April 2023

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New Specialty Pharmacy **Medical Step Therapy Requirements**

Effective for dates of service on and after April 1, 2023, these specialty pharmacy codes from current or new clinical criteria documents will be in our existing specialty pharmacy medical step therapy review process. Step therapy review will apply upon prior authorization initiation or renewal in addition to the current medical necessity review of all drugs noted.

The list of clinical criteria is on our provider website. To search for specific clinical criteria, visit www.HealthyBlueSC.com and select **Providers**.

Clinical criteria	Status	Drug(s)	HCPCS codes
ING-CC-0010	Preferred	Repatha® autoleucel)	C9399, J3490, J3590
ING-CC-0209	Nonpreferred	Leqvio®	J1306
ING-CC-0010	Nonpreferred	Praluent®	C9399, J3490, J3590

Correct Coding for **Hospital Outpatient Clinic Visits**

To align with coding guidelines for HCPCS code G0463, Healthy Blue is updating its outpatient facility editing system. For Medicaid claims processed on or after May 1, 2023, when you bill HCPCS code G0463 with an inappropriate revenue code, we will deny it. According to guidelines, HCPCS code G0463 is for hospital outpatient clinic visits or assessment and management of a patient.

You should only bill it with revenue codes that support the billing of clinic visits, assessments and management services, including these:

- Clinic (0510 to 0517, 0519, 0520)
- Emergency room urgent care (0456)
- Treatment room (0761)

For help, please see the CPT® coding guidelines. If you believe you have gotten a denial in error, please follow the Healthy Blue standard claim payment dispute process. It is outlined in the Provider Manual.

If you have questions or concerns, please contact the Customer Care Center at 866-781-5094.

Welcome to the Clinical Criteria Page

This page provides the clinical criteria documents for all injectable, infused, or implanted prescription drugs and therapies covered under the medical benefit. The effective dates for using these documents for clinical reviews are communicated through the Provider notification process.

The clinical criteria information is alphabetized in the table below.

Clinical Criteria **Updates**

On May 20, 2022, Aug. 19, 2022, and Sept. 22, 2022, the Pharmacy and Therapeutic Committee approved clinical criteria that apply to the medical drug benefit for Healthy Blue. The committee developed, revised or reviewed these policies to support clinical coding edits.

Visit the Clinical Criteria page to search for policies. If you have questions or need more information, use this email.

Please see the explanation/definition for each category of clinical criteria:
- New: newly published criteria
- Revised: addition or removal of medical necessity requirements, new document number
- Asterisk (*): criteria that may be perceived as more restrictive

Please note:
- The clinical criteria listed apply only to the medical drug benefits in the member's medical policy. They do not apply to pharmacy services.
- This notice is meant to inform the provider of new or revised criteria that have been adopted by Healthy Blue only. It does not include details about authorization requirements. Those are in a separate notice.

Effective Date: April 6, 2023

Document number	Clinical criteria title	New or revised
*ING-CC-0018	Pompe Disease	Revised
*ING-CC-0017	Xiaflex (collagenase clostridium histolyticum)	Revised
*ING-CC-0174	Kesimpta (ofatumumab)	Revised
ING-CC-0089	Mozobil (plerixafor)	Revised
ING-CC-0158	Enhertu (fam-trastuzumab deruxtecan-nxki)	Revised
ING-CC-0130	Imfinzi (durvalumab)	Revised
ING-CC-0097	Vidaza (azacitidine)	Revised
*ING-CC-0072	Vascular Endothelial Growth Factor Inhibitors	Revised
*ING-CC-0063	Stelara (ustekinumab)	Revised
*ING-CC-0002	Colony Stimulating Factor Agents	Revised
ING-CC-0107	Bevacizumab for Non-Ophthalmologic Indications	Revised
*ING-CC-0166	Trastuzumab Agents	Revised

Submitting Claims **Billed With a P.O. Box**

We are aware of a system update that results in claims being returned to providers:

As of Aug. 1, 2022, paper claims billed with a P.O. Box in box 33 of the CMS 1500 or a P.O. Box in box 1 of the UB-04 form were being returned to providers. This change aligns with industry standards.

Electronic data interchange (EDI) claims will not accept a P.O. Box in the equivalent field of the electronic claim. Providers must submit claims with a physical address.
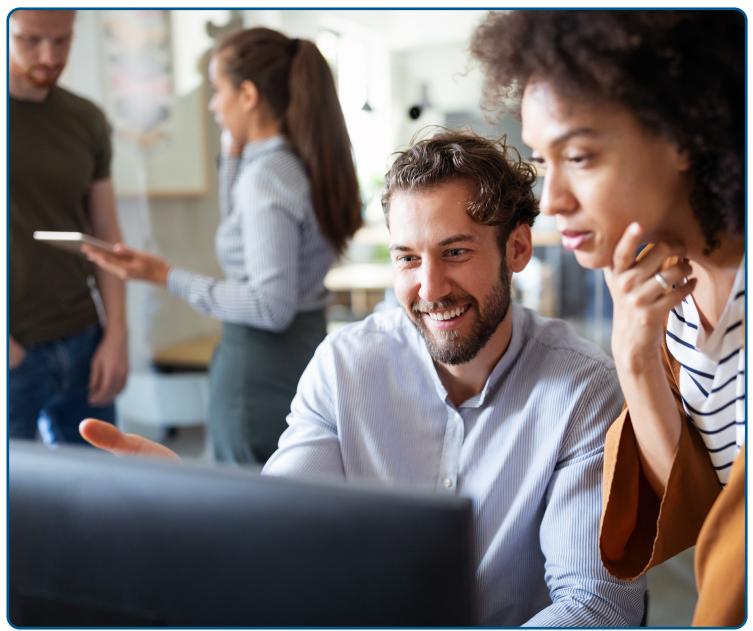
In addition, the SCDHHS will not accept claims that have a P.O. Box in the field.

