



## Provider Newsletter

December 2021

<https://provider.healthyblue.com>

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



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Medicaid Managed Care | Dual Advantage

## 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


# Administrative

Dual Advantage

## 2022 Medicare Advantage service area and benefit updates

An overview of notable 2022 benefit changes and service area updates are now available [online](#). Please continue to check <https://provider.healthybluea.com> for the latest Medicare Advantage information.

Dual Advantage  
October 2021



### Louisiana 2022 Dual Advantage plan changes

**Annual benefit changes for Medicare Advantage plan members under Healthy Blue will be effective January 1, 2022.**

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage (EOC)*. Visit <https://shep.healthybluea.com/medicare> for EOC, formularies, and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's EOC or call Provider Services at the number on the back of the member's ID card for more benefit details.

**2022 highlights:**  
Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's EOC:

- New for 2022: In-Home Support**
  - Members can receive 60 hours per year of In-Home support companionship to target social isolation. While the focus of the benefit is companionship, the In-Home support can provide limited assistance with activities of daily living (ADL).
  - In-Home support can be trained to enforce gaps in care such as health risk assessments, flu shots, medication adherence, etc.
  - No precertification will be needed to qualify for this benefit.
  - This will be offered as an Essential Extras selection option.
- New for 2022: Flex Account — Dental, Vision, Hearing**
  - Annual allowance to be used for out-of-pocket costs for dental/vision/hearing services
  - Members would be provided a debit card that can only be used at certain provider or merchant types. Healthy Blue funds the card, and any unused funds would be recouped at the end of the benefit period. Funds will not be rolled over from one benefit period to the next.
  - No precertification will be needed to qualify for this benefit.
  - This will be offered as an Essential Extras selection option.

\* Paps is an independent company providing member support services on behalf of Healthy Blue. Avility, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

<https://providers.healthybluea.com>  
Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.  
SABUCR 0056 21 October 2021

BLACRNL-0093-21

Dual Advantage

## Adjudicating claims for COVID-19 vaccines, their administration, and COVID-19 monoclonal antibodies

Beginning January 1, 2022, Medicare Advantage Organizations (MAOs) and Medicare-Medicaid Plans (MMPs) are responsible for adjudicating claims for COVID-19 vaccines and their administration and for COVID-19 monoclonal antibodies and their administration.

BLACRNL-0095-21





# Administrative — Digital Tools

Medicaid Managed Care | Dual Advantage

## Good news: Non-payment remittance advice enhancements are here

We have enhanced your ability to search, review, and download a copy of the remittance advice on Availity\* when there is not an associated payment. For remit advice with payment, you can continue to search with the Check/EFT number.

**Below are images reflecting the scenarios that have been enhanced:**

### Paper remittance

The image shows a paper remittance advice form. At the top, it says "ZERO AMOUNT -- THIS IS NOT A CHECK". Below that, there is a date field with "07/14/21". A table contains the following information:

PROVIDER NAME	
ADDRESS	
PROVIDER-NPI IDS	XXXXX
TAX ID NO	XXXXX
CHECK NUMBER:	999999999

At the bottom, there are fields for "0.00" and "IRS WITHHELD STATE WITHHELD". A green arrow points to the "CHECK NUMBER" field.

### Electronic remittance advice (ERA/835)

#### Check Details

Check/EFT Number [9999999999-2019](#)

Check/EFT Date 11/18/2019

Check Amount \$0.00

### What has changed?

#### Non-payment number display in the Check Number and Check/EFT Number fields:

##### Old —

There were two sets of numbers for the same remittance advice. The paper remittance displayed 10 bytes (9999999999 or 99#####) and the corresponding 835 (ERA) displayed 27 bytes (9999999999 — [year] #####).

##### Enhancement —

The updated numbering sequence for the paper remittance and corresponding 835 (ERA) now contain the same 10-digit number beginning with 9 (9XXXXXXXXX). Each non-payment remittance issued will be assigned a unique number.

#### Searching for non-payment remittance:

##### Old —

When using *Remit Inquiry* to locate paper remittance, the search field required a date range and tax ID to locate a specific remittance due to same number scenario (10 bytes (9999999999) being used for every non-payment remittance.

