Proton Pump Inhibitors And Children Under 1 Year Of Age

Healthy Blue encourages providers to consider using proton pump inhibitor (PPI) granules or powder packets for pediatric patients under 1 year of age who need a PPI. These products do not require step therapy or prior authorization for children under 1.

**Infants less than 1 year of age:**
Recommend using PPI granules or powder packets. These products do not require step therapy or prior authorization in members less than 1 year of age.

**Products available for less than 1 year of age:**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nexium Suspension (packet)</td>
<td>1 dose per day</td>
</tr>
<tr>
<td>(esomeprazole)</td>
<td></td>
</tr>
<tr>
<td>Prilosec Oral Suspension (packet)</td>
<td>1 dose per day</td>
</tr>
<tr>
<td>(omeprazole)</td>
<td></td>
</tr>
</tbody>
</table>

Additional Quantity limits may apply. Refer to the Preferred Drug List (PDL) on Healthy Blue website.

**Pediatric members greater than 1 year of age:**
Recommend preferred OTC Proton Pump Inhibitors. Most products can be administered by emptying the contents of capsule and mixing with 1 tablespoon of applesauce; swallow immediately with a glass of cool water. Pellets or capsules should not be chewed or crushed. Reference product package insert for additional details.

Refer to the PDL or RX Hot Tip Proton Pump Inhibitors for preferred OTC products available on Healthy Blue website at www.healthybluesc.com.

**Please note:** First Omeprazole Compounding Kit is not covered. Prescription Omeprazole 20mg capsules are covered for children less than 6 years old to be used for compounding.
We’re In Your Community!

Healthy Blue partnered with Z93 and Magic 107 to host its fourth annual Repack the Backpack event at Danny Jones Gym. Healthy Blue provided 400 backpacks and pencils to children throughout the Charleston area. As the children visited vendors, they received school supplies including notebooks, crayons, colored pencils, glue, markers, paper and binders. Throughout the event children enjoyed playing musical dots and duck-duck-goose. They also enjoyed a spelling bee contest. Families were able to get haircuts, hand massages and health screenings.

Healthy Blue partnered with Cumulus for our annual Breakfast with Santa. Several children wrote letters to Santa and 10 lucky children were selected to have breakfast with Santa at the Cumulus radio station. While they enjoyed breakfast with Santa and their families, they listened to Marcus Allen sing holiday songs to get everyone in the Christmas spirit. Outreach Specialist Erica Gattison explained benefits and services to attendees. After breakfast, the children visited with Santa and opened presents. The joy on their faces was priceless. Healthy Blue can’t wait until next year to work with Cumulus.
CAHPS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a multi-year initiative of the Agency for Healthcare Research and Quality (AHRQ). It consists of a series of patient surveys rating of health care experiences across the United States. Its purpose is to support investigator-led research to better understand patient experience with health care and develop scientifically valid and feasible strategies and tools to:

- Assess patient experience.
- Report survey results.
- Help organizations use the results to improve the quality of care.

What is Patient Experience?

Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities.

For more than 20 years, research conducted under the CAHPS program has led to the development and widespread use of a variety of standardized patient surveys that enable health care providers, purchasers and regulators to track, compare and improve patients’ experiences in different health care settings. The program has also supported a rigorous and broad research portfolio to ensure that CAHPS survey users can make informed decisions when designing and administering a survey to their populations of interest. In keeping with its mission as a research agency, AHRQ does not mandate the use of any CAHPS surveys or the use of any specific CAHPS sampling or survey administration methods. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Introducing A New Clinical Criteria Web Page

Beginning March 1, 2019, providers will be able to view the Clinical Criteria website to review clinical criteria for all injectable, infused or implanted prescription drugs and therapies covered under the medical benefit. These clinical criteria documents are not yet being used for clinical reviews, but are available to providers for familiarization of the new location and formatting.

Once finalized, providers will be notified prior to implementation of clinical criteria documents. Injectable oncology drug clinical criteria will not be posted on this website until mid-2019. Until implementation, providers should continue to access the clinical criteria for medications covered under the medical benefit through the standard process.

If you have questions or feedback, please email druglist@amerigroup.com.

Web content: To view an example of the page and the list noted, use this URL: https://wps-portal.sit2.va.anthem.com/pharmacyinformation/clinicalcriteria/home.html
Modifier 25: Significant, Separately Identifiable Evaluation And Management Service By The Same Physician On The Same Day Of The Procedure Or Other Service

The Modifier 25 reimbursement policy for Healthy Blue provides the criteria for reimbursement for a significant, separately identifiable evaluation and management (E&M) service performed by the same provider on the same day of the original service or procedure. Effective April 1, 2019, Healthy Blue will not allow separate reimbursement for E&Ms performed on the same day as a major surgery (90-day global period).

For more information, please refer to the Modifier 25 reimbursement policy by visiting www.HealthyBlueSC.com and selecting Providers.

Access Patient-Specific Drug Benefit Information Through Electronic Medical Records

Providers can access real-time, patient-specific prescription drug benefit information at the point of care. It is part of the e-prescribing process, and is located within a provider’s electronic medical record (EMR) system.

This functionality helps providers determine prescription coverage quicker by sharing information about patient drug cost, formulary and coverage alerts such as prior authorization before sending a prescription to the pharmacy. This information can help providers proactively identify barriers to medication compliance.

