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## New review process for not otherwise classified drug codes

Effective April 1, 2018, Healthy Blue is implementing a new review process for not otherwise classified (NOC) drug codes. Our Reimbursement Policy for “Unlisted or Miscellaneous Codes” requires NOC drug codes be submitted with the correct national drug code (NDC). As a large number of NOC drug claims do not contain the NDC, we will review claims to ensure the presence of a NDC, and claims without an NDC will be denied.

The scope of review will include both professional and facility claims for Medicaid members. The NOC drug codes listed below will suspend and be routed for review. Note, to ensure billed drugs are a benefit and covered per our medical policies or state policies, Healthy Blue may request that you submit medical records.

<b>NOC drug codes and descriptions as of May 4, 2017:</b>	
A9150	Nonprescription drug
A9152	Single vitamin/mineral/trace element — oral, per dose, not otherwise specified (NOS)
A9153	Multiple vitamins (with or without minerals and trace elements) — oral, per dose, NOS
C9399	Unclassified drug or biological
J1566	Immune globulin injection — intravenous, lyophilized, NOS (500 mg)
J1599	Immune globulin injection — intravenous, nonlyophilized, NOS (500 mg)
J3490	Unclassified drug
J3590	Unclassified biological
J7199	Hemophilia clotting factor — NOC
J7599	Immunosuppressive drug — NOC
J7699	NOC drugs — inhalation solution administered through durable medical equipment (DME)
J7799	NOC drugs — drugs (other than inhalation drugs) administered through DME
J7999	Compounded drug — NOC
J8498	Antiemetic drug — rectal/suppository, NOC
J8499	Prescription drug — oral, nonchemotherapeutic, NOS
J8597	Antiemetic drug — oral, NOS
J8999	Prescription drug — oral, chemotherapeutic, NOS
J9999	Antineoplastic drugs — NOC
S5000	Prescription drug — generic
S5001	Prescription drug — brand name
90749	Unlisted vaccine/toxoid

BLA-NL-0016-17



## 2018 ICD-10 codes update

Healthy Blue completed the 2018 ICD-10 codes update. Providers should submit claims with a date of service beginning October 1, 2017, or later with the new appropriate ICD-10 code.

BLA-NL-0035-17

## Healthy Blue to conduct post-service reviews of certain modifiers and services

Beginning in the first quarter of 2018, Healthy Blue will conduct post-service reviews of professional claims billed with the following modifiers: 25, 62, 80, 81, 82, AS and 91. Additionally, Healthy Blue will conduct post-service reviews of Evaluation and Management services billed during a global surgery period.

As part of the review, Healthy Blue may contact providers to request additional documentation related to the services. If billing discrepancies are identified, Healthy Blue will provide a written report of the findings to providers and initiate recoupments as appropriate. Findings may assist your office with quality improvement efforts.

For more information about post-service reviews, contact Provider Services at **1-844-521-6942**.

BLA-NL-0017-17

## Healthy Blue to conduct post-payment reviews of distinct procedural services modifiers

In accordance with CMS guidelines, Healthy Blue conducts post-payment reviews of professional claims for Healthy Louisiana members billed with modifiers for distinct procedural services (modifiers 59, XE, XP, XS and XU). As part of these reviews, we may contact you with outlying billing practices to request additional documentation related to the services. If billing discrepancies are identified, we will provide you with a written report of our findings as well as your appeal rights and may initiate recoupment as appropriate. Findings may assist your office with quality improvement efforts.

For questions regarding post-payment reviews of distinct procedural services modifiers, contact Provider Services at **1-844-521-6942**.

BLA-NL-0041-18

## Prior authorization changes

Effective May 1, 2018, prior authorization (PA) is required for the following to be covered by Healthy Blue for Healthy Louisiana members.

### Levoleucovorin calcium, elosulfase alfa, histrelin acetate, idursulfase and fulvestrant

#### PA requirements will be added to the following codes:

- J0641 — Injection, levoleucovorin calcium, 0.5 mg
- J1322 — Injection, elosulfase alfa, 1mg
- J1675 — Injection, histrelin acetate, 10 mcg
- J1743 — Injection, idursulfase, 1 mg
- J9395 — Injection, fulvestrant, 25 mg

Please note: These drugs may not be covered in all states. Providers must review their specific state for coverage because not all drugs in this update will apply to the state in which you participate.

BLA-NL-0031-17

### Elotuzumab

#### PA requirements will be added to the following code:

- J9176 — injection, elotuzumab, 1 mg

BLA-NL-0033-17

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.**

#### Please use one of the following methods to request PA:

- Web: <https://www.availity.com>
- Fax: **1-888-822-5595** (Inpatient) or **1-888-822-5658** (Outpatient)
- Phone: **1-844-521-6942**

Not all PA requirements are listed here. Detailed PA requirements are available to contracted providers by accessing the provider self-service tool at <https://www.availity.com>. Providers who are unable to access Availity can use the Precertification Lookup Tool on our website (<https://providers.healthybluelouisiana.com> > Prior Authorization & Claims > Prior Authorization Lookup Tool (PLUTO)) or call Provider Services at **1-844-521-6942** for PA requirements.

