

February 2023

# BlueBlast<sup>SM</sup>

*News Providers Can Use*



**Healthy Blue<sup>SM</sup>**

BlueChoice<sup>®</sup> HealthPlan of SC

Healthy Connections 

All Providers

Prior Authorization Updates for Medications Billed Under the Medical Benefit	2
Medical Policies and Clinical Utilization Management Guidelines Update	3
Medical Policies and Clinical Utilization Management Guidelines Update	4
Medical Policies	5
Clinical UM Guidelines	6
Utilization Management: Skilled Nursing Facilities	7
2022 Healthy Blue Annual Provider Training FAQs	7
AIM <sup>®</sup> Specialty Health Changing Name to Carelon Medical Benefits Management Inc.	8

## Prior Authorization Updates for Medications Billed Under the Medical Benefit

Effective for dates of service on and after Feb. 1, 2023, the following medication codes billed on medical claims from current or new clinical criteria documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is required for claim processing.

Visit the [Clinical Criteria website](#) to search for the specific clinical criteria listed below.

Clinical criteria	HCPCS or CPT <sup>®</sup> code(s)*	Drug name
<a href="#">ING-CC-0210</a>	J3490, J3590, J9999, C9094	Enjaymo <sup>™</sup> (sutimlimab-jome)
<a href="#">ING-CC-0211</a>	J3490, J3590, J9999, C9095	Kimmtrak <sup>®</sup> (tebentafusp-tebn)
<a href="#">ING-CC-0212</a>	J2356	Tezspire <sup>®</sup> (tezepelumab-ekko)
<a href="#">ING-CC-0213</a>	J3490, C9399	Voxzogo <sup>®</sup> (vosoritide)
<a href="#">ING-CC-0118</a>	A9699	Pluvicto <sup>™</sup> (lutetium Lu 177 vipivotide tetraxetan)
<a href="#">ING-CC-0216</a>	J9999, J3490, J3590, C9399	Opdualag <sup>™</sup> (nivolumab and relatlimab-rmbw)
<a href="#">ING-CC-0107</a> <a href="#">ING-CC-0072</a>	J9999, J3490, J3590, C9399	Alymsys <sup>®</sup> (bevacizumab-maly)
<a href="#">ING-CC-0062</a>	J3590	Yusimry <sup>™</sup> (adalimumab-aqvh)

\*HCPCS and CPT codes noted are eligible for payment based on Medicaid requirements and covered services by each state agency.

**What if I need assistance?** If you have questions about this communication or need assistance with any other item, contact your assigned Provider Relations associate or call the Customer Care Center at **866-757-8286**.

**Note:** Prior authorization requests for certain medications may require additional documentation to determine medical necessity.



# Medical Policies and Clinical Utilization Management Guidelines Update

The clinical utilization management (UM) guidelines and third-party criteria below were developed and/or revised to support clinical coding edits. Several policies and guidelines were revised to provide clarification only and are not included. Existing prior authorization requirements have not changed.

Please share this notice with all providers and office staff in your practice.

To view a guideline, visit [our provider website](#).

## Notes/updates:

- **CG-LAB-22** — Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis
  - o This outlines the medically necessary and not medically necessary criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis.
- **CG-MED-91** — Remote Therapeutic and Physiologic Monitoring Services
  - o This outlines the medically necessary and not medically necessary criteria for remote therapeutic and physiologic monitoring services.
- **CG-SURG-114** — Ophthalmic Use of Nd: YAG Laser for Posterior Capsulotomy
  - o This outlines the medically necessary and not medically necessary criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy.
- **DME.00049** — External Upper Limb Stimulation for the Treatment of Tremors
  - o A wrist-worn external upper limb tremor stimulator is considered investigational and not medically necessary for all indications, including but not limited to the treatment of essential tremor of the hands.
- **DME.00050** — Remote Devices for Intermittent Monitoring of Intraocular Pressure (IOP)
  - o The use of remote devices for intermittent monitoring of IOP is considered investigational and not medically necessary for all indications.
- **LAB.00049** — Artificial Intelligence-Based Software for Prostate Cancer Detection
  - o Use of artificial intelligence-based software for prostate cancer detection is considered investigational and not medically necessary for all indications.
- **MED.00140** — Gene Therapy for Beta Thalassemia
  - o This outlines the medically necessary and investigational and not medically necessary criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia.
- **MED.00141** — High-Volume Colonic Irrigation
  - o High-volume colonic irrigation is considered investigational and not medically necessary for all indications.
- **MED.00142** — Gene Therapy for Cerebral Adrenoleukodystrophy
  - o This outlines the medically necessary and investigational and not medically necessary criteria for infusion of elivaldogene autotemcel.
- **TRANS.00040** — Hand Transplantation
  - o Hand transplantation is considered investigational and not medically necessary.
- **CG-DME-13** — Lower Limb Prosthesis
  - o New not medically necessary statements address prosthetics used primarily for leisure or sporting activities.
- **CG-GENE-11** — Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status
  - o Added thiopurine methyltransferase (TPMT) to scope of document and the Clinical Indications Medically Necessary section.
- **DME.00044** — Robotic Arm Assistive Devices; Previously Titled Wheelchair-Mounted Robotic Arm
  - o The title was revised.
  - o The position statement was rescoped to address robotic feeding assistive devices.
- **SURG.00079** — Nasal Valve Repair; Previously Titled Nasal Valve Suspension
  - o The title was revised.
  - o The position statement was revised.
  - o The scope of the document was expanded to address an absorbable nasal implant and low dose radiofrequency intranasal tissue remodeling for the treatment of nasal airway obstruction.
  - o Content related to the absorbable nasal implant (Latera) was moved from CG SURG 87 to this document.
- **CG-GENE-13** — Genetic Testing for Inherited Diseases
  - o This is an interim update to add genes PIK3CA and CDKL5 to the table of genes in the Discussion section; existing CPT code 81309 and genes were added to Tier 2 codes 81405 and 81406 (medically necessary criteria).

