Healthy Blue
Healthy Louisiana | LaCHIP
Healthy Blue Dual Advantage (HMO D-SNP)

Healthy Blue

Provider News | January 2023

Want to receive our *Provider News* and other communications via email?
Submit your information to us using the QR code to the left or click here.

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LAHB-CDCR-014576-22

Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

Provider website:

- **https://provider.healthybluela.com**

Provider Services:

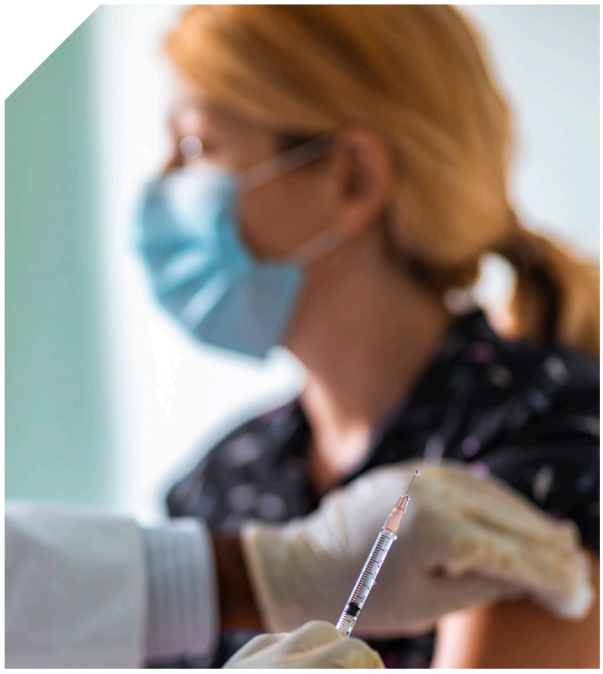
- Medicaid: **844-521-6942**
- Dual Advantage: **844-895-8160**

Healthy Blue

Medicaid Managed Care

Monkeypox and smallpox vaccines: Product code on claims

Providers are a trusted resource for patients when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.



Some providers may have seen a message on their provider *Explanation of Payment (EOP)* stating that Healthy Blue does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The *EOP* message did not impact payment for administration of the vaccines, which is reimbursable; however, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are non-reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:

1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code

More detail on codes and cost-sharing

Providers are encouraged to use:

- Product code 90611 for smallpox and monkeypox vaccine.
- Product code 90622 for vaccinia (smallpox) virus vaccine.
- Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, providers should submit those codes with a $0.01 charge.

Cost-sharing for the vaccine and administration is waived.

LAHB-CD-009136-22-CPN8697

This is Quitting: Helping teens and young adults quit vaping

You play an influential role in helping young patients overcome nicotine addiction early, and we can help you make an even bigger impact.

During tobacco-use assessments with young patients, inform those who are Healthy Blue members that they have access to a free vaping cessation program.

Healthy Blue is working with This is Quitting by Truth Initiative®. This is Quitting is a free and confidential text-message based program specifically designed to help teens and young adults (ages 13 to 24) quit vaping. This program is an excellent resource helping patients quit for good and see a future without nicotine.

Have your patients text **VAPEOUTLA** to **88709** to sign up. Once they text back their age, they will start receiving messages.

The program is:

- Free to each user.
- Completely anonymous – no data about any one user is shared.
- Entirely automated and text-message based.
- Peer-to-peer:
  - Many messages are skills or coping tools shared from other This is Quitting users to help a participant know they're not alone.
- Interactive and inquisitive to get to know the user better.
- Supportive, like texting with a friend who is helping them quit.
- Tailored based on age and device used.

Young people tend to prefer discretion when it comes to quitting vaping or letting others know they have been vaping at all. If possible, try to have these discussions in private, away from a parent.

** Truth Initiative is an independent company providing vaping cessation programs to members on behalf of Heathy Blue.*

LAHB-CD-007132-22-CPN6507

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Prepayment itemization bill review

Healthy Blue, in conjunction with designee, CERiS,* will begin performing line item facility claim reviews. On a prepayment basis, CERiS' professional review process identifies errors, unrelated charges, and non-separately billable charges on facility claims for inpatient services.

