



## Provider Newsletter

March 2021

<https://providers.healthybluela.com>

Provider Services: Medicaid — 1-844-521-6942, Medicare — reference the back of your patient's member ID card



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the *Provider Newsletter* via email?**



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### Access to more claim denial information is now self-service

#### Through predictive analytics, healthcare teams can now receive real-time solutions to claim denials.

Healthy Blue is committed to providing digital first solutions. Healthcare teams can now use self-service tools to reduce the amount of time spent following up on claim denials. Through the application of predictive analytics, Healthy Blue has the answers before you ask the questions. With an initial focus on claim-level insights, Healthy Blue has streamlined claim denial inquiries by making the reasons for the claim denial digitally available. In addition to the reason for the denial, we supply you with the next steps needed to move the claim to payment. This eliminates the need to call for updates and experience any unnecessary delays waiting for the *EOP*.

Through the application of predictive analytics, Healthy Blue has the answers before you ask the questions.

Access the *Claims Status Listing* on Payer Spaces from <https://providers.healthybluelo.com> by using the Log In button or through the secure provider portal via **Availity**.<sup>\*</sup> We provide a complete list of claims, highlight those claims that have proactive insights, provide a reason for the denial and the information needed to move the claim forward.

#### Claim resolution daily

Automated updates make it possible to refresh claims history daily. As you resolve claim denials, the claim status changes, other claims needing resolution are added and claims are resolved faster.

Healthy Blue made it easier to update and supply additional information, too. While logged into the secure provider portal, you have the ability to revise your claim, add attachments or eliminate it if filed in error. Even if you did not file the claim digitally, you can access the proactive insights. Predictive analytics supplies the needed claim denial information online — all in one place.

Predictive proactive issue resolution and near real-time digital claim denial information is another example of how Healthy Blue is using digital technology to improve the healthcare experience. If you have questions, please reach out to your Provider Relations representative.

<sup>\*</sup> *Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.*

BLA-NL-0281-20

## Medical drug benefit *Clinical Criteria* updates

On August 16, 2019, and September 19, 2019, the Pharmacy and Therapeutics (P&T) Committee approved *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. Please note this does not affect the prescription drug benefit. These policies were developed, revised or reviewed to support clinical coding edits.

The *Clinical Criteria* is publicly available on the provider websites, and the effective dates are reflected in the [Clinical Criteria Web Posting August September 2019](#). Visit the [Clinical Criteria website](#) to search for specific policies.

If you have questions or would like additional information, use this [email](#).

BLA-NL-0232-20



## Coding spotlight: overview of the 2021 evaluation and management changes

### Why are these changes necessary?

Changes are meant to simplify code selection criteria, make coding more clinically relevant and to reduce documentation overload for office-based evaluation and management (E/M) services, while continuing to differentiate payment based on complexity of care.

### Key elements of major revisions for 2021:

- Physicians may choose their documentation based on medical decision making (MDM) or total time (including non-face-to-face services).
- History and exam are still important parts of the notes and may contribute to both time and MDM, but they will no longer be scored for determining the level of the E/M visit.
- MDM criteria has moved away from simply adding up tasks to instead focusing on tasks that affect the management of a patient's condition.
- Code 99201 was deleted.
- Codes 99202 to 99215 were revised.



Read more online.

BLA-NL-0289-20

# New specialty pharmacy medical step therapy requirements

Effective for dates of service on and after January 1, 2021, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective January 1, 2021.

Clinical Criteria	Preferred drug	Nonpreferred drug
ING-CC-0167	Ruxience (Q5119), Truxima (Q5115)	Rituxan (J9312)

The *Clinical Criteria* is publicly available on our [provider website](#).

BLA-NL-0259-20

Effective for dates of service on and after March 1, 2021, the following specialty pharmacy drugs and corresponding codes from current *Clinical Criteria* will be included in our medical step therapy precertification review process. Step therapy review will apply on precertification initiation or renewal in addition to the current medical necessity review of all drugs noted below.

