

DECEMBER 2022

BEHAVIORAL HEALTH

Reduction of Prior Authorization Requirements for Certain Applied Behavioral Analysis (ABA) Codes for Commercial Members

Blue Cross and Blue Shield of Texas (BCBSTX) implemented House Bill 3459 Prior Authorization (PA) Exemptions effective Oct. 1, 2022. As a result, Behavioral Health providers who were approved for an exemption, will not need to submit prior authorization requests for certain services such as ABA services for fully insured members and certain administrative Services only (ASO) groups.

Additional Changes to ABA Prior Authorizations

For providers who did not receive a HB3459 ABA PA exemption, we are also using claims data to improve access to care for our members and make the prior authorization process easier for you. Effective Sept. 1, 2022, in some instances, we eliminated the prior authorization requirement for certain ABA assessments for some **commercial** members.

Based on your specific claim history going forward, you may not have to request prior authorization for Current Procedural Terminology (CPT®) codes 97151 and 97152.* Prior authorization for these two codes still may be required, however, when:

- The member's benefit plan specifically requires prior authorization of these codes.
- Use of these codes isn't consistent with the presenting clinical issue, related medical policy or benefit plan design (in these cases, we'll ask for more information).
- Claim analysis shows billing patterns that vary significantly from your peers.

Prior Authorization Verification

Providers can determine if they require prior authorization for codes 97151 and 97152 for their patient by calling the customer service number on the member ID card. Ask to speak to a behavioral health customer advocate.

For additional information about ABA criteria, or claims processes, please reference the BCBSTX Medical Policy [Applied Behavior Analysis \(ABA\) for Autism Spectrum Disorder \(ASD\) Diagnosis](#) and the BCBSTX [Applied Behavioral Analysis Clinical Payment and Coding Policy](#) on the [Clinical Payment and Coding Policy](#) page.

*Only CPT codes 97151 and 97152 are subject to this new ABA assessment prior authorization process.

CLAIMS & ELIGIBILITY

Provider Self Service Tools via Availity® Essentials

Availity Essentials helps providers and BCBSTX securely share information. Review the benefits that using Availity Essentials provides and access pre-service resources. [Read more.](#)

Confirm Medical Record Receipt Status Online for Prior Authorization Requests

You can now use the [Medical Record Status Viewer](#) to confirm receipt of medical records submitted by fax or mail to Blue Cross and Blue Shield of Texas (BCBSTX) **for prior authorization requests** in addition to claims. As a reminder, this application is accessible to you in our BCBSTX-branded Payer Spaces section via Availity® Essentials.

What does this application provide? The Medical Record Status Viewer search results will specify “Yes” or “No” regarding receipt. If records have been received, the response will display the receipt date, number of pages, and associated group number for up to four of the most recent medical records on file with BCBSTX for claim processing and prior authorization requests.

For more information: Refer to the instructional [Medical Record Status Viewer User Guide](#) in the [Provider Tools](#) section of our website. If you need further assistance or training, you can email our [Provider Education Consultants](#).

Don't have an Availity Essentials account? 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 or prior authorization requests.

CLINICAL RESOURCES

Statin Therapy for Patients with Cardiovascular Disease and Diabetes

Cardiovascular disease is the **leading global cause of death**, according to the [World Health Organization](#). It accounts for 17.9 million deaths per year.

Statin therapy is recommended:

- To prevent cardiovascular disease in diabetics, according to the [American Diabetes Association](#)
- To treat cardiovascular disease in adults with established clinical atherosclerotic cardiovascular disease (ASCVD), according to the [American Heart Association](#)

- To prevent cardiovascular disease in adults with certain risk factors, according to the [U.S. Preventive Services Task Force](#)

Statin Therapy Quality Measures

To help monitor and improve our members' care, we track the quality measures [Statin Therapy for Patients with Cardiovascular Disease \(SPC\)](#) and [Statin Therapy for Patients with Diabetes \(SPD\)](#). You can help ensure quality care by following these guidelines from the National Committee for Quality Assurance (NCQA):

- Men ages 21-75 and women ages 40-75 with clinical ASCVD should be dispensed at least one high-or moderate-intensity statin medication.
- Adults ages 40-75 with diabetes who do not have clinical ASCVD should be dispensed at least one statin medication of any intensity.
- All patients prescribed statin therapy should remain on prescribed statin medications for at least 80% of their treatment period.

