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Four Things You Can Do To Encourage Cancer Screenings for **Women Patients**

The American Cancer Society estimates there will be approximately 1,898,160 cancer cases diagnosed in 2021. That's the equivalent of 5,200 new cases every day. The American Cancer Society is an independent organization that offers health information you may find helpful. The good news is patients say they are more likely to get screened when you recommend it. What else can you do to influence cancer screenings?*

1. Understand the power of the physician recommendation:
   • Your recommendation is the most influential factor in whether a person decides to get screened.
   • Patients are 90 percent more likely to get a screening when they reported a physician recommendation.

2. Measure the screening rate in your practice; it may not be as high as you think:
   • Set goals to get screening rates up.
   • Follow the HEDIS® guidelines included in this article to help accurately track your care gap closures.

3. More screening doesn't have to mean more work for you:
   • Reach out to us about available member data. We may be able to help identify those members who are due for screenings.
   • Develop a reminder system, which has been demonstrated to be effective, to remind you and staff that patients have screenings due.

4. Help members access benefit information about screenings to eliminate the cost barrier.

To view the full article, visit www.HealthyBlueSC.com and select **Providers**.
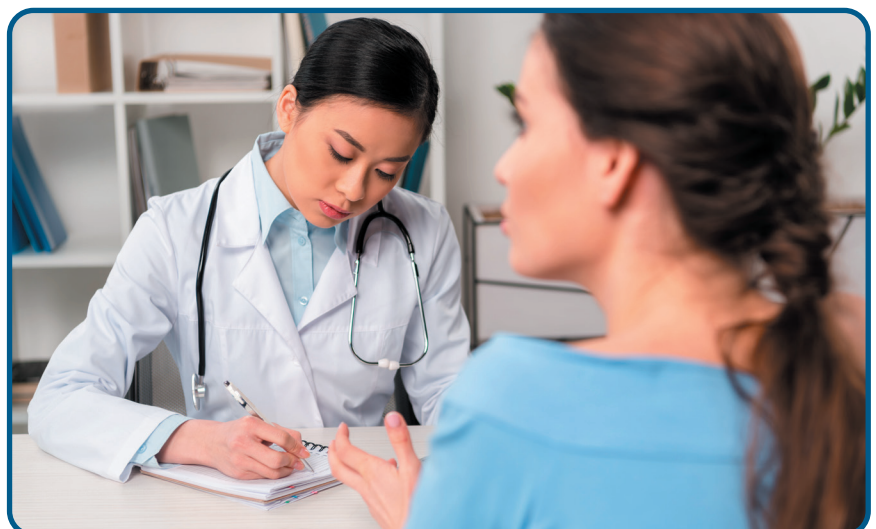
CA: A Cancer Journal for Clinicians. Cancer Statistics, 2021 https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21654.
**http://thecanceryoucanprevent.org/wp-content/uploads/14893-80_2018-PROVIDER-PHYS-4-PAGER-11-10.pdf.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Reminder: **Notification of Delivery**

As a reminder, notification of delivery (NOD) is required by facilities within 24 hours after birth. This notification can be made by submitting the Newborn Notification Form located on www.HealthyBlueSC.com or an agreed-upon format, along with all pertinent clinical documentation. By submitting this form, you provide the necessary information, including date of birth, gestational age, live birth, weight and gender. Keep in mind, this form will assist with discharge planning and coordination of follow-up care for the mother and child.

Use the following path to locate the form: Providers > Resources > Forms > Clinical > Newborn Notification Form

Clinical Criteria **Updates**

The Pharmacy and Therapeutics (P&T) Committee approved the following clinical criteria applicable to the medical drug benefit for Healthy Blue.

This does not apply to pharmacy services. Visit the Clinical Criteria page to search for specific policies. If you have questions or need additional information, use this email address.

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

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

Effective date	Document number	Clinical criteria title	New or revised
Nov. 1, 2021	*ING-CC-0201	Rybrevant™ (amivantamab-vmjw)	New
Nov. 1, 2021	*ING-CC-0042	Monoclonal Antibodies to Interleukin-17	Revised
Nov. 1, 2021	*ING-CC-0050	Monoclonal Antibodies to Interleukin-23	Revised
Nov. 1, 2021	ING-CC-0125	Opdivo® (nivolumab)	Revised
Nov. 1, 2021	ING-CC-0124	Keytruda® (pembrolizumab)	Revised
Nov. 1, 2021	*ING-CC-0102	GnRH Analogs for Oncologic Indications	Revised
Nov. 1, 2021	ING-CC-0076	Nulojix® (belatacept)	Revised
Nov. 1, 2021	*ING-CC-0077	Palynziq® (pegvaliase-pqpz)	Revised
Nov. 1, 2021	ING-CC-0067	Prostacyclin Infusion and Inhalation Therapy	Revised
Nov. 1, 2021	ING-CC-0194	Cabenuva (cabotegravir extended-release; rilpivirine extended-release) Injection	Revised
Nov. 1, 2021	*ING-CC-0174	Kesimpta® (ofatumumab)	Revised
Nov. 1, 2021	*ING-CC-0182	Agents for Iron Deficiency Anemia	Revised

Claims Editing Update for
ICD-10-CM Excludes1 Notes

Summary

Beginning with dates of service on or after Dec. 1, 2021, Healthy Blue will implement revised claims editing logic tied to Excludes1 notes from ICD-10-CM 2020 coding guidelines. To ensure the accurate processing of claims, use ICD-10-CM coding guidelines when selecting the most appropriate diagnoses for member encounters. Please remember to code to the highest level of specificity. For example, if there is an indication at the category level that a code can be billed with another range of codes, it is imperative to look for Excludes1 notes that may prohibit billing a specific code combination.

