

March 2024

BlueBlastSM

News Providers Can Use



 **Healthy BlueSM**
BlueChoice[®] HealthPlan of SC

Healthy Connections 

My Insurance ManagerSM (MIM) Guides

The www.HealthyBlueSC.com website now offers guides to assist you with your MIM needs.

Explore our user guides and learn more details on using My Insurance Manager, which include the following:

- Getting Started
- Eligibility and Benefits
- Claims Entry
- Claims Status, Patient Directory, Superbill Maintenance and Coordination of Benefits
- Precertification, Pre-Treatment Estimate for Authorization Status
- Office Administration
- Provider Validation: MD Checkup User Guide

To view the guides, select the “Resources” tab. Then choose “Manual and Forms” from the drop-down menu.

Extra Member Benefits

Use the visit with your patients to tell them the benefits that are available to them with their plan.

We offer our members extra benefits at no cost that include:

- Internet essentials.
- A car seat program.
- Uber or Lyft transportation.
- Asthma products.
- A cellular benefit program.

This is just to name a few. There are so many other benefits available to the members. Be sure to check [the list](#) often to see more benefits we offer!

How To Redeem

Members will log in to their My Health Toolkit[®] account. If they don't have an account, it is easy to sign up. Once they are logged in, they can select “Extra Benefits Hub.”


If the member qualifies for an extra benefit, there will be a button next to the benefit that says “Request.” Follow the prompts to redeem.

If the member doesn't qualify for a benefit or additional steps are required to redeem, the button will say “Learn more.” From there, they can learn about the requirements.

If the member has issues redeeming benefits, they can call Member Services at 866-781-5094 (TTY: 866-773-9634).

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

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

Benefit Partners

Check out the partners that offer vision, transportation, dental, and other services available to our members.

Healthy Connections is where the member signs up for benefits, reports any changes and checks what Medicaid offers. Call 888-549-0820 (TTY: 888-842-3620) or visit www.scdhhs.gov/ for more information.

Vision Service Plan (VSP) offers vision coverage on behalf of Healthy Blue. Call 800-877-7195 (TTY: 800-428-4833) or visit the website www.vsp.com for more information.

VSP is an independent company providing vision services on behalf of Healthy Blue.

DentaQuest offers dental coverage for Healthy Blue members 21 years of age and under. Call 888-307-6552 or visit the website www.DentaQuest.com for more information. DentaQuest is an independent company that provides dental services on behalf of BlueChoice HealthPlan.

Relay South Carolina is a free service offering all South Carolina residents who are deaf, deafblind, hard of hearing or have speech disabilities a way to communicate by telephone. Call 800-735-2583 or 711 or visit <https://relaysouthcarolina.com> for more information.

Modivcare provides members transportation for access to care.

- Region 1: 866-910-7688
- Region 2: 866-445-6860
- Region 3: 866-445-9954

Please verify which region the member resides by visiting www.modivcare.com/facilities/sc. Modivcare is an independent company that provides transportation services on behalf of Healthy Blue.

Healthy Blue Provider Office Manual

Healthy Blue offers several resources to its providers to ensure they have all the information they need for seamless processes. One of the most important resources is the [Provider Manual](#). It contains information on covered services, National Committee for Quality Assurance standards and much more.

The information provided in the manual is intended to be informative and to assist you in navigating the various aspects of participation with Healthy Blue. Unless otherwise specified in the provider contract, the information contained in the manual is not binding upon Healthy Blue and is subject to change. For this reason, please refrain from printing the Provider Manual.

New Assistance for Providers from ProgenyHealth®

Effective March 18, 2024, Healthy Blue began working with ProgenyHealth. ProgenyHealth specializes in neonatal care management services. Its program will enhance services to our members. With this program, ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers will collaborate closely with our members, attending physicians and nurses. This approach promotes healthy outcomes for Healthy Blue's premature and medically complex newborns.

Benefits of partnering with ProgenyHealth include:

- Support of a team who understands the stress and complexity of managing infants in the neonatal intensive care unit (NICU). The company will collaborate with you to achieve the best outcomes.
- A collaborative, proactive approach to care management that supports timely and safe discharge to home.
- A company that believes in sharing best practices and works with NICUs nationwide to improve the health outcomes of our next generation.

In the program, families will have dedicated care managers who will provide support and education, while having access to an "on-call" staff member 24/7. For our hospitals, ProgenyHealth will serve as a liaison for Healthy Blue. It will provide inpatient review services and assist with the discharge planning process to ensure a smooth transition to the home setting.

What you need to do: For all newborns delivered by a Healthy Blue mother, you must contact ProgenyHealth directly at 888-832-2006 to notify them of the infant's admission to the NICU or the Special Care Nursery. You can also fax the request to ProgenyHealth's secure fax number: 877-471-0549. All admission, concurrent, transfers and discharge reviews should be sent to ProgenyHealth beginning March 18, 2024. ProgenyHealth will follow Healthy Blue timeframes for determinations / notifications.

Instead, visit www.HealthyBlueSC.com to review the most updated information. The latest updates were made in February 2023.

If you have any questions, please contact the Customer Care Center at 866-757-8286.

Physician Services Updates

As of March 1, 2024, the South Carolina Department of Health and Human Services (SCDHHS) will reimburse for the following laboratory services:

- Oncotype DX® Breast Cancer Assay
- Neuropharmagen Genomic Test

SCDHHS has updated the [Physicians Services provider manual](#) and the [Community Mental Health Services provider manual](#) to outline the coverage for these laboratory services in.

There are certain criteria that must be in order to be reimbursed for these services. Use the following procedure codes, limitations and criteria when billing for these tests:

Procedure Code	Description	Eligible Members	Benefit Criteria and Limitations	Fee
81519	Oncology (Breast), MRNA, Gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score.	Adults enrolled in full-benefit Medicaid coverage. This includes members who are enrolled in the breast and cervical cancer program.	<p>One test per lifetime is covered. Medicaid members must have the following findings and diagnosis:</p> <ul style="list-style-type: none"> • recently been diagnosed with stage I, stage II or stage III invasive breast cancer; • the cancer is estrogen receptor-positive; • the cancer is HER2-negative; and, • the cancer is lymph node-positive or lymph node-negative. <p>No prior authorization is required. Providers must file claims with primary diagnosis of the conditions listed above.</p>	\$3,020.94
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least six genes, including CYP2C19, CYP2D6 and CYP2D6 duplication/deletion analysis.	Medicaid members enrolled in full-benefit Medicaid coverage.	<p>Prior authorization must be obtained for this genomic test.</p> <p>Prior authorization requests must meet the following criteria:</p> <ul style="list-style-type: none"> • The test must be ordered by a board-certified psychiatrist or by a psychiatrist extender (psychiatric physician assistant or psychiatric nurse practitioner) under the supervision of a board-certified psychiatrist; and, • The Medicaid member must have one of the following mental health conditions: general anxiety disorder, major depressive disorder, obsessive compulsive disorder, bipolar or schizophrenia; and, • The Medicaid member must meet at least one of the following: <ol style="list-style-type: none"> 1. The Medicaid member has experienced a trial and failure of two previous psychoactive drugs for the mental health condition being treated. OR 2. The Medicaid member is currently taking more than two medications to treat the mental health condition. 	\$715.32



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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.