

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

**AUGUST 2022**

## **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 on our [News and Updates](#) page.

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### **Annual Notice of Provider and Member Rights and Responsibilities**

As a participating provider in Blue Cross and Blue Shield of Texas (BCBSTX) provider networks, you have certain rights and responsibilities noted below that may affect your practice. Your patients also have rights and responsibilities. Provider rights include:

#### **Your Credentialing Rights**

If you are applying or reapplying to participate in our networks, you have the right to:

- Review information submitted to support your credentialing application
- Correct wrong and/or conflicting information
- Receive the status of your credentialing or recredentialing application upon request

**To learn more about these rights:** Visit the [Credentialing page on our Provider website](#).

Provider responsibilities include:

#### **Case Management Programs**

You can help our members maintain or improve their health by encouraging them to participate in relevant case management programs. These may include:

- Condition management programs to support members with specific conditions like asthma or diabetes
- Complex case management services for members facing multiple or complicated medical or behavioral health conditions
- Programs to help members transition home after a hospital stay or navigate the health care system

- Wellness and prevention programs for members of all ages

**Members can access applicable services for complex and condition case management by:**

- Asking to enroll, or having their caregiver ask to enroll
- Referral from a primary care physician, practitioner, hospital, or other discharge planner
- Referral through utilization management programs

**To refer members to any case management programs:** Call the number on the members' ID card. Our clinicians will collaborate with you to provide our members with available resources and additional support.

**Utilization Management Decisions**

It is BCBSTX's policy that licensed clinical personnel make all utilization management decisions according to the benefit coverage of a member's health plan, evidence-based medical policies and medical necessity criteria. Decisions are based on appropriateness of care and service and existence of coverage.

BCBSTX prohibits decisions based on financial incentives. We do not reward practitioners or clinicians for issuing denials of coverage. Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.

**To obtain the criteria used for utilization management decisions:** Call the number on the members' ID card. You can also refer to [BCBSTX's medical policies](#), which are available for review online.

**Blue Cross and Blue Shield Federal Employee Program® (FEP®) members:** In addition to the details provided above, visit [FEP](#) for more information about our FEP members. Call 1-800-441-9188 for questions regarding FEP prior authorizations. For FEP expedited appeals only, the fax number is 972-766-9776.

**Member Rights and Responsibilities**

Also, as a participating provider we are **informing you of members' rights and responsibilities** summarized below:

**Member rights include the right to:**

- Receive information about Blue Cross and Blue Shield of Texas (BCBSTX), our services, participating providers and facilities, and member rights and responsibilities

- Be treated with respect and dignity with recognition of their right to privacy
- Participate with providers in making decisions about their health care
- Have a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage
- Voice complaints or appeals about BCBSTX or the services we provide
- Make recommendations regarding our members' rights and responsibilities policy

**Member responsibilities include a responsibility to:**

- Provide, to the extent possible, information that BCBSTX and the provider and facility need to provide care
- Follow the plans and instructions for care that the member has agreed to with their provider
- Understand their health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible

**To learn more about** member rights and responsibilities you may refer to:

- Blue Choice PPO<sup>SM</sup> and Blue High Performance Network<sup>SM</sup> (Blue HPN<sup>SM</sup>) Provider Manual
- Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup> and MyBlue Health<sup>SM</sup>
- Members' benefit booklet
- Member website, which includes [HIPAA NOTICE OF PRIVACY PRACTICE](#)

**Texas Medicaid members:** In addition to the details provided above, our Medicaid members have an expanded list of rights and responsibilities that can be found [here](#) and also in the STAR and CHIP provider manuals (Chapter 13) and STAR Kids provider manual (Chapter 12).

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**PEAQ Reports and Training Coming in August 2022!**

The Physician Efficiency, Appropriateness and Quality (PEAQ) program measures a physician's performance around efficiency, appropriateness and quality to achieve more optimal patient outcomes and effective care delivery. Physicians that meet inclusion requirements are provided with reports that show how their performance compares to peers' performance within the same geographic location and working specialty. All Texas providers practicing within the PEAQ working specialties and report timeframe are included in PEAQ.

Provider Performance Insights (PPIs) will show how a physician was evaluated and where they rank in comparison to peers. PPIs will also include actionable insights to improve

future performance. Blue Cross and Blue Shield of Texas initially developed PEAQ with input from practicing physicians and will continue to collaborate with physicians to improve the program. The methodology that corresponds to the PPIs can be found [here](#).

The PPI PDF reports will be available in August 2022 on Availity® for qualified providers in the following specialties:

| <b><u>Medical</u></b> | <b><u>Surgical</u></b> | <b><u>Primary Care</u></b> |
|-----------------------|------------------------|----------------------------|
| Cardiology            | Cardiothoracic Surgery | Family Medicine            |
| Endocrinology         | Ophthalmology          | Internal                   |
| Gastroenterology      | Orthopedic Surgery     | Medicine                   |
| Nephrology            | Urology                | Pediatrics                 |
| Pulmonary             | Vascular Surgery       |                            |
| Rheumatology          |                        |                            |
| Obstetrics/Gynecology |                        |                            |

Log in to Availity to view your PPI. If you are not registered for Availity, sign up now by going to [Availity](#) and selecting “Register” in the top right corner.

