

April 2021

BlueBlastSM

News Providers Can Use



 **Healthy BlueSM**
BlueChoice® HealthPlan of SC

Healthy Connections 

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Prior Authorization Updates for Specialty Pharmacy

Effective for dates of service on and after April 1, 2021, our prior authorization review process will include the following medical injectable codes from current or new clinical criteria documents.

Please note, inclusion of the National Drug Code (NDC) on your claim will expedite claim processing of drugs billed with a Not Otherwise Classified (NOC) code.

To search for specific clinical criteria, visit www.HealthyBlueSC.com and select **Providers**.

Clinical Criteria	HCPCS or CPT® code(s)	Drug(s)
ING-CC-0164	J9281	Jelmyto (mitomycin)
ING-CC-0165	J9317	Trodelyv (sacituzumab Govitecan-hziy)
ING-CC-0061	J1950	Fensolvi (leuprolide acetate)



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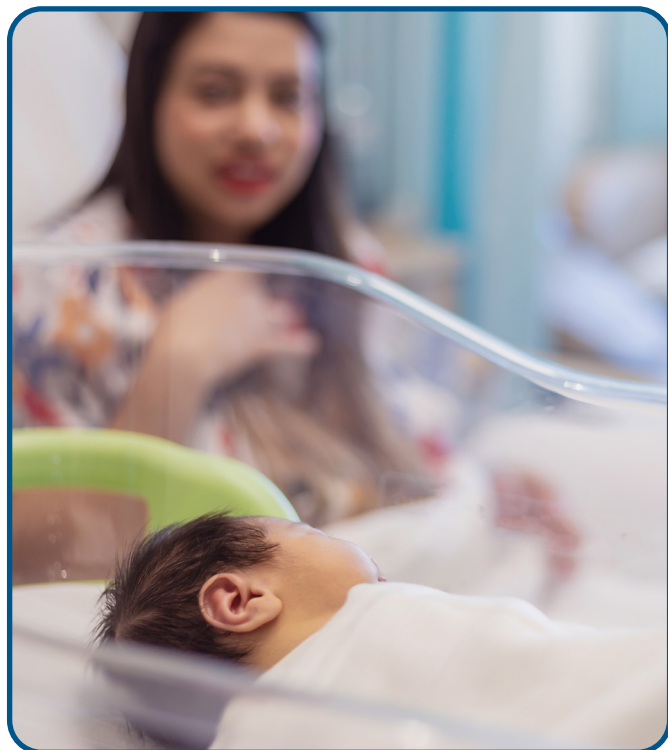
 [@HealthyBlueSC](https://twitter.com/HealthyBlueSC)

Quality Incentive Program

Healthy Blue maintains a comprehensive quality management program to objectively monitor and systematically evaluate the care and service provided to members. The scope and content of the program reflect the demographic and epidemiological needs of the population served. Studies are planned across the continuum of care and service with ongoing proactive evaluation and refinement of the program. To improve the health of our members, Healthy Blue has designated the following incentives for 2021:

- **Notification of Pregnancy** | \$200 available once per pregnancy
- **Well Child Quality** | \$30
- **Centering Pregnancy** | Up to \$475
- **Screening, Brief Intervention, Referral to Treatment (SBIRT)** | \$24, \$48 available once per year for screening and twice per year for brief intervention
- **CPT Category II Reimbursement** | \$20 available per code
- **Sports Physicals** | \$30

For more details and guidance on how to file, be sure to reach out to your provider education representative.



Newborn Notification Form

The Newborn Notification form reports the birth of a child whose mother who is a Healthy Blue member. This form assists with discharge planning and coordination of follow-up care for the mother and baby. You may have noticed that, upon submitting the Newborn Notification form, you receive a follow-up request for more information:

- **Live birth (yes or no), or if the baby passed away**
- **Gestational age at delivery**
- **Singleton delivery or not**
- **Is there a NICU stay?**
- **Apgar scores**
- **Gender**
- **Gravida/para/abortus**
- **Birth weight (in grams)**
- **Type of delivery**
- **Date of birth**
- **EDC**

Updates to the existing form will include this additional information to prevent the need to request it. Once the updates are complete, the revised form will be available on www.HealthyBlueSC.com.

COVID-19 Vaccine

All South Carolinians ages 16 and older are eligible to receive the COVID-19 vaccine as of March 31, 2021.