##### Enhancement —

Once the unique ERA non-payment remittance number is available, it can be entered in the check number field in *Remit Inquiry*. This new way of assigning check numbers provides a faster and simplified process to find the specific remittance.

The way your organization receives remittances and payments has not changed; we have simply enhanced the numbering for the non-pay remittances. These changes do not impact previously issued non-payment remittance advice.

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

BLA-NL-0346-21

# Policy Updates



Dual Advantage

## Medical drug benefit *Clinical Criteria* updates

On August 20, 2021, 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-0091-21

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

# Policy Updates — Prior Authorization

Medicaid Managed Care

## Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after December 1, 2021, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim will help expedite claim processing of drugs billed with a not otherwise classified (NOC) code.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

<i>Clinical Criteria</i>	HCPCS or CPT® code(s)	Drug
ING-CC-0170	J1823	Uplizna
ING-CC-0172	J1427	Viltepso
ING-CC-0173	J3490, J3590	Enspryng
ING-CC-0168	Q2053	Tecartus
ING-CC-0171	J9223	Zepzelca
ING-CC-0169	J9316	Phesgo
ING-CC-0176	J9032	Beleodaq
ING-CC-0178	J9262	Synribo
ING-CC-0177	J3304	Zilretta
ING-CC-0002	Q5122	Nyvepria
ING-CC-0038	J3110	Forteo
ING-CC-0179	J9037	Blenrep
ING-CC-0181	J3490	Veklury



BLAPEC-2729-21

## Updates to AIM Specialty Health *Musculoskeletal Interventional Pain Management Clinical Appropriateness Guideline*

Effective for dates of service on and after March 13, 2022, the following updates will apply to the *Clinical Appropriateness Guideline* for musculoskeletal (MSK) interventional pain management from AIM Specialty Health® (AIM).\* As part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

### **Epidural injection procedures (ESI) and diagnostic selective nerve root blocks (SNRB):**

- Allow more frequent ESI in newly diagnosed patients
- Remove imaging requirement in certain circumstances
- Require similar criteria as ESI for diagnostic SNRB
- Add epidural abscess as a contraindication
- Limit multilevel and combination diagnostic SNRB

### **Paravertebral facet injection/medial branch block (MBB)/neurolysis:**

- Limit indefinite use of diagnostic MBB
- Add indication for diagnostic pars defect MBB
- Expand exceptions allowed for intraarticular facet injections
- Define MBB timing with respect to radiofrequency neurotomy, MBB limited to RFA candidacy
- Limit open surgical neurolysis and limited multiple spinal injections

### **Sacroiliac joint injections:**

- Limit indefinite use of diagnostic intraarticular injections
- Disallow sacral lateral branch blocks
- Disallow sacroiliac joint therapeutic injections in a previously fused joint

### **Spinal cord and nerve root stimulators:**

- Allow minimally invasive pain procedures to satisfy conservative management definition
- Specify timing of mental health evaluation
- Define indications for repeat stimulator trial

### **As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:**

- AIM **ProviderPortal**<sup>SM</sup>
  - Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- **Availity Portal**\*
- AIM Contact Center toll-free number — **800-714-0040**, Monday through Friday, 7 a.m. to 7 p.m. CT