In August and September, the PEAQ reporting team will offer [PEAQ 101](#). In these sessions, the team will provide a brief overview of the score cards and address pre-submitted questions. Register for these sessions below and submit questions [here](#).

- [Tuesday, Aug 9, 2022, 8:30 a.m. Central Time](#)
- [Wednesday, Aug 24, 2022, 12:00 p.m. Central Time](#)
- [Thursday, Sep 8, 2022, 4:00 p.m. Central Time](#)
- [Tuesday, Sep 20, 2022, 8:30 a.m. Central Time](#)

For more information, visit the BCBSTX [PEAQ](#) page.

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## **CLAIMS & ELIGIBILITY**

### **New Online Option to Confirm Medical Record Receipt Status**

Providers no longer need to call Blue Cross and Blue Shield of Texas (BCBSTX) to confirm receipt of medical records for claim processing. We recently implemented a new application in our BCBSTX-branded Payer Spaces section via Availity Essentials for you to verify receipt of medical records for claims submitted by mail or faxed. This new functionality is just the first iteration of more enhancements coming soon!

## Steps to confirm medical record receipt status online:

1. Log into [Availity Essentials](#)
2. Select *Payer Spaces* from navigation menu and choose *BCBSTX*
3. Select *Medical Record Status Viewer* from the Applications tab
4. Enter the *required data elements* and click *View Medical Record Status*
5. Response specifies if the medical records were received by BCBSTX

## For More Information

Watch for the instructional **Medical Record Status Viewer User Guide** coming soon to the [Provider Tools](#) section of our website. Refer to upcoming [Blue Review](#) publications as well as [News and Updates](#) articles to gain knowledge of future enhancements. If you need further assistance, you can email our [Provider Education Consultants](#).

**Don't have an Availity Essentials account?** You can register today by going to [Availity](#) or contact Availity Client Services at 1-800-282-4548.

*This information is not applicable to Medicare Advantage or Texas Medicaid claims.*

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## CLINICAL RESOURCES

### 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 policies were added or updated:

- [CPCP006 Preventive Services Policy](#) – Effective 07/01/2022
  - [CPCP015 Multiple Surgical Procedures - Professional Provider Services](#) – Effective 07/01/2022
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## EDUCATION & REFERENCE

### Language Line Supporting Cultural Competence

BCBSTX offers translation services for hundreds of languages to providers and members free of charge through our Language Line.

#### Where do I call and how does this work?

- **Call 1-800-874-9426** for Group insurance members. When asked supply code 704322
- **Call 1-866-874-3972** for Retail insurance members. When asked supply code 706640
- Provide the needed language and within 5 minutes a translator will be on the phone to assist you and your patient.

#### Cultural Competence

- The American Academy of Family Physicians reported more than 60 million people in the United States speak a language other than English at home. This population is least likely to access care or be satisfied with the care they receive.
- Limited English proficiency complicates communication which increases the risk of adverse effects from medications and misunderstanding physician instructions or diagnosis information as noted in the American Family Physician Journal article [Appropriate Use of Medical Interpreters](#).
- Results for the 2021 BCBSTX Enrollee Experience Survey (EES) revealed a significant drop (5 percentage points) in member satisfaction with Cultural Competence directly related to translation services during a doctor or clinic appointment.

#### We encourage you:

- To use the language line as an additional resource for you and your office staff as you care for your patients.
  - Watch [News and Updates](#) for more information and future announcements.
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## HEALTH & WELLNESS

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

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## MEDICARE ADVANTAGE PLANS

### Reviewing Inpatient DRG Claims for BlueCard® (Out of Area) Medicare Advantage<sup>SM</sup> Members

The Blue Cross and Blue Shield Association requires all host Blue Cross and Blue Shield (BCBS) Plans to review select inpatient, diagnosis-related group (DRG) claims for any out-of-area Blue Cross Medicare Advantage<sup>SM</sup> members. Beginning **Oct. 15, 2022**, Blue Cross and Blue Shield of Texas (BCBSTX) will work with CERiS of CorVel Health Corporation (CERiS) to complete these reviews. The review will check for compliance with ICD-10 procedure coding system guidelines.

#### Which claims are affected?

This review affects inpatient DRG claims for services rendered to any hosted BlueCard member with a Medicare Advantage policy. Hosted BlueCard members are members of any BCBS Plan outside Texas receiving health care services in Texas.

#### Medical Records Requests

When a claim is selected for review, you may receive a request for medical records from CERiS.

**What next:** If an error is found in how the claim is coded, you'll receive a letter from Ceris that explains the review and the outcome. If the review determines the diagnosis billed is not supported, BCBSTX will request a refund from the provider.

