

Updates Regarding New and Initial Prior Authorizations

Blue Cross and Blue Shield of Texas (BCBSTX) is sharing information from Health and Human Services Commission (HHSC)

Nov. 22, 2021

New Information

Effective immediately, HHSC has advised BCBSTX Medicaid must move forward with <u>processing new and initial prior</u> <u>authorization (PA) requests</u>, including recertification requests, by relaxing document submission timeframes for providers if they are unable to provide certain required documentation **through December 31, 2021**.

Action Now

After December 31, 2021, COVID flexibilities will no longer apply. Beginning with dates of service **January 1, 2022** and after, all pre-COVID prior authorization timeframe and submission requirements will resume as outlined in the <u>Texas</u> <u>Medicaid Provider Procedures Manual (TMPPM)</u>.

This guidance applies to all state plans services including:

- Acute care services
- Long-term services
- Personal assistance services
- Personal care services
- Community First Choice
- Private duty nursing
- Day activity and health services
- Durable medical equipment and supplies

Does not apply to dental service, facility services, or outpatient pharmacy services

Examples of documentation, but are not limited to:

- TMPPM-required timely signatures from physicians and other providers
- Client signatures
- Up-to-date visit with primary care or ordering physician
- Certification of timely face-to-face visits

Providers must submit the appropriate PA forms for requesting services:

- Procedure and diagnosis codes
- Applicable modifiers
- Date of service
- Numerical quantities for services requested



Forms must be submitted in a timely manner, complete to the greatest extent possible, and documentation must note the COVID-19 related issue(s) that prevents the provider from being able to submit required documents. Medical necessity-related documentation of clinical records to demonstrate patient status and progress specific to some services still required. Such documentation includes, but is not limited to:

- Letters of medical necessity
- Progress notes
- Therapy evaluations and re-evaluations
- Nursing plans of care and notes
- Seating assessments

Failure to provide this documentation without a COVID-19 related explanation in the PA request is justification for BCBSTX to deny the requested service due to an inability to determine medical necessity.

Providers are expected to document and ensure the services being delivered are medically necessary. BCBSTX may request additional information if deemed necessary but may not deny PA requests if providers are unable to provide certain required documentation in a timely manner as outlined above. It is expected that the provider has obtained the appropriate required documentation for inclusion in the member's file before reimbursement is requested and will make it available to BCBSTX upon retrospective review. The services delivered may still be subject to retrospective review for medical necessity-related documents. BCBSTX should review exceptions on a provider or member-specific basis.

If BCBSTX implements a retrospective review process that impacts claims for PAs that were approved through December 31, 2021, BCBSTX may not recoup solely on the basis that the provider did not fulfil all the documentation requirements normally required for PA requests. However, the provider must be able to provide a documented justification that the service was medically necessary.

In addition, BCBSTX must have a process to ensure network providers are aware of and have timely access to the PA information needed to bill appropriately and enter authorization information into the electronic visit verification (EVV) system prior to service delivery (for EVV- required services).

Additional Information is available on the TMHP website.

Questions

For more information, call the TMHP Contact Center at **1-800-925-9126** or the TMHP- Children with Special Health Care Needs (CSHCN) Services Program Contact Center at **1-800-568-2413**.

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