



## Provider Newsletter

October 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

## Information about 2021 Special Needs Plans

### Introduction

Healthy Blue is offering Special Needs Plans (SNPs) to people eligible for both Medicare and Medicaid benefits or who are qualified Medicare Advantage beneficiaries. Some SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid, which include supplemental benefits such as hearing, dental, vision, and transportation to medical appointments. Some SNP plans include a card or catalog for purchasing over-the-counter items, but SNPs do not charge premiums.

SNP members benefit from a model of care (MOC) that is used by Healthy Blue to assess needs and coordinate care. Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment and annually thereafter, which covers physical, behavioral, and functional needs, along with a comprehensive medication review. The HRA is then used to create a member care plan. Members with multiple or complex conditions are assigned a health plan case manager.

SNP HRAs, care plans, and case managers support members and their providers by helping identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up appointments plus providing navigation and coordination of services across the Medicare and Medicaid programs.



**Read more online.**

BLACRNL-0080-21



Medicaid Managed Care | Dual Advantage

## 2021 affirmative statement concerning utilization management decisions

All associates who make utilization management (UM) decisions are required to adhere to the following principles:

- UM decision making is based only on appropriateness of care and service and existence of coverage.
- We do not reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support, denials of benefits.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

BLA-NL-0330-21

## Get your payments faster when you sign up for electronic funds transfer

Effective November 1, 2021, EnrollSafe will replace CAQH Enrollhub® as the electronic funds transfer (EFT) enrollment website for Healthy Blue providers. As of November 1, 2021, CAQH Enrollhub will no longer offer EFT enrollment to new users.

When you sign up for EFT through <https://enrollsafe.payeehub.org>, the new enrollment website, you'll receive your payments up to seven days sooner than through the paper check method. Not only is receiving your payment more convenient, so is signing up for EFT. What's more, it's easier to reconcile your direct deposits.

### EnrollSafe is safe, secure, and available 24-hours a day

Beginning November 1, 2021, log onto the EnrollSafe enrollment hub at <https://enrollsafe.payeehub.org> to enroll in EFT. You'll be directed through the EnrollSafe secure portal to the enrollment page, where you'll provide the required information to receive direct payment deposits.

### Already enrolled in EFT through CAQH Enrollhub?

If you're already enrolled in EFT through CAQH Enrollhub, no action is needed unless you are making changes. Your EFT enrollment information will not change as a result of the new enrollment hub.



If you have changes to make, after October 31, 2021, use <https://enrollsafe.payeehub.org> to update your account.

### Electronic remittance advice (ERA) makes reconciling your EFT payment easy and paper-free

Now that you are enrolled in EFT, using the digital ERA is the very best way to reconcile your deposit. You'll be issued a trace number with your EFT deposit that matches up with your ERA on the Availity\* Portal. To access the ERA, log onto <https://www.availity.com> and use the **Claims and Payments** tab. Select **Send and Receive EDI Files**, then select **Received Files Folder**. When using a clearinghouse or billing service, they will supply the 835 ERA for you. You also have the option to view or download a copy of the *Remittance Advice* through the Remittance Inquiry app.

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

BLA-NL-0334-21

# Policy Updates



Dual Advantage

## New Medical Step Therapy Requirements

Effective November 1, 2021, the *Clinical Criteria* ING-CC-0005 will include a trial and inadequate response or intolerance to two preferred hyaluronan agents in the Part B medical step therapy precertification review. 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 non-preferred medications listed below.

<i>Clinical Criteria</i>	Preferred drug(s)	Nonpreferred drug(s)
ING-CC-0005	Euflexxa (J7323) Supartz FX (J7321) Durolane (J7318) Gelsyn-3 (J7328)	Including but not limited to: <ul style="list-style-type: none"><li>• Gel-One (J7326)</li><li>• GenVisc 850 (J7320)</li><li>• Hymovis (J7322)</li><li>• Monovisc (J7327)</li><li>• Orthovisc (J7324)</li><li>• Synvisc/Synvisc One (J7325)</li><li>• TriVisc (J7329)</li><li>• Hyalgan/Visco-3 (J7321)</li><li>• Triluron (J7332)</li></ul>

*Clinical Criteria* are publicly available on the provider website. Visit the [Clinical Criteria page](#) to search for specific criteria.

BLACARE-0399-21

# Policy Updates — Prior Authorization

Medicaid Managed Care

## Certain specialty medication precertification requests may require additional documentation

Refer to the *Louisiana Medicaid Preferred Drug List/Non-Preferred Drug List (PDL/NPDL)* for outpatient retail pharmacy coverage. This communication pertains to medical policy only.

As part of our ongoing quality improvement efforts, Healthy Blue is updating our precertification processes for certain specialty medications. Effective August 1, 2021, we may request additional documentation for impacted medications billed under the medical benefit to determine medical necessity.

Upon request, providers shall submit documentation from the member's medical record for each policy question flagged for documentation. A denial may result if documentation does not support medical necessity.

Should you have any questions, please refer to the [Clinical Criteria policy website](#) for specific medication criteria details.

BLA-NL-0323-21



**Read more online.**

# Policy Updates — *Medical Policies and Clinical Guidelines*

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.

## Dual Advantage

Note: The *Medical Policies* and *Clinical UM Guidelines* below are followed in the absence of Medicare guidance.