#### For More Information

If you have questions, please contact your local BCBSTX [Provider Network Office](#). For information about BlueCard, see our website under [Claims & Eligibility](#).

*CERiS of CorVel Health Corporation are independent companies that have contracted with BCBSTX to provide medical claim audits for members with coverage through BCBSTX.*

*BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.*

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### Update to Prior Authorization Codes for Medicare Advantage Members Effective Oct. 1, 2022

**What's changing:** Blue Cross and Blue Shield of Texas (BCBSTX) is changing prior authorization requirements for Medicare Advantage 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 **effective Oct. 1, 2022**, include additional codes for the following care categories to be reviewed by eviCore healthcare®:

- Specialty Drug codes
- Musculoskeletal Pain codes
- Radiology codes

Refer to **Prior Authorization Lists** on the **Utilization Management** section of our [provider website](#). The revised lists can be found on the [Prior Authorization Lists for Blue Cross Medicare Advantage \(PPO\)<sup>SM</sup>](#) and [Blue Cross Medicare Advantage \(HMO\)<sup>SM</sup>](#) page.

**Check Eligibility and Benefits:** To identify if a service requires prior authorization for our members, check eligibility and benefits through [Availity® Essentials](#) 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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## **NETWORK PARTICIPATION**

### **New BCBSTX MyBlue Health<sup>SM</sup> Counties Expansion 2023**

We are excited to announce that Blue Cross and Blue Shield of Texas (BCBSTX) is expanding our MyBlue Health network to include the following counties effective **Jan. 1, 2023**:

- Cameron and Hidalgo - Valley Service Area
- Collin, Denton, and Tarrant – Dallas Service Area
- El Paso

MyBlue Health members in these areas will access care through providers contracted in the MyBlue Health<sup>SM</sup> network.

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



APN must work under the supervision of a participating family practitioner, internist, pediatrician and/or obstetrician/gynecologist.

If you have any questions, please contact your [Provider Network Representative](#). Continue to watch for additional information regarding MyBlue Health in future editions of the [Blue Review](#) and on our [provider website](#).

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## PHARMACY

### Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 2

[Review important pharmacy benefit reminders, drug list updates and Utilization Management program changes.](#)

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## PRIOR AUTHORIZATION

### Medical Oncology Prior Authorizations Transition to AIM Specialty Health® for ERS

Starting Sept. 1, AIM Specialty Health (AIM) will begin managing prior authorization requests for the Specialty Drug Medical Oncology Care category for HealthSelect of Texas® (including ConsumerDirected HealthSelect<sup>SM</sup>) participants enrolled in the in-area and out-of-state plans. HealthSelect Secondary participants are **not** included. [Read More](#)

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### Training for Pharmacy Medical Oncology Through AIM®

As indicated in our [previous notification](#), starting Sept.1, 2022, AIM Specialty Health® (AIM), will be managing requests for the “Specialty Drug Medical Oncology” care category for HealthSelect of Texas®, including Consumer Directed HealthSelect<sup>SM</sup>, participants enrolled in the in-area and out-of-state plans. (HealthSelect<sup>SM</sup> Secondary participants are **not** included).

### Join Us for A Webinar to Learn More

It’s important to attend an online training session for more in-depth information on key dates including a preview of the AIM *ProviderPortal*<sup>SM</sup> and the Medical Oncology program. Visit the [AIM microsite](#) for links to future training dates or register using the links below:

## AIM Medical Oncology Training Dates and Times

Tuesday, August 9, 2022, from 1 – 2 p.m. CST

[Register](#)

Tuesday, August 18, 2022, from 1 – 2 p.m. CST

[Register](#)

Continue to watch the [News and Updates](#) for additional information to help you with the transition of Pharmacy Medical Oncology to AIM.

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### Update to Prior Authorization Codes for Commercial Members, Effective Oct. 1, 2022

**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).

#### Changes effective Oct. 1, 2022, include:

- Addition of one Musculoskeletal Joint and Spine code to be reviewed by AIM Specialty Health® (AIM)
- Addition of Molecular Genetic Lab Testing codes to be reviewed by AIM
- Addition and replacement of Medical Oncology drugs to be reviewed by AIM
- Addition of Sleep codes to be reviewed by AIM
- Removal of Musculoskeletal Joint and Spine and Pain codes previously reviewed by AIM
- Addition of Specialty Pharmacy codes to be reviewed by BCBSTX

#### More Information:

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**.

**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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## Contact Us

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

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## Verify and Update Your Information

Verify your directory information [every 90 days](#). Use the [Provider Data Management](#) feature on Availity® or our [Demographic Change Form](#). You can also use this form to submit email addresses for you and your staff to receive the *Blue Review* each month.

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

*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).*

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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.*

*Change Healthcare is an independent third-party vendor that is solely responsible for the products or services they offer.*

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*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.*

*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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