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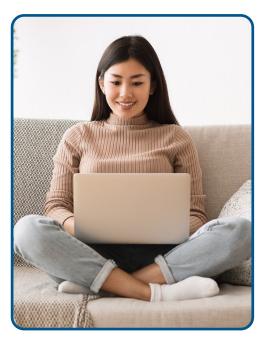
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SCDHHS Launches Healthy Connections Medicaid Annual Reviews Website

The federal government declared a public health emergency (PHE) effective Jan. 27, 2020, due to the COVID-19 pandemic, and Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020. The combination of these actions has had an impact on Medicaid enrollment across the country. To comply with the provisions of the FFCRA, the South Carolina Department of Health and Human Services (SCDHHS) paused the typical Medicaid eligibility annual review process effective March 2020.

While no one knows when the PHE will end, SCDHHS recently launched a new website, www.scdhhs.gov/annualreviews*, to better support Healthy Connections Medicaid members, providers and the communities the agency serves in anticipation of the eventual end of the federal PHE.

The Annual Reviews website includes important information Healthy Connections Medicaid members can use now, such as how to ensure SCDHHS has their current address and other household information. Medicaid members can update their information online, over the phone or by visiting a local eligibility office. Once an end date to the federal PHE is known, the website will also serve as a one-stop source of information related to the annual review process.

Learn more on this launch here*.

Using the Provider Directory for Prior Authorization Requests

Healthy Blue's provider directory includes several participating practitioners and facilities to make sure our members receive the care they need. For this reason, when preparing to request a prior authorization, please refer to the provider directory* for help with identifying available participating providers. You can also contact the Customer Care Center at 866-757-8286 for assistance. Using nonparticipating providers could result in unnecessary denials or delays in care, which we always want to avoid.

Medically Complex Children Waiver
Program Update

SCDHHS is announcing the implementation of three changes to the Medically Complex Children Waiver (MCCW) program. The MCCW program serves children who meet hospital level-of-care criteria and have chronic physical/health conditions that are expected to last longer than 12 months. MCCW participants must also meet the state-defined medical eligibility criteria, which evaluate the child's dependency on medications, medical supervision, hospitalizations, skilled nursing services, therapies and medical specialists.

Effective immediately:

- The age limit for currently enrolled MCCW participants who may receive waiver services is increased to 21 years of age.
- The age limit for individuals who may apply to receive MCCW services is increased to 20 years of age.
- Eligible MCCW participants may be authorized to receive environmental modification services; and.
- Providers are invited to join the MCCW respite provider network.

Review additional details on this update here*.

Updates to Rates for Vagus
Nerve Stimulation

As a reminder, on Nov. 1, 2022, SCDHHS increased reimbursement rates for vagus nerve stimulation as noted in the chart.

Description	Code	Previous Rate	New Rate
Incision to implant or replace direct or inductive cranial pulse generator or receiver	61885	$16,173	$34,000
Open approach to implant cranial nerve neurostimulator electrode array	64568	$24,412	$36,000

The updated rates* are also reflected in the outpatient hospital fee schedule at www.scdhhs.gov*. Providers should direct any questions related to this information to the Provider Service Center at 888-289-0709. The hours of operation are 7:30 a.m. – 5 p.m. Monday – Thursday and 8:30 a.m. – 5 p.m. Friday.

AIM Specialty Health® Cardiology Clinical Appropriateness
Guidelines CPT Code List Update

Effective for dates of service on and after Feb. 1, 2023, the following code updates will apply to the AIM Specialty Health* diagnostic coronary angiography and the percutaneous coronary intervention Clinical Appropriateness Guidelines. AIM Specialty Health is an independent company providing some utilization review services on behalf of BlueChoice HealthPlan.

Diagnostic coronary angiography

CPT code	Description
92973	Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure)
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (list separately in addition to code for primary procedure)
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (list separately in addition to code for primary procedure)
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (list separately in addition to code for primary procedure)

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)

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

Effective for dates of service on and after Feb. 1, 2023, these 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 necessary for claim processing.

Visit the Clinical Criteria website to search for the specific clinical criteria listed.

