

Provider Newsletter



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2018 Utilization Management Affirmative Statement concerning utilization management decisions

The following statements govern Healthy Blue, as a corporation and as individuals, involved in utilization management decisions:

- Utilization management decision making is based only on appropriateness of care and service and the existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support or tend to support denials of benefits.
- Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization or create barriers to care and service.



BLAPEC-0734-18

Provider surveys

Each year, we may reach out to you to ask what we are doing well and how we can continue to improve our services. We use this feedback to continually improve our operations and strengthen our relationship with our providers.

Thank you for participating in our network, for providing quality health care to our members and for your timely completion of any surveys you receive.

BLA-NL-0032-17



Use the *Provider Maintenance 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 *Provider Maintenance Form*.

Thank you for your help and continued efforts in keeping our records up to date.

BLA-NL-0032-17

Complex Case Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results or know how to obtain essential resources for treatment or who to contact with questions and concerns.

Healthy Blue is available to offer assistance in these difficult moments with our Complex Case Management program. Our case managers are part of an interdisciplinary team of clinicians and other resource professionals here to support members, families, primary care physicians and caregivers. The Complex Case Management process utilizes the experience and expertise of the Case Coordination team to educate and empower our members by increasing self-management skills. The Complex Case Management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient health care.



Members or caregivers can refer themselves or family members by calling the Member Services number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that patients and caregivers are better prepared and informed about health care decisions and goals.

You can contact us by email at la1casemgmt@healthybluel.com or by phone at **1-877-440-4065**, ext. 106-103-5145. Case Management business hours are Monday through Friday from 8:30 a.m. to 4:30 p.m. Central time.

BLA-NL-0032-17

Miscellaneous durable medical equipment billing guidelines

Reminder:

Miscellaneous durable medical equipment (DME) procedure codes (such as E1399) cannot be used as an alternative to specific identified codes. Healthy Blue will conduct postpayment reviews to ensure the right codes for the right services are used. This applies to all claims for Healthy Louisiana members.



In an effort to improve the provider experience, we continually evaluate coding and billing patterns. Recently, we identified trends related to the use of E1399 — DME, miscellaneous. This code is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used regardless of your contracted rate. It is not appropriate to use E1399 for payment increases.

We continue to require prior authorization for the use of miscellaneous code E1399.

To request PA, you may use one of the following methods:

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

As it is not our policy to inform providers of proper billing processes within prior authorization responses, authorization responses do not include code-specific details. If your service was approved but your claim was denied payment when billed using E1399, the incorrect code was used. You will need to update the authorization and the claim with the appropriate HIPAA-compliant HCPCS code.

Healthy Blue will conduct postpayment reviews of code E1399 to ensure proper use. If it is determined a more appropriate code should have been used, we will notify you in writing and advise you of your appeal rights.

You can find additional information related to miscellaneous codes in the Unlisted, Unspecified or Miscellaneous Codes reimbursement policy at <https://providers.healthyblue.com> > Prior Authorization & Claims > Reimbursement Policies.

BLA-NL-0055-18

Prior authorization (PA) requirements

Lower extremity vascular intervention

Effective July 1, 2018, PA requirements will change for lower extremity vascular intervention to be covered by Healthy Blue.

PA requirements will be added to the following codes:

- 37220 — Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
- 37221 — Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37224 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
- 37225 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
- 37226 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37227 — Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
- 37228 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
- 37229 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
- 37230 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37231 — Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed

BLA-NL-0043-18

Mylotarg (gemtuzumab ozogamicin)

Effective July 1, 2018, PA requirements will change for Mylotarg (gemtuzumab ozogamicin) to be covered by Healthy Blue through the medical benefit.

PA requirements will be added to the following:

- Mylotarg (gemtuzumab ozogamicin) — injection, gemtuzumab ozogamicin, 0.1 mg (J9203)

BLA-NL-0040-18

PA requirements (cont.)