## AIM Specialty Health (AIM) Updates

Effective for dates of service on and after April 9, 2023, the following updates will apply to the AIM Specialty Health Clinical Appropriateness Guidelines for medical necessity review for Healthy Blue. AIM Specialty Health is a separate company providing some utilization review services on behalf of BlueChoice HealthPlan.

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The Utilization Management team will complete these reviews using the AIM Clinical Appropriateness Guidelines:

- Musculoskeletal guidelines
  - o Interventional pain management
- Rehabilitative services
  - o Occupational therapy
  - o Physical therapy
  - o Speech therapy

### MCG Care Guidelines 26th Edition updates

Effective May 1, 2023, we will implement the MCG Care Guidelines Content Patch 26.1 Updates for the following modules: **General Recovery Care (GRC), Inpatient and Surgical Care (ISC), and Behavioral Health Care (BHC)**. The below information highlights the changes:

### Healthy Blue customizations to MCG Care Guidelines 26th Edition

- MCG 26th Edition Content Patch 26.1 Updates with an implementation date of May 1, 2023, for the following:

If you have questions, contact the provider service number on the back of the member's ID card.

- o Updated hemodynamic instability definition
  - Hemodynamic instability definition pop-up box update for multiple guidelines.
  - Hemodynamic instability definition inline update for the following **General Recovery Care (GRC)** guidelines:
    - CG-GAC General Admission Criteria
    - CG-PAC Pediatric General Admission Criteria
    - W0074 Medical Oncology GRG
    - PG-MDX Multiple Illness GRG
- o Revised threshold lactate levels for **Inpatient and Surgical Care (ISC)** guidelines
  - M-575 Ventricular Arrhythmias
  - CCC-005 Arrhythmia: Common Complications and Conditions
  - CCC-019 Hemodynamic Instability: Common Complications and Conditions
- o MCG Content Patch 26.1 Update with additional customization to clarify theta burst stimulation for the following **Behavioral Health Care (BHG)** guideline:
  - W0174 Transcranial Magnetic Stimulation
    - Added that theta burst stimulation is considered not medically necessary for all indications



Publish date	Medical policy number	Medical policy title	New or revised
10/5/2022	*DME.00049	External Upper Limb Stimulation for the Treatment of Tremors	New
10/5/2022	*DME.00050	Remote Devices for Intermittent Monitoring of Intraocular Pressure	New
10/5/2022	*LAB.00049	Artificial Intelligence-Based Software for Prostate Cancer Detection	New
8/22/2022	*MED.00140	Gene Therapy for Beta Thalassemia	New
10/5/2022	*MED.00141	High-Volume Colonic Irrigation	New
9/28/2022	*MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	New
10/5/2022	*TRANS.00040	Hand Transplantation	New
10/5/2022	*DME.00044	Robotic Arm Assistive Devices Previously titled: Wheelchair-Mounted Robotic Arm	Revised
10/5/2022	MED.00057	MRI-Guided High-Intensity Focused Ultrasound Ablation for Non-Oncologic Indications	Revised
9/7/2022	MED.00129	Gene Therapy for Spinal Muscular Atrophy	Revised
10/5/2022	*SURG.00079	Nasal Valve Repair Previously titled: Nasal Valve Suspension	Revised
10/5/2022	SURG.00119	Endobronchial Valve Devices	Revised
8/18/2022	SURG.00121	Transcatheter Heart Valve Procedures	Revised
10/5/2022	SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	Revised

### Medical Policies

On Aug. 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Healthy Blue. These guidelines take effect Feb. 9, 2023.

