

January 2023

BlueBlastSM

News Providers Can Use



Healthy BlueSM

BlueChoice[®] HealthPlan of SC

Healthy Connections 

All Providers

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Parenteral Nutrition Prior Authorization Changes Will Be Added *... continued on page 3*

On Jan. 1, 2023, the prior authorization (PA) requirements changed for some parenteral nutrition codes. The medical codes will require PA by Healthy Blue for Healthy Blue members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions and exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

To request PA, you may use one of the following methods:

- **Web:** www.availity.com*
- **Fax:** 800-823-5520
- **Phone:** 866-902-1689

Availity Essentials is an independent company providing administrative support services on behalf of BlueChoice HealthPlan. Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by visiting www.HealthyBlueSC.com and selecting Providers. **Providers** who are unable to access [availity.com](http://www.availity.com) may call our Customer Care Center at **866-757-8286** for assistance with PA requirements.



 fb.me/HealthyBlueSC

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

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

Parenteral Nutrition Prior Authorization Changes Will Be Added ... continued from page 2


Codes	Description
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit); home mix
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit); home mix
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit); home mix
B4178	Parenteral nutrition solution; amino acid, greater than 8.5%, (500 ml = 1 unit); home mix
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) ; home mix
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids
B4187	Omegaven, 10 grams lipids
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein; premix Stent, coated/covered, with delivery system
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 52 to 73 grams of protein; premix
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein; premix
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein; premix
	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes); home mix, per day
B4220	Parenteral nutrition supply kit; premix, per day
B4222	Parenteral nutrition supply kit; home mix, per day
B4224	Parenteral nutrition administration kit, per day
B9004	Parenteral nutrition infusion pump, portable
B9006	Parenteral nutrition infusion pump, stationary
B9999	NOC for parenteral supplies
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately) per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately) per diem
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately) per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately) per diem

Clinical Criteria Updates

On May 20, 2022, and June 23, 2022, the Pharmacy and Therapeutic (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.

Visit the [Clinical Criteria website](#)* to search for specific policies. For questions or additional information, use this [email](#).

Please see the explanation and 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.

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

- The clinical criteria listed apply 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 have been adopted by Healthy Blue only. It does not include details regarding any authorization requirements. Authorization rules are communicated via a separate notice.



Effective date	Document number	Clinical Criteria title	New or revised
Dec. 21, 2022	*ING-CC-0217	Amvuttra (vutrisiran)	New
Dec. 21, 2022	*ING-CC-0218	Xipere (triamcinolone acetonide) for suprachoroidal use	New
Dec. 21, 2022	ING-CC-0119	Yervoy (ipilimumab)	Revised
Dec. 21, 2022	ING-CC-0125	Opdivo (nivolumab)	Revised
Dec. 21, 2022	ING-CC-0150	Kymriah (tisagenlecleucel)	Revised
Dec. 21, 2022	ING-CC-0067	Prostacyclin infusion and inhalation therapy	Revised
Dec. 21, 2022	ING-CC-0041	Complement inhibitors	Revised
Dec. 21, 2022	*ING-CC-0003	Immunoglobulins	Revised
Dec. 21, 2022	*ING-CC-0061	Gonadotropin releasing hormone analogs for the treatment of non-oncologic indications	Revised
Dec. 21, 2022	ING-CC-0015	Infertility and HCG agents	Revised
Dec. 21, 2022	*ING-CC-0097	Vidaza (azacitidine)	Revised
Dec. 21, 2022	*ING-CC-0072	Vascular endothelial growth factor (vegf) inhibitors	Revised
Dec. 21, 2022	*ING-CC-0107	Bevacizumab for non-ophthalmologic indications	Revised
Dec. 21, 2022	*ING-CC-0002	Colony stimulating factor agents	Revised

This Is Quitting: Helping Teens and Young Adults Quit Vaping

Providers play an influential role in helping young patients overcome nicotine addiction early, and we can help them make an even bigger impact.

During tobacco-use assessments with young patients, inform those who are Healthy Blue members they have access to a free vaping cessation program.

