



Provider Newsletter

July 2021

<https://provider.healthyblue.la.com>

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

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Want to receive the *Provider Newsletter* via email? Click [here](#) to provide/update your email address.



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

Administration

Medicaid Managed Care | Dual Advantage

Let's Vaccinate

Help increase your vaccination rates and close gaps-in-care with these tools and strategies

Healthcare providers are seen as trusted sources of medical information and are in a unique position to improve lives and community health. Research shows that a strong vaccination recommendation from a provider is the greatest motivator for people of all ages to vaccinate themselves and their family members against serious infectious diseases.

- Let's Vaccinate** offers providers tools and strategies to aid in vaccinating people of all ages. This website will help your practice:
- Address disparities for vaccine-preventable diseases.
 - Identify and fill workflow gaps, including assessing vaccination status, enhancing vaccine, communications, providing vaccine education, and improving vaccine management and administration in your office.
 - Connect with your state immunization program, local immunization coalition, or other vaccine advocates in your community to collaborate.

Keeping all patients healthy and safe requires the support and collaboration of the entire healthcare industry. So, together, let's vaccinate.

Let's Vaccinate is a collaboration of Anthem, Inc., Pfizer Inc., and Vaccinate Your Family.

BLA-NL-0320-21/BLACRNL-0067-21

Medicaid Managed Care

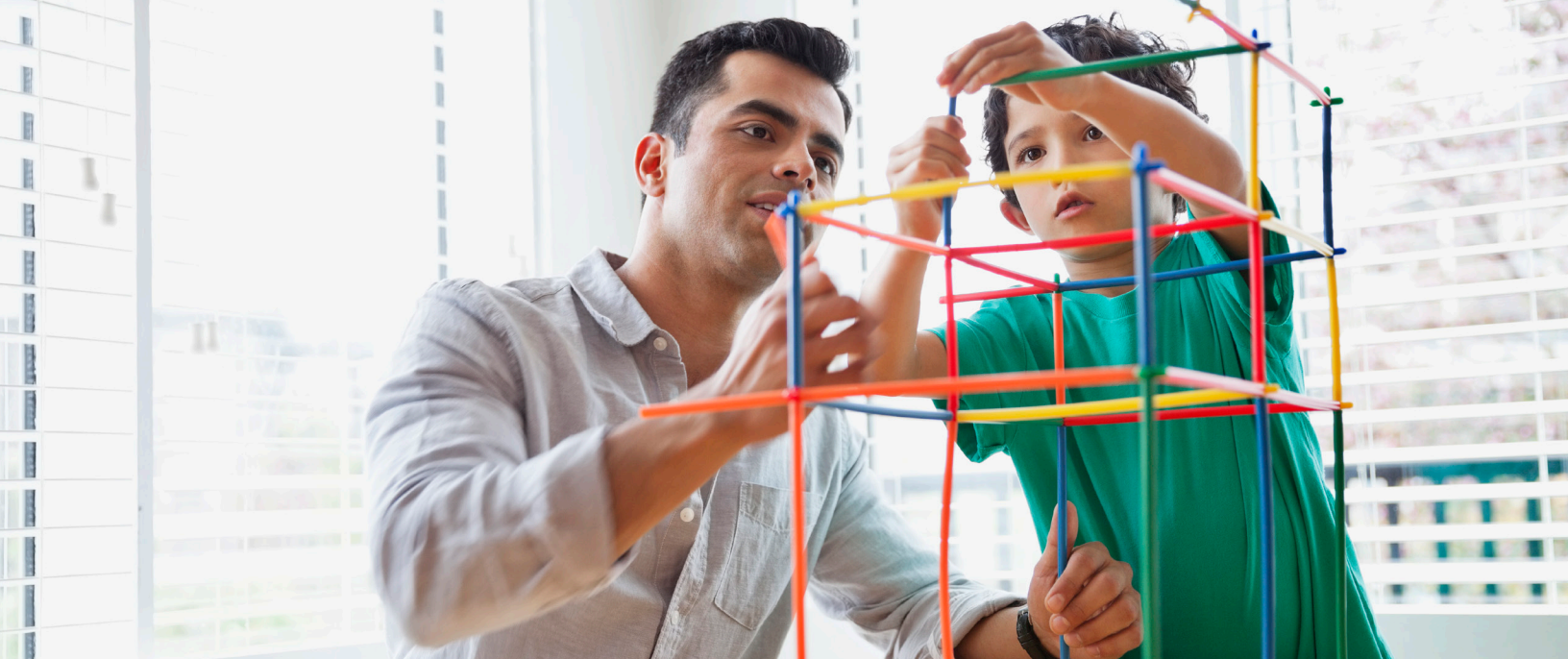
What Matters Most: Improving the Patient Experience