Tips to Close Gaps in Care

- Discuss lifestyle changes with our members to **lower serum cholesterol**. These can include exercise, adequate sleep and good nutrition, as well as stopping smoking and substance use. We've created [resources that may help](#). When diet and exercise aren't enough, statins may be needed to achieve lower cholesterol levels and reduce the risk of heart disease.
- Emphasize to our members **the importance of staying on statin medication**. Educate them on the proper dose and frequency. Consider converting their medication to a 90-day supply through mail order or a retail pharmacy to encourage adherence.
- Discuss **common side effects** of statin use and what to do if our member has problems with the medication. Remind our members to contact you if they think they are experiencing side effects.
- Review our member's medication profile to confirm statin use history at follow-ups. **Clearly document** any diagnosis indicating an intolerance to statin therapy and any drug interactions with current medications.

For coding tips related to statin therapy, look for this article in the BCBSTX Payer Space resources section in [Availity](#).

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 Oct. 1, 2022

- [CPCP010 Anesthesia Information](#) 📄 – effective Dec. 22, 2022
- [CPCP009 Co-Surgeon/Team Surgeon Modifiers](#) 📄 – effective Feb. 1, 2023
- [CPCP018 Outpatient Facility and Hospital Claims: Revenue Codes Requiring CPT or HCPCS Codes](#) 📄 – effective Feb. 1, 2023
- [CPCP008 Psychological and Neuropsychological Testing](#) 📄 – effective Feb. 8, 2023

EDUCATION & REFERENCE

The Magellan Connection: Partnering and Collaborating with PCPs for Better Patient Outcomes

Magellan Healthcare® is contracted to perform behavioral health managed care functions for certain Blue Cross and Blue Shield of Texas HMO marketplace plan members and participants. Magellan offers access to expert behavioral health consultations by Magellan's master's-level care managers.

What do you need to do? Call the number on the back your patient's insurance card and a care manager will work with you to determine the most appropriate resource based on patient need and preference, provider specialty, as well as other specific member requests or considerations.

Access the [Magellan's PCP Toolkit](#) which offers a variety of resources and services that can assist you in enhancing medical and behavioral outcomes for your patients. This behavioral health resource offers numerous tools for standardizing and streamlining effective collaborative relationships such as:

- Information on making behavioral health referrals and consulting with a Behavioral Health Medical Director
- Diagnostic Screening Tools
- Patient Handouts
- Clinical Practice Guidelines
- HEDIS® Quality Measure Information Specific to Behavioral Health
- Community Resources

Collaboration of the PCP and the behavioral health professional can improve the safety and efficacy of services to support better outcomes for members. Collaboration is fast and simple with Magellan's [Clinician Coordination of Care Form](#).

Magellan's Webinar Series: Improve Patient Outcomes with Quality Measures Members Benefit When Behavioral Health Care Is Coordinated and Integrated

Care coordination is an integral component of the relationship between behavioral health providers and a primary care provider. It is especially important for Blue Cross and Blue Shield of Texas members with chronic conditions who are receiving care from various settings.

Magellan Healthcare® has a series of webinars to assist primary care providers, using National Committee for Quality Assurance (NCQA) preferred practices and performance measures for coordination across all settings of care. These webinars provide recommendations and guidance on crucial Healthcare Effectiveness Data and Information Set (HEDIS®) Measures such as:

- Strategies for care transition
- Improvements and recommendations specific to mental health populations, and those with mental illness who could subsequently develop an acute medical disease such as diabetes.

Magellan Healthcare HEDIS Webinar series topics: Improving care after hospitalization, ER visit for mental illness or substance use, [recorded webinar](#) and [slide deck](#):

- Follow-up After Hospitalization for Mental Illness (FUH)
- Follow-up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Improving medication adherence for depression and schizophrenia, [recorded webinar](#) and [slide deck](#):

- Antidepressant Medication Management (AMM)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Caring for children on ADHD meds or antipsychotics + screening/monitoring of patients with schizophrenia or bipolar disorder, [recorded webinar](#) and [slide deck](#):

- Follow-up Care for Children Prescribed ADHD Medication (ADD)
- Metabolic Monitoring for Children & Adolescents on Antipsychotics (APM),
- Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)

Other helpful topics available on Magellan website include:

- Telehealth 101 webinar: From the Education menu, select Telehealth to access the link to our free webinar, "Telehealth 101: What You Need to Know & How to Get Started."
- [Recovery and resiliency courses](#)
- [Child and Adolescent Needs and Strengths \(CANS\)](#) outcomes tool

For more information, access resources on the [Magellan](#) website or contact Magellan's Provider Services directly at 1-800-788-4005.

