



Provider Newsletter

April 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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COVID-19 information from Healthy Blue

Healthy Blue is closely monitoring COVID-19 developments and how the novel coronavirus will impact our customers and provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) and the Louisiana Department of Health (LDH) to help us determine what action is necessary on our part. Healthy Blue will continue to follow LDH guidance policies.

For additional information, reference the *COVID-19 News and Updates* section of our [website](#).

BLAPEC-1682-20/BLACARE-0163-20

Medicaid

MCG Care Guidelines 24th edition customization

Effective March 12, 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.

You can access a detailed summary of customizations in the [Customizations to MCG Care Guidelines 24th Edition](#) notice posted online.

BLA-NL-0285-20



Dual Advantage

Medical drug benefit *Clinical Criteria* updates

November 2020 update

On June 18, 2020, August 21, 2020, and November 20, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.



[Read more online.](#)

BLACRNL-0053-21

December 2020 update

On December 18, 2020, and December 22, 2020, the Pharmacy and Therapeutics (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised or reviewed to support clinical coding edits.



[Read more online.](#)

BLACRNL-0058-21

Visit the [Clinical Criteria website](#) to search for specific policies. If you have questions or would like additional information, reach out via [email](#)

In-Office Assessment program

The IOA program is designed to help providers ensure that all active conditions are continuously being addressed and documented to the highest level of specificity for all Dual Advantage plan patients of providers participating in the program. This program is designed to help improve all patient quality of care (preventive medicine screening, managing chronic illness and prescription management), as well as care for older adults when generated for a Special Needs Plan member.

If you are interested in learning about the electronic modalities available, please contact your representative or the Optum* Provider Support Center at **1-877-751-9207**, Monday through Friday, from 7 a.m. to 6 p.m. Central time.



Success stories

Below are some achievements that Healthy Blue was able to accomplish with provider groups through the IOA program:

- As a result of leveraging different types of resources offered by the IOA program (for example, technology), providers' offices were able to see an increase in staff productivity.
- Providers who have taken advantage of the IOA program resources have seen an increase in their documentation and coding accuracy.

COVID-19 update

Healthy Blue knows this is a difficult time for everyone, as the situation continues to evolve each day. Healthy Blue has considered the severity of the situation and is following CDC guidelines. For the IOA program, all nonessential personal are required to work with provider groups telephonically/electronically until further notice.

Healthy Blue continues to evaluate the situation and guidelines, and will keep you notified of any changes. If you have any questions or concerns about the IOA program and COVID-19 updates, please call the Provider Optum Support Center at **1-877-751-9207**, Monday through Friday, from 7 a.m. to 6 p.m. Central time.



In-Office Assessment program (cont.)

Dates and tips to remember:

- To review their population as soon as possible, Healthy Blue strongly encourages participating providers to deliver and continually maintain proper care management, as well as care coordination of their patient population. This will further ensure the current and active conditions that impact patient care, treatment and/or management are continually addressed.
- At the conclusion of each office visit with the patient, providers participating in the IOA program are asked to complete and return a patient assessment. The assessment should be completed based on information regarding the patient's health collected during the office visit. Participating providers may continue to use the 2021 version of the assessment for encounters that take place on or before December 31, 2021; Healthy Blue will accept the 2021 version of the assessment for 2021 encounters until midnight January 31, 2022.
- If not already submitted, participating providers are required to submit an *Account Setup Form*, W-9 and completed **direct deposit enrollment** by March 31, 2022. Participating providers should call the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 7 a.m. to 6 p.m. Central time, if they have any questions regarding this requirement. Failure to comply with this requirement will result in forfeiture of the provider payment for submitted 2021 assessments, if applicable.

Questions

If you have questions about this communication or the IOA program, please contact your representative or the Optum Provider Support Center at **1-877-751-9207**, Monday through Friday, from 7 a.m. to 6 p.m. Central time.

* Optum is an independent company providing care services on behalf of Healthy Blue.

BLACRNL-0055-21



Oncology Dose Reduction Program beginning July 1, 2021

Healthy Blue is committed to being a valued healthcare partner in identifying ways to achieve better health outcomes, lower costs and deliver access to better healthcare experiences for consumers.