Providers can find the following patient-specific prescription benefit information with their EMR system:

- Formulary status of selected medication
- Pricing of medication at a retail and mail order pharmacy
- Formulary alternatives
- Coverage alerts such as prior authorization, step therapy, quantity limits, age limits, etc.

Providers should contact their Information Technology (IT) department or EMR system customer support with questions regarding access to real-time prescription drug benefit functionality. Upgrades to EMR software may be required.
Electronic Claim Payment Reconsideration Through The Availity Portal

Currently, providers can submit claim payment reconsiderations verbally, in writing or electronically. We are reaching out to notify you about some exciting new tools for electronic submission that will become available through the Availity Portal. Availity is an independent company that administers the secure provider portal on behalf of BlueChoice HealthPlan.

You should soon see changes in the provider manual that will outline this new information regarding claim remediation tools through the Availity Portal.

Beginning March 7, 2019, providers will have the ability to submit claim reconsideration requests through the Availity Portal with more robust functionality. For you, this means an enhanced experience when:

- Filing a claim payment reconsideration.
- Sending supporting documentation.
- Checking the status of your claim payment reconsideration.
- Viewing your claim payment reconsideration history.

New Availity Portal functionality will include:

- Acknowledgement of submission at the time of submission.
- Notification when a reconsideration has been finalized by Healthy Blue.
- A worklist of open submissions to check a reconsideration status.

With the new electronic functionality, when a claim payment reconsideration is submitted through the Availity Portal, we will investigate the request and communicate an outcome through the Availity Portal. Once an outcome has been determined, the Availity Portal user who submitted the claims payment reconsideration will receive notification informing him/her that the reconsideration review has been completed. If you are not satisfied with the reconsideration outcome, continue to follow the existing process to file an appeal, as outlined in your provider manual.

Look for announcements on the Availity Portal for upcoming training opportunities. Providers who have questions as they begin to use the new functionality should contact our Customer Care Center at 866-757-8286.
**Telephone Interpreters**

During business hours, members and providers may call the Customer Care Center at 1-866-781-5094. After-hours, call Nurse Advice Line at 1-866-577-9710.

1. Give the customer care associate the member’s ID number.
2. Explain the need for an interpreter and state the language.
3. Wait on the line while the connection is made.
4. Once connected to the interpreter, the associate or Nurse Advice Line nurse introduces the BlueChoice HealthPlan provider and/or member, explains the reason for the call, and begins the dialogue.

**Face-to-face interpreters including sign language**

Members and providers may call the Customer Care Center at the number above to schedule services during business hours. Seventy-two business hours are required to schedule services, and 24 business hours are required to cancel. Providers may also schedule by emailing ssp.interpret@wellpoint.com. Registration with our secure email is required. Please type “secure” in the subject line.

**TTY lines are for members with hearing or speech loss**

During business hours, call the Customer Care Center TTY line at 1-866-773-9634 or Nurse Advice Line TTY line at 1-800-368-4424.

Nurse Advice Line is an independent company that provides services on behalf of BlueChoice HealthPlan.

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**Healthy Blue Welcomes Bunny Temple To The Team!**

Healthy Blue is pleased to welcome Bunny Temple to the team as the provider relations representative for the Catawba region (Spartanburg, Union, York, Chester, Lancaster, Chesterfield, Marlboro and Dillon counties). Bunny began her career with BlueCross BlueShield of South Carolina in November 2002 as a Provider Services Representative. She is a native of Blair, South Carolina and is a graduate of South University where she received her MBA in Health Care Administration. In 2007 BlueCross she was the Working in Outstanding Ways Managed Care Employee of the Year.

In her leisure time, Bunny enjoys reading, writing poetry and short stories, and spending time with family.
Requirements To Bill For Centering Pregnancy

Centering Pregnancy is an international model of group prenatal care that has been associated with reduced rates of preterm birth. Centering Pregnancy is offered by Centering Healthcare Institute (CHI). CHI is an independent organization that provides care management on behalf of Healthy Blue. In Centering Pregnancy, after a woman has her initial obstetric appointment and exam, she is placed in a group with eight to 12 other women who have due dates in the same month. They receive all their prenatal care visits together in 10 sessions of two hours each throughout their second and third trimesters. A health care provider, such as a physician, nurse practitioner or nurse-midwife, facilitates the groups, carrying out all of the medical care the patients would routinely receive per the prenatal care guidelines from the American College of OB-GYN. The sessions include extended time for the provider to facilitate health education and social support among the patients. We have outlined the billing requirements for Centering reimbursement.

- 99078 with TH modifier:
  - 99078 with TH modifier must be billed with one of the following E/M Codes: 99211-99215
  - 99078 with TH modifier must be billed with one of the following diagnosis codes: V220-V222, V230-V233, V2341-V2342, V2349, V235, V237, V2381-V2386, V2389, V239
  - This code is allowed for 10 visits

- 0502F:
  - Code will be reimbursed a onetime flat rate of $175.00
  - This code must be billed with one of the following diagnosis codes in order to be eligible for reimbursement: V220-V222, V230-V233, V2341-V2342, V2349, V235, V237, V2381-V2386, V2389, V239
  - This code must be billed with one of the following E/M Codes in order to be eligible for reimbursement: 99211-99215

Sports Physicals And Flu Shots

If a member comes to your office for a sports physical and asks for an influenza vaccination during this same visit, this is a covered service. Healthy Blue will reimburse for a sports physical and a flu vaccine at the same time.
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