On March 8, 2021, South Carolina moved into Phase 1b of the vaccination plan, which allowed those 55 and older, everyone with increased risk for severe COVID-19 disease, and all frontline workers with increased occupational risk to receive the vaccine. Since then, the Department of Health and Environmental Control (DHEC) and other vaccine providers have administered an average of 23,000 doses per day, totaling roughly 420,000 administered doses since March 8.

Ages for Vaccines

Currently, Pfizer is the only vaccine available to those aged 16 – 18. All three vaccines — Pfizer, Moderna, and Johnson & Johnson — are available to those ages 18 and older.

How to Make an Appointment

You can make an appointment online at www.scdhec.gov/vaxlocator, or you can call DHEC's COVID-19 Vaccine Information Line at 866-365-8110 for assistance.



Mail-Order Pharmacy Reminder

The IngenioRx Home Delivery Pharmacy provides all Healthy Connections members the opportunity to have prescriptions delivered to their home, free of charge. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Healthy Blue.

Benefits include:

- **Safety:** In light of COVID-19, having medications delivered directly to a member's home is a safer option than visiting the pharmacy.
- **Convenience:** IngenioRx is a convenient alternative for members with transportation difficulties or mobility limitations.
- **Extended-day supply:** Healthy Connections members can receive a 90-day supply on certain medications in the following drug categories: hypertension, oral diabetes, cholesterol and asthma. All other maintenance medications are limited to a 31-day supply.

- **Easy-order refills:** Members can refill prescriptions by calling the IngenioRx Pharmacy Member Services number on the back of their ID card or online by visiting www.HealthyBlueSC.com and selecting Benefits.
- **Speaking with a pharmacist:** Members can speak directly with a pharmacist about any medication questions.

You can send prescriptions to the IngenioRx Home Delivery Pharmacy three ways:

1. ePrescribe: search for IngenioRx Home Delivery Pharmacy in your ePrescribing platform
2. Fax: 800-378-0323 | 3. Phone: 833-203-1742



CERiS Guide FAQs*

- 1. What is CERiS?** CERiS is a claim auditing vendor. A claim is eligible for a CERiS audit when there is an outlier payment greater than \$2,500 AND the total payment is greater than \$25,000. CERiS must review claims that meet these criteria before an additional outlier payment will be allowed. Claims will pay the base DRG payment once CERiS has reviewed and provided their recommendations. Feedback will be sent to operations, and they will adjust the claim to allow the outlier based on CERiS recommendations.
- 2. Who sends the claim from Healthy Blue to CERiS?** The Healthy Blue Operations team sends the claim to CERiS.
- 3. Who sends the request for an itemized bill to the provider?** Once Healthy Blue receives the claim, CERiS will reach out to the provider for a copy of the itemized bill.
- 4. How long does it take for a provider to receive the final determination of the CERiS letter?** If CERiS finds disallowed charges, we send a findings letter to the provider 10 business days after we complete the review.
- 5. How long does it take for the audit?** After CERiS receives a copy of the itemized bill, the review is completed within seven business days.
- 6. What is the timeframe for Healthy Blue sending the claim to CERiS?** Once the original CERiS-eligible claim is finalized in the system, the next daily report shares claim information with CERiS.



Authorization Lookup Tool

To verify if you need a prior authorization for an outpatient service, use the [Prior Authorization Lookup Tool](#). This tool lets you to enter the Current Procedural Terminology® (CPT) or Healthcare Common Procedural Coding System (HCPCS) code and will provide results in seconds. Keep in mind this tool does not reflect benefit coverage, nor does it include an exhaustive list of all non-covered services (experimental procedures, cosmetic surgery, etc.).

If you need an authorization, you will see:

YES - Precertification is required

Line of Business: Medicaid/SCHIP/Family Care
CPT/HCPCS Code: E0601
Description: Continuous positive airway pressure (cpap) device
CMS Guideline: None
State Guideline: None
InterQual/MCG Guideline: AIM Sleep: Sleep Disorder Management