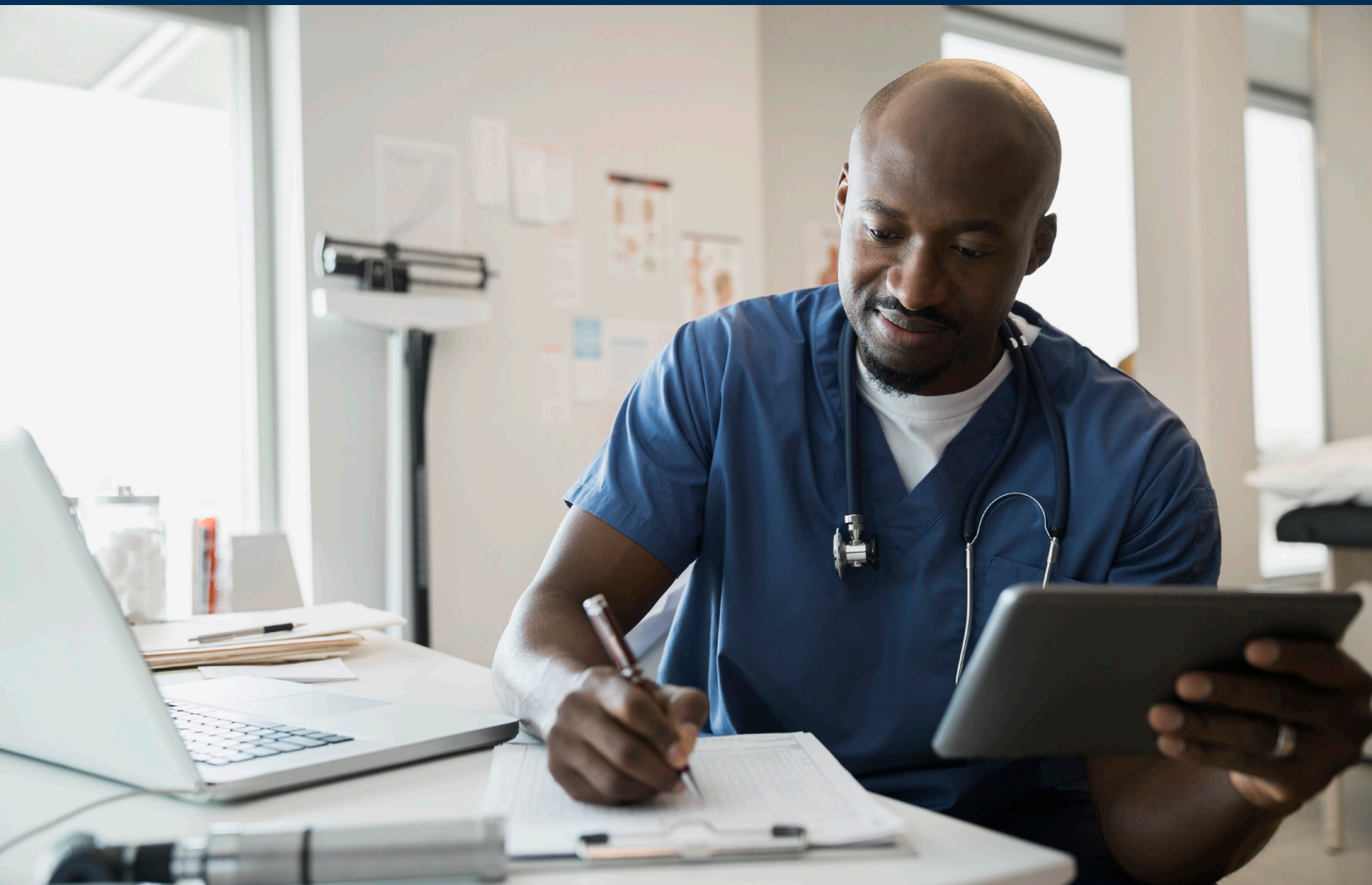
If you have questions related to guidelines, contact AIM via email at [aim.guidelines@aimspecialtyhealth.com](mailto:aim.guidelines@aimspecialtyhealth.com). Additionally, you may access and download a copy of the current and upcoming guidelines **online**.

*\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue. Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.*

BLA-NL-0356-21



# Policy Updates — Reimbursement Policies



Dual Advantage

## Policy Update

### Drug Screen Testing

(Effective March 1, 2022)

Effective March 1, 2022, separate reimbursement is not allowed for specimen validity testing when utilized for drug screening. Reimbursement is included in the CPT® and HCPCS code descriptions for presumptive and definitive drug testing. Modifier 59, XE, XP, XS, and XU will not be allowed to override.

For additional information, please review the Drug Screen Testing reimbursement policy at <https://provider.healthyblue.com>.