The *Clinical Criteria* below will be updated to include the requirement of a preferred agent effective March 1, 2021.

Clinical Criteria	Preferred drug	Nonpreferred drug
ING-CC-0107	Mvasi (Q5107), Zirabev (Q5118)	Avastin (J9035)

The *Clinical Criteria* is publicly available on our [provider website](#).

BLA-NL-0261-20

## Dual Advantage

### Access to more claim denial information is now self-service

View the [article](#) in the Medicaid section.

BLA-NL-0281-20







## MCG Care Guidelines 24th edition customization

Effective June 1, 2021, the following new customizations will be implemented:

- **Gastrointestinal Bleeding, Upper (W0170, previously ORG M-180)** — customized the Clinical Indications for admission to inpatient care by revising the hemoglobin, systolic blood pressure, pulse, melena, orthostatic hypotension and BUN criteria
- **Gastrointestinal Bleeding, Upper Observation Care (W0171, previously OCG OC-021)** — customized the Clinical Indications for observation care by revising the systolic blood pressure and hemoglobin criteria and adding melena or hematochezia and suspected history of bleeding

View a detailed summary of customizations online: **Customizations to MCG Care Guidelines 24th Edition** ( <https://provider.healthyblue.com/louisiana-provider/medical-policies-and-clinical-guidelines> > Other Criteria > Customizations to MCG Care Guidelines 24th Edition.)

BLACRNL-0047-20

## DME checklist of information needed from providers

Healthy Blue wants to help ensure Medicare Advantage members receive the DME they are eligible to receive under CMS guidelines as soon as that equipment is needed. When requesting DME for your patients, our members, please include the information below to give our physiatrist and other clinical reviewers a complete picture of your patients' status and needs. This will help ensure a timely response from Healthy Blue; reduce the need for additional phone calls, faxes, emails and appeals; and deliver the requested DME to your patients as soon as possible.



**Read more online.**

BLACRNL-0051-21

## Medical Policies and Clinical Utilization Management Guidelines update

The *Medical Policies, Clinical Utilization Management (UM) Guidelines* and *Third Party Criteria* 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. Please note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit <https://provider.healthybluelua.com/louisiana-provider/medical-policies-and-clinical-guidelines>.

### Notes/updates:

Updates marked with an asterisk (\*) notate that the criteria may be perceived as more restrictive.

- \*GENE.00055 — Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
  - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications
- \*LAB.00037 — Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
  - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications
- \*DME.00011 — Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices
  - Revised scope to only include non-implantable devices and moved content addressing implantable devices to SURG.00158
- Added nonimplantable to bullet point on percutaneous neuromodulation therapy
- Added percutaneous electrical nerve field stimulation (PENFS) as investigational and not medically necessary for all indications
- \*SURG.00062 — Vein Embolization as a Treatment for Pelvic Congestion Syndrome and Varicocele
  - Expanded scope to include percutaneous testicular vein embolization for varicocele and added embolization of the testicular (spermatic) veins as investigational and not medically necessary as a treatment of testicular varicocele
- \*CG-LAB-15 — Red Blood Cell Folic Acid Testing
  - RBC folic acid testing is considered not medically necessary in all cases
- \*CG-LAB-16 — Serum Amylase Testing
  - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions
- \*CG-GENE-04 — Molecular Marker Evaluation of Thyroid Nodules
  - Added the Afirma Xpression Atlas as not medically necessary

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

- SURG.00158 — Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain
  - A new *Medical Policy* was created from content contained in DME.00011.
  - There are no changes to the policy content.
  - Publish date is December 16, 2020.
- CG-GENE-21 — Cell-Free Fetal DNA-Based Prenatal Testing
  - A new *Clinical Guideline* was created from content contained in GENE.00026.
  - There are no changes to the guideline content.
  - Publish date is December 16, 2020.

### Medical Policies

On November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These guidelines take effect March 8, 2021

### Clinical UM Guidelines

On November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the Medical Operations Committee for Healthy Blue members on November 19, 2020. These guidelines take effect March 8, 2021.



Read more online.

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