## Medical Policies and Clinical Utilization Management Guidelines update

### Medical Policies update

On February 27, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies* which are applicable to Healthy Blue. These *Medical Policies* were developed or revised to support clinical coding edits. Several policies were revised to provide clarification only and are not included in the listing below. The *Medical Policies* were made publicly available on the provider website on the publish date listed below. To search for specific policies, visit [http://www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html). **Existing precertification requirements have not changed.**

Please share this notice with other members of your practice and office staff.

Publish date	Medical Policy number	Medical Policy	New/ revised
12/27/2017	DRUG.00112	Gemtuzumab Ozogamicin (Mylotarg®)	New
12/27/2017	DRUG.00118	Copanlisib (Aliqopa®)	New
11/9/2017	MED.00123	Axicabtagene ciloleucel (Yescarta™)	New
11/9/2017	DME.00040	Automated Insulin Delivery Devices	Revised
12/27/2017	DRUG.00050	Eculizumab (Soliris®)	Revised
12/27/2017	DRUG.00071	Pembrolizumab (Keytruda®)	Revised
12/27/2017	DRUG.00075	Nivolumab (Opdivo®)	Revised
11/9/2017	DRUG.00081	Eteplirsen (Exondys 51™)	Revised
12/27/2017	DRUG.00109	Durvalumab (Imfinzi™)	Revised
12/27/2017	GENE.00011	Gene Expression Profiling for Managing Breast Cancer Treatment	Revised
11/9/2017	SURG.00089	Balloon and Self-Expanding Absorptive Sinus Ostial Dilation	Revised
12/27/2017	TRANS.00023	Hematopoietic Stem Cell Transplantation for Multiple Myeloma and Other Plasma Cell Dyscrasias	Revised
12/27/2017	TRANS.00024	Hematopoietic Stem Cell Transplantation for Select Leukemias and Myelodysplastic Syndrome	Revised
12/27/2017	TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	Revised
12/27/2017	TRANS.00028	Hematopoietic Stem Cell Transplantation for Hodgkin Disease and non-Hodgkin Lymphoma	Revised
12/27/2017	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised
12/27/2017	TRANS.00030	Hematopoietic Stem Cell Transplantation for Germ Cell Tumors	Revised

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

### Clinical Utilization Management Guidelines update

On February 27, 2018, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Clinical Utilization Management (UM) Guidelines*, which are 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 listing below. The *Clinical UM Guidelines* on this list represent the *Clinical UM Guidelines* adopted by the Medical Operations Committee for the Government Business Division on January 30, 2018. To see the full utilization management guidelines on the website, visit [http://www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html).

On January 30, 2018, the clinical guidelines were made publicly available on the Healthy Blue *Medical Policies* and *Clinical UM Guidelines* subsidiary website. To search for specific guidelines policies, visit [http://www.anthem.com/cptsearch\\_shared.html](http://www.anthem.com/cptsearch_shared.html). **Existing precertification requirements have not changed.**

Please share this notice with other members of your practice and office staff.

Update to clinical guideline, CG-MED-39, Central (Hip or Spine) Bone Density Measurement and Screening for Vertebral Fractures Using Dual Energy X-Ray Absorptiometry (CG-MED 39), was published January 30, 2018.

Effective January 30, 2018, this clinical guideline will apply to Medicaid lines of business.

The clinical indication section specific to female screening of osteoporosis was revised to reflect that an initial (baseline) central (hip or spine) bone density measurement is considered medically necessary when conducted in postmenopausal individuals 65 years of age or older.

The guideline also identifies other clinical indications when initial and repeat central bone mineral density measurements are medically necessary.

Publish date	Clinical UM Guideline number	Clinical UM Guideline title	New/revised
12/27/2017	CG-DME-40	Electrical Bone Growth Stimulation	New
12/27/2017	CG-DME-41	Ultraviolet Light Therapy Delivery Devices for Home Use	New
12/27/2017	CG-DRUG-65	Tumor Necrosis Factor Antagonists	New
12/27/2017	CG-DRUG-66	Panitumumab (Vectibix®)	New
12/27/2017	CG-DRUG-68	Bevacizumab (Avastin®) for Non-Ophthalmologic Indications	New
12/27/2017	CG-DRUG-69	Ustekinumab (Stelara®)	New
12/27/2017	CG-DRUG-70	Eribulin mesylate (Halaven®)	New
12/27/2017	CG-DRUG-71	Ziv-aflibercept (Zaltrap®)	New