BLACRNL-0090-21



# Policy Updates — *Medical Policies and Clinical Guidelines*

Dual Advantage

## August 2021 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.

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

### Notes/updates:

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

- \*CG-SURG-112 — Carpal Tunnel Decompression Surgery
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for carpal tunnel decompression surgery
- \*CG-SURG-113 — Tonsillectomy with or without Adenoidectomy for Adults
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria
- \*DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
  - The use of a neuromuscular electrical training device is considered *Investigational & Not Medically Necessary* for the treatment of obstructive sleep apnea or snoring
- \*GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
  - TruGraf blood gene expression test is considered *Investigational & Not Medically Necessary* for monitoring immunosuppression in transplant recipients and for all other indications
- \*LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
  - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered *Investigational & Not Medically Necessary*
- \*LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
  - Molecular signature testing to predict response to Tumor Necrosis Factor inhibitor (TNFi) therapy is considered *Investigational & Not Medically Necessary* for all uses, including but not limited to guiding treatment for rheumatoid arthritis
- \*OR-PR.00007 — Microprocessor Controlled Knee-Ankle-Foot Orthosis
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for the use of a microprocessor controlled knee-ankle-foot orthosis

## August 2021 update (cont.)

- \*SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
  - Added *Medically Necessary* statement for transcatheter closure of left atrial appendage (LAA) for individuals with non-valvular atrial fibrillation for the prevention of stroke when criteria are met
  - Revised *Investigational & Not Medically Necessary* statement for transcatheter closure of left atrial appendage when the criteria are not met
- \*SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
  - Added *Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation
  - Added *Not Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in Medically Necessary statement are not met
  - Removed laparoscopic radiofrequency ablation from *Investigational & Not Medically Necessary* statement
  - Removed *Investigational & Not Medically Necessary* statement on radiofrequency ablation using a transcervical approach



### **Medical Policies**

On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These guidelines take effect November 29, 2021.

### **Clinical UM Guidelines**

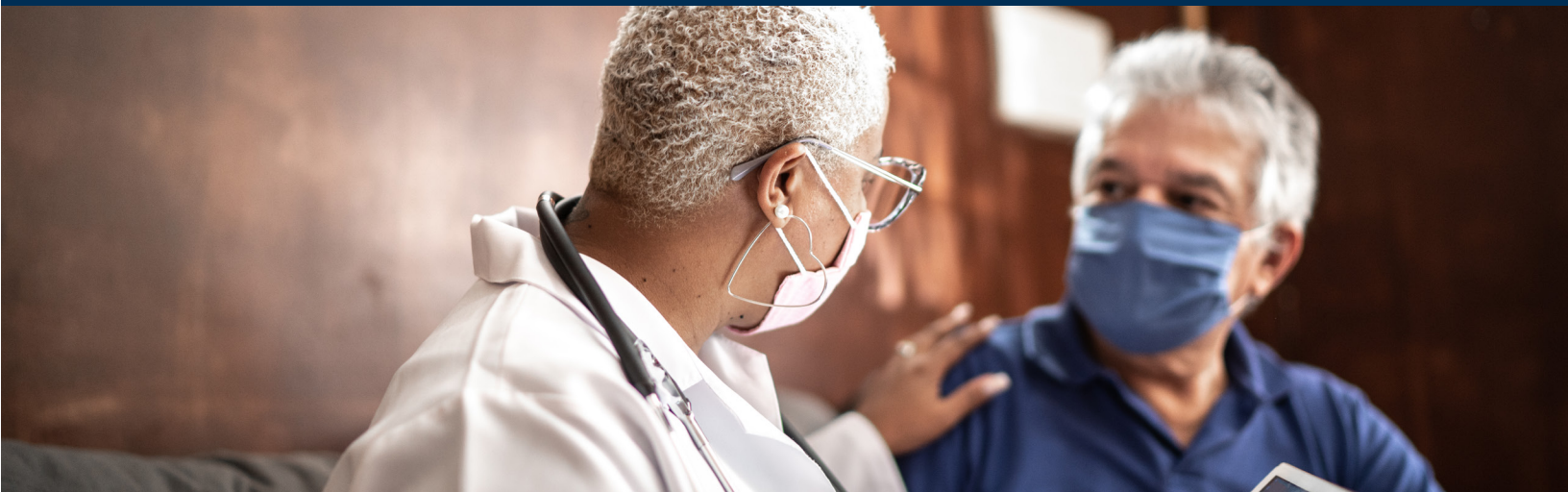
On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines adopted by the medical operations committee for our members on September 23, 2021. These guidelines take effect November 29, 2021.



