Provider Newsletter

Healthy Blue

Medicaid Managed Care

https://providers.healthybluela.com

February 2018

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Updated March 2, 2018

Hospice codes to require prior authorization

Effective April 1, 2018, Healthy Blue requires prior authorization (PA) for hospice codes alfa. Federal and state law, as well as state contract language including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with the new requirements may result in denied claims.**

PA requirements will be added to the following codes:

- Q5001 — Hospice or home health care provided in patient's home/residence
- Q5002 — Hospice or home health care provided in assisted living facility
- Q5003 — Hospice care provided in nursing long-term care facility or nonskilled
- Q5004 — Hospice care provided in skilled nursing facility
- Q5005 — Hospice care provided in inpatient hospital
- Q5006 — Hospice care provided in inpatient hospice facility
- Q5007 — Hospice care provided in long-term care facility
- Q5008 — Hospice care provided in inpatient psychiatric facility
- Q5009 — Hospice or home health care provided in place not otherwise specified
- Q5010 — Hospice home care provided in a hospice facility

Please use one of the following methods to request PA:

- **Web: https://www.availity.com**
- **Phone: 1-844-521-6942**
- **Fax: 1-888-822-5595**

Please refer to the provider self-service tool for detailed authorization requirements. Go to **https://providers.healthybluela.com** > Prior Authorization & Claims > Prior Authorization Lookup Tool (PLUTO).

BLA-NL-0030-17

Healthy Blue

Medical Policies and *Clinical Utilization Management Guidelines* update

Medical Policies **update**

On September 26, 2017, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* for 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. We made these *Medical Policies* publicly available on our 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.

Medical Policy **effective date**	***Medical Policy*** **number**	***Medical Policy*** **title**	**Revised or new**
9/27/17	DRUG.00110	Inotuzumab ozogamicin (Besponsa®)	New
9/27/17	MED.00124	Tisagenlecleucel (Kymriah™)	New
9/27/17	DRUG.00043	Tocilizumab (Actemra®)	Revised

Clinical Utilization Management Guidelines **update**

On September 26, 2017, the MPTAC approved the following *Clinical Utilization Management (UM) Guidelines* for Healthy Blue. These guidelines were developed or revised to support clinical coding edits. Several guidelines were revised to provide clarification only and are not included in the below listing.

The *Clinical UM Guidelines* on this list represent those adopted by the Medical Operations Committee for the Government Business Division on October 19, 2017. We made these guidelines publicly available on the *Medical Policies* and *Clinical UM Guidelines* page on the effective date listed below.

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**	**Revised or new**
9/27/17	CG-LAB-11	Screening for Vitamin D Deficiency in Average Risk Individuals	New
9/27/17	CG-MED-59	Upper Gastrointestinal Endoscopy for Diagnosis, Screening or Surveillance	New
9/27/17	CG-SURG-59	Vena Cava Filter	New
9/27/17	CG-DME-31	Wheeled Mobility Devices: Wheelchairs —Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)	Revised

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Policy Update

Reimbursement for Reduced and Discontinued Services

(Policy 10-003, effective 03/15/2018)

Healthy Blue allows reimbursement to professional providers and facilities for reduced or discontinued services when appended with the appropriate modifier. Modifiers 52 and 53 can be appended for reduced and discontinued services, if applicable.

Modifier 52 indicates procedures for which services performed are partially reduced or eliminated. Reimbursement is lower of billed charges or 75% of the fee schedule or contracted/negotiated rate. Do not report Modifier 52 on evaluation and management, and consultation codes.

Modifier 53 indicates the physician elected to terminate a surgical or diagnostic procedure due to extenuating circumstances or that threatened the well-being of the patient. Reimbursement is 50% of the facility fee or billed charges, whichever is lower, by free-standing birthing centers when the recipient is transferred prior to delivery.

Please refer to the Reimbursement for Reduced and Discontinued Services reimbursement policy at **https://providers.healthybluela.com**.

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