

**JUNE 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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### **ClaimsXten™ Quarterly Update Effective Aug. 22, 2022**

Blue Cross and Blue Shield of Texas (BCBSTX) will implement its third quarter code updates for the ClaimsXten auditing tool on or after August 22, 2022.

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.

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### **Education Information Required for Directory**

The Blue Cross and Blue Shield Association now requires that we collect medical school and residency information from physicians (MDs and DOs) who participate in Blue Cross and Blue Shield of Texas (BCBSTX) networks.

**Why it's important:** You must provide this information to be listed in the Blue Cross and Blue Shield (BCBS) [national provider directory](#). Members of BCBS plans nationwide use this directory to find doctors who are accepting new patients.

**Next steps:** Please respond promptly if you receive a request from us about where and when you earned your medical degree and served your residency. This information will be added to the national and BCBSTX provider directories.

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### **BCBSTX Provider Record Notification Letters Will No Longer Be Mailed Effective July 1, 2022**

To support administrative efficiencies and NPI Standardization, **effective July 1, 2022**, Blue Cross and Blue Shield of Texas (BCBSTX) will no longer send postal mail notifications of the assigned BCBSTX Internal Provider Record ID. Providers can utilize their NPI for claims submission and eligibility and benefit inquiries. The BCBSTX Internal Provider Record IDs are not required in either instance.

See below for key points to help you prepare. Once your case has been processed, you will receive notification as follows:

- For Out-of-Network providers completing our Provider Onboarding Form, once your Provider Record ID is established, you will receive an email notification for Electronic Fund Transfer and Electronic Remittance Advice (EFT/ERA) information and a link to our provider website.
- For In-network (non-delegated) providers you will receive a Welcome notification by email to the submitter indicating the applicable added networks and with effective dates.

- For In-network (delegated) providers you may request a current in-network group roster from your assigned Network Management Consultant.

If you have any questions, contact:

- Out-of-Network providers: Customer Service at **1-800-451-0287**
- In-Network: Local [Network Management Office](#)

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### Outpatient Surgery Codes with Reimbursement Increase When Performed at an Ambulatory Surgery Center

Effective April 1, 2022, Blue Cross and Blue Shield of Texas (BCBSTX) is increasing the maximum allowable standard fee schedule reimbursement for nearly 1,500 outpatient surgery services when performed at in-network Ambulatory Surgery Centers (ASC) for commercial members\*.

Surgery performed in a hospital can cost nearly three times more than an ASC. A sizable portion of this additional cost is passed on to patients through coinsurance or deductibles. This initiative creates an opportunity to increase your reimbursement by 15%-50% on each qualifying procedure while allowing patients to receive the same quality of care they would get in a hospital but at a significantly lower cost. While this opportunity maximizes the benefit for the patient, it also aligns incentives for eligible physicians to provide care in the most cost-effective manner.

**What's covered?** There are approximately 1,500 services that qualify for this program and fall within the following categories:

Auditory	Endoscopy	Musculoskeletal or Orthopedic
Bariatric	Eye	Neurology
Cardiovascular	General Surgery	Reproductive
Colonoscopy	Gynecologic	Respiratory
Digestive	Integumentary	Urology
Endocrine	Lymphatic	

You can reference the full code list [HERE](#).

### More Information

To determine if the increase applies to the services you perform, participating providers may use the [Fee Schedule Viewer](#) tool via [Availity Essentials](#) and electronically receive the

incentive price allowance, as applicable, for up to 20 procedure codes at a time by selecting **Other Place of Service**.

Visit the [News and Updates](#) page on the provider website and the [Blue Review](#) newsletter for additional information.

\*Please note, this does not apply to BCBSTX Medicare Advantage or Medicaid members.

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### **Fee Schedule Update for Procedure Codes 97151 and 97152**

Blue Cross and Blue Shield of Texas (BCBSTX) will implement an increase in the maximum allowable fee schedule for procedure code **97151** effective May 1, 2022, and a reduction for procedure code **97152** effective Aug. 1, 2022, due to a posting error. This impacts the Blue Choice PPO<sup>SM</sup>, Blue Essentials<sup>SM</sup> (including HealthSelect<sup>SM</sup> of Texas Network), Blue Premier<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, MyBlue Health<sup>SM</sup> and PAR Plan networks (collectively referred to as "Networks").

The specific changes for the Network fee schedules and files will be posted on the [BCBSTX provider website](#) under **Standards & Requirements**, then select [General Reimbursement Information](#). To access the secure content area, please obtain the password from your [Network Management Office](#). General reimbursement information policies and fee schedule information will be posted under **"Reimbursement Changes/Updates"** in the **"Reimbursement Schedules"** section.

If you have any questions, please contact your [Network Management Office](#).

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### **PEAQ Updated Methodology and FAQ**

The **Physician Efficiency, Appropriateness, & Quality (PEAQ)** program helps to measure individual provider performance. The program's goal is to maximize and improve quality and value of care for our members.

