



Table of Contents

Pharmacy management information	Page 2
Unspecified diagnosis code update	Page 2
<i>Coding Spotlight: Hypertension</i>	Page 2
New service types added to Availity	Page 3
AIM Specialty Health [®] programs may require documentation	Page 3
Use the <i>Practice Profile Update Form</i> to update your information	Page 3
Coming soon: electronic attachments	Page 4
<i>Medical Policies and Clinical Utilization Management Guidelines</i> update	Page 5

Pharmacy management information

Need up-to-date pharmacy information?

Log in to our [provider website](#) to access our formulary, prior authorization form, *Preferred Drug List* and process information.



Have questions about the formulary or need a paper copy?

Call our Pharmacy department at **1-844-521-6942**. Pharmacy technicians are available Monday through Friday, from 7 a.m. to 7 p.m.

Our Member Services representatives serve as advocates for our members. To reach Member Services, please call **1-884-521-6941**.

BLA-NL-0145-19

Unspecified diagnosis code update

Healthy Blue previously communicated that as of July 1, 2018, we now require unspecified diagnosis codes to be used only when an established diagnosis code does not exist to describe the diagnosis for our members. Our goal is to align with ICD-10-CM requirements, using more specific diagnosis codes when available and appropriate. This includes codes that ICD-10-CM provides with laterality specifying whether the condition occurs on the left, right or is bilateral. The target effective date has been delayed for implementing the corresponding code edit. However, providers are encouraged to ensure their billing staff is aware of the required specificity in reporting ICD-10-CM diagnosis codes to prevent future denials.

Healthy Blue will be sending out a follow-up article to inform providers of when to expect this requirement to go live and any additional details for the changes made.

BLA-NL-0131-19

Coding Spotlight: Hypertension A providers' guide for coding

ICD-10-CM coding for hypertension:

- Hypertensive crisis can involve hypertensive urgency or emergency.
- Hypertension can occur with heart disease, chronic kidney disease (CKD) or both.
- ICD-10-CM classifies hypertension by type as essential or primary (categories I10-I13) and secondary (category I15).¹
- Categories I10-I13 classify primary hypertension according to a hierarchy of the disease from its vascular origin (I10) to the involvement of the heart (I11), CKD (I12), or heart and CKD combined (I13).¹



[Read more online.](#)

¹ "ICD-10-CM Expert for Physicians. The complete official code set," Optum360, LLC (2019).

BLA-NL-0132-19

New service types added to Availity

Enhancements have been made to the Availity Portal that will now allow you to access more service types when using the Eligibility and Benefits Inquiry tool and will also allow us to share even more valuable information with you electronically.

You may have already noticed new additions to service types, including:

- Medically related transportation.
- Long-term care.
- Acupuncture.
- Respite care.
- Dermatology.
- Sleep study therapy (found under diagnostic medical).
- Allergy testing.



Note, although there is an extensive list of available benefit types available when submitting an eligibility and benefits request, these types do vary by payer.

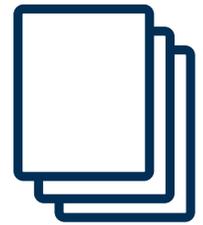
Here are some important points to remember when selecting service types:

- The benefit/service type field is populated with the last benefit type you selected. If you don't see a specific benefit in the results, submit a new request and select the specific benefit type/service code.
- You have the ability to inquire about 50 patients at one time using the Add Multiple Patients feature.

BLA-NL-0134-19

AIM Specialty Health programs may require documentation

Currently, providers submit various pre-service requests to AIM Specialty Health® (AIM). As part of our ongoing quality improvement efforts for outpatient diagnostic imaging services, cardiac procedures and sleep studies, AIM may request documentation to support the clinical appropriateness of certain requests.



When requested, providers should verify information by submitting documentation from the medical record and/or participating in a pre-service consultation with an AIM physician reviewer. If medical necessity is not supported, the request may be denied as not medically necessary.

