

December 2021

BlueBlastSM

News Providers Can Use



 **Healthy BlueSM**
BlueChoice® HealthPlan of SC

Healthy Connections 

Reminder: Quality Incentive Updates

On Oct. 1, 2021, the incentive for well-child visits was increased to \$60 and the incentive for diabetes and hypertension was increased to \$40. For a list of eligible quality codes for well-child visits and diabetes and hypertension, please refer to the Quality Incentive Program training by visiting www.HealthyBlueSC.com and following the path below:

Providers > Communications Overview > Education & Training > Incentive Program



PCPS

Reminder: Quality Incentive Updates 2

All Providers

Drug Screen Testing	2
Nonpayment Remittance Advice Enhancements	3
Prior Authorization Updates for Medications Billed Under the Medical Benefit	3
Updates to AIM Specialty Health: Cardiology, Radiation Oncology and Advanced Imaging Clinical Appropriateness Guidelines	4
Medical Drug Benefit Clinical Criteria Updates	4
Interpreter Services	5
Clinical Utilization Management Guidelines Update	6

ALL PROVIDERS

Drug Screen Testing

Effective March 1, 2022, separate reimbursement is not allowed for specimen validity testing when used for drug screening. Reimbursement is included in the CPT® and HCPCS code descriptions for presumptive and definitive drug testing. Modifiers 59, XE, XP, XS and XU will not be allowed to override.

For additional information, please review the Drug Screen Testing reimbursement policy by visiting www.HealthyBlueSC.com and selecting **Providers**.



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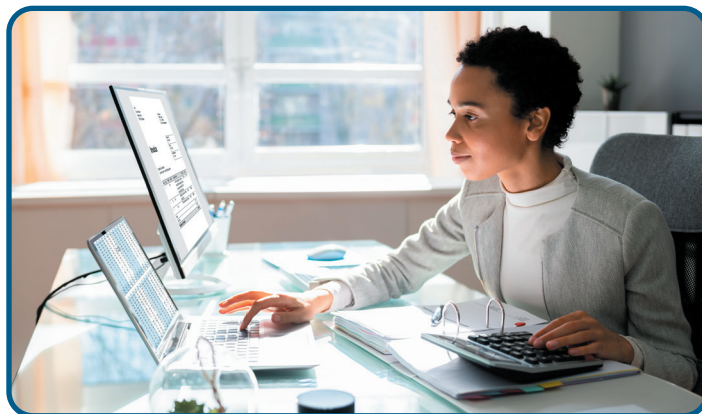
Nonpayment Remittance Advice Enhancements

We have enhanced your ability to search, review and download a copy of the remittance advice on Availity® when there is not an associated payment. Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan. For remit advice with payment, you can continue to search with the check/EFT number.

The updated numbering sequence for the paper remittance and corresponding 835 (ERA) now contain the same 10-digit number beginning with 9 (9XXXXXXXXX). Each nonpayment remittance issued will be assigned a unique number.

Once the unique ERA nonpayment remittance number is available, it can be entered in the check number field in Remit Inquiry. This new way of assigning check numbers provides a faster and simplified process to find the specific remittance.

The way your organization receives remittances and payments has not changed; we have simply enhanced the numbering for the nonpayment remittances. These changes do not impact previously issued nonpayment remittance advice.



Prior Authorization Updates for Medications Billed Under the Medical Benefit

Effective for dates of service on and after Jan. 1, 2022, 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 will help expedite claim processing of drugs billed with a not-otherwise-classified (NOC) code.

Visit the [Clinical Criteria](#) website to search for the specific clinical criteria listed below.

Clinical Criteria	HCPCS or CPT Code(s)	Drug
ING-CC-0183	J3590	Sogroya®
ING-CC-0184	J9348	Danyelza®
ING-CC-0185	J0224	Oxlumo™
ING-CC-0186	J9353	Margenza™
ING-CC-0187	J3490, J3590, Q2054	Breyanzi®
ING-CC-0189	J3490, J3590, C9075	Amondys 45
ING-CC-0190	J3490, J3590	Nulibry™

If you have questions about this communication or need assistance with any other item, contact your local provider relations representative or call Provider Services at **844-594-5072**.



Updates to AIM Specialty Health: Cardiology, Radiation Oncology, and Advanced Imaging Clinical Appropriateness Guidelines

Effective for dates of service on and after March 13, 2022, several updates will apply to the AIM Specialty Health® Diagnostic Coronary Angiography and Percutaneous Coronary Intervention, Radiation Therapy and Proton Beam Therapy, and Advanced Imaging Clinical Appropriateness Guidelines. AIM Specialty Health is a separate company providing some utilization review services on behalf of BlueChoice HealthPlan. As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable health care services.

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

- Access the AIM ProviderPortal® 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 the Availity Portal at availity.com.
- Call AIM directly with provider inquiries at 800-252-2021 from 8 a.m – 5 p.m. Central time.

You may access and download a copy of the current and upcoming guidelines [here](#).

If you have questions related to the guidelines please contact AIM via email: aim.guidelines@aimspecialtyhealth.com.

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



Medical Drug Benefit **Clinical Criteria Updates**

On Aug. 20, 2021, the Pharmacy and Therapeutics (P&T) Committee approved the following 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](#) page to search for specific policies. If you have questions or would like additional information, use this [email](#).

Interpreter Services

Interpreter services are available at no cost to members. Providers must notify members of the availability of health plan interpreter services and strongly discourage the use of minors, friends and family who may act as interpreters. For more information, please refer to the Interpreter Services Desktop Reference, located in the Providers section of www.HealthyBlueSC.com. Services include:

- **Telephone interpreters:** Call the Customer Care Center at 866-757-8286 (TTY 866-773-9634) Monday– Friday from 8 a.m. – 6 p.m. or the 24/7 Nurse Line at 866-577-9710 (TTY 800-368-4424) after hours.
- **Face-to-face interpreters:** Call the Customer Care Center 72 hours in advance to schedule services for key points of medical contact. We request 24 hours to cancel an interpreter service. To schedule by email, send the following to GBD.Interpret@amerigroup.com:
 - > Member ID number and name
 - > Appointment date and time
 - > Destination address
 - > Doctor’s name and phone number
- **Services for members with hearing loss:** Call the Customer Care Center 72 hours in advance to schedule sign language interpreters for use at key points of medical contact. We request 24 hours to cancel an interpreter service. To schedule by email, send the following to GBD.Interpret@amerigroup.com:
 - > Member ID number and name
 - > Appointment date and time
 - > Destination address
 - > Doctor’s name and phone number
- **Assistance for members with vision loss:** Members with vision loss can request verbal assistance or alternative formats of printed materials.





Clinical Utilization Management Guidelines Update

The Clinical Utilization Management Guidelines and Third-Party Criteria below were developed or revised to support clinical coding edits. Note, several policies and guidelines were revised to provide clarification only and are not included. Existing precertification requirements have not changed.

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

To view a guideline, visit www.HealthyBlueSC.com and select **Providers**.

Updates:

Updates marked with an asterisk (*) denote that the criteria may be perceived as more restrictive.

- *CG-LAB-14 — Respiratory Viral Panel Testing in the Outpatient Setting
 - > Clarified that respiratory viral panel (RVP) testing in the outpatient setting is medically necessary when using limited panels involving five targets or less when criteria are met
 - > Added RVP testing in the outpatient setting using large panels involving six or more targets as not medically necessary

Happy Holidays



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.