-service specialty pharmacy. This vendor change applies to BCBSTX commercial group and retail plan members.

[Read More](#)

Pharmacy Members Have a New Mail Order Pharmacy as of Aug. 1

Also, as of Aug. 1, BCBSTX members whose mail order pharmacy services were administered through Prime are now administered through Express Scripts Pharmacy. This vendor change applies to BCBSTX commercial group and retail plan members.

[Read More](#)

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.

PRIOR AUTHORIZATION

Additional Update to Prior Authorization Codes for Commercial Members

On Aug. 2, an update was made to the [10/1/2021 Update to Prior Authorization Codes for Commercial Members](#) notice and the [Prior Authorization Lists for Fully Insured and Administrative Services Only Plans](#) to include some new AMA codes recently received from the American Medical Association. Refer to the updated lists for details on the changes. As always, refer to [Avality](#) or your preferred vendor to check Eligibility and Benefits and identify if a service requires prior authorization for our members.

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 [Avality® 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.
 - Episode Condition and Disease Stage
 - Contracted Network
 - Geographic Market
 - Pharmacy Coverage
 - Patient Risk
 - Working Specialty
 - Overall Efficiency
 - Attribution and Cost
 - Expected Dollars
 - Outliers

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

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.

File is in portable document format (PDF). To view this file, you may need to install a PDF reader program. Most PDF readers are a free download. One option is Adobe® Reader® which has a built-in screen reader. Other Adobe accessibility tools and information can be downloaded at <http://access.adobe.com>.

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

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.

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.

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent third-party vendor that is solely responsible for its products and services.

ConVergence Point is a trademark of Verscend Technologies, Inc., an independent third-party vendor that is solely responsible for its products and services.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity or Meddecision. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

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.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

bcbstx.com/provider

© Copyright 2021 Health Care Service Corporation. All Rights Reserved.