March 2023

BlueBlast℠
News Providers Can Use

Healthy Blue℠
BlueChoice® HealthPlan of SC

Healthy Connections

BlueBlast℠
News Providers Can Use

fb.me/HealthyBlueSC

@CoachBlueSC

@HealthyBlueSC

www.HealthyBlueSC.com

FQHC Behavioral Health **Manual Updates**

On Feb. 1, 2023, the South Carolina Department of Health and Human Services (SCDHHS) made these updates to the Federally Qualified Health Center (FQHC) Behavioral Health Services Provider Manual:

- SCDHHS updated licensed professional counselor and licensed marriage and family therapist qualifications to align with their scope of practice. It moved them to the Non-Physician Practitioners classification.

- SCDHHS recognized licensed professional counselor associates, licensed marriage and family therapist associates, and post-doctorate psychologists as allied professionals.

- SCDHHS no longer includes certified nurse midwives as eligible behavioral health service providers. This change is specific to the procedures outlined in the FQHC Behavioral Health Provider Manual and does not affect other services provided through an FQHC.

- SCDHHS updated referral criteria by adding state agencies, local education agencies and eligible Medicaid members as referral sources.

- The organization added the term "evidence-based practices" to the Program Overview section along with an explanation of the term. SCDHHS encourages evidence-based practices. This language is consistent with the agency's other behavioral health provider manuals.

- SCDHHS no longer requires the Medical Necessity Statement. Diagnostic assessments and other medical service notes will confirm medical necessity.

For any questions on the updates, contact the SCDHHS Division of Behavioral Health at 803-898-1891 or BehavioralHealth004@scdhhs.gov.

gettyimages®
SDI Productions

Medicaid Annual Eligibility Reviews **To Resume April 1, 2023**

SCDHHS will resume its standard Medicaid annual eligibility reviews April 1, 2023. This complies with the Consolidated Appropriations Act of 2023. The department paused reviews during the COVID-19 public health emergency.

These reviews help make sure those in the state's Medicaid program are still eligible. In February 2023, SCDHHS began collecting information on members who may no longer be eligible for the program. Members can visit the SCDHHS website to learn more about Medicaid annual reviews*.

It is important for members to update their information with SCDHHS. If they don't, they may miss key information about keeping their Medicaid coverage. To update or add contact information, members can:

• Visit apply.scdhhs.gov*.

• Call SCDHHS at 888-549-0820 Monday through Friday from 8 a.m. to 6 p.m.

• Visit an SCDHHS local eligibility office. A list of locations* is on the website.

To help members understand the importance of making updates, you can share any of the materials in the Healthy Connections Medicaid Communications Toolkit*. You will find flyers, social media graphics and more.

Review the latest bulletin* to read more on this change.

SOUTH CAROLINA
Healthy Connections
MEDICAID

| GETTING MEDICAID | FOR MEMBERS | FOR PROVIDERS | COMMUNICATIONS |

Home » Getting Medicaid

Where to Go for Help

If you need help applying for Healthy Connections (Medicaid), need assistance with your existing health plan or have other questions, please contact Healthy Connections at

(888) 549-0820

or visit our list of Frequently Asked Questions.

Download

• **Medicaid Member Handbook**
• Manual Para Miembros

Please send all mail to the Healthy Connections central mailing address at:

SCDHHS
P.O. Box 100101
Columbia, SC 29202

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

The following medication codes billed on medical claims from current or new clinical criteria documents will require prior authorization.

Please note, you must include a national drug code on your medical claim for it to process.

For dates of service on and after March 1, 2023

Clinical criteria	HCPCS or CPT® code(s)*	Drug name
ING-CC-0200	J0172	Aduhelm® (aducanumab)

For dates of service on and after May 1, 2023

Clinical criteria	HCPCS or CPT® code(s)*	Drug name
ING-CC-0214	C9098	Carvykti™ (ciltacabtagene autoleucel)

For both medication codes, visit the Clinical Criteria* page to search for specific criteria.

What if I need help?

If you have questions about this or any other item, refer to the Provider Services phone number on the back of your patient's member ID card.

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

Advancing Mental Health Equity **for Youth and Young Adults**

Register today for the Advancing Mental Health Equity for Youth & Young Adults forum hosted by Healthy Blue and Motivo on March 15, 2023. It is for Healthy Blue providers. Motivo is an independent company providing a virtual forum on behalf of BlueChoice.

Healthy Blue wants to make health care simpler. We want to make sure youth and young adults have equal access to care. It is critical to improve their experiences. We also want to ensure the mental health system is a safe and trusted resource. By having conversations to reduce bias, we improve the health and well-being of all Americans and the communities in which we live and serve.