Effective for dates of service on or after July 1, 2021, providers for our Dual Advantage plan members covered by Healthy Blue will be asked in selective circumstances to voluntarily reduce the requested dose to the nearest whole vial for over 40 oncology medications, listed below. Reviews for these oncology drugs will continue to be administered by the reviewing company, either AIM Specialty Health® or IngenioRx.*

Providers will be asked whether or not they will accept the dose reduction at the initial review point in the prior authorization process. Within the provider portal, a pop-up question will appear related to dose reduction. If the patient is considered unable to have his or her dose reduced, then a second question will appear asking for the provider's clinical reasoning. For requests made outside of the provider portal (for example, called-in or faxed-in prior authorization requests), the same questions will be asked by the registered nurse or medical director who is reviewing the request. Since this program is voluntary, the decision made regarding dose reduction will not affect the final decision on the prior authorization.

The dose reduction questions will appear only if the originally requested dose is within 10% of the nearest whole vial. This threshold is based on current medical literature and recommendations from the Hematology and Oncology Pharmacists Association (HOPA) that it is appropriate to consider dose rounding within 10%. HOPA recommendations can be found [online](#).

The Voluntary Dose Reduction Program only applies to specific oncology drugs, listed below. Providers can view prior authorization requirements for Healthy Blue members on the [Medical Policy and Clinical Utilization Management Guidelines page](#).

Oncology Dose Reduction Program beginning July 1, 2021 (cont.)

Drug name	HCPCS code	Drug name	HCPCS code
Abraxane (paclitaxel protein-bound)	J9264	Istodax (romidepsin)	J9315
Actimmune (interferon gamma-1B)	J9216	Ixempra (ixabepilone)	J9207
Adcetris (brentuximab vedotin)	J9042	Jevtana (cabazitaxel)	J9043
Alimta (pemetrexed)	J9305	Kadcyla (ado-trastuzumab emtansine)	J9354
Asparlas (calaspargase pegol-mknl)	J9118	Keytruda (pembrolizumab)	J9271
Avastin (bevacizumab)	J9035	Kyprolis (carfilzomib)	J9047
Bendeka (bendamustine)	J9034	Lartruvo (olaratumab)	J9285
Besponsa (inotuzumab ozogamicin)	J9229	Lumoxiti (moxetumomab pasudotox-tdfk)	J9313
Blincyto (blinatumomab)	J9039	Mylotarg (gemtuzumab ozogamicin)	J9203
Cyramza (ramucirumab)	J9308	Neupogen (filgrastim)	J1442
Darzalex (daratumumab)	J9145	Oncaspar (pegaspargase)	J9266
Doxorubicin liposomal	Q2050	Opdivo (nivolumab)	J9299
Elzonris (tagraxofusp-erzs)	J9269	Padcev (enfortumab vedotin-ejfv)	J9177
Empliciti (elotuzumab)	J9176	Polivy (polatuzumab vedotin-piiq)	J9309
Enhertu (fam-trastuzumab deruxtecan-nxki)	J9358	Rituxan (rituximab)	J9312
Erbitux (cetuximab)	J9055	Sarclisa (isatuximab-irfc)	J9999
Erwinase (asparginase)	J9019	Sylvant (siltuximab)	J2860
Ethyol (amifostine)	J0207	Treanda (bendamustine)	J9033
Granix (tbo-filgrastim)	J1447	Vectibix (panitumumab)	J9303
Halaven (eribulin mesylate)	J9179	Yervoy (ipilimumab)	J9228
Herceptin (trastuzumab)	J9355	Zaltrap (ziv-aflibercept)	J9400
Imfinzi (durvalumab)	J9173		

Providers should continue to verify eligibility and benefits for all members prior to rendering services.

If you have questions, please call the Provider Service phone number on the back of the member's ID card.

Note: In some plans, *dose reduction to nearest whole vial* or *waste reduction* may be the term used in benefit plans, provider contracts or other materials instead of or in addition to *dose reduction to nearest whole vial*. In some plans, these terms may be used interchangeably. For simplicity, we have uses *dose reduction (to nearest whole vial)*.

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue. IngenioRx, Inc. is an independent company providing some utilization review services on behalf of Healthy Blue.

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