Description

Facility claims consist of charges for routine services and ancillary services. If a provider's contract does not specify which items, supplies, and services are classified as routine or ancillary, CERiS uses payer policy, CMS regulations, and commercially reasonable industry practices to identify routine service and supply charges that are customarily included in the primary service charge. This is generally the room and board fee for inpatient claims and the procedure fee or operating room time for outpatient claims.

In order to conduct such reviews, Healthy Blue or CERiS may request documentation, most commonly in the form of the itemized bill. Once contacted, please submit the requested information within seven calendar days. Healthy Blue may accept additional documentation from the provider, such as other documents substantiating the treatment or health service or delivery of supplies; provider's established internal policies; or business practices justifying the healthcare service or supply.

** CERiS is an independent company providing claim service review on behalf of Healthy Blue.*

LAHB-CR-012438-22

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Medicaid Managed Care

Submitting prior authorizations digitally through ICR

Prior authorizations submitted digitally can reduce denials associated with manual submission errors. The interactive care reviewer (ICR) prior authorization application makes it easy to submit, review, and check authorization status all in one place.

Learn how by attending our January 2023 ICR webcast Tuesday, January 17, 2023, at Noon ET!

Learn how to use ICR to:

- Create an authorization request.
- Inquire on a previously submitted authorization.
- Update a case.
- Copy a case.
- View letters associated with a case.
- Request and check the status of an authorization appeal.

Visit the ICR target page to:

- Access self-service learning.
- View recorded learning sessions.
- Download ICR user guides and other job aides.

Register for the webcast **online** or by accessing the **Provider Learning Hub** then selecting the ICR live webinar learning icon.

If you have questions, call **844-521-6942**.

LAHB-CD-014693-22-CPN14594

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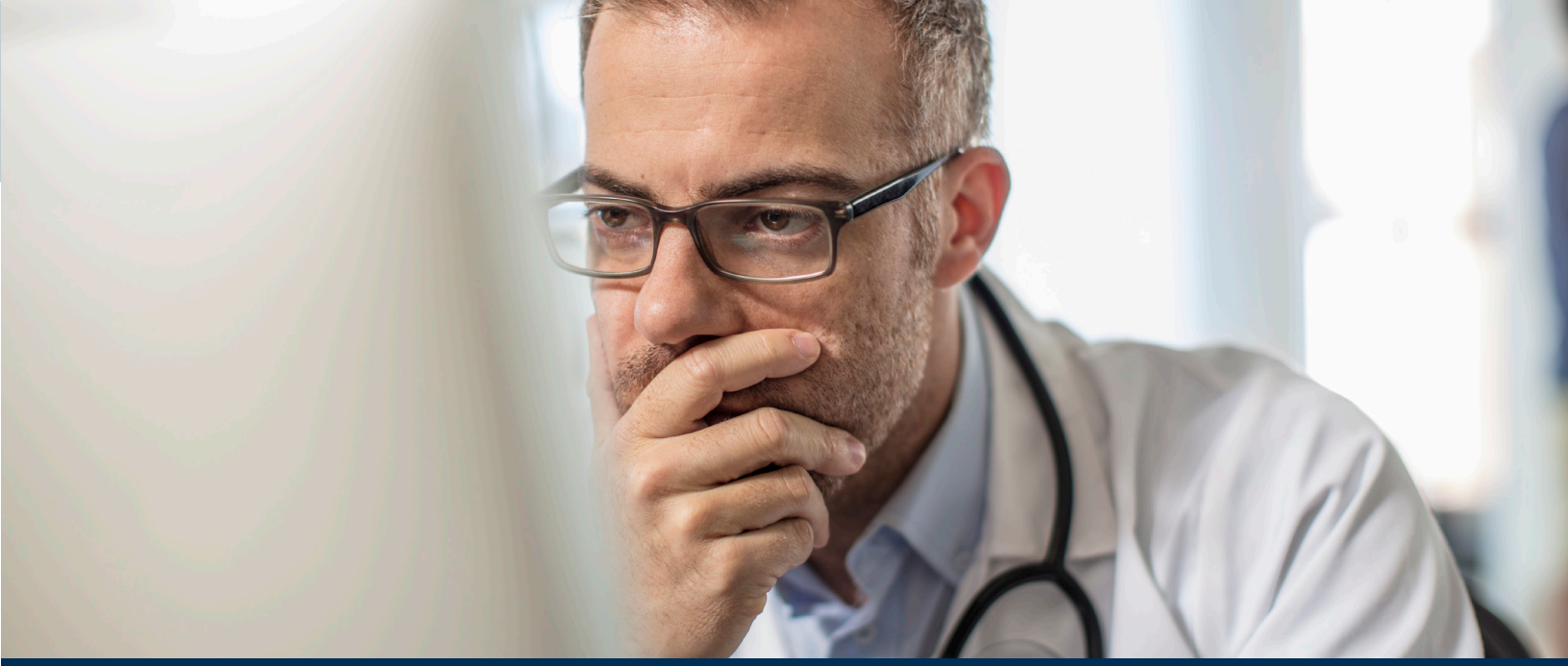