Join us to hear from a diverse panel of professionals from Motivo and Healthy Blue as we discuss:

- Mental health.
- Race.
- Sexual orientation.
- Gender identity.
- Disability.
- Ways to support youth and young adults on their mental health journeys.

Each quarterly forum will look at ways we can understand where other people's values come from, address bias, have hard and helpful conversations, and increase equity and inclusion in health care. We'll also talk about valuable resources.

Date: Wednesday, March 15, 2023
Time: 4 p.m. to 5:30 p.m. EST

Please register for this event here*.

Clinical Criteria **Updates**

The Pharmacy and Therapeutic Committee approved the following clinical criteria that apply to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Visit the Clinical Criteria page to search for specific policies. For questions or more information, use this email.

Please see the explanation/definition for each category of clinical criteria below:

- New — Newly published criteria
- Revised — Addition or removal of medical necessity requirements, new document number
- Updates marked with an asterisk (*) may be perceived as more restrictive

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

  Please note:

- The Clinical Criteria listed apply only to the medical drug benefits in the members' medical policies. They do not apply to pharmacy services.
- This notice should let the provider know about new or revised criteria that have been adopted by Healthy Blue only. It does not include details about authorization requirements. Authorization rules are announced separately.

Effective Date: Feb. 23, 2023

Document number	Clinical criteria title	New or revised
*ING-CC-0219	Korsuva (difelikefalin acetate)	New
*ING-CC-0220	Xenpozyme (olipudase alfa)	New
*ING-CC-0221	Spevigo (spesolimab-sbzo)	New
ING-CC-0124	Keytruda (pembrolizumab)	Revised
ING-CC-0104	Levoleucovorin Agents	Revised
ING-CC-0100	Istodax (romidepsin)	Revised
ING-CC-0182	Iron Agents	Revised
*ING-CC-0075	Rituximab Agents for Non-Oncologic Indications	Revised
*ING-CC-0167	Rituximab Agents for Oncologic Indications Step Therapy	Revised
*ING-CC-0176	Beleodaq (belinostat)	Revised
ING-CC-0180	Monjuvi (tafasitamab-cxix)	Revised
*ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
*ING-CC-0002	Colony Stimulating Factor Agents	Revised
ING-CC-0187	Breyanzi (lisocabtagene maraleucel)	Revised
ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
ING-CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Revised
ING-CC-0196	Zynlonta (loncastuximab tesirine-lpyl)	Revised
ING-CC-0097	Vidaza (azacitidine)	Revised
*ING-CC-0142	Somatuline Depot (lanreotide)	Revised
*ING-CC-0058	Byngezia Pen, Sandostatin or Sandostatin LAR (Octreotide)/ Octreotide Agents	Revised
*ING-CC-0082	Onpattro (patisiran)	Revised
*ING-CC-0084	Tegsedi (inotersen)	Revised
*ING-CC-0034	Hereditary Angioedema Agents	Revised
ING-CC-0019	Zoledronic Acid Agents	Revised
*ING-CC-0029	Dupixent (dupilumab)	Revised
*ING-CC-0035	Duopa (carbidopa and levodopa enteral suspension)	Revised
ING-CC-0140	Zulresso (brexanolone)	Revised
ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
ING-CC-0188	Imcivree (setmelanotide)	Revised
*ING-CC-0026	Testosterone Injectable	Revised
*ING-CC-0207	Vyvgart (efgartigimod alfa-fcab)	Revised
*ING-CC-0166	Trastuzumab Agents	Revised

Update: AIM Specialty Health Cardiology **Clinical Appropriateness Guidelines**

As we said in the December 2022 edition of Provider News, AIM Specialty Health® (AIM)* will apply additional code updates to the AIM Diagnostic Coronary Angiography and Percutaneous Coronary Intervention Clinical Appropriateness Guidelines. That code update has been delayed. The codes listed will go into effect April 1, 2023, not Feb. 1, 2023 as originally planned.

Diagnostic coronary angiography

CPT code	Description
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

Reimbursement Policy Update: **Modifiers 25 and 57**

Beginning with dates of service on or after April 1, 2023, Healthy Blue will update the Modifiers 25 and 57 policy. It will not allow reimbursement for CPT code 99211 when used with Modifier 25.

Based on the descriptions of both Modifier 25 and

CPT 99211, the evaluation and management must be separately identifiable. CPT 99211 is not a separately identifiable service.

In addition, the policy titled "Modifiers 25 and 57: Evaluation and Management With Global Procedures" will be renamed to "Modifiers 25 and 57."

