

June 2023

BlueBlastSM

News Providers Can Use



Healthy BlueSM

BlueChoice[®] HealthPlan of SC

Healthy Connections 

Incontinence Supplies

Healthy Blue covers incontinence supplies for members who meet the following criteria:

- The member is age 21 or older.
- A prescriber confirms in writing the member's inability to control bowel or bladder function.
- An order is prescribed that shows the member is incontinent.
- The primary prescriber completes the Physician Certification of Incontinence form.

Note: Requests for members without a waiver are effective for time frames of three months, six months, nine months or 12 months. They are based on the selection chosen by the prescriber.

Incontinence supplies include:

- One case of diapers with tabs.
- One case of underpads.
- One case of incontinence pads or liners.
- One box of wipes.

Authorization of incontinence supplies for adults must be based on frequency of incontinence as follows:

- 1. Occasional incontinence allows up to once case per quarter.**
 - a. For bladder, occasional incontinence is defined by two or more times a week but not daily.
 - b. For bowel, occasional incontinence is defined as once a week.
- 2. Frequent incontinence allows up to two cases per quarter.**
 - a. For bladder, frequent incontinence is defined as daily but with some control or if the member has help with elimination needs on a regular basis.
- 3. Total incontinence allows one case per month.**
 - a. Total incontinence is defined as having no control or an indwelling catheter or ostomy that controls the member's bladder or bowel.

Find additional details in the [Home Health Services manual](#)* at www.scdhhs.gov*. If you have questions, please contact the Customer Care Center at 866-757-8286.

MCG Care Guidelines — 27th Edition

Effective Sept. 1, 2023, we will upgrade to the 27th edition of MCG Care Guidelines for the following modules:

- Inpatient & Surgical Care (ISC)
- Behavioral Health Care (BHG)
- General Recovery Care (GRG)
- Chronic Care (CCG)
- Recovery Facility Care (RFC)

These tables highlight new guidelines and changes. Updates marked with an asterisk (*) note the criteria may be perceived as more restrictive.


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All Providers

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Goal length of stay (GLOS) for Inpatient & Surgical Care (ISC)			
Guideline	MCG code	26th edition GLOS	27th edition GLOS
*Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion	M157 [W0011]	Ambulatory or 1 day postop	Ambulatory
*Renal Failure, Acute	M-326	3 days	2 days
*Paraplegia, Acute	M-255	8 days	7 days
*Tetraplegia, Acute	M-305	9 days	7 days
*Percutaneous Revascularization, Lower Extremity	S-1310 [W0121]	Ambulatory or 1 day postop	Ambulatory
*Splenectomy by Laparoscopy	S-1062	1 day postoperative	Ambulatory or 1 day postop
*Elbow Arthroplasty	S-420	Ambulatory or 1 day postop	Ambulatory
*Elbow Fracture, Open Treatment	S-424	Ambulatory or 1 day postop	Ambulatory
*Foot Fracture, Calcaneus or Talus, Open Reduction, Internal Fixation (ORIF)	S-490	Ambulatory or 1 day postop	Ambulatory
*Foot: Surgical Wound Care	S-495	Ambulatory or 1 day postop	Ambulatory
*Hip Resurfacing	S-565	2 days postop	Ambulatory or 1 day postop
*Shoulder Arthroplasty	S-634 [W0137]	1 day postop	Ambulatory or 1 day postop
*Appendectomy, w/o Abscess or Peritonitis, Pediatric	P-25	Ambulatory or 1 day postop	Ambulatory
*Hip: Congenital Dislocation, Open Reduction	P-590	1 day postop	Ambulatory or 1 day postop
*Renal Transplant, Pediatric	P-1015 [W0126]	6 days postop	5 days postop
*Slipped Upper Femoral Epiphysis, Closed Reduction	P-443	Ambulatory or 1 day postop	Ambulatory
*Tibial Osteotomy, Child or Adolescent	S-1131	Ambulatory or 1 day postop	Ambulatory
*Bladder Incision: Cystotomy	S-200	Ambulatory or 1 day postop	Ambulatory
*Ureterotomy, Nontransurethral for Stone	S-1150	1 day postoperative	Ambulatory or 1 day postop

New guidelines for Inpatient & Surgical Care (ISC)		
Body system	Guideline title	MCG code
Hospital-at-Home	COVID-19: Hospital-at-Home	M-281-HaH
Hospital-at-Home	Viral Illness, Acute: Hospital-at-Home	M-280-HaH
Observation Care Guidelines	COVID-19: Observation Care	OC-068
Pediatrics	COVID-19, Pediatric	P-281
Thoracic Surgery and Pulmonary Disease	COVID-19	M-281
New guidelines for Recovery Facility Care (RFC)		
Cardiovascular Surgery	Percutaneous Revascularization, Lower Extremity	S-6310
Thoracic Surgery and Pulmonary Disease	COVID-19	M-5281
New guidelines for Chronic Care (CCG)		
Social Drivers of Health	Food Insecurity	C-1164
Social Drivers of Health	Housing Insecurity	C-1165
Healthy Blue customizations to MCG Care Guidelines, 27th edition		
To view a detailed summary of customizations, visit www.HealthyBlueSC.com and select Providers .		

Provider Pathways — Doing Business With Healthy Blue E-Learning

At Healthy Blue, we value you as a provider in our network. That's why we've redesigned one of the ways we share important information about our tools and resources to make it more useful for you. Provider Pathways is a 24/7 digital resource that helps you do business with Healthy Blue. Provider Pathways is an independent company that provides educational resources and trainings on behalf of BlueChoice HealthPlan.

We are always looking to improve the ways we train, and this self-paced offering is an easy, on-demand option for sharing information on our most frequently used provider tools and resources. In addition, "Provider Pathways — Doing Business With Healthy Blue E-Learning" gives you flexibility in scheduling training for yourself and your staff.

You're in control of your training experience!

You select the training path you need. Do you want to learn more about authorizations? Do you need information on claims? You pick the path. You decide the pace. Provider Pathways includes information on:

- Joining our network.
- Signing up for Availity® Essentials.
 - > Availity LLC is an independent company providing administrative support services on behalf of BlueChoice®.
- Enrolling in an electronic funds transfer and electronic remittance advice.
- Checking member eligibility and claim status.
- Authorizations and so much more.

To use Provider Pathways, visit www.HealthyBlueSC.com and select Providers. Provider Pathways is available on the Education and Training page. If you have questions about this new provider resource, please reach out to your Provider Relations team.

Utilization Management Service Review

As a reminder, the following information is required when you contact the utilization management (UM) team to request a service review. You should have it 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
- Date(s) of service requested
- Level of care
- Requesting/servicing provider's tax ID or NPI, address, phone, and fax number
- Servicing facility's tax ID or NPI, address, phone, and fax number

For a NICU admission, have all the above, plus the mother's name, date of birth and Medicaid number.

It is essential to provide accurate case demographic data for correct case creation. This will prevent possible claims delays or denials or provider abrasion. It will also prevent medical necessity decision letters from going to incorrect addresses or fax numbers.

Prior authorizations do not guarantee payment. In addition, rendering providers should wait until they are fully credentialed with Healthy Blue before delivering services. This will help prevent additional claims or provider abrasions.

Reminder: Balance Billing

Balance billing is when you send a member a bill for an amount Healthy Blue did not reimburse on a submitted claim. Per your Healthy Blue contract, **you cannot balance bill for any portion of the services the health plan does not pay.** You should hold the member harmless and not hold him or her financially responsible for amounts not paid for contracted services unless otherwise specified in the Evidence of Coverage.



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.