
BCBS Association Policy DTR Project



Michael Lunzer
CEO/ Founder
Itility Health, Inc.





The Problem We Set Out to Solve

- **The BCBS federation creates a unique governance opportunity**
 - 32 independent plans each building DTR from scratch = duplicative cost and inconsistent provider experience
 - Centralize the build; preserve local autonomy





Why Policy Digitization Is the Right Intervention

- **A DTR questionnaire is only as good as the policy beneath it**
 - Most plans still store clinical policy as PDFs, HTML pages, or spreadsheets – unstructured and unmachined
 - Questionnaires authored from memory – rather than from coded policy logic – introduce clinical drift and inconsistency
- **Rules-based digitization preserves clinical integrity – AI does not**
 - Clinical criteria must remain exactly as intended – accurate, auditable, and updateable
 - In a regulated UM environment, “close enough” is not acceptable – it creates liability
- **Digitized policy becomes a strategic asset, not just a compliance output**
 - Enables real-time decision support, faster policy updates, consistent provider experience across plans
 - Central authorship + federated distribution





What This Means for Plans The Replicable Playbook

- **Layer 1: Centralize policy digitization**
 - BCBSA authors and maintains the reference policy library in structured, machine-readable format
 - Eliminates ~700 duplicative builds across independent plans
- **Layer 2: Generate DTR questionnaires from coded policy**
 - Itiliti Criteria Builder produces FHIR-compliant questionnaires directly from digitized policy logic
 - Policy updates propagate to questionnaires – no manual rebuild required
- **Layer 3: Federate with local governance guardrails**
 - Plans subscribe to standardized questionnaires; local review-and-approve workflow before go-live
 - Local clinical criteria variations accommodated; standard format and logic structure preserved



BCBSA - Centralizing And Standardizing Questionnaires



- ~700 policies created and managed by BCBSA

Requirements:

- ✓ Digitization of the policies for use by all plans
- ✓ Create DTR questionnaires for each policy
 - ✓ Ensure 100% preservation of clinical criteria
- ✓ Provide method of updating human readable policies and DTR questionnaires in common system



BCBSA - Centralizing And Standardizing Questionnaires



Approach:

- Leverage Itiliti Health Policy Management to deconstruct HTML policies into digitized structured format
- Utilize Itiliti Health Criteria Builder to author companion DTR questionnaires for each policy
- Ensure fidelity between policy criteria and questionnaire
- Distribute policies and questionnaires to BCBS plans
 - ✓ HTML and Questionnaire in FHIR JSON
 - OR
 - ✓ Itiliti Health Policy Management Affiliate product providing APIs and Editing



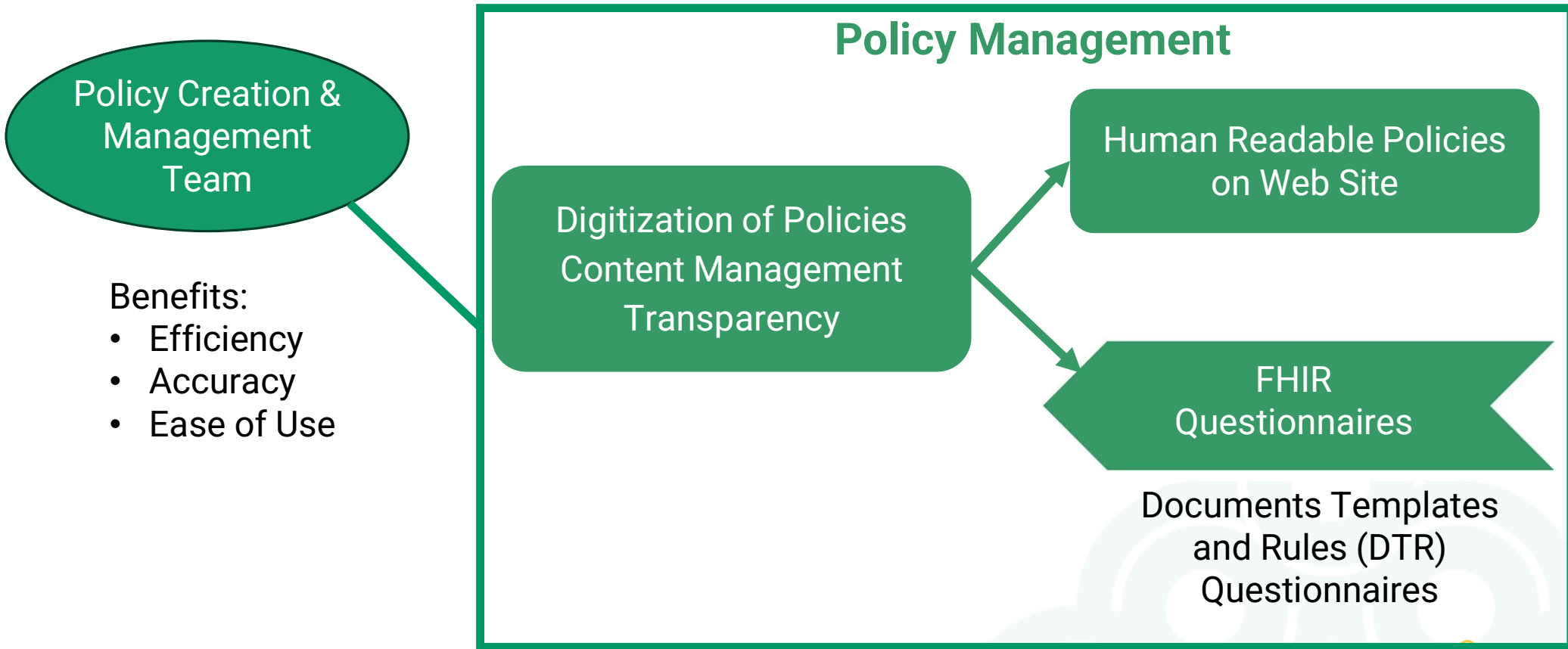
Typical Policy Creation / Editing Workflow



