

January 2022

# BlueBlast<sup>SM</sup>

*News Providers Can Use*

 **Healthy Blue<sup>SM</sup>**  
BlueChoice® HealthPlan of SC

Healthy Connections 

## Billing Tips

### Sports Physicals

On July 1, 2018, Healthy Blue added the sports physical benefit for our members. One sports physical is covered for members ages 6 – 18 when it is performed by an in-network primary care provider, including nurse practitioners and physician assistants with their own national provider identifier (NPI).

If the member had a well-child exam during the current benefit year, you may file the sports physical separately with CPT® code 99212, modifier 8P and diagnosis code Z02.5.

Reimbursement for the sports physical is \$30.

If the member has not had a well-child exam in the current benefit year, you may bill for both a well-child visit and a sports physical. To bill for the well-child visit, use the appropriate codes in the table below:

CPT Code	Modifier	Diagnosis Code
99383	25	Z00.0X, Z00.1XX, Z00.X, Z02.71, Z02.79, Z02.8X
99384		
99393		
99394		

*Note: Be sure to include CPT code G9153 for reimbursement of the well-child exam and include the above-mentioned codes for the sports physical.*

### Well-Child Incentive

When filing claims for the well-child incentive, which is reimbursed at \$60 as of Oct. 1, 2021, please remember to file G9153 on the line directly following the early and periodic screening, diagnostic and treatment (EPSDT) office visit code. The diagnostic pointer should be the same for the EPSDT office visit code and the G9153. If the diagnostic pointers are different, this will cause the G9153 line to split off the claim and deny.

If you have any additional questions, please contact your [Healthy Blue provider education consultant](#).



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# Behavioral Health Areas of Expertise Profile

The Behavioral Health Areas of Expertise Profile (BHAEP) is designed to highlight your behavioral health network providers' services, cultural preferences, race, languages spoken and other specialties to our members through the enhancement of our online provider directory. The goal is to help our members find the right behavioral health provider to fit their unique needs.

Contracted Medicaid providers are asked to answer a brief online survey on their clinical areas of expertise, demographics, modalities and accessibility. The data collected provides insight into our behavioral health providers' capabilities, which assists in member referrals, provider network strategy development and proposal support. Completion of the BHAEP does not affect a provider's credentialing materials/status or contract.

By capturing this information, we are able to:

- Improve identification of specific services and specialties.
- Improve the referral process by better identifying provider capabilities.
- Align with competitors that provide this data in their online provider directories.

Currently, the BHAEP is administered in 18 Medicaid markets. The local Health Plan completes provider outreach. While data gathered through this tool has proven to be helpful to members, providers and the Health Plan, response rates remain low. [View your state's BHAEP survey here.](#)\*

## Welcome to the Behavioral Health Areas of Expertise Profile (BHAEP) Survey

Please select a survey below and press Start.

Which State do you wish to complete a survey for?