Contact us
Use Availity Chat with Payer during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status and more. To access Availity Essentials, go to Availity.com.* Choose the appropriate payer space tile from the drop-down menu. Then, select Chat with Payer and complete the form to start your chat.

For additional help, visit the Contact Us section at the bottom of our provider website.

Thank you for your cooperation in submitting claims that meet all requirements.

Prior Authorization **Requirement Changes**

Effective June 1, 2023, prior authorization (PA) requirements will change for the codes listed. Federal and state law, state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions and exclusions, take precedence over these PA rules. You must consider those first when you determine coverage. **Not doing so may result in denied claims.**

Code	Description
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (for example, colorectal and breast cancer) gene analysis, targeted sequence analysis (for example, exons 7, 9, 20)
81321	PTEN (phosphatase and tensin homolog) (for example, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
81322	PTEN (phosphatase and tensin homolog) (for example, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
81323	PTEN (phosphatase and tensin homolog) (for example, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
81347	SF3B1 (splicing factor [3b] subunit B1) (for example, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (for example, A672T, E622D, L833F, R625C, R625L)
81348	SRSF2 (serine and arginine-rich splicing factor 2) (for example, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (for example, P95H, P95L)
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (for example, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (for example, S34F, S34Y, Q157R, Q157P)
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (for example, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (for example, E65fs, E122fs, R448fs)
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylgluta-rate, 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 Foundation PI℠, Ethos Laboratories
0040U	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
0049U	NPM1 (nucleophosmin) (for example, acute myeloid leukemia) gene analysis, quantitative
81270	JAK2 (Janus kinase 2) (for example, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant

You may request PA in one of these ways:
- Submit a request through Availity® Essentials at Availity.com.* Availity LLC is an independent company providing administrative support services on behalf of BlueChoice HealthPlan.
- Fax a request to 800-823-5520.
- Request it by phone at 866-902-1689.

Not all PA requirements are listed here. To view PA requirements, visit www.HealthyBlueSC.com and select Providers. Contracted providers may access Availity.com*. You may also call the Healthy Blue Customer Care Center at 866-757-8286 for help with PA requirements.

Utilization Management:
Skilled Nursing Facilities

The decision to transfer a loved one to a skilled nursing facility can be difficult, and the admission process can be overwhelming. Here is a guide to help create a more seamless transition during the prior authorization process. If a Healthy Blue member needs skilled nursing care, consider this information to make getting authorization easy:

- Healthy Blue requires notification of admission for nursing home placement.
- Healthy Blue does not perform medical necessity reviews for nursing home placement when the certification of long-term care (CLTC) staff determines level-of-care requirements have been met.
- Healthy Blue works with the facility to coordinate care until the Healthy Blue consumer can be disenrolled.
- If the Healthy Blue consumer is being admitted from the acute hospital setting, the hospital or facility will submit the tentative CLTC (DHHS Form 171) to Healthy Blue on notification of admission.
- Once the skilled nursing home admits the Healthy Blue consumer, it will send the finalized CLTC (DHHS Form 185) to Healthy Blue.
- If more days are required beyond the initial DHHS Form 185, the facility must submit a copy of the DHHS Form 185 with the most recent effective and expiration dates to Healthy Blue.
- The DHHS Form 185 is at www.scdhhs.gov/internet/pdf/manuals/Nursing/Forms.pdf.*

For more information, or for notification of admission by phone, call the Utilization Management department at **866-902-1689**.

To notify by fax, submit the notice of admission and required forms to **800-823-5520** or **866-993-014**7.

You may also use the Availity Essentials platform for notification of admission. Learn how to use it in the Provider Manual, Chapter 1, pages 11 – 13, under the subheading Availity Essentials: The Secure Portal for Providers.

SCDHHS provides for institutional long-term care facility or nursing home services for more than 90 continuous days. They are not covered under the Amerigroup Corporation, on behalf of and as an affiliate of Amerigroup Partnership Plan LLC, which is under contract to provide utilization management services for Healthy Blue in South Carolina.

DID YOU KNOW?

Did you know you can submit provider reconsiderations through Availity? That is the preferred method. It offers quick turnaround times and is a one-stop resource for all your provider needs. If you have questions or need help with Availity, call 800-282-4548.

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