For more information, please review the Modifier 25 and 57 reimbursement policy. It's at www.HealthyBlueSC.com under Provider.

Percutaneous coronary intervention

CPT code	Description
92975	Thrombolysis, coronary; by intracoronary infusion,including selective coronary angiography
C1714	Catheter, transluminal atherectomy, directional
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1760	Closure device, vascular (implantable/insertable)
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM by:

- Accessing AIM's ProviderPortalSM directly at www.ProviderPortal.com. Online access is available 24/7 to process orders in real time. It is the fastest and most convenient way to request authorization.
- Calling the AIM Contact Center toll-free number at 800-714-0040 Monday through Friday from 8 a.m. to 8 p.m. EST.

If you have questions related to guidelines, contact AIM via email at AIM.Guidelines@AIMSpecialtyHealth.com. You may access and download a copy of guidelines here*. AIM is an independent company providing some utilization review services on behalf of BlueChoice.

Introducing the Provider **Learning Hub**

You can learn about many of our digital capabilities through a new platform called the Provider Learning Hub. It includes helpful information about:

- Availity® Essentials registration and onboarding.
- Electronic medical attachments.
- Administrative transactions.

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

You can access the Provider Learning Hub at www. HealthyBlueSC.com by selecting Providers. You don't need a username or password.

Our first featured training will focus on attachment applications. It will highlight new processes that will make submitting attachments faster and easier.

Time To Prepare for HEDIS® **Medical Records Review**

Each year, Healthy Blue reviews a sample of our members' medical records as part of the Healthcare Effectiveness Data and Information Set (HEDIS) quality study. HEDIS is part of a nationally recognized quality improvement initiative. The Centers for Medicare & Medicaid Services, the National Committee for Quality Assurance, and several states use these to monitor the performance of managed care organizations.

Healthy Blue began asking for medical records for 2022 in January 2023. You don't need special authorization to share member medical record information with us. Quality assessment and improvement activities are a routine part of health care operations.

Ways to submit your records:

- Remote electronic medical records (EMR) access service — We now offer EMR access to providers to submit member medical record information to Healthy Blue. For more information, please contact us at Centralized_EMR_Team@BlueChoiceSC.com.
- Upload — Upload medical records to the Healthy Blue secure website. Instructions are in the request document.
- Fax — Fax medical records using the instructions in the request document.
- U.S. Postal Service — You can mail medical records using the instructions in the request document.
- On-site — A Healthy Blue representative can pull records at your office.
- Secure File Transfer Protocol (SFTP) — You can upload medical records to the secure website set up by Healthy Blue.

HEDIS review is time sensitive. Please submit the requested records within the time frame indicated in the initial HEDIS request.

We appreciate the care you give our members. We need your help to make sure our data is statistically valid, auditable and an accurate reflection of quality performance.

Remittance Advice **Message Enhancements**

It can be hard to understand why a claim has denied. Sometimes the descriptions aren't clear. We want to make it easy for you to understand why your claim denied and update your claim with information needed for processing.

We're phasing in clear, concise and simplified denial descriptions that explain in detail why the claim or claim line has denied and what you should do next. We've included details about how to send us information digitally. This will move the claim through the process faster.
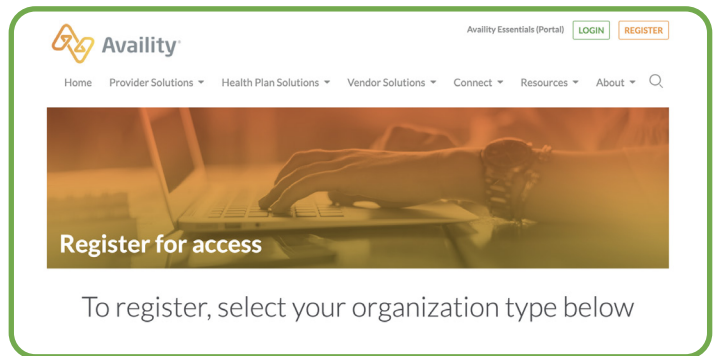
Continuing to improve
We will phase in the new denial descriptions over the next few months. We're starting with those claim descriptions that have caused the most confusion based on your feedback. If we add new denial reasons, we'll explain those, too.

If you're not enrolled in Availity Essentials, get registration information here.* Our providers can use the application for free through Availity.com.*

Contact us
Availity® Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status and more. Go to Availity Essentials and select the appropriate payer space tile from the drop-down. Then, select Chat with Payer and complete the pre-chat form to start.

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

To register, select your organization type below