BlueCross BlueShield of Texas

Blue Choice PPO℠ and Blue High Performance Network®
Provider Manual

Section B (d)
Provider Roles and Responsibilities – Lab and Radiology Services

Important Note: Throughout this provider manual there will be instances when there are references unique to Blue Choice PPO, Blue High Performance Network, Blue Edge℠, EPO and the Federal Employee Program®. These specific requirements will be noted with the plan/ network name. If a plan/network name is not specifically listed or the "Plan" is referenced, the information will apply to all products.

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1 Overview

Providers in Blue Cross and Blue Shield of Texas are responsible for ordering and where necessary prior authorizing or requesting recommended clinical review, if applicable, outpatient lab and radiology services for plan members. The following are guidelines for these services.

2 Laboratory and Radiology Services

If outpatient lab or radiology services cannot be performed in the health care provider's office, the provider must send the Plan member to an in-network lab or radiology provider.

To locate participating providers in the **Plan** network, visit Provider Finder® on the BCBSTX website.

Providers should reference our Clinical Payment and Coding Policies for information on processing of certain lab and radiology services. In addition, certain Administrative Services Only Groups (see list on CPCP page) may be applicable to our Lab Management Clinical Payment and Coding Policies. Refer to the CPCP page for a list of all CPCPs for more information.

3 Prior Authorization or Recpmmended Clinical Review

Certain lab or radiology procedures when performed in a health care provider's office, the outpatient department of a hospital or a freestanding imaging center may require prior authorization or may be applicable to recommended clinical review. BCBSTX has an agreement with Carelon Medical Benefits Management to manage prior authorization and recommended clinical review services for certain lab and radiology services BCBSTX may also manage PA or RCR for some plans.

Providers should refer to the **Utilization Management** section of the BCBSTX provider website for current prior authorization requirements or services applicable to recommended clinical review and whether to contact BCBSTX or Carelon and by checking eligibility and benefits through Availity® or their preferred vendor.

Lab or radiology services performed in conjunction with, inpatient hospitalization, emergency room, outpatient surgery (hospitals and freestanding surgery centers) or 23-hour observation are excluded from these requirements.

Refer to the Carelon page for information on specific services requiring prior authorization or applicable to RCR through Carelon as well as how to submit requests.

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

4 Carelon Radiology Services Overview

For details on specific services requiring prior authorization through Carelon including specific procedure codes that require Carelon prior authorization or if recommended clinical review is applicable, refer to the Carelon and Utilization Management pages on the BCBSTX provider website.

Clinical guidelines can be accessed through Carelon's interactive website. The guidelines are consistent with the clinical appropriateness criteria developed by the American College of Radiology. This program helps promote:

- The most appropriate diagnostic imaging exam for the diagnosis;
- Studies are performed in the proper sequence; and
- Member services are maximized by the efficient use of the benefit plan.

Refer to the Carelon Physician's Guide for Radiology further in this manual for more information.

4.1 Provider Transparency and Carelon's Optinet® Assessment Tool

To help health care providers support better-informed decisions about care and services for BCBSTX members, BCBSTX is gathering data about the imaging capabilities of all contracted providers who perform certain diagnostic imaging services. Through Carelon's OptiNet online assessment tool, we are collecting data including training, imaging equipment, capacity, access and compliance with industry standards such as those established by The Joint Commission and the American College of Radiology.

Information regarding imaging capabilities and cost values for facilities are available to ordering/referring health care providers who submit a request for an advanced diagnostic imaging service online or via telephone.

Ordering/referring physicians or professional providers have access to the NCCT cost data for each type of advanced imaging service.

Ordering physicians or professional providers can choose a facility from Carelon's online directory based on the modality score, using the National Consumer Cost Tool methodology, for transparency purposes for a procedure (based on facility and professional related costs of previously billed services), and distance from the ordering physician's or professional provider's office.