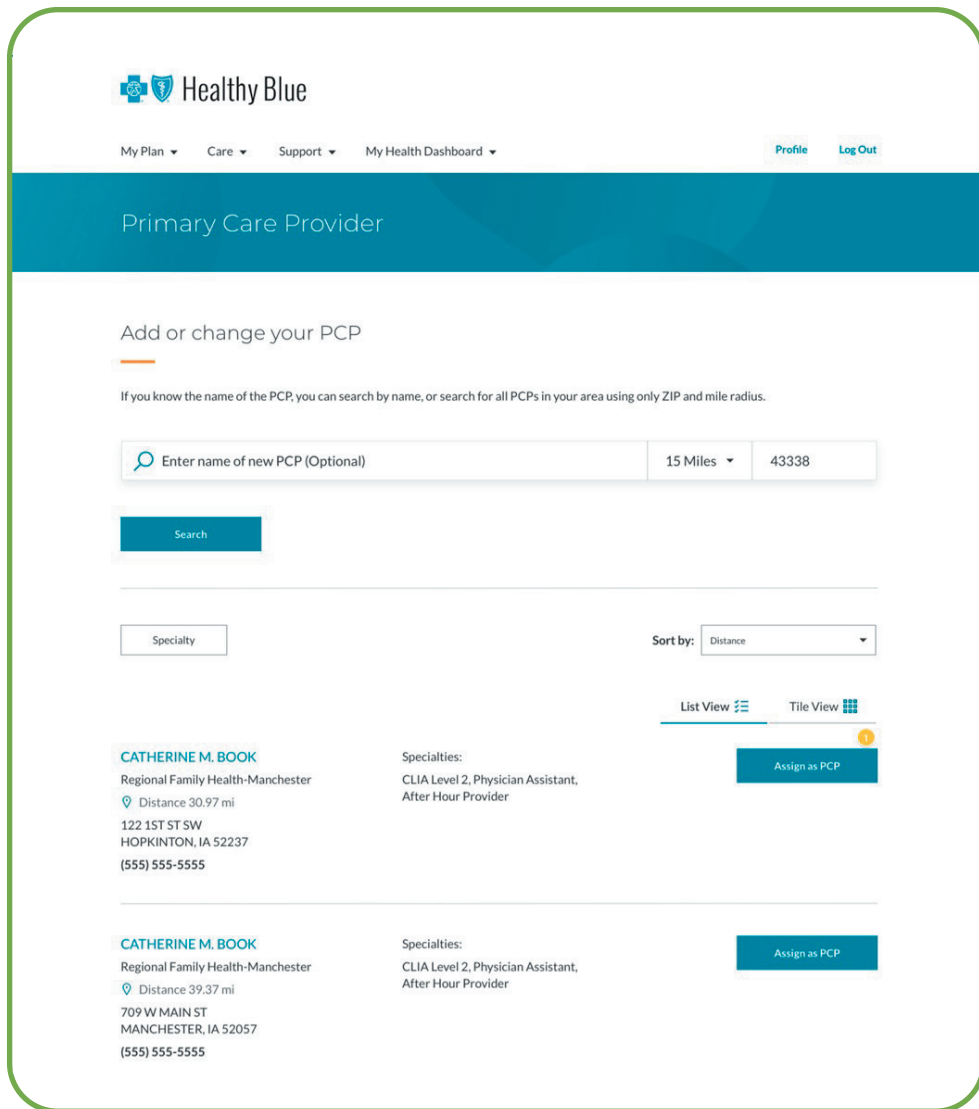
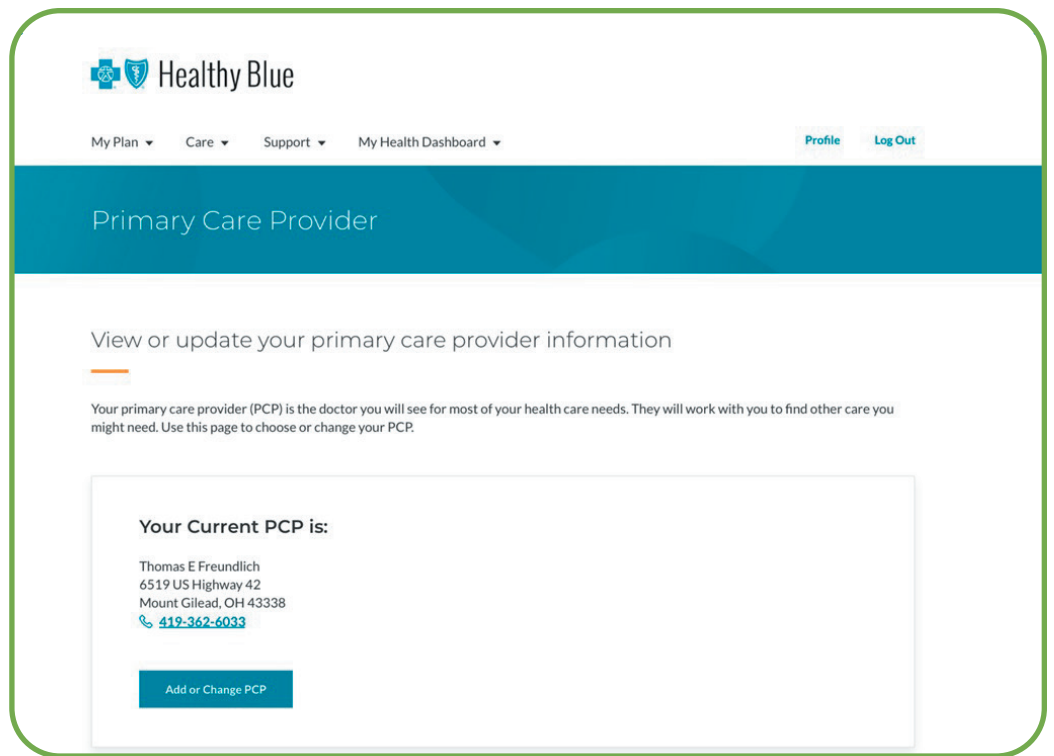
Arkansas (Summit Community Care)	Missouri (Healthy Blue)	Virginia (Anthem BCBS)
Colorado (CCHA)	Nevada (Anthem BCBS)	Washington (Amerigroup)
Georgia (Amerigroup)	New Jersey (Amerigroup)	West Virginia (Unicare)
Iowa (Amerigroup)	New York (Empire)	Western New York (BCBS)
Indiana (Anthem BCBS)	South Carolina (Healthy Blue)	Wisconsin (Anthem BCBS)
Kentucky (Anthem BCBS)	Tennessee (Amerigroup)	
Louisiana (Healthy Blue)	Texas (Amerigroup)	