Policy Updates — *Medical Policies* and *Clinical Guidelines*

Medicaid Managed Care

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.

The publish date is an internal version control for tracking purpose only. These guidelines take effect December 7, 2022. Please see the explanation/definition for each category of *Clinical Criteria* below:

- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number

Medical Policies

The Medical Policy and Technology Assessment Committee (MPTAC) approved the following *Medical Policies and/or UM Clinical Guidelines* applicable to Healthy Blue.

To view a guideline, visit **https://provider.healthybluela.com/louisiana-provider/medical-policies-and-clinical-guidelines**.

Publish date	Policy/*UM Guideline*	*Medical Policy/Clinical Guideline* title	New or revised
7/6/2022	GENE.00059	Hybrid Personalized Molecular Residual Disease Testing for Cancer	New

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Clinical Criteria updates

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

Note: The *Clinical Criteria* listed below applies only to the medical drug benefits contained within the member's medical policy. This does not apply to pharmacy services.

Publish date	Policy/*UM Guideline*	*Medical Policy/Clinical Guideline* title	New or revised
6/20/2022	ING-CC-0128	Tecentriq (atezolizumab)	Revised
6/20/2022	ING-CC-0162	Tepezza (teprotumumab-trbw)	Revised
6/20/2022	ING-CC-0165	Trodelvy (sacituzumab govitecan)	Revised
6/20/2022	ING-CC-0192	Cosela (trilaciclib)	Revised
6/20/2022	ING-CC-0124	Keytruda (pembrolizumab)	Revised

Effective January 5, 2023:

Publish date	Policy/*UM Guideline*	*Medical Policy/Clinical Guideline* title	New or revised
3/28/2022	ING-CC-0090	Ixempra (ixabepilone)	Revised
3/28/2022	ING-CC-0124	Keytruda (pembrolizumab)	Revised
4/25/2022	ING-CC-0125	Opdivo (nivolumab)	Revised

Visit the ***Clinical Criteria* website** to search for specific policies. If you have questions about this communication or need assistance with any other item, call Provider Services at **844-521-6942** or email **druglist@carelon.com**.*

LAHB-CD-010590-22/LAHB-CD-012441-22

Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these precertification rules and must be considered first when determining coverage. Noncompliance with new requirements may result in denied claims.

Dual Advantage

Prior authorization requirement changes

Effective March 1, 2023, prior authorization (PA) requirements will change for the following code(s). The medical code(s) listed below will require PA by Healthy Blue for our members.

Prior authorization requirements will be added for the following code(s):

- 0117U — Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
- K1021 —Exsufflation belt, includes all supplies and accessories

Not all PA requirements are listed here. Detailed PA requirements are available to providers on **https://medicareprovider.healthybluela.com** on the *Resources* tab or for contracted providers by accessing Availity.* Providers may also call Provider Services at **844-895-8160** for assistance with PA requirements.

** Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.*

LAHB-CR-007784-22-CPN7360

Dual Advantage

Healthy Blue expands specialty pharmacy precertification list

Effective for dates of service on and after March 1, 2023, the specialty Medicare part B drug listed in the table below will be included in our precertification review process.