To view a guideline, visit <https://provider.healthyblue.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:

- \*CG-MED-89 — Home Parenteral Nutrition
  - Outlines the medically necessary and not medically necessary criteria for initial and continuing use of home parenteral nutrition
- \*CG-MED-70 — Wireless Capsule Endoscopy for Gastrointestinal Imaging and the Patency Capsule
  - Added the use of a magnetically controlled wireless capsule as not medically necessary
- \*CG-SURG-59 — Vena Cava Filters
  - Removed major trauma indication from medically necessary statement
  - Added “severe trauma without documented venous thromboembolism” and “cancer and recurrent venous thromboembolism, despite anticoagulation treatment” to not medically necessary statement
- \*MED.00004 — Technologies for the Evaluation of Skin Lesions (including Dermatoscopy, Epiluminescence Microscopy, Videomicroscopy, Ultrasonography)
  - Added electrical impedance spectroscopy for the evaluation of skin lesions as investigational and not medically necessary

- \*TRANS.00025 — Laboratory Testing as an Aid in the Diagnosis of Heart Transplant Rejection
  - Added noninvasive tests for detection of heart transplant rejection as investigational and not medically necessary including, but not limited to, AlloSure Heart, AlloSeq cell-free DNA, MMDx Heart, and myTAIHeart
- CG-DME-49 — Standing Frames
  - A new *Clinical Guideline* was created from the content contained in DME.00034. There are no changes to the guideline content and the publish date is 7/7/21.
- CG-SURG-111 — Open Sacroiliac Joint Fusion
  - A new *Clinical Guideline* was created from the content contained in SURG.00127. There are no changes to the guideline content and the publish date is 7/30/21.

## Medical Policies

On 5/13/21, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These guidelines take effect 10/4/21.

## Clinical UM Guidelines

On May 13, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the Medical Operations Committee for our members on 5/27/21. These guidelines take effect 10/4/21.



**Read more online.**

BLACRNL-0079-21

# Policy Updates — Reimbursement Policies

Medicaid Managed Care | Dual Advantage

## New Policy

### Sexually Transmitted Infections Testing — Professional

(Effective 01/01/22)

Healthy Blue allows reimbursement of sexually transmitted infection (STI) tests unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. We consider certain STI testing CPT® codes to be part of a laboratory panel grouping. When Healthy Blue receives a claim with two or more single tests laboratory procedure codes reported, we will bundle those two or more single tests into the comprehensive laboratory procedure code listed below.

#### **Applicable single STI CPT codes:**

- 87491: Infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique
- 87591: Infectious agent detection by nucleic acid (DNA or RNA); neisseria gonorrhoeae, amplified probe technique
- 87661: Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique

#### **Applicable comprehensive code:**

- 87801: Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

Healthy Blue will reimburse the more comprehensive, multiple organism code for infectious agent detection by nucleic acid, amplified probe technique (CPT code 87801), when two or more single test CPT codes are billed separately by the same provider on the same date of service. Reimbursement will be made based on a single unit of CPT code 87801 regardless of the units billed for a single code. No modifiers will override the edit.

For additional information, please review the Sexually Transmitted Infections Testing — Professional reimbursement policy at <https://provider.healthybluelouisiana.com/louisiana-provider/claims/reimbursement-policies>.

BLA-NL-0333-21/BLACRNL-0084-21

# Quality Management

Medicaid Managed Care

## Diabetes testing and screening HEDIS measures

### Comprehensive Diabetes Care HEDIS® measure

The Comprehensive Diabetes Care HEDIS measure looks for adults 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year:

- HbA1c poor control (> 9.0%)
- HbA1c control (< 8.0%)
- Retinal eye exam performed
- Blood pressure control (< 140/90 mm Hg)

### Kidney Health Evaluation for Patients with Diabetes

Additionally, the Kidney Health Evaluation for Patients with Diabetes measure was added as a first year HEDIS measure in 2020. This measure evaluates adults 18 to 85 years of age with diabetes who received a kidney health evaluation, including an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

### Record your efforts

Document each of the following results in your patients' medical record: HbA1c tests and results, Retinal Eye Exam, Blood Pressure, Urine Creatinine test, eGFR test.

### Helpful tips:

- Have reminders set in your electronic medical record (EMR) to alert staff when a patient's screenings are due.
- Provide reminders to patients for upcoming appointments and screenings. Most adults seem to be responsive to SMS and social media influencers.

- Draw labs in your office if available or refer patients to a local lab for screenings. Ensure the local labs can send a copy for your records.
- Refer patients to participating eye professionals for annual retinal eye exams.
- Follow up on lab test, eye exams and specialist referrals and document in your chart.
- Telephone visits, e-visits and virtual check-ins are acceptable settings for blood pressure readings and should be recorded in the chart.
- Include Category II reporting codes on claims to reduce the burden of HEDIS medical record review.

Educate patients on topics (for example, home monitoring of blood sugar and blood pressure, taking medications as prescribed, and other healthy lifestyle education like diet, exercise, and smoking cessation).

### Other available resources:

- *Clinical Practice Guidelines* are available on our provider self-service website.
- Contact the Health Plan for a copy of *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS Benchmarks and Coding Guidelines for Quality*.
- Diabetes programs may be available to our members, contact your Provider Solutions representative for more information.

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

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