**Read more online.**

BLACRNL-0092-21

# Quality Management



Medicaid Managed Care

## HEDIS measures: Follow-Up After ED Visits for Mental Illness and Alcohol and Drug Dependency

The following HEDIS® measures assess the percentage of emergency department (ED) visits for which the member received a follow-up appointment within seven days and 30 days of being seen in the ED for mental illness or for alcohol and other drug dependence.

### Follow-Up After ED Visit for Mental Illness (FUM)

Evaluates the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit with any practitioner for mental illness. Two rates are reported. The percentage of ED visits for which the member received:

- Follow-up within seven days of the ED visit.
- Follow-up within 30 days of the ED visit.

Timely follow-up care for people with mental illness can lead to fewer repeat visits to the ED and improved physical and mental health function.

### Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Evaluates the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit with any practitioner for AOD. Two rates are reported. The percentage of ED visits for which the member received:

- Follow-up within seven days of the ED visit.
- Follow-up within 30 days of the ED visit.

According to studies, follow-up care for individuals with AOD who were seen in the ED is associated with reduced substance use, repeat ED visits, and hospital admissions.



## HEDIS measures: Follow-Up After ED Visits for Mental Illness and Alcohol and Drug Dependency (cont.)



### Members earn rewards for screenings through the Healthy Rewards Program

Through Healthy Rewards, members receive incentives for completing their follow-up appointments. They can redeem their reward dollars for retail gift cards.

Screening	Reward	Timing
Follow-Up After ED Visit for Mental Illness (FUM)	\$25	Annually
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	\$25	Annually

### Helpful tips:

- Maintain appointment availability for patients with recent ED visits.
- Assist in scheduling in-person or telehealth follow-up appointments as soon as possible after the ED visit.
- Use appropriate documentation and correct coding. Use the same diagnosis for mental illness or substance use for follow-up visits (a non-mental health/non-substance diagnosis code will not fulfill the measure).
- Reference the plan's *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS® Benchmarks and Coding Guidelines for Quality* that is provided for coding information.
- Educate patients on the importance of compliance with their discharge plan and their follow-up appointments.
- Reach out to patients who cancel their appointments and assist with rescheduling as soon as possible.
- Facilitate referrals to behavioral healthcare specialists when appropriate.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

BLA-NL-0353-21

# Products and Programs

Dual Advantage

## Somatus is your resource for kidney care management

We are pleased to announce a new no-cost care management program available for your Medicare Advantage covered patients with chronic kidney disease (CKD) or end-stage kidney disease (ESKD). This high-touch program, delivered by Somatus,\* is designed to support and enhance your existing patient care by providing hands-on, one-on-one care management to eligible patients with kidney disease.

Somatus is the leading and largest provider of kidney care management services in the country. Through an innovative care-delivery model, Somatus surrounds patients with access to the full suite of support services and education needed to delay kidney disease progression and retain quality of life.

### **Somatus' care management services are personalized to each participating member and may include:**

- A full care team comprised of a nurse, community health worker, pharmacist, dietitian, and social worker.
- Ongoing in-home physical assessments, environmental assessments, face-to-face education, and health coaching to identify problems early and avoid potential hospitalizations and complications.
- Comprehensive 1:1 care management of the patient's kidney disease and co-morbidities, delivered in person (at home, clinic, or hospital) or via telephone.
- Clinical and logistical assistance to help patients transfer safely from hospital to home, if needed.
- Meal planning, appointment scheduling, transportation coordination, connection to local resources and community-based organizations, and more.

Healthy Blue identify Medicare Advantage patients in your practice that qualify for and would benefit from Somatus' kidney-care services, and we look forward to working with you to ensure these patients enroll and take part in this no-cost opportunity. A member of the Somatus team will be in touch to discuss your eligible patients and how you can help encourage their participation.

### **For more information about Somatus, visit [www.somatus.com](http://www.somatus.com) or, contact the Somatus Care Team at:**

- Phone: **855-851-8354** | Monday through Friday | 9 a.m. to 9 p.m. ET
- Email: [care@somatus.com](mailto:care@somatus.com)

*\* Somatus is an independent company providing care management services on behalf of Healthy Blue.*

BLACRNL-0094-21