

## 2019 Benefit Preauthorization Changes: Training, Reminders and Resources

We know it's a busy time of year, so Blue Cross and Blue Shield of Texas (BCBSTX) wanted to remind you of some upcoming changes, as well as related resources to help you and your staff prepare. As we announced in [October 2018](#), (BCBSTX) will expand the number of outpatient services requiring benefit preauthorization, effective Jan 1, 2019, for some members with commercial PPO and HMO plans.

With this expansion, you may need to obtain benefit preauthorization through eviCore Healthcare (eviCore) for the following care categories:

- Advanced Imaging
- Musculoskeletal (includes joint and spine surgery)
- Pain Management
- Sleep Medicine

**Note:** eviCore healthcare (eviCore is an independent specialty medical benefits management company that provides utilization management for BCBSTX.

### Sign Up for an eviCore Training Session

To help you and your staff get ready for these benefit preauthorization requirement changes, eviCore will be hosting several online orientation sessions. You will be able to attend the web orientation session that works best for you and your schedule. Visit the **Provider Resource** on the [eviCore website](#), where you will find the training session invite, along with registration instructions.

### Preauthorizations Managed by BCBSTX

In addition, for more information about the care categories that may require benefit preauthorization managed by BCBSTX, please review the [News & Updates from Nov. 16](#). For benefit preauthorization through BCBSTX, we encourage you to use our online tool, [iExchange®](#).

Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSTX members. *Obtaining benefit preauthorization/pre-notification is not a substitute for confirming eligibility and benefits.*

Certain employer groups may require preauthorization/pre-certification for imaging services through other vendors. If you have any questions, please call the number on the member's BCBSTX ID card.

### Always Check Eligibility and Benefits First

Benefits will vary based on the service being rendered and individual and group policy elections. It is critical to check eligibility and benefits for each patient to confirm coverage details. This step will also identify benefit preauthorization/pre-notification requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the [Availity® Provider Portal](#) or your preferred web vendor portal.

### Learn More About Availity and iExchange

BCBSTX offers a variety of webinars with an emphasis on using electronic options. We encourage you to attend a BCBSTX Back to Basics: 'Availity 101' webinar for an overview of

electronic transactions, such as eligibility, benefits, and preauthorization, that can be conducted via the Availity Portal. Also, be sure to sign up for an iExchange webinar to learn how to access and navigate our online benefit preauthorization tool. For dates, times and online registration links for upcoming BCBSTX webinars, visit the [Educational Webinar/Workshop Sessions](#) page.

### **Stay Informed**

Continue to watch the [News and Updates](#) for more information in the coming weeks.

eviCore is an independent specialty medical benefits management company that provides utilization management services for 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. iExchange is a trademark of Meddecision, Inc. (Meddecision), a separate company that provides collaborative health care management solutions for payers and providers. BCBSTX makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as eviCore, Availity or Meddecision. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and benefits and/or obtaining preauthorization/pre-notification for a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.