

BLUE REVIEWSM

A Provider Publication

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NOTICES & ANNOUNCEMENTS

AIM Specialty Health Changes Its Name to Carelon Medical Benefits Management

As of March 1, 2023, AIM Specialty Health® (AIM) has changed its name to **Carelon Medical Benefits Management (Carelon)**. Blue Cross and Blue Shield of Texas (BCBSTX) will be updating our [website](#) with the **Carelon** name change including the utilization management page content and other related resources.

What do I need to do: Providers don't have to do anything. You will continue to follow your normal processes, use the same phone numbers and web addresses, including the same provider portal link previously used for AIM and rebranded as the [Carelon ProviderPortal](#) that you currently use for utilization management with BCBSTX.

Learn more about **Carelon** [here](#).

Medical Necessity Review of Observation Services

As a reminder, it is our policy to provide coverage for observation services when it is medically necessary based on the medical criteria and guidelines outlined in the [MCG Care Guidelines](#). Claims for observation services are subject to post-service review, and we might request medical records for the determination of medical necessity.

Hospitals, and Routine Services and Supplies

Providers usually include routine services and supplies in charges related to other procedures or services. As such, those services/supplies are considered non-billable for separate reimbursement. The following guidelines identify items, supplies and services that are not separately billable. (Note: This is not an all-inclusive list.)

- Any supplies, items and services that are necessary or otherwise integral to the provision of a specific service and/or the delivery of services in a specific location are considered routine services and not separately billable in the inpatient and outpatient environments.
- All items and supplies that may be purchased over the counter are not separately billable.
- All reusable items, supplies and equipment that are provided to all patients during an inpatient or outpatient admission are not separately billable.
- All reusable items, supplies and equipment that are provided to all patients admitted to a given treatment area or units are not separately billable.
- All reusable items, supplies and equipment that are provided to all patients receiving the same service are not separately billable.

BEHAVIORAL HEALTH

Supporting Behavioral Health Quality Care

We track quality measures related to behavioral health to monitor and improve our members' care. Below is information about the measures and tips for closing gaps in care.

- [Screening and Follow-Up Care for Maternal Mental Health](#)
- [Monitoring Children Using ADHD Medications](#)
- [Caring for Substance Use Disorders](#)

CLINICAL RESOURCES

Technical and Professional Components

Modifier 26 denotes professional services for lab and radiological services. **Modifier TC** denotes technical components for lab and radiological services. These modifiers should be used in conjunction with the appropriate lab and radiological procedures only. **Note:** When a health care provider performs both the technical and professional services for a lab or radiological procedure, they must submit the total service, not each service individually.

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 Update](#) – Effective April 1, 2023
- [Annual Review: TXCPCP003 Surgical and Non-Surgical Services Policy Update](#) – Effective March 9, 2023
- [Annual Review: CPCP020 Drug Testing Clinical Payment and Coding Policy Update](#) – Effective March 27, 2023
- [CPCP007 Implant and Coding Policy](#) – Retired March 31, 2023
- [Update to CPCP023 Modifier Reference Policy](#) – Effective June 26, 2023
- [Update to CPCP016 Chiropractic Care Services](#) – Effective June 26, 2023
- [New CPCP040 Physical Medicine and Rehabilitation Services](#) – Effective June 26, 2023
- [Update to CPCP010 Anesthesia Information](#) – Effective June 26, 2023
- [Changes to CPCP027 Inpatient Readmissions Policy](#) – Effective July 1, 2023

EDUCATION & REFERENCE

Earn Continuing Education Credit through Webinar on Opioids

Join us for a webinar, **Synthetic Opioids and the Opioid Crisis**. We will offer it twice:

- **April 24, 2023**, from 8 to 9 a.m. Central time. [Register here](#) to attend.
- **April 26, 2023**, from 9 to 10 a.m. Central time. [Register here](#) to attend.

Those who attend this introductory training will earn one continuing medical education (CME) credit or continuing education unit (CEU). The webinar is free to providers.

Psychiatrist Tom Allen, M.D., and Ben Lawrence, Licensed Professional Counselor-Supervisor, will provide a high-level overview of opioids and the rise in the opioid crisis. The webinar will focus on:

- How opioids have evolved
- Risks of opioid misuse
- Effects of synthetic opioids and health disparities
- Screening tools for opioid use disorder
- Treatment trends and follow-up care

Other Continuing Education Credits

Recordings of our [previous behavioral health webinars](#) are available online. [Sign in here](#) (registration required) to watch them and earn CME/CEU credit.

HEALTH & WELLNESS

To support quality care, we provide information to providers and members to encourage discussions on health topics. Watch for more about health care quality in our website's [News and Updates](#) section and our [Delivering Quality Care web page](#).

MEDICARE ADVANTAGE PLANS

Blue Cross Medicare Advantage (PPO)SM and Blue Cross Medicare Advantage (HMO)SM Annual Health Assessment Incentive FAQs – 2023

Check out FAQs for answers to questions about the Annual Health Assessment incentive including who is eligible, how it works, when payments are made and more. [Read more](#).

PHARMACY

Pharmacy Program Quarterly Update, Part 2: Changes Effective Jan. 1, 2023

Review important pharmacy benefit reminders, drug list and dispensing limit changes, and Utilization Management program changes. [Read more](#).

New for 2023: Specialty Pharmacies Added In-Network

We've expanded our specialty pharmacy network to include Christus Specialty Pharmacy, University Medical Center (UMC), and Red Chip. For our members with Blue Cross and Blue Shield of Texas (BCBSTX) pharmacy coverage, these are new dispensing options for specialty medications covered under the pharmacy benefit.

Also new for 2023 is access to the IRX network.

Oral oncology changes: Effective March 12, 2023, Prime Therapeutics will transition its existing oral oncology network to the IRX network. Pharmacies currently participating in the oral oncology network have been notified of the change and asked to confirm participation in the IRX network. The transition will be seamless for members and there will be no disruption in care.

Finding a specialty pharmacy: An updated list of our in-network specialty pharmacy vendors is on our [provider website](#). Members can view the specialty network list by logging into their Blue Access for MembersSM or MyPrime.com accounts.

Pharmacy details:

- Christus Specialty Pharmacy
 - Added to the BCBSTX specialty pharmacy network
 - Added to the oral oncology network
 - Only ships to Texas and Louisiana
- UMC
 - Added to the oral oncology network
 - Does not offer shipping or delivery
- Red Chip
 - Added to the hemophilia network
 - Offers nationwide shipping
- IRX
 - A clinically integrated program that allows members to receive their oral oncology and other select medications in their health care provider's clinic or hospital pharmacy
 - The doctor and pharmacist are part of the same team and have direct communication

More information: Call the number on your patient's member ID card to verify coverage, or for more information on your patient's benefits.

Pharmacy Benefits

As a participating practitioner, you are given a list of drugs that we review and update throughout the year. For certain drugs, we have quantity limits and/or may require prior authorization before we approve any benefits for the drug. Prior approval and quantity limits are in place to ensure we are following current medically appropriate drug guidelines.

For more information, visit the [Pharmacy Program](#) section on our provider website. For Federal Employee Program[®] members, information can be found at fepblue.org/pharmacy. We encourage you to check our [provider website](#) regularly and watch for updates [in this newsletter](#).

The following information is available on our website:

- Formulary lists, including restrictions and preferences
 - How to use our pharmacy procedures
 - An explanation of limits and quotas
 - How you can provide information to support an exception request
 - The process for generic drug substitutions, therapeutic interchange and step-therapy protocols
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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.

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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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