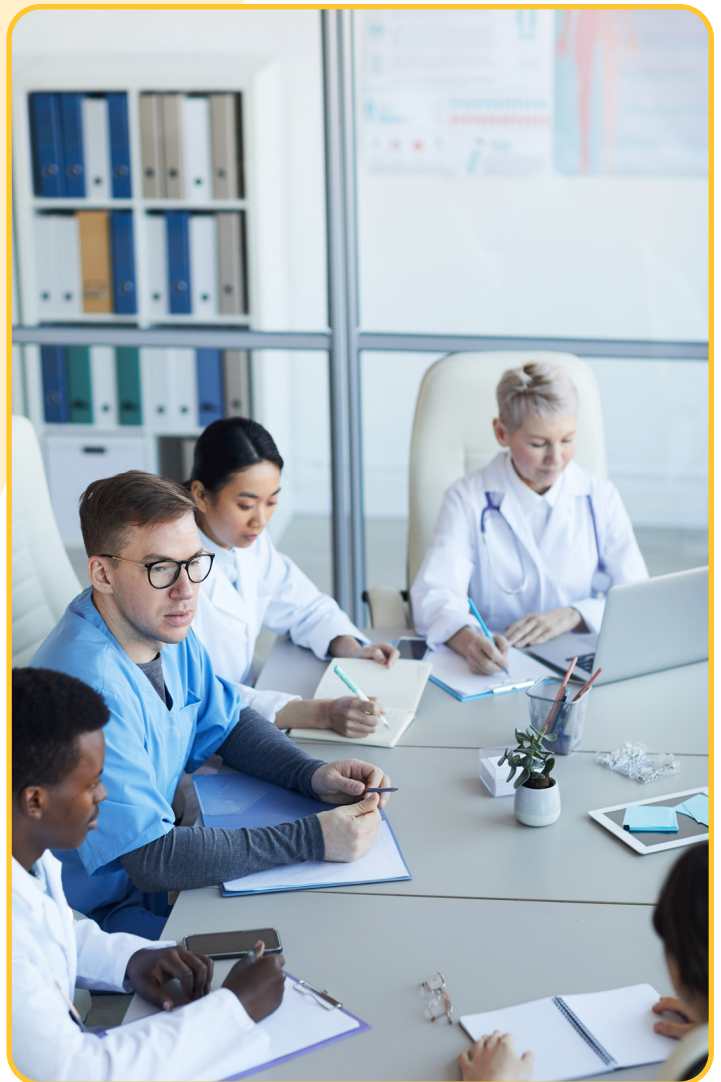
If you do not need an authorization, you will see:

NO - Precertification is not required

Line of Business: Medicaid/SCHIP/Family Care
CPT/HCPCS Code: H0047
Description: Alcohol and/or other drug abuse services, not otherwise specified
CMS Guideline: None
State Guideline: None
InterQual/MCG Guideline: None

HIV Medication Combinations May Require Prior Authorization

Starting August 1, 2021, Healthy Blue will implement a new policy for HIV medications to help make sure patients are not receiving therapeutic duplications when taking certain combinations. Providers and members we expect this policy to impact will receive advance notice by mail. For members to continue to receive coverage for the drug combination, providers must submit a separate prior authorization form for each drug and provide the medical necessity rationale explaining why the member needs the drug combination.



Medical Drug Benefit **Clinical Criteria Updates**

Last year, the Pharmacy and Therapeutics (P&T) Committee approved clinical criteria applicable to the medical drug benefit (listed below) for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Visit the [Clinical Criteria](#) webpage to search for specific policies.

Use this [email](#) if you have questions or would like additional information.

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

- **New:** newly published criteria.
- **Revised:** addition/removal of medical necessity requirements, new document number.
- **Updates:** marked with an asterisk (*) notate the criteria may be perceived as more restrictive.

Please share this notice with other members of your practice and office staff.

Note: The clinical criteria listed below apply only to the medical drug benefits contained within the member's medical policy. They do not apply to pharmacy services.

Effective date	Document number	Clinical Criteria title	New or revised
April 2, 2021	ING-CC-0185*	Oxlumo (lumasiran)	New
April 2, 2021	ING-CC-0184*	Danyelza (naxitamab-ggqk)	New
April 2, 2021	ING-CC-0154	Givlaari (givosiran)	Revised
April 2, 2021	ING-CC-0124	Keytruda (pembrolizumab)	Revised
April 2, 2021	ING-CC-0002	Colony Stimulating Factor Agents	Revised
April 2, 2021	ING-CC-0032*	Botulinum Toxin	Revised



Metabolic Monitoring and Diabetes Screening **Measures for Those on Antipsychotics Medications**

There are several CPT, ICD-10-CM and HCPCS codes that can help reduce the number of medical records we request during HEDIS medical record review season (January to May each year). Adding these codes to a claim will help us identify additional information about the visit and improve the accuracy of reporting quality measures.



For a complete list of CPT codes, go to the American Medical Association website at <https://www.ama-assn.org> > Practice Management > CPT (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.



HELLO Spring!



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@scdhhs.gov.