What Matters Most: Improving the Patient Experience is an online course for providers and office staff that addresses gaps in care and offers approaches to communication with patients. This course is available at no cost and is eligible for one CME credit by the American Academy of Family Physicians.

The *What Matters Most* training can be accessed at patientexptraining.com.

BLA-NL-0311-21





Medicaid Managed Care

Coding spotlight: mental disorders in childhood

Mental disorders among children may cause serious changes in the way children typically learn, behave or handle their emotions, which cause distress and problems getting through the day. Healthcare professionals use the guidelines in the American Psychiatric Association's *Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*, to help diagnose mental health disorders in children.

The most common mental disorders of childhood and adolescence fall into the following categories:

- Anxiety disorders (generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobic disorder)
- Depression
- Posttraumatic stress disorder (PTSD)
- Separation anxiety disorder
- Social anxiety disorder
- Obsessive-compulsive disorder
- Bipolar disorder
- Disruptive behavioral disorders (attention-deficit/hyperactivity disorder ADHD, conduct disorder, and oppositional defiant disorder)
- Eating disorders
- Schizophrenia (less common).

Other conditions and concerns that affect children's learning, behavior and emotions include learning and developmental disabilities, autism, and risk factors like substance use and self-harm.



Read more online.

BLA-NL-0306-21



Resources to support your diverse patient panel

As patient panels grow more diverse and needs become more complex, providers and office staff need more support to help address patients' needs. Healthy Blue wants to help.

Cultural competency resources

Here is an overview of the cultural competency resources available on our provider website.

Cultural Competency and Patient Engagement includes:

- The impact of culture and cultural competency on healthcare.
- A cultural competency continuum, which can help providers assess their level of cultural competency.
- Disability competency and information on the *Americans with Disabilities Act (ADA)*.

Caring for Diverse Populations Toolkit includes:

- Comprehensive information, tools and resources to support enhanced care for diverse patients and mitigate barriers.
- Materials that can be printed and made available for patients in provider offices.
- Regulations and standards for cultural and linguistic services.

My Diverse Patients offers:

- A comprehensive repository of resources to providers to help support the needs of diverse patients and address disparities.
- Courses with free continuing education credit through the American Academy of Family Physicians.
- Free accessibility from any device (for example, desktop computer, laptop, phone or tablet), no account or login required.

To access these resources, go to <https://provider.healthyblueia.com> > Resources > **Training Academy** > Cultural competency resources.

In addition, providers can access **Stronger Together**, which offers free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created by our parent company in collaboration with national organizations and are available for you to share with your patients and communities.



Read more online.

Policy Updates

Dual Advantage

Medical drug benefit *Clinical Criteria* updates

On March 25, 2021, and April 8, 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.

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

BLACRNL-0071-21



Policy Updates — Prior authorization

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.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the [Availity* Portal](#) or on the [provider website](#) > Login. Contracted and noncontracted providers who are unable to access Availity can call the Provider Services number on the back of their patient's member ID card for prior authorization requirements.

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

Dual Advantage

Prior authorization requirement changes effective September 1, 2021 — Authorization Rule Operations Workgroup (AROW) 1577

On September 1, 2021, Healthy Blue prior authorization requirements will change for Healthy Blue Dual Advantage (HMO D-SNP) members covered by Healthy Blue.

