

September 2022

# BlueBlast<sup>SM</sup>

*News Providers Can Use*



**Healthy Blue<sup>SM</sup>**

BlueChoice<sup>®</sup> HealthPlan of SC

Healthy Connections 



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**Healthy Blue's Annual Provider Training**

Registration is **NOW OPEN** for the 2022 Healthy Blue Annual Provider Training. The sessions will be held virtually via Microsoft Teams, and you can choose to attend one of the following dates:

**Oct. 4 • Oct. 5 • Oct. 6 • Oct. 11 • Oct. 12 • Oct. 13**

All sessions will be held from 9 a.m. – noon and will provide you with changes and new initiatives for the upcoming year. You do not want to miss out. Register for one of the sessions [here!](#)\*

**Health Equity Standards Analysis**

Healthy Blue receives membership enrollment data from the South Carolina Department of Health and Human Services (SCDHHS)

Of the reported languages, Healthy Blue's analysis revealed that the primary language spoken by members is English. Spanish is the next most prevalent language spoken by Healthy Blue members at 2.9 percent.



**New COVID-19 Vaccine Administration Codes**

You can submit administration codes 0051A and 0052A for claims with dates of service on or after Jan. 1, 2022. The fee schedule for these codes is located in the Base Physician Fee Schedule, which you can view [here](#).\*

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

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

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

## Reminder: AIM Specialty Health® Update

On Aug. 15, 2022, AIM Specialty Health updated the phone number to its interactive voice response (IVR) system to 877-202-4239. Do keep in mind that you can continue initiating authorization requests for radiology and radiation oncology services through the provider portal. AIM Specialty Health is an independent company that provides specialty health benefits management on behalf of BlueChoice HealthPlan.



## Duplicate J-Code Billing

The chart shows J-codes that have been identified as those that continue to be billed under both the pharmacy and medical benefits. To help avoid duplicate J-code billing, it is important to review the formulary drug list(s) located at [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) or use 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

## Reimbursement Policy Update

Modifiers 25 and 57: Evaluation and Management With Global Procedures (Policy G-06003)

The current Modifier 57: Decision for Surgery is retired and is combined with Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service for Healthy Blue. The new combined policy title is Modifiers 25 and 57: Evaluation and Management With Global Procedures.

For additional information, please review the Modifiers 25 and 57: Evaluation and Management With Global Procedures reimbursement policy at [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) > **Providers > Claims > Reimbursement Policies > Coding.**

## Clinical Criteria Updates

On Feb. 25, 2022, and March 24, 2022, the Pharmacy and Therapeutic (P&T) Committee approved clinical criteria applicable to the medical drug benefit for Healthy Blue. Policies were developed, revised or reviewed to support clinical coding edits.

Visit the [Clinical Criteria](#) page to see specific policies. If you have questions or need additional information, use this [email](#).



## Utilization Management Service Review

As a reminder, prior to contacting the Utilization Management (UM) 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, along with 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 of the above plus the mother's name, date of birth and Medicaid number

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

**Be mindful that prior authorizations do not guarantee payment. In addition, rendering providers should wait until they are fully credentialing with Healthy Blue to deliver services. This will help prevent any additional claims or provider abrasions.**



## New Specialty Pharmacy Medical Step Therapy Requirements

Effective for dates of service on and after Oct. 1, 2022, the following specialty pharmacy codes from current or new clinical criteria documents will be included in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon prior authorization initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The list of clinical criteria is publicly available on our provider website. Visit the [Clinical Criteria](#) page to search for specific clinical criteria.

Clinical criteria	Status	Drug(s)	HCPCS codes
ING-CC-0107	Preferred	Mvasi®	Q5107
ING-CC-0107	Nonpreferred	Avastin®	J9035
ING-CC-0107	Nonpreferred	Zirabev™	Q5118
ING-CC-0166	Preferred	Kanjinti®	Q5117
ING-CC-0166	Nonpreferred	Herceptin®	J9355
ING-CC-0166	Nonpreferred	Herzuma®	Q5113
ING-CC-0166	Nonpreferred	Ogivri®	Q5114
ING-CC-0166	Nonpreferred	Ontruzant®	Q5112
ING-CC-0166	Nonpreferred	Trazimera™	Q5116



## Prior Authorization Requirement Changes

Effective Nov. 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:

- Visit Availity® online. Once logged in to Availity at [www.availity.com](http://www.availity.com),\* select **Patient Registration > Authorizations & Referrals**, and then select **Authorizations** or **Auth/Referral Inquiry** as appropriate. Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan.
- Send a fax to **800-823-5520**.
- Call at **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 noncontracted providers who are unable to access Availity may call our Customer Care Center at **866-757-8286** for assistance with PA requirements.



### DID YOU KNOW?

Did you know a wellness walk is coming up? If interested, sign up by scanning the QR code. Help spread the word by sharing the information with your staff and patients.

