

July 2023

BlueBlastSM

News Providers Can Use



 **Healthy Blue**SM
BlueChoice[®] HealthPlan of SC

Healthy Connections 

All Providers

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Advancing Health Equity: Leveraging Data To Promote Meaningful Patient-Provider

As we aim to ensure everyone has a fair and just opportunity to be as healthy as possible, we are working to make it easier for our members to establish connections with care providers. Your profile, including but not limited to your competencies and accessibility accommodations, helps establish such connections.

As you're reviewing your practice profiles, either because of federal or state requirements or because your practice has moved or changed, please update the fields in our provider directory to accurately reflect your:

- Competencies.
- Race.
- Spoken languages.
- Ethnicity.
- Office accessibility or disability accommodations.

Indicate, for example, if you have expertise in treating people who identify as LGBTQ+ or if you have accessible exam tables to serve people with disabilities.

You can update your profile through Availity Essentials, where applicable, or through other methods outlined in the provider manual. Please know that this is voluntary and that we are committed to being good stewards of your personal information.

What we will do with your data:

- Share it in our online member-facing directory and printed provider directory
- Analyze aggregate data to look for opportunities and focus resources to improve inclusive provider recruitment
- Analyze aggregate data for potential inequities among providers in value-based and incentive programs and take steps to eliminate these inequities

What we won't do with your data:

- Sell this information
- Assign members based on your demographic information
- Rank or tier you based on your demographic information
- Use it in reimbursement decision-making for claim submissions
- Use it in contract negotiations
- Share it directly with your state medical board

This is one of many steps we are taking to ensure every member has every opportunity to be his or her healthiest. Thank you for your partnership.

 fb.me/HealthyBlueSC

 [@CoachBlueSC](https://www.instagram.com/CoachBlueSC)

 [@HealthyBlueSC](https://twitter.com/HealthyBlueSC)

Medical Policies and Clinical Utilization Management Guidelines

The medical policies (MP) and Clinical Utilization Management (UM) Guidelines (CUMG) 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 prior authorization requirements have not changed.

Please share this notice with other providers in your practice and office staff.

To view a guideline, visit provider.HealthyBlueSC.com/south-carolina-provider/medical-policies-and-clinical-guidelines.

Notes and Updates Updates marked with an asterisk (*) notate the criteria may be perceived as more restrictive:

- **CG-DME-31 — Powered Wheeled Mobility Devices**
 - Added Not Medically Necessary statement for powered wheeled mobility devices using computerized systems to assist with functions such as seat elevation and navigation over curbs, stairs or uneven terrain (for example, the iBOT Personal Mobility Device) for all indications
- **CG-LAB-24 — Outpatient Urine Culture**
 - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient urine culture testing for bacteria
- **CG-LAB-25 — Outpatient Glycated Hemoglobin and Protein Testing**
 - Outlines the Medically Necessary and Not Medically Necessary criteria for outpatient glycated hemoglobin (HbA1C) and total glycated serum proteins (GSPs) testing
- **CG-MED-92 — Foot Care Services**
 - Outlines the Medically Necessary and Not Medically Necessary criteria for foot care services
- **CG-MED-93 — Navigational Bronchoscopy**
 - Moved content from MED.00099, Navigational Bronchoscopy, to a new clinical UM guideline document with the same title
 - Added Medically Necessary criteria for navigational bronchoscopy
 - Revised Investigational and Not Medically Necessary statement to Not Medically Necessary when criteria not met
- **CG-SURG-115 — Mechanical Embolectomy for Treatment of Stroke**
 - Moved content from SURG.00098, Mechanical Embolectomy for Treatment of Acute Stroke, to new clinical UM guideline document with a similar title
 - Investigational and Not Medically Necessary changed to Not Medically Necessary as a result of MP to CUMG transition
- **CG-SURG-116 — Surgical Treatment of Hyperhidrosis**
 - Moved content from CG-MED-63, Treatment of Hyperhidrosis, to new clinical UM guideline document
 - Change of category and addition of “surgical” to title
 - Moved content related to iontophoresis to CG-MED-28, Iontophoresis
- **GENE.00052 — Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels and Molecular Profiling**
 - Moved content from GENE.00037, Genetic Testing for Macular Degeneration, and CG-GENE-23, Genetic Testing for Heritable Cardiac Conditions, into this document
 - Added chromosome conformation signatures to scope of document and Investigational and Not Medically Necessary statement
- **MED.00130 — Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring; previously titled Surface Electromyography Devices for Seizure Monitoring**
 - Revised title
 - Revised position statement by adding electrodermal activity sensor devices
- **MED.00135 — Gene Therapy for Hemophilia**
 - Outlines the Medically Necessary and Investigational and Not Medically Necessary criteria for a one-time infusion of etranacogene dezaparvovec-drlb for select individuals with hemophilia B
- **MED.00143 — Ingestible Devices for the Treatment of Constipation**
 - Outlines the Investigational and Not Medically Necessary criteria for ingestible devices for the treatment of constipation
- **SURG.00097 — Scoliosis Surgery**
 - Added magnetically controlled growing rods to scope of document in Investigational and Not Medically Necessary statement

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Medical Policies

On Nov. 10, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved the following medical policies applicable to Healthy Blue. These guidelines take effect June 26, 2023.