If you need assistance in determining proper coding guidance, the following site should be helpful: www.cdc.gov/nchs/icd/icd10cm.htm.*

What are Excludes1 notes?

One of the unique attributes of the ICD-10-CM code set and coding conventions is the concept of Excludes1 notes. An Excludes1 note indicates the excluded code identified in the note should not be billed with the code or code range listed above the Excludes1 note. These notes appear below the affected codes; if the note appears under the category (first three characters of a code), it applies to the entire series of codes within that category. If the Excludes1 note appears beneath a specific code (3, 4, 5, 6 or 7 characters in length), then it applies only to that specific code.

Finally, if you believe an Excludes1 note denial is incorrect, please consult the ICD-10-CM code book to verify appropriate use of the billed codes and provide supporting documentation through the normal claim payment dispute process as to why the billed diagnosis codes are appropriately used together.

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

Electronic Data **Interchange Process**

Availity® serves as our electronic data interchange (EDI) partner for all electronic data and transactions. Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan. The Availity EDI processing generates response files for each submitted electronic file and delivers them to the submitter's Availity mailbox. It is important to review these responses to understand where your claims are in the process. To read the EDI process article, visit www.HealthyBlueSC.com and select **Providers**.

Unspecified
Diagnosis Reminder

This is a reminder to all providers that we require laterality-specific coding when applicable. Therefore, claims processed on or after Oct. 1, 2021, will be denied when ICD-10-CM laterality coding guidelines are not followed.

In accordance with the International Classification of Disease, 10th Revision, clinical modification (ICD-10-CM) correct coding guidelines, which state Medicaid programs follow, we will begin to edit diagnoses in Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue for appropriate laterality billing.

ICD-10-CM diagnosis coding falls under Health Insurance Portability and Accountability Act (HIPAA) correct code sets, and they are designed to specifically define laterality (e.g., left, right, unspecified, exists bilaterally, etc.). Providers are required to submit the defined code in accordance with the condition. The ICD-10-CM guidelines for Coding and Reporting state (for Laterality coding), "Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side."

The ICD-10-CM diagnosis code should correspond to the medical record, CPT® and HCPCS code(s), and/or modifiers billed.

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

Availity:
The Secure Portal for Providers

Availity is a secure provider portal that gives providers access to real-time information and instant responses and is a consistent format regardless of the payer.

Availity functions include the following:
- Member eligibility
- Member benefits
- Claim status
- Remittance advice
- Facility claim submission
- Professional claim submission
- Prior authorization requests and inquires through the Interactive Care Reviewer
- Submitting an online provider claims payment dispute
- Chatting with a customer care associate

Providers can submit online prior authorization requests for Healthy Connections members more efficiently and conveniently with our Interactive Care Reviewer (ICR) tool, which is available through the Availity Portal.

The ICR offers a streamlined process to request inpatient and outpatient procedures and locate information on previously submitted requests.

Benefits of using the ICR:
- Streamlined, more efficient process
- Can determine if preauthorization is needed
- Inquiry capability
- Reduces the need to fax
- No additional cost
- Can receive a comprehensive view of all of your preauthorization requests
- Allows you to submit supporting documentation (clinical)/images into Availity

Prior Authorization **Updates for Specialty Pharmacy**

Effective for dates of service on and after Nov. 1, 2021, the following specialty drug codes from current or new clinical criteria documents will require prior authorization.

Please note, inclusion of national drug code (NDC) on your claim will help expedite claim processing of drugs billed with a code that is not otherwise classified (NOC).

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

Clinical criteria	HCPCS or CPT® code(s)	Drug	Drug classification
ING-CC-0170	J1823	Uplizna®	Immunosuppressive agents
ING-CC-0172	J3490, J3590, C9071	Viltepso®	Muscular dystrophies
ING-CC-0173	J3490, J3590	Enspryng™	MISC conditions
ING-CC-0174	J3490, J3590, C9399	Kesimpta	Multiple sclerosis
ING-CC-0168	J9999, C9073	Tecartus®	CAR-T
ING-CC-0171	J9223	Zepzelca™	Cancer
ING-CC-0169	J9316	Phesgo®	Cancer
ING-CC-0175	J9015	Proleukin®	Cancer
ING-CC-0176	J9032	Beleodaq®	Cancer
ING-CC-0178	J9262	Synribo®	Cancer
ING-CC-0177	J3304	Zilretta®	Osteoarthritis
ING-CC-0002	Q5122	Nyvepria™	Blood cell deficiency
ING-CC-0038	J3110	Forteo®	Osteoporosis