All facilities, including those that are already ACR or Joint Commission accredited, need to complete their data to have their site included in Carelon's online directory. This table is only available in the provider selection portion of their process. In some instances, (i.e., not enough data) cost information will not be available. When this occurs, a dash will be displayed in the "$" column.

As an ordering physician or professional provider, when you submit your high-tech radiology order through the Carelon ProviderPortal, you will experience a revision to the initial imaging provider suggestion display. The initial suggestions will only include imaging sites that have an "A" score.

Please note: As an ordering physician or professional provider, you will still be able to search for additional servicing providers in your network.

If you are a servicing/imaging provider and would like to view your completed assessment and/or cost information, please log on to Carelon's portal - https://www.providerportal.com/. Only those providers who have completed their OptiNet assessment will be able to view their cost information for advanced diagnostic imaging services online once they have been scored. Your participation in this online assessment is **critical** to help support BCBSTX's quality initiative.

If you are not currently registered for Carelon's portal, you will need to register online at https://register.providerportal.com/.

4.2 Provider Transparency and Carelon's Low-Tech Imaging

BCBSTX collects information on the capabilities of all Plan contracted providers who provide the technical component of the following low-tech imaging services:

- Echocardiography

Upon the completion of the assessment, responses are evaluated and a score for each registered modality (represented by a letter grade) is assigned to the facility based on the following scale:

A = 88 – 100 points

B = 76 – 87 points

C = less than 76 points

Scores and modality cost information will not be made available to ordering physicians and professional providers for low-tech services. A modality score will not be generated for mammography. At this time,

this information is strictly informational only for the servicing/imaging provider.

Your participation in this online assessment is critical to help support BCBSTX's quality initiative. If you are not currently registered for Carelon's portal, you can register online for free.

5 Carelon Physician's Guide For Radiology Services

Carelon provides prior authorization for certain **Plan** members. These programs are designed to promote the most appropriate and efficient use of outpatient high-tech diagnostic and advanced imaging services.

Note: For BCBSTX and BlueCard members, please contact Customer Service utilizing the phone number on the back of the subscriber's ID card to determine if the prior authorization applies.

5.1 How to Obtain Prior Authorization or RCR Managed by Carelon

- **Telephone Requests:** Call Carelon toll-free at **1-800-859-5299**, Mon – Fri, 7 a.m. - 7 p.m. CST, and Saturday, Sunday and Legal Holidays, 9 a.m. - 12:00 noon CST.
- **Online Requests:** Access Carelon's website to set up a login and password to submit requests and other helpful tools at carelon.com/.
- **Fax Requests:** Fax option is available only for physicians or professional providers who are submitting
- clinical. FAX to Carelon: **1-800-610-0050.**

5.2 Required Information for Carelon

Carelon will require the following information for every request. Please have the patient's chart or office notes available.

- Member's name and date of birth
- Insurance information, such as subscriber's name, BCBSTX ID number, group number, etc.
- Ordering health care provider's name, address and telephone number
- Name of imaging facility (where the procedure will be performed)
- Type of service and/or procedure code
- Reason (indication) for the imaging procedure and/or ICD-10 CM diagnosis code
- Results of pertinent previous studies (labs, x-rays, etc.) and treatments, including their duration
- Member's symptoms

5.3 Carelon Process

- Carelon will process the requests as follows:
- Carelon will use clinical criteria to either immediately issue prior authorization **or** forward the case to a nurse or physician for review.
    - A physician reviewer may contact the ordering health care provider to discuss the case in greater detail within two (2) business days of receipt of the request.
    - Ordering health care providers (PCPs or specialists) may also contact Carelon's physician reviewer at any time during the process.
- Medical records are not necessary, unless requested by Carelon.
- There are no administrative denials for lack of information.
- Carelon will provide the ordering health care provider with an order request number, which will be valid for 30 days from the date issued.
- The servicing health care provider must write the order/case request number on the claim for the imaging study.
- Issuance of a prior authorization is not a guarantee of payment. When submitted, the claim will be processed in accordance with the terms of a subscriber's health benefit plan.

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

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.

BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by Availity.