- Challenges
 - Versioning
 - Effective dates
 - Approvals
 - Auditability
 - Efficiency
 - Ease of finding policies



Payer Opportunity – Process Redesign with Added Benefits



Policy Creation & Management Team

Benefits:

- Efficiency
- Accuracy
- Ease of Use

Policy Management

Digitization of Policies
Content Management
Transparency

Human Readable Policies
on Web Site

FHIR
Questionnaires

Documents Templates
and Rules (DTR)
Questionnaires





We cover what matters.

Policies and criteria also shown in public web site

New to myBlueCross? [Register](#)

Username Password

[Forgot username or password?](#)



Healthier people are happier people.[®]

Explore Tools and Resources

[Find Insurance](#)

[Pay Your Bill](#)

[View Articles](#)

Looking for Insurance?

Choose which type below and **GET A QUOTE**

Medical Policies

Keyword

Programs

Procedure Code

Policy Status

Final Draft

Policy Date



SUBMIT

Policy #	Policy Name	Effective Dates	Version	Status
003	Negative Pressure Wound Thera...	01/01/2023	v001	Final
004	Minimally Invasive Approaches to...	01/01/2023	v001	Final
006	Thoracic-Lumbo-Sacral Orthosis ...	01/01/2023	v001	Final
008	Adjustable Cranial Orthoses for P...	01/01/2023	v001	Final
015	Sympathetic Therapy and Bioelec...	01/01/2023	v001	Final
016	Ultrasounds in Preanancv	01/01/2023	v001	Final



Policy Number:	517		
Policy Name:	Lumbar Spinal Fusion Surgery		
Policy Type:	Medical	Policy Subtype:	Musculoskeletal
Effective Date:	01-01-2023	Last Review Date:	10-01-2024

NOTE: These criteria only apply to individuals aged 18 years and older.

Medical clearance is required for individuals with moderate to severe co-morbid conditions (e.g., cardiac disease, pulmonary disease, or diabetes) for assessment of pre-surgical risk and/or individual's ability for compliance with postoperative rehabilitation activities.

POLICY

Lumbar spinal fusion surgery may be considered medically necessary for ANY of the following indications regardless of smoking status:

1. Emergency Situations
 - a. Acute spinal fractures of less than three months duration with instability resulting in neural compression or spinal dislocation; or
 - b. Trauma (e.g., motor vehicle collisions, vertical fall)
 - c. Rapidly progressive symptoms of motor loss, neurogenic claudication, or cauda equina syndrome.
2. Tumors
 - a. Primary spinal tumor(s); or
 - b. Metastasis to the spine; or
 - c. Abscess or other growth creating a mass affect that damages or displaces the spine/spinal cord /nerves.
3. Infections affecting the spine (e.g., spinal tuberculosis, vertebral osteomyelitis, discitis).

Lumbar spinal fusion surgery may be considered medically necessary when a statement is provided from the physician that the individual is a non-smoker OR the individual will refrain from smoking for eight weeks prior to the planned surgery for ANY of the following indications:

NOTE: Smoking cessation applies to smoking of tobacco products (e.g., cigarettes, cigars, and/or pipe)

1. Degenerative disc disease (DDD) of the lumbar spine in the absence of instability when ALL of the following apply:

Questionnaire Creation



Itiliti Health Criteria Builder creates FHIR questionnaires based on criteria.

