

July 2022

# BlueBlast<sup>SM</sup>

News Providers Can Use



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

Healthy Connections 

## ALL PCPs

Quality Incentives (PCPs)	2
---------------------------	---

## Behavioral Providers

Rehabilitative Behavioral Health Services	3
---	---

## High-Risk Providers

CMS Requirement for Fingerprint-Based Criminal Background Checks (FCBC) of High-Risk Medicaid Providers	3
---	---

## All Providers

Over-The-Counter Medication	4
-----------------------------	---

Reminder: Balance Billing	4
---------------------------	---

Baby Formula Shortage	4
-----------------------	---

COVID-19 Impact on Opioid and Substance Use Disorders	4
---	---

Pregnancy Notification Process Using the Benefit Look-Up Tool	5
---	---

Prior Authorization Requirement Changes <i>Effective Aug. 1, 2022</i>	6
--	---

MCG Care Guidelines, 26th Edition	6
-----------------------------------	---

Prior Authorization Updates for Medications Billed Under the Medical Benefit	7
--	---



## Quality Incentives (PCPs)

As a reminder, Healthy Blue offers several quality incentives to help improve the health of our members. To receive the full incentive amount, it is important that you bill the appropriate total charge on the member's claim for each available incentive.

For example, if you are billing for the notification of pregnancy, the professional claim should be submitted separately with the following:

- Date of service: Date of the pregnancy diagnosis consultation
- CPT Code: 99080
- Modifier: 32
- Days/unit: 1
- Billed charges: \$200

Healthy Blue will only reimburse the amount billed, so be sure to follow the guidelines accordingly. You can view all the available incentives [here](#).

For questions, please feel free to contact the Customer Care Center at 866-757-8286.

 [fb.me/HealthyBlueSC](https://fb.me/HealthyBlueSC)

 [@CoachBlueSC](https://www.instagram.com/CoachBlueSC)

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

## Rehabilitative Behavioral Health Services

### School-Based Mental Health Services

In 2014, the South Carolina Department of Health and Human Services (SCDHHS) was approved by the Centers for Medicare & Medicaid Services (CMS) to place rehabilitative behavioral health services (RBHS) provider enrollment on a moratorium due to an increase in waste, fraud and abuse trends in the delivery of services.

On July 1, 2022, SCDHHS partially lifted the moratorium under the following conditions:

- Rendered in a school-based setting by a provider that is employed or contracted by the school district.
- Limited to six services:
  - Diagnostic assessment (H0031)
  - Service plan development (H0032)
  - Crisis management (H2011)
  - Individual psychotherapy (90832, 90834, 90837)
  - Family psychotherapy (90846, 90847)
  - Group psychotherapy (90853)

Existing RBHS providers do not need to complete a new application but need to submit a copy of their contracts

with the school districts identifying which schools they provide services for prior to billing.

Unenrolled RBHS providers must complete a new Medicaid provider application on the SCDHHS website. In addition to the standard enrollment information, providers must include a copy of their school district subcontract indicating which schools they will provide services for.

Providers billing the above-mentioned school-based services will be reimbursed with a unique rate. Claims should be filed with the place of service and require specific modifiers to receive the reimbursement.

More information on enrollment and billing can be located on the SCDHHS [website\\*](#).

## CMS Requirement for Fingerprint-Based Criminal Background Checks (FCBC) of High-Risk Medicaid Providers

Beginning July 2022, SCDHHS will proactively work with all South Carolina Healthy Connections Medicaid providers who are categorized as high-risk to make sure they are in compliance with federal regulations. SCDHHS will notify, in writing, currently enrolled high-risk providers who are required to submit fingerprints with the actions necessary to comply with this federal requirement.

Effective Aug. 15, 2022, FCBC compliance will be required for providers enrolling in Healthy Connections Medicaid. Enrolling and revalidating high-risk providers will be required to meet the FCBC requirements during the initial enrollment and revalidation processes. Healthy Connections Medicaid providers who are also enrolled as high-risk providers with Medicare and comply with

Medicare's FCBC requirements will be deemed in compliance with the Healthy Connections Medicaid requirements.

Failure to comply with the fingerprinting requirement will lead to termination from the Medicaid program. Providers can learn more about fingerprinting requirements, high-risk provider types and disqualifying criteria by visiting our provider resources page to review a list of frequently asked questions.

Providers may direct questions regarding this requirement to the Provider Service Center at **888-289-0709**. The Provider Service Center's hours of operations are 7:30 a.m. – 5 p.m. Monday – Thursday and 8:30 a.m. – 5 p.m. Friday.



## Over-the-Counter Medication

While Healthy Blue offers coverage for a wide range of prescription drugs to its members, it also covers many over the counter (OTC) medicines with a prescription from the physician, typically at a lower cost to the member. You and your patients can view a list of the common OTC medicines [here](#).

## Reminder: Balance Billing

Balance billing is sending a member a bill for an amount that Healthy Blue did not reimburse on the submitted claim. Per your Healthy Blue contract, you are not permitted to balance bill for any portion of the services the health plan does not pay. The member should be held harmless and not financially responsible for any amounts not paid for the contracted service(s) unless otherwise specified in the Evidence of Coverage.