It was developed and is maintained with input from physicians. Their input leads to regular updates to the program methodology. Previous methodologies were released in December 2019 and August 2020, which then began the evaluation periods based on those respective methodologies. We have recently released a new [PEAQ methodology](#) that includes updates to:

- Measures for appropriateness (including new specialties) and quality
- Criteria for inclusion

- Reconsideration details

We plan to release program results later in 2022 for the completed evaluation periods that correspond to the previously released methodologies. Appropriateness measures are not yet incorporated into PEAQ results but will be included as informational only. These results will be available to physicians through [Availity® Essentials](#). Not yet registered with Availity? Sign up now at no cost on [Availity](#). For help registering, contact Availity Client Services at **1-800-282-4548**.

For more information, refer to the [Frequently Asked Questions \(FAQ\)](#) on the [PEAQ](#) page.

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## **BEHAVIORAL HEALTH**

### **Behavioral Health Collaboration Requests**

If you provide behavioral health services to our members, you may receive a request to collaborate with us as part of our **Behavioral Health Case Management program**. Certain Blue Cross and Blue Shield of Texas (BCBSTX) members can choose to participate in this program. BCBSTX case managers – including Licensed Clinical Social Workers, Licensed Professional Counselors, and Registered Nurses – **help with planning and coordinating these members' care**.

### **Next Steps**

If you receive a **Provider Collaboration Fax Form** from a BCBSTX case manager requesting clinical information about a member participating in this program:

- **Please fill out the form with the most recent clinical data**, including diagnoses, medications, and collaborations with other providers.
- Return the form as soon as possible to the secure fax number or email listed on the form.

The information you provide is a key component in helping the case manager close gaps related to the member's care.

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**Earn Continuing Education Credit at Webinar on Avoiding Inappropriate Antibiotic Use**

Watch your email for an invitation with the online registration link to our free webinar on preventing antibiotics overuse on **June 29, 2022, from 12:15 to 1:15 p.m.** We are excited to provide advance notice for doctors (MDs), physician assistants and nurse practitioners to save the above date to attend and **earn one continuing medical education (CME) credit for attending.**

The webinar will be led by Sharon Tsay, MD, an infectious disease-trained physician who serves as a medical officer in the Centers for Disease Control and Prevention (CDC) Office of Antibiotic Stewardship. Discussion will include:

- Avoiding antibiotic treatment for acute bronchitis and other viral illnesses
- How antibiotics can do more harm than good when used and not needed
- Alternatives to antibiotics

**About the Speaker:** At the CDC, Dr. Tsay focuses on improving antibiotic use in outpatient settings. She trained in internal medicine at Columbia NY Presbyterian Hospital and completed an infectious diseases fellowship at University of Pennsylvania. She joined the CDC in 2016 as an Epidemic Intelligence Service officer, where she worked in fungal diseases. She maintains clinical practice and serves as an infectious diseases consultant in the Piedmont Healthcare System.

**Learn more about antibiotics overuse.** As part of monitoring and improving our members' care, we track **the avoidance of antibiotic treatment for acute bronchitis/bronchiolitis (AAB)**. AAB is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). It measures the **appropriate treatment for acute bronchitis, which means antibiotics weren't prescribed.**

To learn more about preventing antibiotics overuse, see the CDC's [Antibiotic Prescribing and Use – Continuing Education and Training](#) and [alternatives to antibiotics](#).

*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. The above 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. References to other third-party sources or organizations are not a representation,*

warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. 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.

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## CLAIMS & ELIGIBILITY

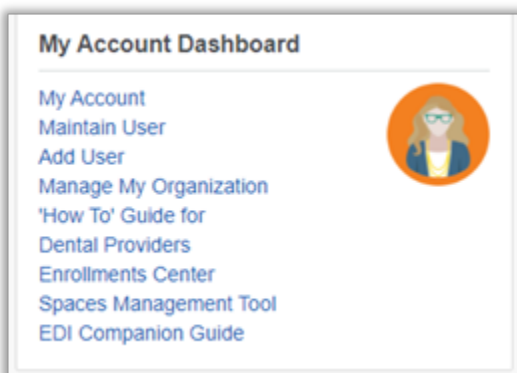
### Alert: Availity® Essentials Claim Status Tool Update

#### What's Changing

Starting on May 22, 2022, providers must use the “Select a Provider” drop-down list in the Availity Claim Status tool for the NPI number to populate in the Member and Claim number search options.

#### Update NPI

To ensure the provider information is available in the **Select a Provider** drop-down list, your Availity Administrator must add the NPI number to **Manage My Organization** (previously known as Express Entry) located in the **My Account Dashboard** on the Availity Essentials home page.



#### For More Information

Refer to the [Claim Status User Guide](#) in the [Provider Tools](#) section of our website. If you have further questions or feedback, contact our [Provider Education Consultants](#).

