

November 2022

BlueBlastSM

News Providers Can Use



  **Healthy BlueSM**
BlueChoice[®] HealthPlan of SC

Healthy Connections 

Healthy Blue's Annual Provider Training

All Providers

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Thank you to everyone who participated in this year's annual provider training. We hope you enjoyed the presentation and received lots of beneficial information. As a reminder, the frequently asked questions and presentation will be posted at www.HealthyBlueSC.com soon. Be sure to check the website occasionally for the materials.

Thank you!

Transition to AIM Specialty Health: Perirectal Hydrogel Spacer for Prostate Radiotherapy

Effective Nov. 6, 2022, Healthy Blue will transition the clinical criteria for medical necessity review of perirectal hydrogel spacer to the AIM Specialty Health® (AIM) Perirectal Hydrogel Spacer for Prostate Radiotherapy Clinical Appropriateness Guideline. AIM Specialty Health is an independent company providing some utilization review services on behalf of BlueChoice HealthPlan.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of two ways:

- Access AIM's **ProviderPortal**SM directly at ProviderPortal.com*. Online access is available 24/7 to process orders in real time and is the fastest and most convenient way to request authorization.
- Access AIM via Availity at availity.com*. Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan.

If you have questions related to guidelines, contact AIM via email at AIM.Guidelines@AIMSpecialtyHealth.com.

Additionally, you may access and download a copy of the current and upcoming guidelines [here](#)*.

 fb.me/HealthyBlueSC

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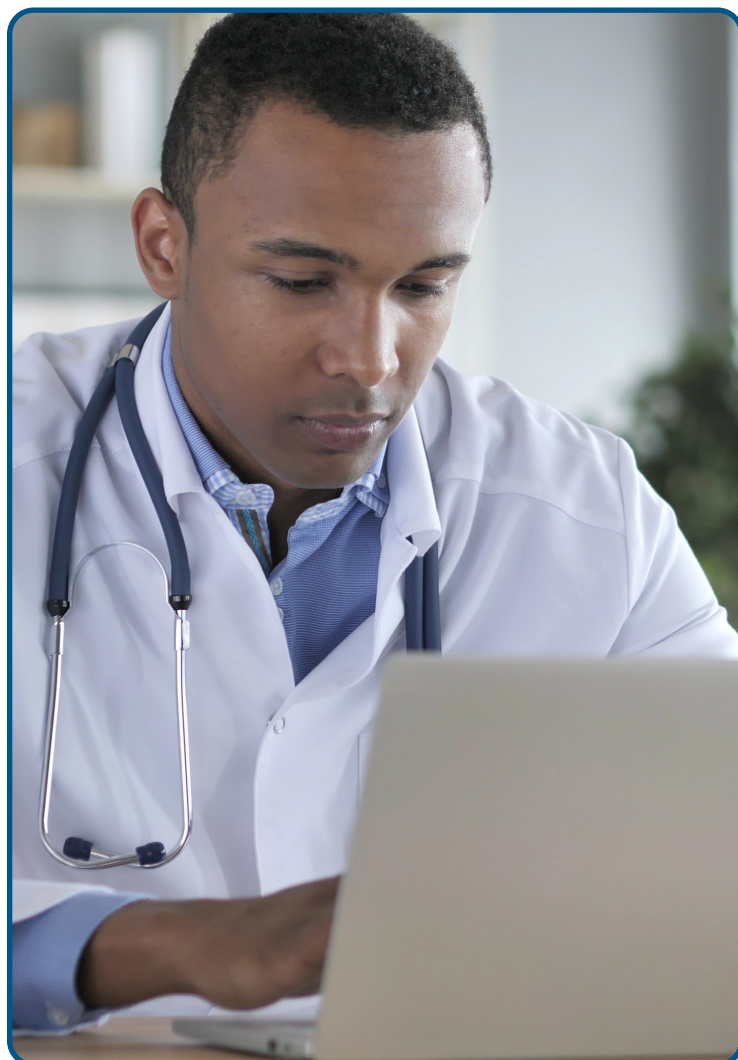
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Prior Authorization Requirement Changes Effective Nov. 1, 2022

Effective Nov. 1, 2022, prior authorization (PA) requirements will change for the following code(s):

- E0784 — Ext Amb Infusion Pump Insulin
- K0553 — Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1-month supply = 1 unit of service

These codes will require PA by Healthy Blue for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services 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.**



Duplicate J-Code Billing

The following J-codes have been identified as those that continue to be billed under both the pharmacy and medical benefit. To avoid duplicate J-code billing, it is important to review the formulary drug list(s) located at www.HealthyBlueSC.com or the prior authorization lookup tool to identify whether drugs should be covered under the pharmacy benefit or the medical benefit. If the drug is listed on the formulary, it should be filed to the pharmacy benefit. If not, it should be filed to the medical benefit.

J1631	HALDOL DECANOATE TO 50 MG IM
J2680	PROLIXIN DECANOATE FLUPHENAZINE UP TO 25
J2794	INJ. RISPERDAL CONSTA 0.5 MG
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE
J1726	MAKENA 10 MG

Enhanced Rate for Evaluation Services for Children in Foster Care

As a reminder, on July 1, 2020, the South Carolina Department of Health and Human Services (SCDHHS) enhanced the [reimbursement rate](#)* for initial E&M encounters with children when they enter foster care. This was done to improve timely access to health care services with the goal of ensuring every child enrolled in foster care receives a comprehensive health assessment within 30 days of entering the foster care program.