## COVID-19 Impact on Opioid and Substance Use Disorders

As a result of the COVID-19 pandemic, there has been a 20 percent increase in substance use nationwide and nearly 100,000 opioid overdose-related deaths between 2020 and 2021.<sup>1</sup> Black Americans have been disproportionately affected by this increase in overdoses.<sup>2</sup> Increasing screening, brief intervention and referral to treatment (SBIRT) may help provide an opportunity to engage those with emerging and existing substance use disorders through proactive identification and connection to professional services when indicated.

### SBIRT resources for providers

A provider toolkit for SBIRT is available in the Healthy Blue provider portal. This toolkit includes SBIRT collateral materials for your use, which outline recommended screening tools, a guided SBIRT process and resources to help identify appropriate referrals.

## Baby Formula Shortage

Many parents are having trouble finding baby formula and may ask for your guidance on adjusting their baby's feeding practices or using any brand of formula. Visit [www.hhs.gov/formula](http://www.hhs.gov/formula)\* for additional information on milk and formula banks, WIC offices and guidance from the American Academy of Pediatrics.



### More about the SBIRT approach

SBIRT is a “comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders (SUD), as well as those who are at risk of developing these disorders,” according to the Substance Abuse and Mental Health Service Administration (SAMHSA). The goal of SBIRT is to reduce the potential consequences of SUDs.<sup>3</sup>

If you need assistance connecting patients to SUD treatment or have questions about implementing SBIRT in your practice, call Provider Services at **866-757-8286**.

<sup>1</sup> Centers for Disease Control and Prevention, 2022 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>2</sup> Larochelle et al., 2021 <https://doi.org/10.2105/AJPH.2021.306431>

<sup>3</sup> Substance Abuse and Mental Health Services Administration, 2021 <https://www.samhsa.gov/sbirt>

## Pregnancy Notification Process Using the Benefit Look-Up Tool

Healthy Blue aims to identify all pregnant members early in their pregnancy so they can take full advantage of the education, support, resources and incentives available through the New Baby, New Life<sup>SM</sup> program we offer.

Healthy Blue uses the Benefit Look-Up Tool in the Availity® portal to generate timely information about newly identified pregnant women. Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan. Early intervention helps improve birth outcomes and assists patients with accessing additional benefits as soon as possible.

### How it works

During the eligibility and benefits inquiry, if the member is of childbearing age, the office associate will be prompted to answer whether the member is pregnant or not. If the response is yes, the system will ask the due date, and a maternity form will be generated. Providers are asked to complete the form and provide additional information, including the dates of the first prenatal and postpartum care visits.

### How can I get additional help, support or training?

Availity offers integrated help and on-demand training demonstrations (select Help or Find Help and search using the keyword “maternity”).

You can launch a training demonstration from associated help topics or the maternity work queue.

If you have technical difficulties related to the maternity workflow, contact Availity support at **800-282-4548**.

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



## Prior Authorization Requirement Changes

Effective Aug. 1, 2022

Effective Aug. 1, 2022, prior authorization (PA) requirements will change for multiple codes. The medical codes listed below will require PA by Healthy Blue. Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

PA requirements will be added to the following:

- **0214U:** Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non uniquely mappable regions, blood O
- **0215U:** Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non uniquely mappable regions, blood O
- **L6715:** Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement

To request a PA, you may use one of the following methods:

- Availability: Once logged in to Availity at <https://availity.com>\*, select **Patient Registration > Authorizations & Referrals**. Then select **Authorizations or Auth/Referral Inquiry**, as appropriate.
- Fax: **800-823-5520**
- Phone: **866-902-1689**

Not all PA requirements are listed here. To view PA requirements, visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and select **Providers**. Contracted and non-contracted providers who are unable to access Availity may call our Customer Care Center at **866-757-8286** for assistance with PA requirements.



## MCG Care Guidelines, 26th Edition

Effective Sept. 1, 2022, we will upgrade to the 26th edition of MCG care guidelines for the Inpatient/surgical care (ISC) module.

To view a detailed summary of customizations, visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and select Providers.

# Prior Authorization Updates for Medications Billed Under the Medical Benefit

Effective for dates of service on and after July 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 required for claim processing of drugs billed with a not otherwise classified (NOC) code.

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

Clinical Criteria	HCPCS or CPT® code(s)*	Drug name
ING-CC-0196	J3490, J3590, J9999, C9084	Zynlonta® (loncastuximab tesirine-lpyl)
ING-CC-0197	J3490, J3590, J9999, C9082, J9272	Jemperli (dostarlimab)
ING-CC-0198	B4105	Relizorb® (immobilized lipase) cartridge
ING-CC-0199	J3490, J3590, C9399	Empaveli® (pegcetacoplan)
ING-CC-0201	J9999, C9083, J9061	Rybrevant® (amivantamab-vmjw)
ING-CC-0102	J1952	Camcevi™ (leuprolide mesylate)
ING-CC-0018	J0219	Nexviazyme® (avalglucosidase alfa-ngpt)

\*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 local Provider Experience representative or call our Customer Care Center at **866-757-8286**.

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



## DID YOU KNOW?

Did you know you can find a doctor, group or facility for a patient referral using the provider search tool? Access this information [here!](#)





# Happy 4th of July!



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. SCDHHS, CMS, the American Academy of Pediatrics and SAMHSA are independent organizations that provide health information you may find helpful.

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).