

# Provider News

January 2023



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## Contact Us

If you have questions or need assistance, visit the *Contact Us* section at the bottom of our provider website for up-to-date contact information and self-service tools or call Provider Services.

**Provider website:**

<https://provider.healthybluemo.com>

**Provider Services:**

833-405-9086

## Engagement with your patient counts

### Why is this important?

Each year, a random sample of enrolled members receive a CAHPS\* Survey or a Qualified Health Plan Enrollee Survey asking them to evaluate their experiences with healthcare. The surveys ask members to rate their experiences with:

1. Their health plan.
2. Their personal provider.
3. Their specialist.

Several responses are combined and evaluated for the following:

- Getting needed care
- Receiving care quickly
- Communicating with providers
- Sharing in the decision-making process

The responses give us an idea of how your patients and our members perceive us and provide opportunities for us to improve the way we deliver services. Our engagement and interaction with patients and members are critical. Together, we can provide positive experiences for our shared members and patients.

### Every interaction with a patient is an opportunity to make their healthcare experience positive.

We thank you for striving to provide quality care for our members and for the continued focus on improving our member experience.

### Additional information

Continuing medical education (CME) education opportunities:

<http://www.mydiversepatients.com>.

Members receive the survey either by mail or phone between February and May. Some of the questions they are asked include:

- In the last six<sup>1</sup> months, how often did your personal provider explain things in a way that was easy to understand?
- In the last six<sup>1</sup> months, how often did your personal provider listen carefully to you?
- In the last six<sup>1</sup> months, how often did your personal provider show respect for what you had to say?
- In the last six<sup>1</sup> months, how often did your personal provider spend enough time with you?
- Using any number from zero to 10, where zero is the worst personal provider possible, and 10 is the best personal provider possible, what number would you use to rate your personal doctor?
- We want to know your rating of the specialist you saw most often in the last six<sup>1</sup> months. Using any number from zero to 10, where zero is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

<sup>1</sup> The commercial survey asks the same questions, but for the last 12 months vs. 6 months and language on the Medicaid Child Survey is slightly different to reflect asking a parent/guardian about their child's experience.

\*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MOHB-CD-008636-22-CPN6881



## This is Quitting: Helping teens and young adults quit vaping

You play an influential role in helping young patients overcome nicotine addiction early, and we can help you make an even bigger impact.

During tobacco-use assessments with young patients, inform those who are Healthy Blue members that they have access to a free vaping cessation program.

Healthy Blue is working with This is Quitting by Truth Initiative®. This is Quitting is a free and confidential text-message based program specifically designed to help teens and young adults (ages 13 to 24) quit vaping. This program is an excellent resource helping patients quit for good and see a future without nicotine.

Have your patients text **VAPEOUTMO** to **88709** to sign up. Once they text back their age, they will start receiving messages.

### The program is:

- Free to each user.
- Completely anonymous – no data about any one user is shared.
- Entirely automated and text-message based.
- Peer-to-peer:
  - Many messages are skills or coping tools shared from other This is Quitting users to help a participant know they're not alone.
- Interactive and inquisitive to get to know the user better.
- Supportive, like texting with a friend who is helping them quit.
- Tailored based on age and device used.

Young people tend to prefer discretion when it comes to quitting vaping or letting others know they have been vaping at all. If possible, try to have these discussions in private, away from a parent.



*\* Truth Initiative is an independent company providing vaping cessation programs to members on behalf of Healthy Blue.*

MOHB-CD-007133-22-CPN6507

## Monkeypox and smallpox vaccines: Product code on claims

Providers are a trusted resource for patients when it comes to vaccine advice. As information on the monkeypox outbreak changes and vaccination and testing guidance is released, we're committed to keeping you informed.

Some providers may have seen a message on their provider *Explanation of Payment (EOP)* stating that Healthy Blue does not recognize the vaccine product codes for monkeypox and smallpox that became effective July 26, 2022. We're updating the provider fee schedules to reflect the new vaccine product codes as quickly as possible. The *EOP* message did not impact payment for administration of the vaccines, which is reimbursable; however, since the monkeypox and smallpox vaccines are provided by the government at no charge, the vaccine products are non-reimbursable.

To aid in processing claims for the monkeypox and smallpox vaccine products, providers must include these three elements on claims, even if vaccine products were received from the federal government at no charge:

1. Product code (90611 or 90622)
2. Applicable ICD-10-CM diagnosis code
3. Administration code



### More detail on codes and cost-sharing

Providers are encouraged to use:

- Product code 90611 for smallpox and monkeypox vaccine.
- Product code 90622 for vaccinia (smallpox) virus vaccine.
- Code 87593 for laboratory testing.

