



**BlueCross BlueShield
of Texas**

Subject: Important Changes to 2023 Texas Group Plans

Dear Group Administrator:

Beginning January 1, 2023, all Blue Cross and Blue Shield of Texas fully insured group health plans will be amended so that certain laboratory services may not be covered. Texas law permits insured group contracts to be modified at the time of coverage renewal if the modification is effective uniformly among all employer groups covered by the benefit plan.

Laboratory services for the following may not be covered beginning January 1, 2023:

- Vitamin B12
- Vitamin D testing
- Hemoglobin A1c testing
- Influenza testing
- Cardiac biomarkers
- Multi-target Polymerase Chain Reaction (PCR) testing of vaginal fluid
- Drug testing in an outpatient setting
- Folate testing (Vitamin B9)
- Pancreatic Enzyme testing
- Cardiovascular disease risk assessment
- Allergen testing
- Erectile dysfunction
- Testosterone testing

Our goal is to serve your health care coverage needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Texas

Effective Jan. 1, 2023 - New Laboratory Management Program for Members in Texas

Effective Jan. 1, 2023, Blue Cross and Blue Shield of Texas (BCBSTX) will implement its new program with Avalon Healthcare Solutions for certain outpatient laboratory services claims provided to our fully insured members in Texas.

The new program will:

- Help our members access the right care at the right time and in the right setting
- Better prepare providers to submit claims for covered services reflecting quality, affordable care delivery to our members

Affected Claims

Our new program may include:

- Outpatient laboratory claims with dates of service beginning **Jan. 1, 2023**
- Claims for services performed in an outpatient setting (typically office, hospital outpatient or independent laboratory)
- Any claims that meet criteria relevant to one or more of the applicable laboratory services referenced in the significant benefit change letter you received with this document.

The following laboratory services are not covered:

Vitamin B12 testing or screening for a Vitamin B12 deficiency in healthy, asymptomatic individual; homocysteine or holotranscobalamin testing to screen for or confirm a Vitamin B 12 deficiency; or Vitamin B12 testing within three (3) months of beginning treatment for a B12 deficiency

Vitamin D testing - Routine screening for vitamin D deficiency with serum testing in asymptomatic individuals and/or during general encounters

Hemoglobin A1c testing in the following situations:

- If you have had a blood transfusion within the past 120 days; or
- If you have a condition associated with increased red blood cell turnover; or
- If you are also being measured for fructosamine

Influenza Testing - Viral culture testing for influenza in an outpatient setting; outpatient influenza testing in asymptomatic patients; Serology testing for influenza under any circumstance

Cardiac Biomarkers - Measurement of cardiac biomarkers for the diagnosis a heart attack if you have symptoms of acute coronary syndrome such as chest pain; or Measurement of cardiac biomarkers if you have

symptoms of acute coronary syndrome and received services in a setting that cannot perform an evaluation for a heart attack, such as an independent lab or Physician's office

Diagnosis of Vaginitis Including Multi-target PCR Testing

All other tests for vaginitis are not covered except testing of pH, testing for the presence of amines, saline wet mount, hydrogen peroxide (KOH) wet mount and microscopic examination of vaginal fluids. Direct Probe DNA-based identification of Gardnerella, Trichomonas; Measurement of sialidase activity in vaginal fluid for the diagnosis of bacterial vaginosis; Nucleic Acid Amplification Test (NAAT) or Polymerase Chain Reaction (PCR)-based identification of Trichomonas vaginalis in individuals with symptoms of vaginitis; Screening for Trichomonas for individuals with risk factors including new or multiple partners; exchange of sex for payment; incarceration; or injection drug use; Polymerase Chain Reaction (PCR) based identification of Candida for individuals with complicated vulvovaginal candidiasis (VVC) to confirm clinical diagnosis and identify non-albicans Candida; Nucleic Acid Amplification Test (NAAT, polymerase chain reaction (PCR) testing and multitarget PCR testing, when limited to known pathogenic species, for the diagnosis of bacterial vaginosis;

Drug testing in an outpatient setting is not covered in the following situations:

- Testing to confirm the presence and/or amount of drugs in your system is not covered when laboratory-based definitive drug testing is requested without any prior screening test results, or when laboratory-based definitive drug testing is requested for larger than seven drug classes panels
- Use of proprietary drug tests such as RiskviewRX Plus
- Specific validity testing, including, but not limited to the following tests: urine specific gravity, urine creatinine, pH, urine oxidant level, and genetic identity testing, are included in the panel test and therefore will not be covered if submitted individually if a urine panel test was also ordered at the same time
- Testing for any American Medical Association definitive drug class codes
- Same-day testing for the same drug or metabolites from two different samples (e.g., both a blood and a urine specimen)
- Testing of samples with abnormal validity tests
- Drug testing for patients in a facility setting (inpatient or outpatient) are not separately covered, as they are included in the daily charge at the facility

Your plan does not cover both qualitative (type of drug) testing and presumptive (to verify presence of drugs) testing on the same specimen.