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

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New/ revised</b>
12/27/2017	CG-DRUG-72	Pertuzumab (Perjeta®)	New
12/27/2017	CG-DRUG-73	Denosumab (Prolia®, Xgeva®)	New
12/27/2017	CG-DRUG-74	Canakinumab (Ilaris®)	New
12/27/2017	CG-DRUG-75	Romiplostim (Nplate®)	New
12/27/2017	CG-DRUG-76	Plerixafor Injection (Mozobil™)	New
12/27/2017	CG-DRUG-77	Radium Ra 223 Dichloride (Xofigo®)	New
12/27/2017	CG-DRUG-78	Antihemophilic Factors and Clotting Factors	New
12/27/2017	CG-DRUG-79	Siltuximab (Sylvant®)	New
12/27/2017	CG-DRUG-80	Cabazitaxel (Jevtana®)	New
12/27/2017	CG-DRUG-81	Tocilizumab (Actemra®)	New
12/27/2017	CG-GENE-01	Janus Kinase 2 (JAK2) V617F Gene Mutation Assay	New
12/27/2017	CG-GENE-02	Analysis of KRAS Status	New
12/27/2017	CG-GENE-03	BRAF Mutation Analysis	New
12/27/2017	CG-GENE-04	Molecular Marker Evaluation of Thyroid Nodules	New
12/27/2017	CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	New
12/27/2017	CG-MED-62	Resting Electrocardiogram Screening in Adults	New
12/27/2017	CG-MED-63	Treatment of Hyperhidrosis	New
12/27/2017	CG-MED-64	Transcatheter Ablation of Arrhythmogenic Foci in the Pulmonary Veins as a Treatment of Atrial Fibrillation or Atrial Flutter (Radiofrequency and Cryoablation)	New
12/27/2017	CG-MED-65	Manipulation Under Anesthesia of the Spine and Joints other than the Knee	New
12/27/2017	CG-MED-66	Cryopreservation of Oocytes or Ovarian Tissue	New
12/27/2017	CG-MED-67	Melanoma Vaccines	New
12/27/2017	CG-MED-68	Therapeutic Apheresis	New
12/27/2017	CG-SURG-61	Cryosurgical Ablation of Solid Tumors Outside the Liver	New
12/27/2017	CG-SURG-62	Radiofrequency Ablation to Treat Tumors Outside the Liver	New
12/27/2017	CG-SURG-63	Cardiac Resynchronization Therapy (CRT) with or without an Implantable Cardioverter Defibrillator (CRT/ICD) for the Treatment of Heart Failure	New

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

<b>Publish date</b>	<b>Clinical UM Guideline number</b>	<b>Clinical UM Guideline title</b>	<b>New/revised</b>
12/27/2017	CG-SURG-65	Recombinant Human Bone Morphogenetic Protein	New
12/27/2017	CG-SURG-66	Implanted (Epidural and Subcutaneous) Spinal Cord Stimulators (SCS)	New
12/27/2017	CG-SURG-67	Treatment of Osteochondral Defects	New
12/27/2017	CG-SURG-68	Surgical Treatment of Femoracetabular Impingement Syndrome	New
12/27/2017	CG-SURG-69	Meniscal Allograft Transplantation of the Knee	New
12/27/2017	CG-DRUG-38	Pemetrexed Disodium (Alimta®)	Revised
12/27/2017	CG-DRUG-50	Paclitaxel, protein-bound (Abraxane®)	Revised
12/27/2017	CG-DRUG-61	Gonadotropin Releasing Hormone Analogs for the Treatment of Non-Oncologic Indications	Revised
12/27/2017	CG-MED-21	Anesthesia Services and Moderate (“Conscious”) Sedation	Revised
11/9/2017	CG-MED-55	Level of Care: Advanced Radiologic Imaging	Revised

BLAPEC-0679-17



## Reimbursement Policies

### Policy Reminder

## Global Surgical Package for Professional Providers

(Policy 06-041)



Healthy Blue would like to remind providers that included in the global surgical package are visits occurring during the postoperative period that are related

to recovery from the surgery regardless of the location. The Global Surgical Package for Professional Providers reimbursement policy includes additional information on what is included in the global surgical package and what is separately reimbursable. For additional information, please refer to the reimbursement policy at <https://providers.healthybluel.com>.

BLA-NL-0002-17

### Policy Update

## Unlisted, Unspecified or Miscellaneous Codes

(Policy 06-004, effective 07/01/2018)

As of July 1, 2018, Healthy Blue requires unspecified diagnosis codes be used only when an established diagnosis code does not exist to describe the diagnosis. Reimbursement is based on review of the unspecified diagnosis code on an individual claim basis. If the claim must have an unspecified diagnosis code, and there is a corresponding left, right or bilateral diagnosis, then documentation supporting the use of the unspecified diagnosis code must be provided.

For additional information, please review the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy at <https://providers.healthybluel.com>.

BLA-NL-0021-17

### Policy Update

## Modifier 62: Co-Surgeons

(Policy 06-027, effective 07/15/18)

Healthy Blue allows reimbursement of procedures eligible for co-surgeons when billed with Modifier 62. Each surgeon must bill the same procedure code(s) with Modifier 62. Reimbursement to each surgeon is based on the lower of billed charges or 80 percent of the applicable fee schedule or contracted/negotiated rate. Co-surgeons must be from **different specialties** and performing surgical services during the same operative session.

For more information, please refer to Modifier 62: Co-Surgeons Reimbursement Policy at <https://providers.healthybluel.com>.

LA-NL-0037-17