

Provider Newsletter



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The *Provider Newsletter* is now available bimonthly

Effective with this publication, your *Provider Newsletter* from Healthy Blue will now be published on a bimonthly basis. The newsletter is an excellent source of important and necessary information about how to do business with us.

This change in frequency allows us to share important information with you sooner. This will also reduce the number of faxes and mailings we are required to send in order to notify you of important changes.

Below is the new bimonthly *Provider Newsletter* schedule for 2018. All publications will be posted on our provider website (<https://providers.healthyblue.com> > Provider Support > Communications & Updates > Provider Newsletters) by the first of the month. We will continue to notify you via fax when the newsletter is available.

- February 1, 2018
- June 1, 2018
- October 1, 2018
- April 1, 2018
- August 1, 2018
- December 1, 2018

For any questions about this change, please contact your local Provider Relations representative or Provider Services at **1-844-521-6942**.

BLA-NL-0019-17

Update to coverage guideline for cervical cancer screening and human papillomavirus testing (CG-MED-53)

Effective January 1, 2018, coverage guideline CG-MED-53 that applies to cervical cancer screening and human papillomavirus (HPV) testing will be updated.

Important items to note:

- Cervical cancer screening with cytology, with or without HPV testing, for women under 21 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed (i.e., organ transplant recipients or seropositive for HIV).
- Cervical cancer screening with HPV testing, alone or in combination with cytology, for women younger than 30 years of age is considered not medically necessary with the exception of women who are chronically immunosuppressed.
- Cervical cancer screening with cytology, with or without HPV testing, is considered medically necessary for women under 30 years of age who are chronically immunosuppressed.
- There is no change to the medical necessity criteria for cervical cancer screening with cytology and without HPV testing for women ages 21-65 years of age.

If you have questions about this communication, received it in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.

BLA-NL-0015-17

Screening for substance use disorders in pregnancy

As our nation struggles to deal with the serious health risks posed by the opioid epidemic, Healthy Blue recognizes your role at the front lines of defense and supports you. Opioid misuse can have devastating effects on an individual's health, family and job as well as society as a whole. One of the most serious threats of the epidemic is to the unborn and newborns of women with substance use disorders (SUDs). Among the risks are preterm birth, low birth weight and neonatal abstinence syndrome/neonatal opioid withdrawal syndrome. Additionally, studies show long-term deficits in cognitive function, memory and behavior which are causes for concern for future generations.

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. As an OB provider, you have a unique opportunity to help break the pattern of opioid misuse and, thus, avoid health consequences for both mother and child. The first step is to identify, treat and/or refer to treatment those women who are using/abusing unhealthy substances. Screening, brief intervention and referral to treatment (SBIRT) is a widely accepted evidence-based practice that can help you identify, reduce and prevent misuses of unhealthy substances, including opioids.

An effective approach to screening is one that incorporates the practice into your routine prenatal care and flows naturally within the context of the prenatal interview. A short screening done as part of the patient history intake has been shown to accurately identify substance use and at-risk patients. Women who screen positive should be immediately engaged in a brief conversation that may or may not identify a need for treatment.

Evidence-based screening tools include:

- **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)** — an eight-item questionnaire (www.integration.samhsa.gov > Clinical Practice > SBIRT > Screening > ASSIST.pdf).
- **The National Institute on Drug Abuse-Modified ASSIST** — a clinician's screening tool for drug use in general medical settings (<https://www.drugabuse.gov/nmassist>).

Other screening tools can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website (www.integration.samhsa.gov > Clinical Practice > SBIRT > Screening).

SBIRT is a covered benefit for Healthy Louisiana members. Codes that can be used to indicate SBIRT was provided include H0049 and H0050. For information on SBIRT reimbursement or coding, visit www.medicaid.gov > Medicaid > Data & Systems > Policy and Program Topics > The National Correct Coding Initiative in Medicaid or contact Provider Services at **1-844-521-6942**.