Updates marked with an asterisk (\*) denote the criteria may be perceived as more restrictive.

### Clinical UM Guidelines

On Aug. 11, 2022, the MPTAC approved the following clinical UM guidelines applicable to Healthy Blue. These guidelines were adopted by the medical operations committee for Healthy Connections members on Sept. 22, 2022. These guidelines take effect Feb. 9, 2023.

Updates marked with an asterisk (\*) notate the criteria may be perceived as more restrictive.

Publish date	Clinical UM guideline number	Clinical UM guideline title	New or revised
9/28/2022	*CG-LAB-22	Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis	New
10/5/2022	*CG-MED-91	Remote Therapeutic and Physiologic Monitoring Services	New
10/5/2022	*CG-SURG-114	Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy	New
10/5/2022	*CG-DME-13	Lower Limb Prosthesis	Revised
10/5/2022	CG-DME-22	Ankle-Foot and Knee-Ankle-Foot Orthoses	Revised
10/5/2022	*CG-GENE-11	Genotype Testing for Individual Genetic Polymorphisms To Determine Drug-Metabolizer Status	Revised
10/5/2022	CG-GENE-229	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
10/5/2022	CG-SURG-01	Colonoscopy	Revised



## Utilization Management: Skilled Nursing Facilities

As a reminder, hospitals that plan to admit a Healthy Blue member to a skilled nursing facility (SNF) must submit the tentative Long-Term Care Notification Form (Form 171) for the initial review. The SNF must submit the finalized form (Form 185) once completed by the state on the first extension requesting additional days. Both forms are located on our website at [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com).



## 2022 Healthy Blue Annual Provider Training FAQs

The frequently asked questions from the 2022 Healthy Blue Annual Provider Training will be available online soon. Please be sure to visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) regularly for the latest updates.



# AIM Specialty Health Changing Name to **Carelon Medical Benefits Management Inc.**

In March 2023, AIM Specialty Health will change its name to Carelon Medical Benefits Management Inc. This is a name change only. There will be no process changes. The new name will not affect the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health, such as determination letters, will adopt the new Carelon Medical Benefits Management Inc. name.

## Contact Us

Use Availity Chat with Payer during normal business hours. Get answers to questions about eligibility, benefits, authorizations, claims status and more. To access Availity Essentials, go to [www.availity.com](http://www.availity.com)\* and select the appropriate payer space tile from the drop-down menu. Select Chat with Payer and complete the pre-chat form to start your chat.

Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan.

For additional support, visit the Contact Us section at the bottom of our provider website for the appropriate contact.

Frequently asked questions	Provider experience focus area
Will the <a href="#">AIM ProviderPortal</a> <sup>SM</sup> * URL or platform name change?	No, the website address will not change; all providers will continue to have access to <a href="http://www.ProviderPortal.com">www.ProviderPortal.com</a> *. The Carelon logo will replace the AIM logo. There will be no changes to the case submission process.
Will there be any changes to the <a href="#">AIM Clinical Guidelines</a> * URL or content?	Yes, the clinical guidelines site will automatically redirect users to a new Carelon URL. It will have Carelon branding.
Will phone numbers change as part of this transition?	No, inbound phone numbers will not change. Carelon Medical Benefits Management Inc. will replace references to AIM in recorded scripts.
Will there be any changes for providers who connect with AIM through other means, such as <a href="#">Availity Essentials</a> *?	No, access changes are not needed or planned; however, all references to the AIM company name will eventually change to Carelon Medical Benefits Management Inc.
Will AIM references on health plan websites and member materials such as ID cards change?	Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but these will change through scheduled content update cycles.
Corporate website	
Will the <a href="#">AIM corporate website</a> * URL change?	The corporate website will move to <a href="http://www.carelon.com">www.carelon.com</a> *. All links to the ProviderPortal and clinical guideline pages will remain active and will redirect users.
Provider microsites	
Will AIM provider microsite URLs change?	Provider microsite URLs you use today to access information from AIM will automatically redirect you to new Carelon URLs. They will have Carelon branding.



BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan LLC, an independent company, for services to support administration of Healthy Connections. Amerigroup Corporation, an independent company, administers utilization management services for BlueChoice HealthPlan.

\*Some links in this newsletter lead to third-party sites. Those organizations are solely responsible for the content and privacy policies on these sites.

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information.

To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email [fraudres@scdhs.gov](mailto:fraudres@scdhs.gov).