Publish date	Medical policy no.	Medical policy title	New or revised
12/28/2022	*GENE.00052	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels and Molecular Profiling	Revised
1/4/2023	*MED.00130	Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring <i>Previously titled: Surface Electromyography Devices for Seizure Monitoring</i>	Revised
12/6/2022	*MED.00135	Gene Therapy for Hemophilia	New
1/4/2023	*MED.00143	Ingestible Devices for the Treatment of Constipation	New
1/4/2023	*SURG.00097	Scoliosis Surgery	Revised
1/4/2023	TRANS.00029	Hematopoietic Stem Cell Transplantation for Genetic Diseases and Aplastic Anemias	Revised

Clinical UM Guidelines

On Nov. 10, 2022, MPTAC approved the following clinical UM guidelines applicable to Healthy Blue. These guidelines were adopted by Medical Operations Committee for Medicaid members on Dec. 15, 2022. These guidelines take effect June 26, 2023.

Publish date	Clinical UM guideline no.	Clinical UM guideline title	New or revised
1/4/2023	*CG-DME-31	Powered Wheeled Mobility Devices	Revised
11/17/2022	CG-DME-44	Electric Tumor Treatment Field (TTF)	Revised
1/4/2023	*CG-LAB-24	Outpatient Urine Culture	New
1/4/2023	*CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	New
1/4/2023	*CG-MED-92	Foot Care Services	New
1/4/2023	CG-MED-93	Navigational Bronchoscopy	Conversion New
1/4/2023	CG-SURG-115	Mechanical Embolectomy for Treatment of Stroke	Conversion New
11/17/2022	CG-SURG-116	Surgical Treatment of Hyperhidrosis	Conversion New

Transition to CarelonSM Medical Benefit Management Inc. — MRI Breast Clinical Appropriateness Guidelines

Effective Aug. 1, 2023, Healthy Blue will transition the clinical criteria for medical necessity review of MRI Breast to the following Carelon Medical Benefits Management Inc. Clinical Appropriateness Guidelines:

- Oncologic imaging
- Chest imaging

As part of this transition of clinical criteria, the following procedures will be subject to prior authorization at Carelon Medical Benefits Management:

Carelon Medical Benefits Management Inc. is an independent company providing utilization management services on behalf of BlueChoice HealthPlan.



CPT code	Description
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; bilateral
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis) when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis) when performed; bilateral

HCPCS	Description
C8903	Magnetic resonance imaging with contrast, breast; unilateral
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral
C8906	Magnetic resonance imaging with contrast, breast; bilateral
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral

Note: This update does not apply to the Federal Employee Program®.

As a reminder, ordering and servicing providers may submit prior authorization requests to Carelon Medical Benefits Management via the ProviderPortal®:

- Access the Carelon Medical Benefits Management ProviderPortal directly at www.ProviderPortal.com*. Online access is available 24/7 to process orders in real time. It is the fastest and most convenient way to request authorization.

If you have questions related to clinical guidelines, please contact Carelon Medical Benefits Management via email at MedicalBenefitsManagement.Guidelines@carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines at guidelines.CarelonMedicalBenefitsManagement.com*.

Prior Authorization Updates for Medications Billed Under the Medical Benefit

Effective for dates of service on and after July 1, 2023, the following medication codes from current or new clinical criteria documents billed on medical claims require prior authorization. **Please note**, inclusion of a national drug code on your medical claim is necessary for claims processing. Visit the [Clinical Criteria*](#) website to search for the specific clinical criteria listed.

