BLUE REVIEW℠

For Providers

OCTOBER 2023

NOTICES & ANNOUNCEMENTS

New BlueApprovR℠ Tool Expedites Prior Authorization and Recommended Clinical Review for some Medical/Surgical Services

Blue Cross and Blue Shield of Texas (BCBSTX) continues to streamline the Prior Authorization and Recommended Clinical Review (RCR) process to reduce your workload with **BlueApprovR**. Effective Sept. 11, 2023, this new tool in Availity® Essentials helps you expedite approvals for some medical and surgical services for many of our commercial members.

BlueApprovR offers End-to-End Efficiencies

Registered Availity Essentials users have free, 24/7 access to BlueApprovR to:

- Request RCRs and prior authorizations for some inpatient and outpatient medical/surgical services
- Secure real-time approvals for certain services and begin treatment right away
- Easily attach medical records
- Check approval status of your request

What if I'm Prior Authorization Exempt?

Providers with active prior authorization exemptions are encouraged to submit a notification through BlueApprovR for services or procedures for which you have a prior authorization exemption. You will also be able to submit recommended clinical reviews through BlueApprovR before moving forward with some services or procedures that are not on the required prior authorization list. Learn more here.

Note: Your RCR submissions will follow the same path through BlueApprovR as prior authorization requests. Also, your RCR submission via BlueApprovR replaces the need to fax or to attach forms in Availity.

Use BlueApprovR to request prior authorization for these types of care:

- Specialty Pharmacy
- Inpatient Acute Care
- Long-Term Acute Care
- Inpatient Rehab
- Skilled Nursing Facility
- Outpatient Hospice
- Inpatient Hospice
- Home Health
- Outpatient Service

How to submit Prior Authorization and Recommended Clinical Review requests through Availity Essentials:

- In Availity, select **Payer Spaces** from the navigation menu, then **BCBSTX**.
- On your Payer Spaces page, select the **Applications** tab and click **BlueApprovR**.
- Users will be redirected to **BlueApprovR** to complete the request.

Other prior Aauthorization request methods:

- Providers may submit a recommended clinical review utilizing the same submission process as a prior authorization using the Availity Authorizations and Referrals tool.

Note: This new tool is currently not available for our Federal Employee Program® (FEP®), Employees Retirement System of Texas, Teachers Retirement System of Texas, or Medicare Advantage members. Please use your existing process for requesting prior authorization and recommended clinical review for these members.

Don't forget: Benefits will vary based on the service being rendered. Always check eligibility and benefits first for BCBSTX members to confirm if prior authorization is required. This step also will alert you if your request must be submitted through a vendor, rather than BCBSTX.

Provider Resources
Learn more about how to access and use BlueApprovR at our Provider Tools web page.

For More Information
Continue to watch News and Updates for future program updates and training opportunities.

CLAIMS & ELIGIBILITY

Reminder for Billing Point-Of-Use Convenience Kits

Blue Cross and Blue Shield of Texas (BCBSTX) regularly reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our members' benefit plans and meet our guidelines.

Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. In addition to the injectable medicine, these prepackaged kits include supply items, such as alcohol prep pads, cotton balls, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze. **As a reminder, only the drug component of the kit is reimbursable to the provider.**

BCBSTX periodically checks the pricing of these kits to manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. These non-drug supplies are considered as part of the practice expense for the procedure performed and no added compensation is warranted. Reimbursement for these point-of-use convenience kits may be updated based upon the FDA-approved drug component.

Remember to provide the most appropriate care in the most cost-effective manner.

ClaimsXten™ Quarterly Update Effective Dec. 4, 2023

Blue Cross and Blue Shield of Texas (BCBSTX) will implement its fourth quarter code updates for the ClaimsXten auditing tool on or after Dec. 4, 2023.

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.

CLINICAL RESOURCES

Updates to Clinical Practice and Preventive Care Guidelines

We've updated our Clinical Practice Guidelines and Preventive Care Guidelines. The guidelines help direct our quality and health management programs and improve member care. They may help guide your decision-making as you care for our members. We update them no less than every two years or when new significant findings or major advancements in evidence-based care are established.

Clinical Payment and Coding Policy Updates

Our website's Clinical Payment and Coding Policies 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 and does not address all reimbursement-related issues. We may add and modify clinical payment and coding policies. The following policy was updated:

- CPCP028 Non-Reimbursable Experimental, Investigational and/or Unproven Services Update 12/01/2023

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.