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

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience representative or call Provider Services at **866-757-8286**.

Clinical criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0002	C9096	Releuko (Injection, filgrastim-ayow, biosimilar)
ING-CC-0072	C9097	Vabysmo (faricimab-svoa)

New Process for Expedited **Authorization Requests**

Beginning Jan. 1, 2023, Healthy Blue will require providers to submit expedited outpatient authorization requests through the Interactive Care Reviewer (ICR), which is accessible through Availity®. Requests will no longer be accepted through phone or fax. This will help us make timely decisions on expedited requests and ensure our members do not have a delay in receiving medically necessary care.

Although this initiative only applies to expedited requests, we strongly encourage our providers to submit all their authorization requests through the ICR. As a reminder, the ICR gives providers the ability to check the status of the authorizations they have submitted. Managing authorization requests through the ICR helps decrease the administrative burden of calling us to initiate the requests for authorization or checking the status. It is also a streamlined way of tracking all authorization requests in one central location.

DID YOU KNOW?

Did you know the 2022 Healthy Blue Annual Training presentation is now available?

View the presentation to learn more.

Update to the **Pregnancy Notification Form**

Healthy Blue is excited to share we have recently made an update to our Pregnancy Notification Form that will allow us to gather additional information. This information will provide Healthy Blue with important details about a member's conditions that are not easily garnered from claims alone. The information you provide on the Pregnancy Notification Form, as well as the health information that we are able to leverage via claims and authorizations, will allow Healthy Blue to better identify pregnant members with high risk factors so that we can provide timely and comprehensive care management.

The Pregnancy Notification Form is available on our website. Visit www.HealthyBlueSC.com and select Providers. The new form will replace any existing pregnancy notification form you are currently using.

You may also download the form at provider.HealthyBlueSC.com/docs/gpp/SCHB_MCS_PregnancyNotificationReport.pdf?v=202204121340.

If you have questions, please contact our Customer Care Center at **866-757-8286**.

Medical Policies and Clinical Utilization **Management Guidelines Update**

The Medical Policies, Clinical Utilization Management (UM) Guidelines and Third-Party Criteria were developed and/or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

Please share this notice with other members of your practice and office staff. Review the guidelines to learn more.

Pharmacy **Hot Tips**

Pharmacy Hot Tips are brief messages to help answer questions and concerns you may have about pharmacy topics. As of Nov. 1, 2022, there are two new Hot Tips available for review:

- ADHD Hot Tip
- Asthma Hot Tip

To view these tips, visit www.HealthyBlueSC.com and select **Providers > Eligibility & Pharmacy > Pharmacy Information**.

HIPAA Compliance for
Utilization Management

HIPAA helps to ensure all personal health information is properly managed. When requesting authorization and to be compliant for utilization management, it is important to include three HIPAA identifiers when creating cases, submitting faxes and loading faxes to the Interactive Care Reviewer through Availity, an independent company providing a secure portal on behalf of BlueChoice HealthPlan. The identifiers include:

- Member's name.
- Date of birth.
- Medicaid ID number.

These items should be listed on the first page of every fax submission. By providing the correct HIPAA identifiers, you ensure we have the correct member and clinical information. This is essential in helping reduce any possible delays in care and decreasing the amount of time it takes to complete the authorization process.

Access to Electronic **Medical Records**

Healthy Blue continues to work to increase efficiency for inpatient medical necessity reviews and decrease the administrative burden on facilities. We are hoping to partner with you to get electronic medical record (EMR) access at your facility. This would result in decreased denials due to lack of clinical information and decrease the number of appeals your facility would need to submit for the same reason. We will need to request a username and password from your facility to access its EMR. Should access be granted, our registered nurses would follow all HIPAA guidelines. This workflow will reduce the need for manual processes (faxes/phone calls) with your facility's UM department.

If you have additional questions regarding granting EMR access, you may contact Scott Timmons at Scott.Timmons@ BlueChoiceSC.com or Bryan Hawkins at Bryan.Hawkins@amerigroup.com.

We look forward to your continued partnership in providing our members with quality care.

MAY Your DAYS BE Merry AND Bright