Healthy Blue is working with This is Quitting by Truth Initiative®. Truth Initiative is an independent company providing vaping cessation programs on behalf of BlueChoice HealthPlan. This is Quitting is a free and confidential text message-based program specifically designed to help teens and young adults ages 13 to 24 quit vaping. This program is an excellent resource helping patients quit for good and see a future without nicotine.

Have your patients text VAPEOUTSC to 88709 to sign up. Once the patient texts back his or her age, the patient will start receiving messages.

The program is:

- Free to each user.
- Completely anonymous — no data about any one user is shared.
- Entirely automated and based on text messaging.
- Peer-to-peer: Many messages are skills or coping tools shared from other This is Quitting users to help a participant know he or she is not alone.
- Interactive and inquisitive to get to know the user better.
- Supportive, like texting with a friend who is helping the user quit.
- Tailored based on age and device used.

Young people tend to prefer discretion when it comes to quitting vaping or letting others know they have been vaping at all. If possible, try to have these discussions with your patient in private, away from a parent.



IngenioRx™ Becomes CarelonRx

Our pharmacy benefit management partner, IngenioRx, joined the Carelon family of companies and changed its name to CarelonRx on Jan. 1, 2023. IngenioRx Inc. is an independent company providing pharmacy benefit management services on behalf of Healthy Blue.

This change does not affect the ways in which CarelonRx does business with care providers, and there will be no impact or changes to the prior authorization process, how claims are processed or the level of support.

If your patients had their medications filled through IngenioRx's home delivery and specialty pharmacies, please take note of the following information:

- IngenioRx Home Delivery Pharmacy is now CarelonRx Mail.
- IngenioRx Specialty Pharmacy is now CarelonRx Specialty Pharmacy.

These are name changes only and do not affect patients' benefits, coverage or how their medications are filled. Your patients do not need new prescriptions for medicine they currently take.

When electronically prescribing orders to the mail and specialty pharmacies:

- Prescribers should **choose CarelonRx Mail or CarelonRx Specialty Pharmacy, not IngenioRx**, if searching by name.
- If searching by National Provider Identifier (NPI), the NPI did not change.

In addition to the mail and specialty pharmacies, your patients can continue to have their prescriptions filled at any in-network retail pharmacy.

Keeping you well informed is essential and remains our top priority. We will continue to provide updates throughout 2023.

Engagement With Your Patients Count

Each year, a random sample of enrolled members receive a Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey or a Qualified Health Plan Enrollee Survey between February and May asking them to evaluate their experiences with health care. The surveys ask members to rate their experiences with:

1. Their health plans.
2. Their personal providers.
3. Their specialists.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

Several responses are combined and evaluated for the following:

- Getting needed care
- Communicating with providers
- Receiving care quickly
- Sharing in the decision-making process

We thank you for striving to provide quality care for our members and for the continued focus on improving our member experience.

Additional information:

Find continuing medical education (CME) education opportunities at www.MyDiversePatients.com*.

Monkeypox and Smallpox Vaccines: Product Code on Claims

Providers are a trusted resource for patients when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.

Some providers may have seen a message on their provider Explanation of Payment (EOP) stating Healthy Blue does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The EOP message did not affect payment for administration of the vaccines, which is reimbursable. However, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are not reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:

1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code

More Detail on Codes and Cost-sharing

Providers are encouraged to use:

- Product code 90611 for smallpox and monkeypox vaccines.
- Product code 90622 for vaccinia (smallpox) virus vaccine.
- Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, providers should submit those codes with a \$0.01 charge.

Cost sharing for the vaccine and administration is waived.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned Provider Relations associate or call Provider Services at **866-757-8286**. You can read more information on monkeypox [online](#).



Use of Modifier 25 When Billing for Visits, Including Preventive Services and Problem-Oriented Evaluation and Management Services

Beginning with claims processed on or after Feb. 1, 2023, Healthy Blue will implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service (CPT® codes 99385 – 99387 or 99395 – 99397) is billed with a problem-oriented E/M service (CPT codes 99202 – 99215) and appended with modifier 25 (for example, CPT code 99395 billed with CPT code 99213-25).