The key to success in helping patients break the pattern of opioid misuse is the availability of and access to treatment. While OB providers can — with appropriate training and certification — prescribe treatment for opioid dependence, Healthy Blue understands you may not be comfortable providing this type of specialized care. To find treatment in your area, use the SAMHSA treatment locator tool at <https://findtreatment.samhsa.gov> or call the SAMHSA National Helpline at **1-800-662-HELP (4357)/TDD: 1-800-487-4889**. Healthy Blue is also available to assist you with referrals for treatment; for assistance, call Provider Services at **1-844-521-6942**.

LA-NL-0046-17

Substance use disorders in pregnancy and neonatal abstinence syndrome

Substance use disorders (SUDs) are on the rise and are of particular concern in women of childbearing age who are or may become pregnant. Women who use opioids in the following situations are at risk for delivering babies who are born preterm, have a low birth weight, and/or have neonatal abstinence syndrome (NAS)/neonatal opioid withdrawal syndrome (NOWS):

- Taking prescribed opioids for pain or addiction treatment
- Misusing prescribed opioid medications
- Using opioids illicitly
- Using opioids in combination with benzodiazepines, selective serotonin reuptake inhibitors (SSRIs) or tobacco

Caring for babies born with NAS

While traditional care for infants in withdrawal has included tapering doses of opioids, this should not be the first choice. Preliminary studies on preterm infants treated with morphine for pain and studies exposing laboratory animals to morphine, heroin, methadone and buprenorphine reveal some concerning structural brain changes and changes in neurotransmitters. While few follow-up studies exist, those that are available are worrisome for long-term deficits in cognitive function, memory and behavior. Reduction in any exposure to opioids should be the goal for the fetus and newborn.

Approaches to reducing the incidence and severity of NAS include:

- The use of nonpharmacologic techniques to calm and ameliorate symptoms.
- Adoption of, and strict adherence to, protocols to assess and treat with pharmacologic medications if nonpharmacologic care is not sufficient.
- Inter-rater reliability testing when using standard assessment tools (such as modified Finnegan).

Strict rooming in protocols, rather than placement in neonatal intensive care units, combined with extensive parent education programs improve family involvement and have been shown to reduce lengths of stay and the need for pharmacologic treatment of infants with NAS. When mothers are in stable treatment programs or are stable on safely prescribed medications, breastfeeding has also been shown to reduce the symptoms of NAS.

Caring for women with SUD

Pregnancy offers women an opportunity to break patterns of unhealthy behaviors. Providers have a unique opportunity to help break the pattern of opioid misuse and, thus, reduce health consequences for both mother and child.

Collaboration with community resources, behavioral health providers, addiction treatment centers and OB providers is imperative to designing programs that engage families at risk for SUDs. Women of childbearing age who are not pregnant and who do not wish to become pregnant should receive family planning counseling. Women who are already pregnant benefit from parenting education as early as possible in their pregnancies so they can be prepared to understand and care for their babies who might experience symptoms of NAS and who often

Substance use disorders in pregnancy and neonatal abstinence syndrome (cont.)

require prolonged hospitalizations after birth. As these infants may remain symptomatic for several months after hospital discharge, they are at higher risk for abuse and maltreatment; therefore, close follow up with ongoing support is imperative.

Guidelines and programs

Guidelines and programs which have been shown to improve the care of women at risk of SUDs in pregnancy and their infants include the following:

- **Center for Addiction in Pregnancy:** www.hopkinsmedicine.org/psychiatry/bayview > Clinical Services > Addiction and Substance Abuse > Center for Addiction and Pregnancy (CAP)
- **Fir Square Combined Care Unit:** www.bcwomens.ca > Our Services > Pregnancy & Prenatal Care > Pregnancy, Drugs & Alcohol
- **Improving Outcomes for Infants and Families Affected by NAS – A Universal Training Program:** <https://public.vtoxford.org> > Quality & Education > NAS Universal Training Program
- **Protecting Our Infants Act: Final Strategy:** <https://www.samhsa.gov> > Topics > Specific Populations > Age- and Gender-Based Populations > Pregnant Women and Infants > Protecting Our Infants Act: Final Strategy
- **Public Health Strategies to prevent Neonatal Abstinence Syndrome:** Ko JY, Wolicki S, Barfield WD, et al. "CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome," MMWR Morb Mortal Wkly Rep 2017 66: 242-245. doi: <http://dx.doi.org/10.15585/mmwr.mm6609a2>.
- **Rooming In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost:** Volpe Holmes, A, et al. "Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost," Pediatrics 137 (2016): 6. doi: 10.1542/peds.2015-2929
- **Sheway: A Community Program for Women and Children:** <http://sheway.vcn.bc.ca>
- **Snuggle ME webinar series:** www.mainequalitycounts.org > Programs > Snuggle ME Webinar Series

Support

We are here to support you, our pregnant members and their little ones on the way. If you would like more information about our OB Case Management Program or if you have a member who needs behavioral health case management, contact Provider Services at **1-844-521-6942**.

