

# Now available: 2023 BCBSAZ Provider Operating Guide

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Check out the 2023 Blue Cross® Blue Shield® of Arizona (BCBSAZ) Provider Operating Guide (Guide) now available via the secure portal at [azblue.com/providers](https://azblue.com/providers). The Guide serves as an extension of your BCBSAZ provider participation agreement and includes helpful information for your clinical, administrative, and billing teams. Please be sure to share this message with them.

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## 2023 highlights

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Guide revisions are effective January 1, 2023, unless otherwise noted. Below are some highlights.

## 2023 BCBSAZ Provider Operating Guide Revisions (partial list)

Section	2023 updates
<b>Introduction</b>	Added a requirement for providers to share BCBSAZ electronic communications and contract notices with staff (as appropriate for business roles and functions)
<b>01 Definitions</b>	Added a definition for clean claim Updated the definition for experimental/investigational determination
<b>05 Administrative Requirements</b>	Updated the timeframe for timely notice of provider information changes (we now require notice 30 days in advance of the change instead of 60 days)
<b>08 Networks and Products</b>	For Medicare Advantage (MA) plans: <ul style="list-style-type: none"> <li>MA plans now use the BlueDental<sup>SM</sup> Prime Network instead of DenteMax for dental benefits</li> <li>BlueJourney<sup>SM</sup> PPO plans now include access to providers statewide</li> </ul> For PCP Coordinated Care HMO (PCP-HMO) plans: <ul style="list-style-type: none"> <li>Formatting of the online referral/auth request tool is different</li> <li>ID cards no longer include the designated PCP name (check eligibility and benefits)</li> </ul> For Federal Employee Program <sup>®</sup> (FEP <sup>®</sup> ) plans: CVS Caremark will now handle all pharmacy, including specialty pharmacy
<b>10 Member ID Cards</b>	Added 2023 prefix replacement information and a link to the new prefix page at <a href="https://azblue.com/prefix">azblue.com/prefix</a> to access the 2023 prefix list Added prefixes for the international plans
<b>11 Medical Policies and Prior Authorization</b>	For PCP-HMO plans: <ul style="list-style-type: none"> <li>PCP-HMO plans now use the standard prior authorization requirements</li> <li>PCP-HMO plans are now included in our commercial eviCore program</li> </ul>
<b>18 Claim Coding</b>	Updated information about consultation codes Revised content about billing for preventive services to include more information about how to protect the member's cost-share arrangement
<b>19 Claim Submission</b>	Added a list of the minimum necessary data for a clean claim Updated data tables displaying information needed for submitting claims with another carrier's information for coordination of benefits and for conditions that must be met for claim adjustments to be processed quickly and accurately Added "DentalXchange" as an option for dental claim attachments
<b>20 Claim Pricing</b>	For MA claims: Added information about use of the Medicare Administrative Contractor (MAC) pricing when no Medicare-allowed amount has been established and Medicare defaults to the MAC pricing Added new content about claim pricing for services in-scope for the No Surprises Act (NSA) Updated the payment accuracy review content to indicate that this type of review now includes all lines of business, may be pre- or post-payment, and is not limited to claims over a certain allowed amount
<b>24 Pharmacy Benefits</b>	Added a reference to our partnership with Surescripts <sup>®</sup> for electronic prior authorization of medications covered under pharmacy benefits
<b>25 Vision, Hearing Aid, and DME Benefits</b>	Added a note to state that most DME items are not expected to be replaced for at least five years and claims for replacements sooner than this may be denied
<b>26 Dental Networks, Products, and Benefits</b>	For MA plans: Dental benefits now include restorative care and the plans now use the BlueDental Prime Network (instead of DenteMax)

For a more detailed overview of all updates, see the 2023 [Appendix of Changes](#).

## Accessing the Guide

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You can find the 2022 and 2023 editions of the Guide on the [azblue.com/providers](https://azblue.com/providers) secure portal at “Provider Resources > Guidelines > Provider Operating Guide.” A few months into 2023, we’ll remove the 2022 edition. We also post the Guide on the homepage of the secure MA provider portal at [azbluemedicare.com/login](https://azbluemedicare.com/login) and at “Resources > Guidelines and Training Materials.”

If you need help accessing the Guide or have questions about the revisions, contact your [provider liaison](#) or call Provider Partnerships at 602-864-4231 or 1-800-232-2345, ext. 4231.

Note: If you participate with BCBSAZ Health Choice (HC), please continue to refer to the [HC Provider Manual](#) in addition to the BCBSAZ Provider Operating Guide. Dental providers should also refer to the [BlueDental Provider Manual](#) for more information about our stand-alone BlueDental plans (prefixes 99D and MUM).

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BlueDental is a service mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

DenteMax is a separate, independent company that was formerly contracted with BCBSAZ to offer dental benefits to BCBSAZ members.

CVS Caremark is a separate, independent company that provides and is solely responsible for providing pharmacy services to FEP providers and members. CVS Caremark does not provide BCBSAZ products or services.

eviCore healthcare<sup>®</sup> is a separate, independent company contracted with BCBSAZ to provide utilization management services to BCBSAZ providers and members. eviCore healthcare is a registered service mark of CareCore National, LLC.

Surescripts is a separate, independent company contracted with BCBSAZ to provide pharmacy benefit management services.

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BCBSAZ member ID cards are available for download via eligibility and benefits search results.