BLA-NL-0140-19

Use the *Practice Profile Update Form* to update your information

We continually update our provider directories to ensure that your current practice information is available to our members. At least 30 days prior to making any changes to your practice — including updating your address and/or phone number, adding or deleting a physician from your practice, closing your practice to new patients, etc. — please notify us by completing the *Practice Profile Update Form* available on <https://providers.healthybluel.com> > Provider Support > Forms. Providers may also send demographic changes via email to laoperations@healthybluel.com. Thank you for your help and continued efforts in keeping our records up to date.

BLA-NL-0145-19

Coming soon: electronic attachments

As we prepare for the potential regulatory-proposed standards for electronic attachments, Healthy Blue will be implementing X12 275 electronic attachment transactions (version 5010) for claims.



Standard electronic attachments will bring value to you by eliminating the need for mailing paper records and reducing processing time overall.

Healthy Blue and Availity will pilot electronic data interchange batch electronic attachments with previously selected providers. Both solicited and unsolicited attachments will be included in our pilots.

Attachment types

- **Solicited attachments:** The provider sends a claim, and the payer determines there is not enough information to process the claim. The payer will then send the provider a request for additional information (currently done via letter). The provider can then send the solicited attachment transaction, with the documentation requested, to process the claim.
- **Unsolicited attachment:** When the provider knows that the payer requires additional information to process the claim, the provider will then send the X12 837 claim with the Paper Work Included segment tracking number. Then, the provider will send the X12 275 attachment transaction with the additional information and include the tracking number that was sent on the claim for matching.

What you can do

As we prepare for this change, you can help now by having conversations with your clearinghouse and/or electronic health care records vendor to determine their ability to set up the X12 275 attachment transaction capabilities.

In addition, you should be on the lookout for additional information and details about working with Healthy Blue and Availity to send attachments via electronic batch.

BLA-NL-0142-19

Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* below were developed and/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. For markets with carved-out pharmacy services, the applicable listings below are informational only.

To view a guideline, visit <https://www11.anthem.com/search.html>.

Notes/Updates:

- MED.00110 — Growth Factors, Silver-based Products and Autologous Tissues for Wound Treatment and Soft Tissue Grafting was revised to add bioengineered autologous skin-derived products (for example, SkinTE) as investigational and not medically necessary.
- MED.00126 — Fractional Exhaled Nitric Oxide and Exhaled Breath Condensate Measurements for Respiratory Disorders was revised to add Nasal Nitric Oxide as investigational and not medically necessary in the diagnosis and monitoring of asthma and other respiratory disorders.
- SURG.00037 — Treatment of Varicose Veins (Lower Extremities) was revised:
 - To replace “nonsurgical management” with “conservative therapy” in the medically necessary criteria
 - To add sclerotherapy used in conjunction with a balloon catheter (for example, catheter-assisted vein sclerotherapy KAVS procedure) as investigational and not medically necessary
- TRANS.00035 — Mesenchymal Stem Cell Therapy for the Treatment of Joint and Ligament Disorders, Autoimmune, Inflammatory and Degenerative Diseases (Previous title: Mesenchymal Stem Cell Therapy For Orthopedic Indications)
 - Includes the revised position statement: “Mesenchymal stem cell therapy is considered investigational and not medically necessary (INV&NMN) for the treatment of joint and ligament disorders caused by injury or degeneration as well as autoimmune, inflammatory and degenerative diseases”
 - Expands the document’s scope to address non-FDA approved uses of mesenchymal stem cell therapy
- The following AIM Specialty Health[®] updates took effect on January 24, 2019:
 - Advanced Imaging
 - Imaging of the Heart
 - Imaging of the Head and Neck
 - Arterial Ultrasound
 - Joint Surgery
 - Sleep Disorder Management Diagnostic and Treatment

Medical Policies

On January 24, 2019, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. View the full update online for a list of the policies.

BLA-NU-0141-19

Clinical UM Guidelines

On January 24, 2019, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. View the full update online for a list of the guidelines adopted by the medical operations committee for Healthy Blue members on March, 28 2019.



Read more online.