**PRESS HERE TO START YOUR SURVEY**

Powered by [CheckMarket](#)

# View or Update Primary Care Provider Information

It is important that we have members' current primary care physicians on file. For this reason, members can view or update their primary care provider information online at any time by accessing the secured member portal through [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com). Once inside the portal, they can visit the Primary Care Provider section to make the necessary changes.



# Medical Record Standards

The Healthy Blue Clinical Quality Improvement Committee (CQIC) approves the medical record review standards and goals. We encourage providers to familiarize themselves with these standards as reflected in our policy and audit tool. For more materials related to quality, please visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and follow the path below:  
*Providers > Resources > Quality Management*

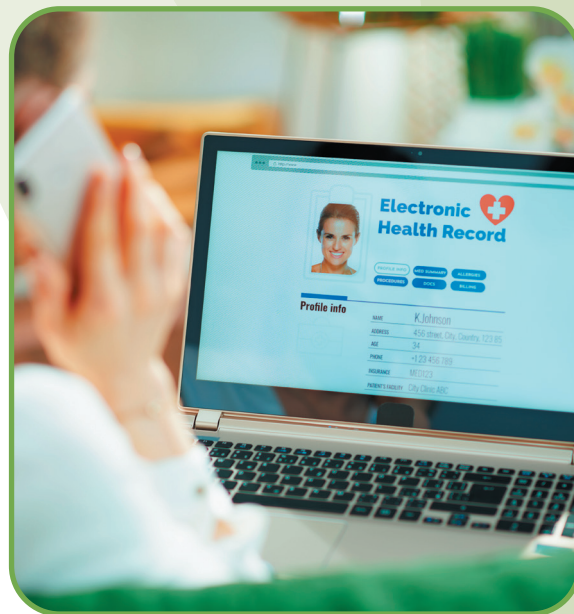


## Utilization Management **Service Review Request**

As a reminder, prior to contacting the Utilization Management team to request a service review, the following information is required and should be readily available during the phone call:

- Member's name, date of birth, Medicaid number and address
- ICD-10 codes
- CPT/HCPCS codes and units/visit amounts where appropriate
- Date(s) of service requested
- Level of care as appropriate
- Requesting/servicing provider's tax ID/NPI, address, phone number and fax number
- Servicing facility's tax ID/NPI, address, phone number and fax number
- If a NICU admission, all the above plus the mother's name, date of birth and Medicaid number

Please note, it is essential that accurate case demographic data is provided for correct case creation to prevent any possible claims or, provider abrasion and to prevent medical necessity decision letters from going to the incorrect addresses or fax numbers.