BLA-NL-0008-17

Medical Policies and Clinical Utilization Management Guidelines update — quarter two

Medical Policies update

On May 4, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Healthy Blue provider website on the effective date listed below. Visit www.anthem.com/cptsearch_shared.html to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

Effective date	Medical Policy number	Medical Policy title	New or revised
5/18/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	New
5/18/2017	DRUG.00107	Avelumab (Bavencio®)	New
5/18/2017	DRUG.00109	Durvalumab (IMFINZI™)	New
6/28/2017	MED.00121	Implantable Interstitial Glucose Sensors	New
6/28/2017	MED.00122	Wilderness Programs	New
6/28/2017	SURG.00148	Spectral Analysis of Prostate Tissue by Fluorescence Spectroscopy	New
6/28/2017	SURG.00149	Percutaneous Ultrasonic Ablation of Soft Tissue	New
6/28/2017	SURG.00150	Leadless Pacemakers	New
5/18/2017	DME.00040	Automated Insulin Delivery Devices	Revised
5/18/2017	DRUG.00002	Tumor Necrosis Factor Antagonists	Revised
5/18/2017	DRUG.00038	Bevacizumab (Avastin®) for Non Ophthalmologic Indications	Revised
5/18/2017	DRUG.00041	Rituximab (Rituxan®) for Non Oncologic Indications	Revised
5/18/2017	DRUG.00047	Brentuximab Vedotin (Adcetris®)	Revised
6/28/2017	DRUG.00062	Obinutuzumab (Gazyva®)	Revised
5/18/2017	DRUG.00066	Antihemophilic Factors and Clotting Factors	Revised
5/18/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
5/18/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
5/18/2017	DRUG.00083	Elotuzumab (Empliciti™)	Revised
5/18/2017	DRUG.00088	Atezolizumab (Tecentriq®)	Revised

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

Effective date	Medical Policy number	Medical Policy title	New or revised
5/18/2017	DRUG.00104	Nusinersen (SPINRAZA™)	Revised
5/18/2017	GENE.00032	Molecular Marker Evaluation of Thyroid Nodules	Revised
5/18/2017	GENE.00035	Genetic Testing for TP53 Mutations	Revised
6/28/2017	SURG.00121	Transcatheter Heart Valves	Revised
5/18/2017	THER-RAD.00004	External Beam Intraoperative Radiation Therapy	Revised
5/18/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised

Clinical Utilization Management Guidelines update

On May 4, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* applicable to Healthy Blue. These clinical guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the following listing. This list represents the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on June 5, 2017.

On May 4, 2017, the clinical guidelines were made publicly available on the Healthy Blue *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit www.anthem.com/cptsearch_shared.html to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Please note: For markets with pharmacy services carved out, the applicable listings below would be informational only.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
6/28/2017	CG-REHAB-10	Level of Care: Outpatient Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services	New
5/18/2017	CG-DRUG-34	Docetaxel (Docefrez™, Taxotere®)	Revised
5/18/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
6/28/2017	CG-DRUG-60	Gonadotropin Releasing Hormone Analogs for the Treatment of Oncologic Indications	Revised
6/28/2017	CG-SURG-09	Temporomandibular Disorders	Revised
5/18/2017	CG-SURG-55	Intracardiac Electrophysiological Studies (EPS) and Catheter Ablation	Revised
5/18/2017	CG-THER-RAD-01	Fractionation and Radiation Therapy in the Treatment of Specified Cancers	Revised

BLAPEC-0632-17

Medical Policies and Clinical Utilization Management Guidelines update — quarter three

Medical Policies update

On August 3, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* applicable to Healthy Blue. These policies were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the below listing.