Supporting Quality Care During Breast Cancer Awareness Month

Routine screening for breast cancer is the best way to detect it early, according to the Centers for Disease Control and Prevention (CDC). Breast cancer is easier to treat when it's caught earlier. October is Breast Cancer Awareness Month and a good time to remind our members about the importance of regular screenings for women. We've created resources that may help.

Screening Recommendation

Each year about 240,000 cases of breast cancer are diagnosed in women in the U.S., according to the CDC. Breast cancer death rates for women are higher than any cancer besides lung cancer. The U.S. Preventive Services Task Force recommends that **women ages 50 to 74 be screened for breast cancer every two years**. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50. See our Preventive Care Guidelines on breast cancer screening.

Tips to Close Gaps in Care

- Talk with our members about breast cancer risk factors and the importance of regular screening for women.
- Breast cancer disproportionately affects Black women, according to the CDC. Talk with our members about the unique risks and barriers they may face, which can result in poorer outcomes than other women.
- Document screenings in members' electronic medical record. Indicate the specific date and result. This helps us track member progress on the quality measure Breast Cancer Screening from the National Committee for Quality Assurance. The measure tracks women ages 50 to 74 who had at least one mammogram in the past two years.
- Document medical and surgical history in the medical record, including dates. Use correct diagnosis and procedure codes. Submit claims and encounter data in a timely manner.
- Offer telehealth services when available and appropriate for preventive care appointments.
- Follow up with members if they miss their appointment and help them reschedule.
- For members who need language assistance, let them know we offer help and information in their language at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.
- For STAR and CHIP members who have transportation barriers, let them know that we provide free non-emergency transportation services. Learn more about rides for STAR and CHIP members.
- See our Health Equity and Social Determinants of Health page for more information on health equity.

For men who are at high risk, the American Cancer Society recommends discussing with them how to manage risks.

MEDICARE ADVANTAGE PLANS

Medical Records Reminder for Out-of-Area Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO)℠ members, you will receive requests directly from us or our vendor, Change Healthcare, as part of the Blue Cross and Blue Shield National Coordination of Care program. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS®) measures. Also, you may receive requests from EXL Health for select inpatient, diagnosis-related group claims for any out-of-area Blue Cross Medicare Advantage℠ members.

NETWORK PARTICIPATION

Physician Performance Insight Reports are Now Available

Physician Performance Insight (PPI) reports are now in Availity for physicians who met eligibility requirements for the Physician Efficiency, Appropriateness, and Quality℠ (PEAQ℠) program. These reports show how physicians compare to their peers and include information to improve future performance. In 2024, BCBSTX members will be able to see a summary of these reports on Provider Finder®.

Reports are available in Availity. If you are not registered for Availity, sign up for a free account by going to and selecting “Register” in the top right corner. Refer to the Availity User Guide for information on viewing results.

PPI reports employ logic from the August 2020 methodology for the medical appropriateness component and from the May 2022 methodology for quality of care and cost-efficiency components. See the PPI Report Guide for information on navigating the reports. For questions related to PPI reports, email PEAQ_inquiries@bcbstx.com.

We are committed to continuous improvement and reevaluation of our methodology regularly based on feedback and recent clinical evidence. For more information about PEAQ, visit the BCBSTX PEAQ page or email PEAQ_analytics@bcbstx.com.

MyBlue Health℠ Network Expansion

Blue Cross and Blue Shield of Texas (BCBSTX) is expanding the **MyBlue Health℠** network, effective **Jan. 1, 2024,** for Comal, McLennan, and Rockwall 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:

Jan. 1, 2024	**Jan. 1, 2023**	**Jan. 1, 2022**	**Jan. 1, 2020**
Comal, McLennan, and Rockwall	Cameron, Collin, Denton, El Paso (The Valley), Hidalgo, and Tarrant	Bexar, Travis, and Williamson	Dallas and Harris

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 Comal, McLennan, and Rockwall 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:

Comal County	BHS Physicians Network and CentroMed
McLennan County	Providence Health Alliance
Rockwall County	Texas Health Physicians Group

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.

PRIOR AUTHORIZATION

Notifications for Prior Authorization Exemptions for Jan. 1 to June 30, 2023, Review Period

Important Update – see updates below to **Accessing your PA Exemption Status Communication**
It is time again to review providers for prior authorization (PA) exemptions per Texas House Bill 3459. For providers that met the necessary criteria, Prior Authorization (PA) exemptions for particular service(s) were reviewed for Jan.1 – June 30, 2023, and providers that met the approval threshold are being issued a PA Exemption effective Sept. 1, 2023. This includes services for PA's managed by BCBSTX Medical Management, Kelsey-Seybold, Carelon Medical Benefits Management, Inc. (Carelon™) or Magellan for fully insured and certain Administrative Services Only (ASO) groups.