## WELLNESS WALK 2022

[www.InItTogetherSC.org](http://www.InItTogetherSC.org)

SEGRA PARK

**SATURDAY SEPT 24TH**

**8 AM-GATES OPEN  
9 AM-WALK BEGINS**



**REGISTER TODAY!**  
Scan the QR code or  
look for the walk on  
Eventbrite

**FREE**



**COLUMBIA'S  
PRAISE**  
95.7 FM & 1170 AM  
Your Meeting Place for Contemporary,  
Traditional & Classic Gospel

PRESENTED BY THE DIABETES ACTION COUNCIL OF SC AND COLUMBIA'S PRAISE 95.7 FM

# Enhancing Claims Attachment Processes Through Digital Applications

Submitting attachments electronically is the most efficient way for you to receive your claim payments faster. You can now submit your claims attachments through the Claims Status Inquiry application at [www.availability.com](http://www.availability.com).\*

Submitting attachments electronically:

- Reduces costs associated with manual submission.
- Reduces errors associated with matching the claim when attachments are submitted manually.
- Reduces delays in payments.
- Saves time. There’s no need to copy, fax or mail.
- Reduces the exchange of unnecessary member information and too much personal health information sharing.

**If your workflow for attachments is through electronic data interchange (EDI) submissions or directly through the Availability application, we have a solution for that.**

PREFERRED METHODS				
CLAIMS SUBMISSION METHOD	REQUIREMENTS	ATTACHMENT SUBMISSION METHOD	RECOMMENDED TIMING	WHERE
EDI 837	PWK segment is populated by the provider with an Attachment Control Number.	Availability portal attachments applications If claim number is available, provider populates the 275 with the claim number.	Up to five calendar days.	Attachments-New to access Attachment Dashboard Inbox on Availability.com.
EDI 837	PWK segment is populated by the provider with an Attachment Control Number.	275 EDI Transaction (Medical Attachments).	Up to five calendar days .	EDI
EDI 837	PWK segment is not populated by the provider with an Attachment Control Number.	Availability portal Claims Status Inquiry.	When the claim number is available (usually within 24 hours of claim receipt).	On Availability.com from the Claims & Payments tab access Claims Status Inquiry. Locate the claim to submit attachments.
Availability Portal Claims Submission.	Submitted with claim.	Availability portal Professional or Facility Claim.		Availability portal Claims & Payments tab.

## Alcohol Use Disorders Linked to Chronic Diseases

Several chronic diseases, including heart disease, cancer and Type 2 diabetes, are linked to alcohol use disorders (AUD). For more information, please go [here](#).



## Reminder: List of School IDs Included on School-Based Mental Health Claims

The South Carolina Department of Health and Human Services (SCDHHS) published a list of the South Carolina Department of Education's unique school IDs in support of its school-based mental health services initiative. Please be sure to include the unique school ID on claims submitted for school-based mental health services. View the lists of school IDs [here](#).\*

As a reminder, claims filed for school-based mental health services require specific modifiers to receive reimbursement and must be filed with the place of services listed as 03.

These modifiers are available in an alternate fee schedule, which you can view [here](#).\* For more information, visit [www.scdhhs.gov](http://www.scdhhs.gov),\* and if you have any questions regarding these policy changes, contact the SCDHHS Office of Behavioral Health at [behavioralhealth004@scdhhs.gov](mailto:behavioralhealth004@scdhhs.gov).



## Access to Electronic Medical Records

Healthy Blue is working on an initiative that will increase efficiency for inpatient medical necessity reviews and decrease the administrative burden on facilities. We are hoping to partner with you to get electronic medical record (EMR) access at your facility. This would result in decreased denials due to lack of clinical information and decrease the number of appeals your facility would need to submit for the same reason. We will need to request a username and password from your facility to access its EMRs. Should access be granted, our registered nurses (RNs) would follow all HIPAA guidelines. This workflow will reduce the need for manual processes (faxes/phone calls) with your facility's UM department.

If you have additional questions regarding granting EMR access, you may contact Scott Timmons at [Scott.Timmons@bluechoicesc.com](mailto:Scott.Timmons@bluechoicesc.com) or Bryan Hawkins at [Bryan.Hawkins@amerigroup.com](mailto:Bryan.Hawkins@amerigroup.com). We look forward to your continued partnership in providing our members with quality care.

## Collective Medical

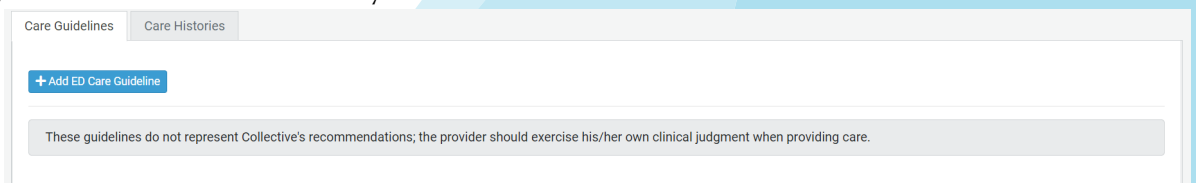
Collective Medical is a platform used to improve health outcomes and member satisfaction while increasing the operational efficiencies of Healthy Blue. It provides us with real-time notification of emergency room (ER) visits and inpatient admissions.

The Care Guidelines feature is an important one in the Collective Medical platform. These guidelines allow our case managers to communicate directly with the facility to provide additional insight into a member's disease process or social

determinants of health that could impact his or her plan of care and transition to a lower level of care.

If the member has an ER visit or inpatient admission, be sure to check the care guidelines to see if any additional helpful information has been provided. Ultimately, this feature helps increase our level of collaboration for our members.

For questions regarding care guidelines, please refer to the Customer Community section of the Collective Medical platform.







HAPPY



# Labor Day



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).