HCPCS or CPT® codes	Medicare part B drugs
J3590	Cimerli (ranibizumab-cqrn)

LAHB-CR-10659-22

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Dual Advantage

New specialty pharmacy medical step therapy requirements

Effective January 2, 2023, the following Part B medications from the current *Clinical Utilization Management (UM) Guidelines* will be included in our medical step therapy precertification review process. Step therapy review will apply upon precertification initiation, in addition to the current medical necessity review (as is current procedure). Step therapy will not apply for members who are actively receiving medications listed below.

Clinical UM Guidelines are publicly available on the provider website. Visit the ***Clinical Criteria* page** to search for specific criteria.

Clinical UM Guidelines	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0062	Avsola Infliximab Unbranded Remicade	Inflectra Renflexis

LAHB-CR-007844-22-CPN7628

Childhood Immunization Status and Lead Screening in Children for HEDIS

HEDIS® measurement year 2023 documentation for Childhood Immunization Status (CIS)

Measure description: The percentage of children who turn 2 years of age in the measurement year who had the following vaccines on or before their second birthday:

- Four DTaP (diphtheria, tetanus, and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, and rubella)
- Three HiB (haemophilus influenza type B)
- Three hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two flu (influenza)

The measure calculates a rate for each vaccine and three combination rates.

HEDIS measurement year 2023 documentation for Lead Screening in Children (LSC)

Measure description: The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

In provider medical records, we look for the following:

- Immunization records from birth (Department of Health immunization records are acceptable).
- If available, newborn inpatient records documenting hepatitis B.
- For immunizations not recorded on the immunization record, provide progress notes for:
  - Immunizations administered.
  - Patient's history of disease (chickenpox, hep A, hep B, measles, mumps, rubella).
- Lead testing results and date (capillary or venous) on or before the second birthday.
- Evidence of hospice services in 2023.
- Evidence patient expired in 2023.

Helpful hints:

- Childhood immunizations and lead blood tests must be completed by child's second birthday.
- Assess immunization needs at every clinical encounter and, when indicated, immunize.
- Ensure immunization records include all vaccines that were ever given including hospitals, health departments, and all former providers, including refusals and contraindications.
- FluMist (LAIV) vaccination (only approved for ages 2 to 49) may be used for the second vaccination; however, it must be given on the child's second birthday to be compliant.

LAHB-CD-012264-22-CPN11878

Engagement with your patient counts

Why is this important?

Each year, a random sample of enrolled members receive a CAHPS® Survey or a *Qualified Health Plan Enrollee Survey* asking them to evaluate their experiences with healthcare. The surveys ask members to rate their experiences with:

1. Their health plan.
2. Their personal provider.
3. Their specialist.

Several responses are combined and evaluated for the following:

- Getting needed care
- Receiving care quickly
- Communicating with providers
- Sharing in the decision-making process

The responses give us an idea of how your patients and our members perceive us and provide opportunities for us to improve the way we deliver services. Our engagement and interaction with patients and members are critical. Together, we can provide positive experiences for our shared members and patients.

Every interaction with a patient is an opportunity to make their healthcare experience positive.

We thank you for striving to provide quality care for our members and for the continued focus on improving our member experience.

Additional information

Continuing medical education (CME) education opportunities: **http://www.mydiversepatients.com**.

Members receive the survey either by mail or phone between February and May. Some of the questions they are asked include:

- In the last six[1] months, how often did your personal provider explain things in a way that was easy to understand?
- In the last six[1] months, how often did your personal provider listen carefully to you?
- In the last six[1] months, how often did your personal provider show respect for what you had to say?
- In the last six[1] months, how often did your personal provider spend enough time with you?
- Using any number from zero to 10, where zero is the worst personal provider possible, and 10 is the best personal provider possible, what number would you use to rate your personal doctor?
- We want to know your rating of the specialist you saw most often in the last six[1] months. Using any number from zero to 10, where zero is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

1 The commercial survey asks the same questions, but for the last 12 months vs. 6 months and language on the Medicaid Child Survey is slightly different to reflect asking a parent/guardian about their child's experience

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

LAHB-CDCR-008634-22-CPN6881

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