The *Medical Policies* were made publicly available on the Healthy Blue provider website on the effective date listed below. Visit www.anthem.com/cptsearch_shared.html to search for specific policies.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Note: CG-DRUG-29 Hyaluronan Injections in the Knee will be implemented as investigational and not medically necessary on December 1, 2017. RAD.00035 will be archived effective September 15, 2017. CG-MED-58 will be effective September 15, 2017.

Effective date	Medical Policy number	Medical Policy title	New or revised
8/17/2017	DRUG.00111	Guselkumab (Tremfya™)	New
9/27/2017	LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	New
8/17/2017	DRUG.00040	Abatacept (Orencia®)	Revised
8/17/2017	DRUG.00058	Pharmacotherapy for Hereditary Angioedema	Revised
8/17/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
8/17/2017	DRUG.00082	Daratumumab (DARZALEX™)	Revised
8/17/2017	DRUG.00099	Cerliponase Alfa (Brineura™)	Revised
8/17/2017	DRUG.00107	Avelumab (Bavencio®)	Revised
8/17/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
8/17/2017	MED.00051	Implantable Ambulatory Event Monitors and Mobile Cardiac Telemetry	Revised
8/17/2017	MED.00081	Cognitive Rehabilitation	Revised
8/17/2017	RAD.00035	Coronary Artery Imaging: Contrast-Enhanced Coronary Computed Tomography Angiography (CCTA), Fractional Flow Reserve derived from Computed Tomography (FFRCT), Coronary Magnetic Resonance Angiography (MRA), and Cardiac Magnetic Resonance Imaging (MRI)	Revised
8/17/2017	RAD.00066	Multiparametric Magnetic Resonance Fusion Imaging Targeted Prostate Biopsy	Revised

Medical Policies and Clinical Utilization Management Guidelines update (cont.)

Effective date	Medical Policy number	Medical Policy title	New or revised
8/17/2017	SURG.00055	Cervical Total Disc Arthroplasty	Revised
8/17/2017	SURG.00121	Transcatheter Heart Valve Procedures	Revised

Clinical Utilization Management Guidelines update

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On August 3, 2017 the clinical guidelines were made publicly available on the Healthy Blue *Medical Policies* and *Clinical UM Guidelines* subsidiary website. Visit www.anthem.com/cptsearch_shared.html to search for specific guidelines.

Existing precertification requirements have not changed. Please share this notice with other members of your practice and office staff.

Effective date	Clinical UM Guideline number	Clinical UM Guideline title	New or revised
9/27/2017	CG-ADMIN-02	Clinically Equivalent Cost Effective Services – Targeted Immune Modulators	New
9/27/2017	CG-MED-57	Cardiac Stress Testing with Electrocardiogram (ECG)	New
8/17/2017	CG-ANC-06	Ambulance Services: Ground; Non Emergent	Revised
8/17/2017	CG-SURG-27	Sex Reassignment Surgery	Revised

BLAPEC-0491-17

Reimbursement Policy

Policy Update

Portable/Mobile/Handheld Radiology Services

(Policy 06-160, effective 03/15/18)

Healthy Blue allows reimbursement for portable/mobile radiology services when furnished in a residence used at the patient's home and if ordered by a physician and performed by qualified portable radiology suppliers. Portable/mobile radiology studies should not be performed for routine purposes or for reasons of convenience. Reimbursement is based on the applicable fee schedule or contracted/negotiated rate for the radiological service and transportation and setup components with the use of applicable modifiers.

Note: Portable radiology suppliers must be licensed or registered to perform services as required by applicable state laws.



Transportation and Setup

Healthy Blue allows reimbursement for transportation and setup of portable radiology equipment when transported to the member's residence. Transportation costs are payable when the portable X-ray equipment used was actually transported to the location where the X ray was taken. Reimbursement for the setup cost of portable radiology equipment is separately reimbursable.

Handheld Radiology

The use of handheld radiology instruments is allowed. Reimbursement will be part of the physician's professional service, and no additional charge will be paid. The technical components for handheld radiology are not separately reimbursable.

For additional information, refer to the Portable/Mobile/Handheld Radiology Services Reimbursement Policy at <https://providers.healthyblue.com>.

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