This enhanced rate is offered for prolonged evaluation and management services before or after directed patient care when initiating a patient-provider relationship with a child in foster care. Providers can bill for the initial visit upon a child's entry into the foster care program regardless of his or her service history.

Claims for this service should be billed with procedure code 99358 and modifier UA, which is defined as "initial visit with patient in foster care." Be sure to submit this code along with the appropriate E&M or well-visit code for the direct patient care component.

If you have questions, contact the Provider Service Center at 888-289-0709 Monday – Thursday from 7:30 a.m. – 5 p.m. or Friday from 8:30 a.m. – 5 p.m.



Remote Electronic Medical Record Access for HEDIS

HEDIS medical record submission can be made easier with our remote electronic medical record (EMR) access service.

Let us take on the responsibility of retrieving medical records for the annual HEDIS hybrid project by signing up for the EMR access service offered by Healthy Blue.

We offer providers the ability to grant access to their EMR systems directly to pull the required documentation to aid your office in reaching compliance while reducing the time and costs associated with medical record retrieval.

We have a centralized EMR team experienced with multiple EMR systems and extensively trained annually on HIPAA, EMR systems and HEDIS measure updates. We complete medical record retrieval based on minimum necessary guidelines.

Medical Drug Benefit **Clinical Criteria Updates**

On May 20, 2022, the P&T Committee approved the [clinical criteria](#)* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits. If you have questions or would like additional information, [email IngenioRx](#). IngenioRx Inc. is an independent company providing pharmacy benefit management services on behalf of BlueChoice HealthPlan.

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

- “New” means this is newly published criteria.
- “Revised” means there is an addition or removal of medical necessity requirements or a new document number.
- Updates marked with an asterisk notate the criteria may be perceived as more restrictive.

Please share this notice with other members of your practice and office staff.

Note: *The clinical criteria listed applies only to the medical drug benefits contained within the member’s medical policy. This does not apply to pharmacy services. This notice is meant to inform the provider of new or revised criteria that has been adopted by Healthy Blue only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.*

Signature Requirements for Laboratory **Orders or Requisitions**

Healthy Blue strives to make sure our providers understand documentation compliance, and we are committed to educating our providers in hopes of eliminating errors in documentation practices. It is a best practice and industry standard that physicians sign and date laboratory orders or requisitions.

Although the provider signature is not required on laboratory requisitions, if signed and dated, the requisition will serve as acceptable documentation of a physician order for the testing, so it is strongly encouraged. In the absence of a signed requisition, documentation of your intent to order each laboratory test must be included in the patient’s medical record and available to Healthy Blue upon request. Documentation must accurately describe the individual tests ordered; it is not sufficient to state, “Labs ordered.”

Healthy Blue will consider laboratory order or requisition requirements met with one of the following:

- A signed order or requisition listing the specific test(s)
- An unsigned order or requisition listing the specific test(s) and an authenticated medical record supporting the physician’s intent to order the test(s)
- An authenticated medical record (for example, office notes or progress notes) supporting the physician’s intent to order the specific test(s)

Attestation statements are not acceptable for unsigned physician order or requisitions. Signature stamps are not acceptable.



DID YOU KNOW?

Did you know most of the forms you would ever need are located on our website? Visit www.HealthyBlueSC.com to access the many different forms available to you.

Updates to State Plan **Therapeutic Child Care Rates**

As a reminder, on Oct. 1, 2022, the South Carolina Department of Health and Human Services (SCDHHS) increased the reimbursement rates for these therapeutic child care services.

Description	Code	Current Rate	New Rate
Therapeutic Child Care Individual (Master’s Level)	H2037 U2	\$9.93	\$19.86
Therapeutic Child Care Individual (Bachelor’s Level)	H2037 U3	\$9.00	\$18.00
Therapeutic Child Care Group (Master’s Level)	H2037 U7	\$4.96	\$9.92
Therapeutic Child Care Group (Bachelor’s Level)	H2037 U8	\$4.50	\$9.00



If you have questions, please contact the Provider Service Center at 888-289-0709 or behavioralhealth004@scdhhs.gov. The Provider Service Center’s hours of operation are 7:30 a.m. – 5 p.m. Monday – Thursday and 8:30 a.m. – 5 p.m. Friday.

Updated Training Resources for **School-Based Rehabilitative Behavioral Health**

SCDHHS has updated the training resources in support of its school-based mental health services initiative. Resources include training presentations on provider enrollment, fee-for-service (FFS) claims submission and the provision of rehabilitative behavioral health services (RBHS) delivered in a school-based setting. Review these [resources*](#) and more by visiting [www.SCDHHS.gov*](http://www.SCDHHS.gov).



Alcohol Use Disorders Coexisting With Psychiatric Disorders

Alcohol use disorders (AUD) often coexist with, contribute to or result from many different psychiatric disorders.¹ Because AUD can mimic and complicate many mental health disorders, AUD leads to challenges in diagnoses for psychiatric complaints.

Heavy alcohol use directly affects brain function and may manifest as a broad range of psychiatric symptoms. Common mental health symptoms of AUD include depression and anxiety.

In addition, patients diagnosed with a mental health disorder are more likely to have difficulties maintaining alcohol intake reductions and are more likely to attempt suicide.

Common co-occurring mental health conditions include depressive disorders, anxiety, schizophrenia and bipolar disorders.

If you need assistance connecting your patients to mental health or AUD treatment, contact the Healthy Blue Customer Care Center at **866-757-8286**.

¹Shivani et al., 2002, <https://pubs.niaaa.nih.gov/publications/arh26-2/90-98.htm>.*





THERE IS
Always
SOMETHING
TO BE
Thankful
FOR



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.