According to the American Medical Association (AMA) CPT Guidelines, E/M services must be significant and separately identifiable to appropriately append modifier 25. Based upon review of the submitted

claim information, if the problem-oriented E/M service is determined not to be a significant, separately identifiable service from the preventive service, the problem-oriented E/M service will be bundled with the preventive service.

Providers who believe their medical record documentation supports a significant and separately identifiable E/M service should follow the claims payment dispute process, including submission of such with the dispute, as outlined in the Provider Manual.

If you have questions on this program, contact your contract manager or Provider Experience representative.



Childhood Immunization Status and Lead Screening in Children for HEDIS

HEDIS® measurement year 2023 documentation

for Childhood Immunization Status (CIS) Measure

description: The percentage of children who turn 2 years of age in the measurement year who had a series of specific vaccines on or before their second birthday

HEDIS measurement year 2023 documentation

for Lead Screening in Children (LSC) Measure

description: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Adult Outpatient Gastroenterology and Otolaryngology Surgery Prior Authorization Initiative

Effective Feb. 1, 2023, Healthy Blue will require outpatient gastroenterology and otolaryngology surgery procedures to be provided at an ambulatory surgery center (ASC) or provider office unless prior authorization at a hospital has been received. Services that cannot be provided safely and effectively at a free-standing ASC or an office will be approved to be performed at the hospital.



DID YOU KNOW?

Did you know you the [Prior Authorization Lookup](#) tool can be used to quickly verify authorization requirements for outpatient services? As a reminder, always verify eligibility and benefits prior to rendering services.

COVID-19 Reimbursement Update

Beginning with dates of service on or after March 2023, or after the public health emergency (PHE), whichever is later, reimbursement for COVID-19 laboratory services codes may be reduced for independent laboratories and physicians participating in the Healthy Blue network.

New COVID-19 laboratory service codes were implemented and reimbursed at rates to meet the needs of providers during the PHE. Reimbursement will be revised to the Healthy Blue standard reimbursement methodology for independent laboratory providers for these codes in table.

If you have any questions regarding this notice, please contact your designated Provider Network manager. Please incorporate this notice into your Healthy Blue Provider Agreement folder.

U0001	86328	87426	87811	0226U
U0002	86408	87428	0202U	0240U
U0003	86409	87635	0223U	0241U
U0004	86413	87636	0224U	
U0005	86769	87637	0225U	

Prior Authorization Updates for Medications Billed Under the Medical Benefit

Effective for dates of service on and after Feb. 1, 2023, the following medication codes 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 required for claims processing. Visit the [Clinical Criteria*](#) website to search for the specific clinical criteria listed below. If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call our Customer Care Center at **866-757-8286**.

Clinical criteria	HCPCS or CPT® code(s)	Drug name
ING-CC-0118	A9699	Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
ING-CC-0216	J9999, J3490, J3590, C9399	Opdualag (nivolumab and relatlimab-rmbw)
ING-CC-0107		Alymsys (bevacizumab-maly)
ING-CC-0062	J3590	Yusimry (adalimumab-aqvh)

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

Submitting Prior Authorizations Digitally Through ICR

Prior authorizations can reduce denials associated with manual submission errors. The interactive care reviewer (ICR) prior authorization application makes it easy to submit, review and check authorization status — all in one place. Learn how by attending our **January 2023 ICR webcast Tuesday, Jan. 17, 2023**, at noon Eastern time. [Register here](#). Learn how to use ICR to:

- Copy and update a case.
- Check on a previously submitted authorization.
- View letters associated with a case.
- Create an authorization request.
- Request and check the status of an authorization appeal.

Visit the [ICR target page*](#) to register and to access self-service learning and to view recorded learning sessions. Download ICR user guides and other job aides from the ICR target page, too. You can also register from the [Provider Learning Hub*](#) by selecting the ICR live webinar learning icon.

If you have questions, call **866-757-8286**.



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*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.