Note: PA exemption status for any prior authorization managed by a Pharmacy Benefit Manager (PBM) are handled and conveyed by the PBM.

Evaluation of PA Exemptions
As a reminder, if you had at least 5 eligible PA's for a particular service from Jan.1 – June 30, 2023 and received approval for at least 90% of them, the PA exemption will be satisfied for that service.

Accessing your PA Exemption Status Communication
As of 09/07/2023, view your **PA Exemption Status communications** via the **Provider Correspondence Viewer (PCV)** on our **BCBSTX-branded Availity® Payer Spaces.** If you are currently not signed up for Availity, you can do so free of charge by registering at Availity or by contacting Availity Client Services at **1-800-282-4548**. Refer to the Provider Correspondence Viewer page on our website as well as New Location in Availity® to Access Prior Authorization Exemption Communications as of Sept.7, 2023 on News and Updates for more information.

Please note beginning with the 09/01/2023 PA Exemption notices, it will only include PA Exemptions you were reviewed for in this cycle. Refer to your previous notifications for other PA exemptions you may still qualify for. You can find all notifications in **PCV**.

As required by the Texas Department of Insurance regulation**,** if you submitted a request for another preferred communication method by July 31, 2023 (email or postal mail), to receive your PA Exemption notifications, your Sept. 1, 2023, notification will be sent by your preferred method. If received after that date, your request will be used for future communications.

Request Notification Acknowledgements for PA Exemption Services
If you have qualified for a PA exemption, you should submit a Notification to BCBSTX to determine the initial length of stay or initial units exempted for service(s). Notification to BCBSTX is required, and services beyond the initial length of stay or units covered by the PA exemption may be reviewed for medical necessity. Notification can be submitted via Availity® Essentials, or by calling the number on the member's ID card. A Notification Acknowledgement for the specific service(s) allowable per the prior authorization exemption will be provided.

Please Note:
- Concurrent review is still required for ongoing or an extension of services beyond care guidelines. Refer to the prior authorization services list for review criteria.
- Providers will still need to check eligibility and benefits via Availity or your preferred vendor.
- Prior authorization is still required for all other services without a PA Exemption.

A list of PA exempted services or codes applicable to the Outpatient Care Categories or Inpatient Treatment/Types as indicated on your notification are available on the **TX HB3459 Elective Prior Authorization (PA) Exemption Clinical Guidelines** found on the Prior Authorization Exemption page.

If you are a BCBSTX participating provider with a general inquiry regarding your PA exemption results, contact your local Network Management Representative for assistance. Non-participating providers can complete the PA Exemption Inquiry Form. If you would like to request an appeal of a denied exemption for a specific treatment setting or care category, complete the PA Exemption Appeal Form**.** Both forms can be emailed to TX PA Exemption Inquiries.

More Information
Please refer to Prior Authorization Exemptions on our Utilization Management page.

New Location in Availity® to Access Prior Authorization Exemption Communications as of Sept. 7, 2023

Effective Sept. 7, **all** communications for prior authorization (PA) exemptions are now available in a new location in the **Provider Correspondence Viewer** (PCV) application under the secure Payor Spaces section of the Availity® Essentials website, including:

- The new PA Exemption notices effective 09/01/2023
- All previously issued exemptions (Effective 10/1/2022 and 3/1/2023)
- Maintain or Rescission Audit Review Notices
- All future communications of any kind

Accessing your communications in PCV is the most convenient method to access **all notices**. If you not currently registered for Availity, go to Availity Essentials or contact Availity Client Services at **1-800-282-4548** to get access. Refer to our PCV page for information on how to access PCV and a User Guide. The previous Prior Authorization Exemption Status Viewer is now retired.

Note, if you submitted a request by **07/31/2023** for another preferred method of receiving your PA exemption communications, (i.e., email or postal mail), your Sept. 1, 2023, notice will also be sent by your preferred method. If received after that date, your request will be used for future communications, and you will need to refer to Availity for your 9/1 communication. However, all letters regardless of your preference are available on PCV.

More Information
Please refer to Prior Authorization Exemptions on our Utilization Management page.

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.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSTX to provide utilization management services for members with coverage through BCBSTX.

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ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSTX. Change Healthcare is solely responsible for the software and all the contents.

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 Primeto 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 orservices they offer.

HealthSmart RX is an independent company that has been contracted by BCBSTX on behalf of TRS to provide TRS patient support services for certain covered drugs. HealthSmart RX does not offer Blue Products or Services.

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 certificateof 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, limitationsand exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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