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 [Delivering Quality Care web page](#).

MEDICARE ADVANTAGE PLANS

Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO)SM members, you will receive requests only from Blue Cross and Blue Shield of Texas or our vendor, Change Healthcare. This is part of the Blue Cross and Blue Shield National Coordination of Care program so that providers won't receive requests from multiple BCBS plans or their vendors. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS) measures.

NETWORK PARTICIPATION

MyBlue HealthSM Network Expansion

Blue Cross and Blue Shield of Texas (BCBSTX) is expanding the MyBlue Health network, effective Jan. 1, 2023, for Cameron and Hidalgo (The Valley Service Area), Collin, Denton, and Tarrant (Dallas Service Area), and El Paso 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 effective as of Jan. 1, 2020, and Bexar, Travis, and Williamson counties as of Jan. 1, 2022.

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 Cameron and Hidalgo (The Valley Service Area), Collin, Denton, and Tarrant (Dallas Service Area), and El Paso 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 limit:

Cameron County	Su Clinica Familiar and BHS Physicians Network
Hidalgo County	South Texas Health System Clinic and BHS Physicians Network

Collin, Denton, & Tarrant	VMD Primary Providers North Texas
El Paso County	BHS Physicians Network, Centro De Salud Familiar La Fe Inc, and Project Vida Health Center

*Depending on the plan, some MyBlue Health members may choose a [MyBlue Health Select PCP](#) based on their benefits.

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 Essentials 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. It's strongly recommended that 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](#). Additional information regarding MyBlue Health will be available in future [Blue Review](#) and on our [provider website](#).

UT CARE™ Medicare PPO

As a reminder, on Jan. 1, 2023, approximately 30,000 retirees from the University of Texas System (UTS) will become members of UT CARE Medicare PPO (UT CARE). UT CARE is our open access Medicare Advantage PPO plan for UTS retirees. [Read more](#).

PHARMACY

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2023 – Part 1
[Review important pharmacy benefit reminders, drug list updates and Utilization Management program changes.](#)

PRIOR AUTHORIZATION

Update to Prior Authorization Code Changes for Commercial Members, Effective Jan. 1, 2023

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).

In addition, to the changes originally posted Oct. 4, 2022, below are additional changes effective Jan. 1, 2023:

- Removal of Musculoskeletal – Joint and Spine codes previously reviewed by AIM Specialty Health® (AIM)
- Removal of a Molecular Genetic Lab code previously reviewed by AIM
- Removal of a Specialty Pharmacy code previously reviewed by BCBSTX, that will continue to be reviewed by AIM
- Replacement of a Specialty Pharmacy code reviewed by AIM
- Removal of Orthopedic Musculoskeletal codes previously reviewed by BCBSTX

Changes posted Oct. 4, 2022, include:

- Addition of new Medical Oncology and Supportive Care Current drugs and codes to be reviewed by AIM Specialty Health® (AIM)
- Medical Oncology and Supportive Care codes previously reviewed by BCBSTX to be reviewed by AIM
- Addition of a Radiation Oncology code to be reviewed by AIM

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](#) page.

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.

Prior Authorization Update Notice for HealthSelect of Texas® Network Providers Effective Jan. 1, 2023

Effective Jan. 1, 2023, certain procedure codes are being updated to require prior authorization for HealthSelect of Texas® and Consumer Directed HealthSelectSM participants.

The following codes will require prior authorization as of **Jan. 1, 2023:**

- 43500 Surgical Opening of Stomach
- 43631 Removal of Stomach Partial
- 43632 Removal of Stomach Partial
- 43840 Repair of Stomach Lesion
- 43845 Gastroplasty Duodenal Switch
- 43850 Revise Stomach-Bowel Fusion
- 43870 Repair Stomach-Opening
- 43880 Repair Stomach-Bowel Fistula

In addition, the following code will not require prior authorization as of Jan. 1, 2023:

- 93352 Admin Ecg Contrast Agent

Beginning 1/1/2023, please refer to the updated [HealthSelect of Texas® Prior Authorization Waiver List as of 01/01/2023](#) which replaces the previously published HealthSelect of Texas® Prior Authorization Removals as of 9/1/2021.

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](#).

Contact Us

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

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.

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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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.

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.

BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third party vendors

HEDIS is a registered trademark of NCQA.

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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