



Important Benefit Changes For Fully Insured Texas Group Plans (includes changes effective 01/01/2025)

All Blue Cross and Blue Shield of Texas fully insured group health plan benefits contain provisions indicating 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.

Note: ID Cards for fully insured members will indicate TDI.

Benefits Affected

- Outpatient laboratory claims
- 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 below.

Lab Services Impacted

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 (**Expires 12/31/2023 - no longer a benefit exclusion**) 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 - based identification of Trichomonas vaginalis in individuals with symptoms of vaginitis; Screening for Trichomonas for individuals with risk factors including new or multiple partners;

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Diagnosis of Vaginitis Including Multi-target PCR Testing (Expires 12/31/2023 - no longer a benefit exclusion) cont.

exchange of sex for payment; incarceration; or injection drug use; Polymerase Chain Reaction based identification of Candida for individuals with complicated vulvovaginal candidiasis to confirm clinical diagnosis and identify non- albicans Candida; Nucleic Acid Amplification Test, polymerase chain reaction 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

The 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; Interleukin-6 (IL-6); Interleukin-8 (IL-8); or Procalcitonin

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- **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 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 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

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- **Erectile dysfunction (Expires 12/31/2023 - no longer a benefit exclusion)** - 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 testosteroneMeasurement of serum dihydrotestosterone in individuals except in diagnosing 5-alpha reductase deficiency in individuals with ambiguous genitalia, hypospadias, or microphallus.
- **Thyroid Disease Testing** is not covered in the following situations (**Effective 01/01/2025**):
 - Testing for thyrotropin-releasing hormone (TRH) or thyroxine-binding globulin (TBG) for the evaluation of the cause of hyperthyroidism or hypothyroidism is not covered.
 - Testing for thyroid dysfunction during a general exam without abnormal findings for asymptomatic non pregnant individuals is not covered.
- **Onychomycosis testing (Effective 01/01/2025)** -Nucleic acid testing, attenuated total-reflectance fourier transform infrared spectroscopy and testing for the presence of fungal-derived sterols (e.g., ergosterol) to screen for, diagnose, or confirm onychomycosis is not covered.

It is imperative that providers obtain eligibility and benefits to confirm membership, check coverage, determine if they are in-network for the member's policy through [Availity® Essentials](#) or their preferred vendor before treating any member. Refer to the BCBSTX [Eligibility and Benefits](#) page for more information on Availity.

For fully insured members, you also have the option of requesting a “verification of benefits” for the member and specific procedure codes. Refer to the [Verification Of Benefits Processing and Request Form](#).

Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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