Transcranial Magnetic Stimulation As A Treatment Of Depression And Other Psychiatric/Neurologic Disorders - A

Smart Questionnaire

SAVE GENERATE SMART QUESTIONNAIRE

File Edit View Insert Format Help

Transcranial magnetic stimulation (TMS)

Transcranial magnetic stimulation (TMS) of the brain using an FDA-cleared device and modality, which can include but is not limited to, conventional TMS, deep TMS, and theta burst stimulation (see Policy Guidelines) may be considered **medically necessary** as a treatment of major depressive disorder when all of the following conditions have been met:

- Confirmed diagnosis of severe major depressive disorder (single or recurrent) documented by standardized rating scales that reliably measure depressive symptoms
- Any one of the following:
 - Individual has tried and had an inadequate response to 2 antidepressant agents from 2 different antidepressant classes (i.e., selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, tricyclic antidepressants, bupropion, or mirtazapine). An adequate trial of an antidepressant is defined by ALL of the following:
 - The trial length was at least 6 weeks at generally accepted doses or of sufficient duration as determined by the treating physician at the generally accepted doses; AND
 - Individual was ≥80% adherent to the agent during the trial.
 - Inability to tolerate a therapeutic dose of medications due to distinct side effects
 - History of response to TMS in a previous depressive episode (at least 3 months since the prior episode)
 - Is a candidate for electroconvulsive therapy; further, electroconvulsive therapy would not be clinically superior to TMS (eg, in cases with psychosis, acute suicidal risk, catatonia or life-threatening inanition TMS should NOT be used)
- Failure of a trial of a psychotherapy known to be effective in the treatment of major depressive disorder of an adequate frequency and duration, without significant improvement in depressive symptoms, as documented by standardized rating scales that reliably measure depressive symptoms.

NOTE: TMS for major depressive disorder that does not meet the criteria listed above is considered **investigational**.

NOTE: Continued treatment with TMS of the brain as maintenance therapy is considered **investigational**.

NOTE: TMS of the brain is considered **investigational** as a treatment of all other psychiatric and neurologic disorders, including but not limited to bipolar disorder, schizophrenia, obsessive-compulsive disorder, or migraine headaches

Procedure Codes

90867	90868	90869	0892T
-------	-------	-------	-------

Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders

You will fill out this questionnaire only once for all requested codes applicable to this policy. Please ensure you review ALL sections of this questionnaire and fill out all sections relevant to the procedure(s) or treatment(s) you are requesting. This questionnaire will provide pre-certification for all codes relevant to this policy, assuming the appropriate sections are completed and the criteria are met. You will NOT fill out this questionnaire again for this request. If you have fulfilled the appropriate criteria, a list of approved procedure codes will be shown at the end of the relevant section.

Transcranial magnetic stimulation (TMS)

Please select the relevant procedure codes you are seeking approval for as they relate to this section of the criteria:

Transcranial magnetic stimulation (TMS) of the brain using an FDA-cleared device and modality, which can include but is not limited to, conventional TMS, deep TMS, and theta burst stimulation (see Policy Guidelines) may be considered medically necessary as a treatment of major depressive disorder when all of the following conditions have been met:

Confirmed diagnosis of severe major depressive disorder (single or recurrent) documented by standardized rating scales that reliably measure depressive symptoms Yes No Not Answered

Any one of the following: Yes No Not Answered

Individual has tried and had an inadequate response to 2 antidepressant agents from 2 different antidepressant classes (i.e., selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, Yes No Not Answered



Payer Customer Policy Management Feedback



- **Workflow Integration**

- *“Being able to integrate workflows amongst different HCE teams will produce a **better user experience for members.**”*

- **Formatting & Standardization**

- *“The formatting is **so much better.** Easier to **keep things standardized** across all policies with the updates to CK Editor. Our policies look so much cleaner.”*
- *“The formatting process is **quick and easy** when transferring from other documents.”*
- *“**Spend less time** in the format stage when making simple edits.”*

- **Efficiency & Simplification**

- *“Not having to edit styling with HTML behind the scenes has **cut down on our administrative burden.**”*
- *“The draft policy process has been **simplified.**”*
- *“The ability to manage questionnaires and policies **in the same system** will be helpful in the future.”*





Payer Customer Policy Management Feedback, Continued

- **Automation & Linking**

- “The **system links entered CPT codes to the policy** without the need to manually create a table.”
- “New codes are **easy to add** due to them being **automatically loaded** in Itiliti.”

- **Quality Assurance**

- “**QA of the policies are more efficient** as we can easily see what has changed and QA.”
- “We are able to **access each piece of the policy** rather than having to scroll through the document to find information to update/QA.”

- **Version Control & Scheduling**

- “**Easy access to previous policy versions** helps to follow historical changes and provides **quick reference**.”
- “The ability to schedule policy publications in advance helps with planning and **reduces the risk** of missing a deadline.”
- “We are able to create versions of policies which allows us to have a **draft and final version of policies available**.”





Thank you



Michael Lunzer
CEO/ Founder
Itiliti Health, Inc.
mlunzer@itilitihealth.com

