June 2022

BlueBlast℠

News Providers Can Use

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PCPS AND OB-GYNS

Quality Incentive Reminder: Notification of Pregnancy

Participating OB-GYN and primary care providers are eligible for a $200 reimbursement for each pregnant Healthy Blue member identified. Providers must complete the Pregnancy Notification Report (PNR) form and submit it with a professional claim after the first prenatal visit. The PNR form should be faxed to Healthy Blue at **800-964-3627**, and the claim should be submitted using Availity® or another appropriate avenue. Availity LLC is an independent company that provides administrative support services on behalf of BlueChoice HealthPlan.

The provider should submit the PNR form within seven business days of the pregnancy diagnosis date.

Disclaimer: *The PNR provider incentive is an initiative implemented on a limited basis with select providers. It does not apply to nonparticipating providers and is not part of participating providers' contractual agreement with Healthy Blue. Healthy Blue may end the PNR initiative at any time and for any reason.*

To view the PNR form, visit www.HealthyBlueSC.com and select **Providers**. Providers should submit the professional claim separately for all services rendered during the office visit.

Date of service....Date of the pregnancy diagnosis consultation
CPT®/HCPCS.......99080
Modifier..............32
Days/units...........1
Billed charges $200

Note: *No other services should be billed on this professional claim.*

ALL PROVIDERS

Medical Drug Benefit Clinical Criteria Updates

On Nov. 19, 2021; Jan. 4, 2022; and Feb. 25, 2022, the Pharmacy and Therapeutics (P&T) Committee approved clinical criteria applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.

Learn more by visiting here.

Coordination **of Care**

Coordination of care involves organizing patient care activities to include treatment planning for appropriate diagnosis, treatment and referral to other practitioners when necessary. This means the needs and preferences of the patient are known in advance and communicated to the proper individuals to provide safe, appropriate and effective care.

When coordinating care for patients, it is important to:

- Discuss the importance of having open communication with other treating practitioners.
- Get a signed release from the patient and file it in his or her medical record.
- Document in the patient's medical record if he or she refuses to sign a release.
- Document in the patient's medical record if he or she requests a consultation.
- Transmit and/or report all necessary information for referrals.
- Document all clinical feedback, such as consultation reports.

By following these guidelines, you ensure the patients' needs and preferences are met while delivering high-quality health care, which is the ultimate goal.

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

The medical policies, clinical utilization management (UM) guidelines and third-party criteria were developed or revised to support clinical coding edits. ***Note***: *several policies and guidelines were revised to provide clarification only and are not included in the updates.* Existing prior authorization requirements have not changed. Visit here* for more information.

Notice of Material **Amendment to Health Care Contract**

Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after June 1, 2022, the following medication code 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 to expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit the Clinical Criteria* page to search for the specific clinical criteria listed below.

Clinical criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0096	J9021	Rylaze™

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

Prior Authorization Updates for **Select Durable Medical Equipment**

Effective June 1, 2022, the following durable medical equipment (DME) codes will require prior authorization (PA).

E0316	L1499	L5100	L5312	L5701	L5960	L5999
E0986	L2034	L5200	L5321	L5702	L5968	L6100
K0007	L2036	L5210	L5590	L5814	L5979	-
K0009	L2037	L5220	L5613	L5828	L5980	-
K0108	L2628	L5280	L5649	L5840	L5981	-
L0999	L5050	L5301	L5700	L5845	L5988	-

How do I get prior authorization? PA requests can be submitted through the Availity portal at apps.availity.com/availity/web/public.elegant.login* or by calling Utilization Management at **866-902-1689**.

What if I need assistance? If you have questions about this communication or need assistance with any other item, contact the Customer Care Center at **866-757-8286**, or you can chat with a Customer Care Representative via Availity.

Evaluation and Management Services for **COVID-19 Testing — Professional**

Effective for dates of service on or after Sept. 1, 2022, Healthy Blue will facilitate review of selected claims for COVID-19 visits reported with evaluation and management (E/M) services submitted by professional providers to align with Centers for Medicare & Medicaid Services reporting guidelines. When the purpose of the visit is for COVID-19 testing only, reimbursement for CPT code 99211 (office or other outpatient visit) is allowed when billed with place of service office (11), mobile unit (15), walk-in retail health clinic (17) or urgent care facility (20). Exposure-only claims may be affected. Professional providers are encouraged to code their claims to the highest level of specificity in accordance with ICD-10 coding guidelines.

Prior to payment, Healthy Blue will review the selected claims to determine, in accordance with correct coding requirements and/or reimbursement policy as applicable, whether the E/M code level submitted is appropriate for the COVID-19 visit reported. If the visit is determined to be solely for the purpose of COVID-19 testing, Healthy Blue will reimburse using CPT code 99211.

Professional providers who believe their medical record documentation supports reimbursement for the originally submitted level for the E/M service will be able to follow the claims payment dispute process, including submission of such documentation with the dispute, as outlined in the provider manual.

DID YOU KNOW?

Did you know you can verify outpatient authorization requirements using the Prior Authorization Lookup tool here?

WHAT IF I NEED ASSISTANCE?

If you have questions about this communication or need assistance with any other item, contact yourlocal Provider Relations representative or 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.

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