Clinical criteria	HCPCS or CPT® code(s)	Drug name
CC-0072	Q5128	Cimerli™ (ranibizumab-cqrn)
CC-0227	J3490, J3590	Briumvi® (ublituximab)
CC-0226	C9146, J3590, J9999	Elahere™ (mirvetuximab)
CC-0223	C9147, J3490, J3590, J9999	Imjudo® (tremelimumab-actl)
CC-0228	J3490, J3590	Leqembi™ (lecanemab)
CC-0224	J0208	Pedmark® (sodium thiosulfate injec-
CC-0229	C9399, J3490	Sunlenca® (lenacapavir)
CC-0222	C9148, J3490, J3590, J9999	Tecvayli™ (teclistamab-cqyv)
CC-0225	C9149, J3490, J3590	Tzield™ (teplizumab-mzwv)
CC-0221	J1747	Spevigo® (spesolimab-sbzo)
CC-0220	J0218	Xenpozyme™ (olipudase alfa)

Note: Prior authorization (PA) requests for certain medications may require additional documentation to determine medical necessity.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local provider relationship management representative or call Provider Services at 866-757-8286.

Prior Authorization Requirement Changes Effective July 1, 2023

Effective July 1, 2023, PA requirements will change for these codes. The medical codes listed will require PA by Healthy Blue for Medicaid members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions and exclusions, take precedence over these PA rules. Consider them first when determining coverage. **Noncompliance with new requirements may result in denied claims.**

Prior authorization requirements will be added for these codes.

Codes	Description
81324	PMP22 (peripheral myelin protein 22) (for example, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
81325	PMP22 (peripheral myelin protein 22) (for example, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
81326	PMP22 (peripheral myelin protein 22) (for example, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant

To request PA, you may use one of these methods:

- **Availity® Essentials Portal:**
www.availity.com*
- **Fax:** 800-823-5520
- **Phone:** 866-902-1689

Not all PA requirements are listed here. Detailed PA requirements are available to providers at provider.HealthyBlueSC.com/south-carolina-provider/archives on the Resources tab or for contracted providers by accessing www.availity.com*. Providers may also call the **Customer Care Center at 866-757-8286** for help with PA requirements.

Learn How To Submit Prior Authorizations Digitally Through ICR

Each month, we offer live, instructor-led webcasts demonstrating the navigation and features of Interactive Care Reviewer (ICR), our digital authorization application.

If your organization is using fax or phone to request and check the status of authorizations, we encourage you to make the switch to ICR and see how using this digital application can help you manage and improve your authorization process.

The ICR prior authorization application makes it easy to submit, review and check authorization status — all in one place.

Learn how by joining our **July 2023 ICR webcast**.

- Wednesday, July 26, 2023 | Noon ET

Register now.* Learn how to:

- Create an authorization request.
- Check 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.

If you can't make it to a live event, you can visit the ICR learning site* to see a previously recorded webcast and to view and download job aids.



WHAT IF I NEED ASSISTANCE?

If you have questions about this communication or need assistance with any other item, contact your local provider relationship management representative or call Provider Services at 866-757-8286.



Reminder: Medicaid Annual Eligibility Reviews Resumed on April 1, 2023

After the pause during the COVID-19 public health emergency, the South Carolina Department of Health and Human Services (SCDHHS) resumed its standard Medicaid annual eligibility reviews on April 1, 2023. This complies with provisions of the Consolidated Appropriations Act, 2023.

This federally required process is in place to make sure those who are enrolled in the state's Medicaid program continue to meet eligibility criteria. In February 2023, SCDHHS began reaching out to gather more information on members who are likely no longer eligible for the Medicaid program. Members can visit the SCDHHS website to find more information on [Medicaid annual reviews*](#).

It is important for members to provide updated information to SCDHHS. If members have moved without informing SCDHHS, they may miss important information needed to keep their Medicaid coverage. To update or add their contact information, members can:

- Visit apply.scdhhs.gov.*
- Call SCDHHS at 888-549-0820 Monday through Friday from 8 a.m. to 6 p.m.
- Visit an SCDHHS local eligibility office. A [list of locations](#) is on the website.

To help relay the message on the importance of making updates, you can share any of the available [communication materials*](#). After selecting the link, scroll down to the Healthy Connections Medicaid Communications Toolkit section. You will find flyers, social media graphics and much more.



DID YOU KNOW?

Did you know the **2023 Healthy Blue Annual Training** is approaching? The event is set to take place **Oct. 3 – 5** and **Oct. 10 – 12**.
We have some great news in store. Look for more details coming soon.



BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association. BlueChoice HealthPlan has contracted with Amerigroup Partnership Plan LLC, an independent company, for services to support administration of Healthy Connections. Amerigroup Corporation, an independent company, administers utilization management services for BlueChoice HealthPlan.

*Some links in this newsletter lead to third-party sites. Those organizations are solely responsible for the content and privacy policies on these sites.

The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information.

To report fraud, call our confidential Fraud Hotline at 877-725-2702. You may also call the South Carolina Department of Health and Human Services Fraud Hotline at 888-364-3224 or email Fraudres@scdhhs.gov.