

PATHWAYS TO MANAGED CARE

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**BlueCross
BlueShield**

PCP Lock-in Expiration

The following administrative flexibilities will expire on March 31, 2022:

Suspension of PCP Assignment

The MCOs will continue the suspension of the practice of denying PCP service claims submitted by providers who are not the assigned PCP of the members they are serving until further notice.

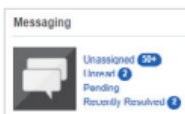
Any claims that were denied since July 31, 2021 as a result of the PCP assignment requirements, should be reprocessed and retroactively approved back to July 31, 2021. As has been the practice throughout this year, members will continue to be assigned PCPs according to the normal process.

Availity Messaging Coming Soon

We'll be launching a new major feature soon. Availity Messaging will enable easy-to-use digital correspondence with our customer service teams. To access Messaging, you must have the Claim Status and Messaging roles in Availity. To use Messaging, follow these steps:

1. To send us a message, find the claim you're inquiring about in Availity Claim Status and use the **Send a message to the payer** link on the right side of the screen
2. After we respond, click on the new notification to take you to your secure inbox

Questions about this claim? [Send a message to the payer.](#)



3. In your inbox, you'll see your original message and our service team's response

Tuesday, February 22nd 2022 10:12 am

"The claim has been adjusted and you should receive a corrected remittance advice within 7 to 10 business days. Thank you for contacting us."

If you currently email us through "Send A Message" on BlueCross Payer Spaces, Availity Messaging will be your new way to ask us questions. All requests will be routed to the appropriate area for handling based on line of business, so you don't need to worry about calling the right phone number, sending copies of remits or mailing letters to work with us. **Please note, we'll retire "Send A Message" near the end of Spring 2022. Check Availity News and Announcements for specific information and dates as we transition to Availity Messaging.**

If you have questions or need help with Availity, please visit Availity.com or call our eBusiness Service team at (423) 535-5717 (option 2).

This issue:

BCBST

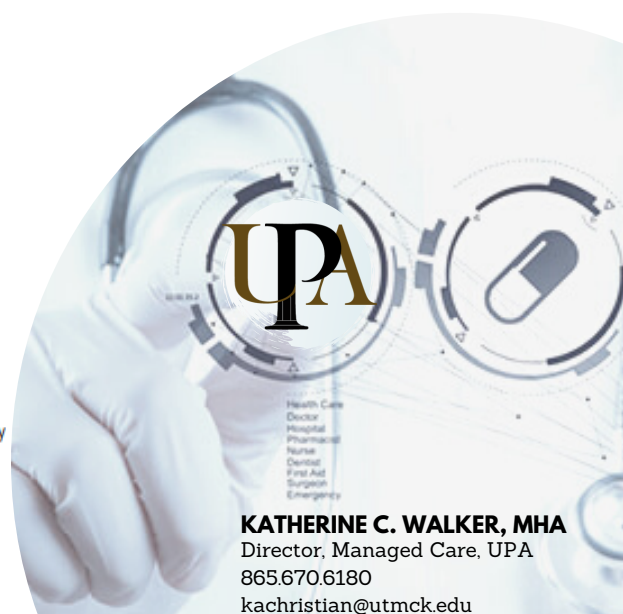
- PCP Lock-in Expiration
- Availity Messaging

AETNA

Third Party Claim &
Code Review

CIGNA

Preventive Care Services





Third-Party Claim and Code Review Program

Beginning June 1, 2022, you may see new claim edits. These are part of our Third-Party Claim and Code Review Program. These edits support our continuing effort to process claims accurately for our commercial, Medicare, and Student Health members. You can view these edits on our Availity provider portal.* We are also expanding our claim edits for E&M services to our Medicare line of business with this update. This expansion enhances our prepayment claims editing processes for coding policy rules related to correct coding of E&M of levels of care for our Medicare members. We have already applied these rules to our commercial line of business. These edits evaluate the correct coding for level 4 and 5 E&M codes (CPT codes 99204, 99205, 99214, 99215, 99244, 99245, 99204, and 92014) using the American Medical Association (AMA) E&M criteria. We will review claims billed with the following places of service: office, inpatient hospital, on-campus — outpatient hospital, emergency room — hospital, off-campus — outpatient hospital, and urgent care facility. Based on the outcome of the review, we may adjust your payment if the claim detail doesn't support the billed level of service. We will not change the procedure code you bill. 4 These changes will support our goal of consistency across all lines of business. You can view any of these edits on our Availity® provider portal. For coding changes, go to: [Aetna Payer Space](#) · [Resources](#) · [Expanded Claim Edits Except for Student Health](#), you'll also have access to our code edit lookup tools. To find out if our new claim edits will apply to your claim, log in to our Availity provider portal. You'll need to know your Aetna® provider ID number (PIN) to access our code edit lookup tools. We may request medical records for certain claims, such as high-dollar claims, implant claims and bundled services claims, to help confirm coding accuracy.



Provider Communication: Preventive Care Services

On September 17, 2021 and October 15, 2021, updates became effective for Cigna's Preventive Care Services Administrative Policy (A004).

Summary: Preventive care updates and revisions effective on September 17, 2021

DESCRIPTION	UPDATE	CODES
Prevention of human immunodeficiency virus (HIV) infection: Pre-exposure prophylaxis (PrEP)-related services	Added five Current Procedural Terminology (CPT®) codes for kidney function testing and pregnancy testing for PrEP-related services Added six CPT codes for adherence counseling, and pre- and post-prescription follow-up counseling	CPT codes 81025, 82565, 82575, 82610, and 84703, with a designated wellness code from Code Group 1 CPT codes 99401-99404 and 99411-99412, with any diagnosis

Summary: Preventive care updates and revisions effective on October 15, 2021

DESCRIPTION	UPDATE	CODES
Colorectal cancer screening	Lowered screening age from 50 to 45	N/A
Sexually transmitted infection (STI) prevention counseling	Added CPT codes	CPT codes 99401-99404 and 99411-99412, with any diagnosis

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website ([CignaforHCP.com](https://www.cignaforhcp.com)) > Review coverage policies > Medical and Administrative A-Z Index > **Preventive Care Services - (A004)**.



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