Eight injectable drugs

Effective June 1, 2018, PA requirements will change for eight injectable drugs to be covered by Healthy Blue.

PA requirements will be added to the following:

- J0565 — injection, bezlotoxumab, 10 mg
- J1428 — injection, eteplirsen, 10 mg
- J2326 — injection, nusinersen, 0.1 mg
- J2350 — injection, ocrelizumab, 1 mg
- J9022 — injection, atezolizumab, 10 mg
- J9023 — injection, avelumab, 10 mg
- J9285 — injection, olaratumab, 10 mg
- Q2040 — Tisagenlecleucel

A valid NCD code is required on submission.

BLA-NL-0038-18

Chimeric antigen receptor T-cell therapy

Chimeric antigen receptor T-cell (CAR T) therapy, including immunotherapy and all inpatient stays, require PA regardless of place of service or if billed with an unlisted code.

CAR T therapy is currently represented by the following codes:

- Q2040 — Tisagenlecleucel (brand name: Kymriah™), up to 250 million CAR-positive viable T-cells, including leukapheresis and dose-preparation procedures, per infusion.
- Q2041 — Axicabtagene Ciloleucel, up to 200 million autologous anti-CD19 CART-cells, including leukapheresis and dose-preparation procedures, per infusion (new code effective April 1, 2018).

BLA-NL-0042-18

Electrical stimulation device

Effective August 1, 2018, PA requirements will change for electrical stimulation devices to be covered by Healthy Blue.

PA requirements will be added to the following:

- E0766 — electrical stimulation device used for cancer treatment, includes all accessories, any type

BLA-NL-0048-18

Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions, take precedence over these PA rules and must be considered first when determining coverage. **Noncompliance with 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); 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 through the **Availity Portal**. Providers who are unable to access Availity may call us at **1-844-521-6942** for PA requirements.

Reimbursement Policies

Policy Update

Durable Medical Equipment (Rent to Purchase)

(Policy 06-052, effective 09/01/2018)

Healthy Blue allows reimbursement for durable medical equipment (DME). Reimbursement is based on the rental price up to the maximum allowed of the particular DME. The item is considered purchased once the purchase price has been met. There may be instances in which a particular item may be considered for direct purchase on a case-by-case basis.

Components of rental DME

Supplies and accessory components associated with rental DME are not separately reimbursed and are considered all-inclusive in the rental reimbursement.

The reimbursement limit for rented DME is 10 months. Once the limit is met, claims submitted for the rental of the item will be denied.

Circumstances affecting rental reimbursement

- A new reimbursement period limit will begin for rental periods with a break-in coverage more than 60 days.
- If a member changes suppliers during the rental period, a new rental period will not start over.

What changed?

Effective September 1, 2018, Healthy Blue will reimburse for oxygen equipment for a maximum of 10 months instead of 36 months. However, we will continue to reimburse for oxygen contents.

For additional information, refer to the Durable Medical Equipment (Rent to Purchase) reimbursement policy at <https://providers.healthybluel.com>.

BLA-NL-0044-18

Policy Update

Preventive Medicine and Sick Visits on the Same Day

(Policy 05-016, effective 09/01/2018)

Healthy Blue allows reimbursement for preventive medicine (for example, well-child visits) and limited sick visits on the same day. Reimbursement is based on the fee schedule or contracted/negotiated rate for the preventive medicine and the allowed sick visit under the following conditions:

- Modifier 25 must be billed with the applicable evaluation and management code for the allowed sick visit — If Modifier 25 is not billed appropriately, the sick visit will be denied.
- Appropriate diagnosis codes must be billed for respective visits.

Please note: Federally qualified health centers and rural health centers reimbursed other than through Healthy Blue's fee schedule or state encounter rates are not subject to this policy.

The Preventive Medicine and Sick Visits on the Same Day reimbursement policy can be located at <https://providers.healthybluel.com>.

BLA-NL-0014-17