Prior authorization requirements will be added for the following codes:

- 0203U – Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness
- 0620T – Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
- 33995 – Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
- 64555 – Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64575 – Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 81191 – NTRK1 (neurotrophic receptor tyrosine kinase 1) (for example, solid tumors) translocation analysis
- 81192 – NTRK2 (neurotrophic receptor tyrosine kinase 2) (for example, solid tumors) translocation analysis
- 81193 – NTRK3 (neurotrophic receptor tyrosine kinase 3) (for example, solid tumors) translocation analysis

Prior authorization requirement changes effective September 1, 2021 – UM AROW 1577 (cont.)

- 81194 – NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (for example, solid tumors) translocation analysis
- 81279 – JAK2 (Janus kinase 2) (for example, myeloproliferative disorder) targeted sequence analysis (for example, exons 12 and 13)
- 81338 – MPL (MPL proto-oncogene, thrombopoietin receptor) (for example, myeloproliferative disorder) gene analysis; common variants (for example, W515A, W515K, W515L, W515R)
- 81339 – MPL (MPL proto-oncogene, thrombopoietin receptor) (for example, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
- 81351 – TP53 (tumor protein 53) (for example, Li-Fraumeni syndrome) gene analysis; full gene sequence
- 81352 – TP53 (tumor protein 53) (for example, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (for example, 4 oncology)
- 81353 – TP53 (tumor protein 53) (for example, Li-Fraumeni syndrome) gene analysis; known familial variant
- 81529 – Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
- 93241 – External electrocardiographic recording for more than 48 hours up to seven days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
- 93242 – External electrocardiographic recording for more than 48 hours up to seven days by continuous rhythm recording and storage; recording (includes connection and initial recording)
- 93243 – External electrocardiographic recording for more than 48 hours up to seven days by continuous rhythm recording and storage; scanning analysis with report
- 93244 – External electrocardiographic recording for more than 48 hours up to seven days by continuous rhythm recording and storage; review and interpretation
- 93245 – External electrocardiographic recording for more than seven days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
- 93246 – External electrocardiographic recording for more than seven days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
- 93247 – External electrocardiographic recording for more than seven days up to 15 days by continuous rhythm recording and storage; scanning analysis with report
- 93248 – External electrocardiographic recording for more than seven days up to 15 days by continuous rhythm recording and storage; review and interpretation
- C1767 – Generator, neurostimulator (implantable), nonrechargeable
- C1778 – Lead, neurostimulator (implantable)
- C1787 – Patient programmer, neurostimulator
- L8680 – Implantable neurostimulator electrode, each

BLACRNL-0066-21

Provider notification for Utilization Management Authorization Rule Operations Workgroup (AROW) item 1845

On September 1, 2021, Healthy Blue prior authorization (PA) requirements will change for members covered by Healthy Blue.

Prior authorization requirements will be added for the following codes:

- 0012M — Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma
- 0013M — Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma
- 0016M — Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
- 0242U — Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
- 0244U — Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
- 0245U — Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
- 81520 — Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
- 81521 — Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis

BLACRNL-0068-21

Prior authorization requirement changes effective October 1, 2021, for codes A0426 and A0428

On October 1, 2021, prior authorization (PA) requirements will change for A0426 and A0428 covered by Healthy Blue.

PA requirements will be added for the following codes:

- A0426 — ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
- A0428 — ambulance service, basic life support, nonemergency transport (BLS)

BLACRNL-0070-21

Policy Updates — Reimbursement Policies

Dual Advantage

New Policy

Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing (Effective 10/01/21)

Healthy Blue does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.

Modifier 90 is defined as when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional. The procedure may be identified by adding Modifier 90 to the usual procedure number.

For additional information, please review the Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing reimbursement policy at <https://provider.healthybluela.com/louisiana-provider/claims/reimbursement-policies>.



BLACRNL-0057-21