#### Not Signed up for Availity

If your provider organization is not yet registered with Availity, you can sign up today

at [Availity Essentials](#). For registration assistance and/or help with adding provider information to your Availity account, contact Availity Client Services at **1-800-282-4548**. Use this opportunity to get access to all the provider tools available to your office including online eligibility and benefits, submitting prior authorizations and verifying demographic information. See [Provider Tools](#) on the provider website for more information.

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### **Submit Multiple Clinical Claim Appeal Requests Online**

Starting on May 22, 2022, providers will have the option to electronically initiate one clinical claim appeal request for multiple claims when it is for the same patient and denial reason using the Availity® Claim Status Tool.

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

#### **Using this online offering allows the following:**

- Status management
- Upload of clinical medical records with submission
- View and print confirmation and decision letter
- Generates Dashboard view of appeal-related activity

#### **Training and Resources:**

- Refer to the [Educational Webinar Sessions](#) page to register for the “Claim Status and Clinical Claim Appeals” webinar hosted weekly by Blue Cross and Blue Shield of Texas (BCBSTX).
- View the [Electronic Clinical Claim Appeals User Guide](#) in the [Provider Tools](#) section of our website for step-by-step instructions.
- Contact our [Provider Education Consultants](#) if you have further questions or need customized training.

If your provider organization is not yet registered with Availity, you can sign up today at [Availity Essentials](#), at no charge. For registration assistance contact Availity Client Services at **1-800-282-4548**.

This information is not applicable to Medicare Advantage, Texas Medicaid, or BlueCard® (out-of-area) 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 have been recently added or updated:

- [CPCP033 Telemedicine and Telehealth Services](#) 📄 – Effective 03/28/22
- [CPCP032 Intraoperative Neurophysiology Monitoring \(IONM\) Coding and Reimbursement Policy](#) 📄 – Effective 05/03/2022
- [CPCP028 Non-Reimbursable Experimental, Investigational and/or Unproven Services \(EIU\)](#) 📄 – Effective 08/01/2022
  - Note: This policy applies ONLY to BCBSTX ERISA Administrative Services Only (ASO) plans
- [CPCP012 Hernia Repair](#) 📄 – Effective 08/04/2022

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## MEDICARE ADVANTAGE PLANS

### Additional Update to Prior Authorization Codes for Medicare Members, Effective July 1

**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 Current Procedural Terminology® (CPT) codes due to updates from Utilization Management or the American Medical Association (AMA) effective July 1, 2022. A summary of changes is included below.

**Medicare:** 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.

Changes include:

- Removal of one Molecular Genetic Lab Testing code previously reviewed by eviCore
- Replacement of Molecular Genetic Lab Testing codes reviewed by eviCore

**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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## **NETWORK PARTICIPATION**

### **PCP and Referral Requirements**

Some Blue Cross and Blue Shield of Texas (BCBSTX) plans require the member to select a Primary Care Provider (PCP) who is responsible for referring the member for services to most specialty care providers and facilities. It is essential the PCP refer members, requiring such care, to participating physicians or professional providers within the member's **same** Blue Essentials<sup>SM</sup> (including TRS ActiveCare Primary and TRS ActiveCare Primary+ who use the Blue Essentials network), Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup> or MyBlue Health<sup>SM</sup> provider network.

When the member's plan requires a referral, the PCP must submit the referral request to BCBSTX via the following methods:

- The easiest and most convenient option 24/7 for submitting or to review referral requests is using [Availity® Authorizations & Referrals](#). Refer to the link for information on accessing and tip sheets. This service is free of charge.
- Call **1-800-451-0287** and utilize the interactive voice response (IVR) system. Refer to the [Referral Request Caller Guide](#).
- Call the authorization phone number on the back of the member's ID card.

Once the referral is approved, **you will be issued a confirmation number** to share with the member and the specialty provider/facility. The specialty provider/facility can also access it by logging on to Availity Authorizations and Referrals.

For more information on plans that require PCP and Referrals, refer to [HMO Plans - PCP Selection and Referral Requirements](#) or our [Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual](#).

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## PHARMACY

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

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions or drugs moving to a lower out-of-pocket payment level, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to BCBSTX drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. [View the Pharmacy Program Updates Effective July 1, 2022](#) 📄.

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## PRIOR AUTHORIZATION

### Prior Authorization Code Update Effective 8/1/22 for Commercial Members

**What's new:** Blue Cross and Blue Shield of Texas (BCBSTX) will be updating its lists of procedure 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 include the following:

- Specialty Pharmacy code **J0897** – Previously this code was reviewed only by AIM Specialty Health®. As of **8/1/22**, if the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSTX. It will continue to be reviewed by AIM if supported by an oncology diagnosis.
- Medical/Surgical codes **23130** and **C9757** are being removed effective **7/1/2022**.

**More Information:** Refer to **Prior Authorization Lists** on the [Utilization Management](#) section of our [provider website](#). Revised lists can be found on **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® 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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### 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. 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).*

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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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