Folate testing - Measurement of RBC folate is not covered. Measurement of serum folate concentration is only covered when you have been diagnosed with megaloblastic or macrocytic anemia and those conditions do not resolve after folic acid treatment

Pancreatic Enzyme Testing is not covered the following situations:

- More than once per visit; or
- As part of ongoing assessment or therapy of chronic pancreatitis, or

- During a general exam without abnormal findings if you do not have symptoms and are not pregnant
- For measurement of the following biomarkers for the diagnosis or assessment of acute pancreatitis, prognosis, and/or determination of severity of acute pancreatitis is not covered: measurement of both amylase AND serum lipase, serum trypsin/trypsinogen/TAP (trypsinogen activation peptide), C-Reactive Protein (CRP); Interleukin-6 (IL-6); Interleukin-8 (IL-8); or Procalcitonin

Cardiovascular disease risk assessment testing is not covered in the following situations:

- High-sensitivity C-Reactive Protein is not covered except when a risk-based treatment decision is not certain after having a quantitative risk assessment using American College of Cardiology/ American Heart Association (ACC/AHA) calculator to calculate 10-year risk of Cardiovascular disease CVD
- Testing for High-sensitivity C-Reactive Protein is not covered as a screening test for the general population or for monitoring response to therapy
- Measurement of High-sensitivity cardiac troponin T is not covered for cardiovascular risk assessment and stratification in the outpatient setting
- Homocysteine testing for cardiovascular disease risk assessment screening, evaluation and management is not covered
- Novel Cardiovascular Biomarkers such as measurement of novel lipid and non-lipid biomarkers is not covered as an add on to LDL cholesterol in the risk assessment of cardiovascular disease;
- Cardiovascular risk panels, consisting of multiple individual biomarkers intended to assess cardiac risk (other than simple lipid panels), are not covered
- Serum Intermediate Density Lipoprotein is not covered as an indicator of cardiovascular disease risk
- Measurement of lipoprotein-associated phospholipase is not covered as an indicator of risk of cardiovascular disease
- Measurement of secretory type II phospholipase is not covered in the assessment of cardiovascular risk for all indications
- Measurement of long-chain omega-3 fatty acids in red blood cell membranes, including but not limited to its use as a cardiac risk factor is not covered
- All other tests for assessing CHD risk are not covered

Allergen testing is not covered in the following situations:

- Routine re-testing for confirmed allergies to the same allergens **is not covered** except in children and adolescents with positive food allergen results to monitor for allergy resolution
- The Antigen Leukocyte Antibody test (ALCAT) is not covered
- In-vitro testing of allergen specific IgG or non-specific IgG, IgA, IgM, and/or IgD in the evaluation of suspected allergy is not covered
- Basophil Activation flow cytometry testing for measuring hypersensitivity to allergens is not covered
- In-vitro allergen testing using bead-based epitope assays is not covered
- In-vitro testing of allergen non-specific IgE is not covered

Erectile dysfunction - The following tests for the diagnosis of erectile dysfunction are not covered:

- Angiotensin-converting enzyme insertion/deletion polymorphism testing
- Endothelial nitric oxide synthase polymorphism (4 VNTR, G894T, and T786C) testing for estimating risk of erectile dysfunction
- Iron binding capacity
- Prostatic acid phosphatase

Testosterone testing - The following tests are not covered:

- Testing for serum free testosterone and/or bioavailable testosterone as primary testing (i.e., in the absence of prior serum TOTAL testosterone testing)
- Testing for serum total testosterone, free testosterone, and/or bioavailable testosterone in asymptomatic individuals or in individuals with non-specific symptoms
- Testing for serum testosterone for the identification of androgen deficiency in women
- Salivary testing for testosterone

Measurement of serum dihydrotestosterone in individuals except in diagnosing 5-alpha reductase deficiency in individuals with ambiguous genitalia, hypospadias, or microphallus.

Frequently Asked Questions

1. Who is Avalon?

Avalon Healthcare Solutions is the industry leading comprehensive laboratory benefits manager (LBM) helping payers, physicians and consumers optimize the cost-effective use of diagnostic laboratory tests. We are working with Avalon to offer a suite of laboratory management services. Our goals are to:

- Increase access, quality, and affordability of lab care,
- Enable providers to adhere to laboratory services guidelines with claim simulation tools,
- Enhance the patient healthcare experience.

Through this working relationship, BCSTX will have the ability to ensure members are able to get the right test at the right time in the right setting.

2. What is the benefit of the new Laboratory Management program?

Our Laboratory Management Program promotes testing consistent with industry guidelines, which helps to drive quality and cost-effective medical care for our members.

3. Is Avalon replacing any existing bundling or editing tools?

Avalon is not replacing any existing tools, but it is more than just another claim editor. It's a laboratory benefit manager. The Avalon editor targets low-cost, high-volume lab services that are not exclusively targeted by our other editing services. The service is configured with not only the correct coding protocols for lab services, but the laboratory services guidelines BCBSTX has adopted.

4. What type of claims apply?

All claims with laboratory and pathology services, except for ER, In-patient, and Observation claims.

5. What occurs when a test is ordered by a provider that is no longer covered?

If a provider orders a test, the member will receive the test and test results. When the provider submits the claim, if it does not meet criteria, it will be denied. The provider will not be reimbursed. There is no impact to member if a provider orders a test that does not align with our policies.

6. Have Blue Cross and Blue Shield members been notified of this new program?

Employer groups will be notified on Nov. 1, 2022 about the Laboratory Management Program. 2023 Benefit Booklets will reflect these changes.