## Botox Update

Effective Jan. 1, 2022, CVS Specialty Pharmacy and IngenioRx Specialty Pharmacy<sup>SM</sup> will no longer distribute the brand-name drug Botox<sup>®</sup>. The drug will still be available to Healthy Blue members through the buy-and-bill payment structure. CVS is an independent company providing pharmacy services on behalf of BlueChoice HealthPlan. IngenioRx Inc. is an independent company providing pharmacy benefit management services on behalf of BlueChoice<sup>®</sup>. Please note:

- This is not a change in member benefits. This is a change in the Botox vendor only.
- If the member is not using CVS Specialty Pharmacy or IngenioRx Specialty Pharmacy to get Botox, no action is needed.

### **For Botox managed under a member's medical benefit**

Effective Jan. 1, 2022, you will need to buy this drug and bill Healthy Blue. If you have questions regarding a member's medical specialty pharmacy benefits, call Provider Services at 866-757-8286.



## Claim Payment **Frequency Change**

Effective Jan. 3, 2022, claim payments will be made on Mondays to all South Carolina providers unless the Monday payment date is a Healthy Blue or federal holiday, and then the payment would be made on Tuesday.



## Get Faster Payments With Electronic Funds Transfer (EFT)

Effective Nov. 1, 2021, EnrollSafe at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org)\* replaced EnrollHub® from the Council for Affordable Quality Healthcare Inc. (CAQH) as the electronic funds transfer (EFT) enrollment website at no cost to Healthy Blue providers. EnrollSafe is a tool developed by Zelis® Payments, an independent company providing electronic fund transfer services on behalf of BlueChoice.

**EnrollSafe is safe, secure and available 24 hours a day** Log in to the EnrollSafe enrollment hub at [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) to enroll in EFT. You will be directed through the EnrollSafe secure website to the registration page, where you will provide the required information to create an account and then select Enroll to supply your banking information.

Already enrolled in EFT through CAQH EnrollHub? If you were previously enrolled in EFT through CAQH EnrollHub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.

If you have changes to make, use [enrollsafe.payeehub.org](https://enrollsafe.payeehub.org) to update your account.



For more information or additional questions regarding the EnrollSafe enrollment hub portal, the provider can contact the support team by calling **877-882-0384** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.



## Reduce the Burden of Medical Record Review and Improve Health Outcomes

The HEDIS® Electronic Clinical Data Systems (ECDS) reporting methodology encourages the exchange of the information needed to provide high-quality health care services. The ECDS Reporting Standard through the National Committee for Quality Assurance (NCQA) provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.

Benefits to providers:

- Reduced burden of medical record review for quality reporting
- Improved health outcomes and care quality due to greater insights for more specific patient-centered care

ECDS reporting is part of the NCQA's larger strategy to enable a "digital quality system" and is aligned with the industry's move to computer-based measures. Learn more about NCQA's "digital quality system" and what it means to you and your practice at the following link: [www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/](https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/).\*

## Medical Specialty Pharmacy Announcement

Healthy Blue is pleased to announce a drug delivery option that enhances medication accessibility to both members and providers. Healthy Blue is contracted with CVS Specialty as a medical specialty pharmacy (MSP). Our MSP pharmacy can deliver medication that is covered under the medical benefit to your office for administration to the patient.

## 2021 CAHPS Survey Results

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual standardized survey conducted between January and May to assess consumer experiences with their providers and Health Plan. It is received by a random sample of patients. We use the results to measure our performance against our goals and determine the effectiveness of actions implemented to improve.

Providers directly affect over half of the questions used for scoring. Healthy Blue offers an online course for providers and office staff designed to teach ways to improve communication skills, build patient trust and commitment, and expand knowledge of the CAHPS Survey. The Improving the Patient Experience course is available at no cost and is eligible for one continuing medical education (CME) credit by the American Academy of Family Physicians. Providers can access the course at [www.mydiversepatients.com/le-ptexp.html](http://www.mydiversepatients.com/le-ptexp.html).\*



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

Effective for dates of service on and after March 1, 2022, 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 necessary for claim processing of drugs billed with a not-otherwise-classified (NOC) code.

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

Clinical Criteria Document Number	HCPCS or CPT Code(s)	Drug
ING-CC-0116	J9036	Belrapzo®
ING-CC-0161	J9227	Sarclisa®
ING-CC-0104	J0642	Khapzory™

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, call the Customer Care Center at **866-757-8286**.





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](mailto:fraudres@scdhhs.gov).