When billing the monkeypox and smallpox vaccine products, providers should submit those codes with a \$0.01 charge.

Cost-sharing for the vaccine and administration is waived.

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned Provider Experience associate or call Provider Services at **833-405-9086**. You can read more information on monkeypox [online](#).

MOHB-CD-009137-22-CPN8697



## Administrative — Digital Tools

### Submitting prior authorizations digitally through ICR

Prior authorizations submitted digitally can reduce denials associated with manual submission errors. The interactive care reviewer (ICR) prior authorization application makes it easy to submit, review, and check authorization status – all in one place.

#### Learn how by attending our January 2023 ICR webcast.

Tuesday, January 17, 2023

Noon Eastern time

[Register online](#)

#### Learn how to use ICR to:

- Create an authorization request.
- Inquire 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.

Visit the [ICR target page](#) to register and to access self-service learning and to view recorded learning sessions. Download ICR user guides and other job aides from the ICR target page too. You can also register from the [Provider Learning Hub](#) by selecting the ICR live webinar learning icon.

If you have questions, call **833-405-9086**.

MOHB-CD-014695-22-CPN14594

## AIM Specialty Health Genetic Testing *Clinical Appropriateness Guidelines* CPT code list update

Effective for dates of service on and after April 1, 2023, the following codes will require prior authorization through AIM Specialty Health\*.

CPT® code	Description
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (for example, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (for example, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (for example, exon 12)
81207	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative
81208	BCR/ABL1 (t(9;22)) (for example, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative
81218	CEBPA (CCAAT/enhancer binding protein C/EBP, alpha) (for example, acute myeloid leukemia), gene analysis, full gene sequence
81233	BTK (Bruton's tyrosine kinase) (for example, chronic lymphocytic leukemia) gene analysis, common variants (for example, C481S, C481R, C481F)
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (for example, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (for example, diffuse large B-cell lymphoma) gene analysis, common variant(s) (for example, codon 646)
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (for example, mastocytosis), gene analysis, D816 variant(s)
81310	NPM1 (nucleophosmin) (for example, acute myeloid leukemia) gene analysis, exon 12 variants
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (for example, promyelocytic leukemia) translocation analysis; common breakpoints (for example, intron 3 and intron 6), qualitative or quantitative
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (for example, promyelocytic leukemia) translocation analysis; single breakpoint (for example, intron 3, intron 6 or exon 6), qualitative or quantitative
81320	PLCG2 (phospholipase C gamma 2) (for example, chronic lymphocytic leukemia) gene analysis, common variants (for example, R665W, S707F, L845F)
81334	RUNX1 (runt related transcription factor 1) (for example, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (for example, exons 3-8)
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)



## AIM Specialty Health Genetic Testing *Clinical Appropriateness Guidelines* CPT code list update (cont.)

CPT® code	Description
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)
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
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
0101U	Hereditary colon cancer disorders (for example, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes sequencing and deletion/duplication, EPCAM and GREM1 deletion/duplication only)
0102U	Hereditary breast cancer-related disorders (for example, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes sequencing and deletion/duplication)
0103U	Hereditary ovarian cancer (for example, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes sequencing and deletion/duplication, EPCAM deletion/duplication only)
0306U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion

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

- Access AIM's [ProviderPortal<sup>SM</sup>](#) directly:
  - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity\* website at [www.availity.com](http://www.availity.com)

If you have questions related to guidelines, please 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.

MOHB-CD-011933-22



# AIM Specialty Health Cardiology *Clinical Appropriateness Guidelines* CPT code list update

Effective for dates of service on and after April 1, 2023, the following code updates will apply to the AIM Specialty Health® Percutaneous Coronary Intervention *Clinical Appropriateness Guidelines*.

## Percutaneous coronary intervention:

CPT® code	Description
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

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

- Access AIM's [ProviderPortal<sup>SM</sup>](#) directly:
  - Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity\* website at [www.availity.com](http://www.availity.com)

If you have questions related to guidelines, please 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](#).

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MOHB-CD-012761-22



# Policy Updates — Reimbursement Policies

## Attention physicians and lab providers: COVID-19 update regarding reimbursement

### Notification regarding reimbursement changes to COVID-19 laboratory services codes

Beginning with dates of service on or after March 2023, or the end of the public health emergency (PHE), whichever is the latter, reimbursement for COVID-19 laboratory services codes may be reduced for independent laboratories and physicians participating in the Healthy Blue network.

New COVID-19 laboratory service codes were implemented and reimbursed at rates to meet the needs of providers during the PHE. Reimbursement will be revised to the Healthy Blue standard reimbursement methodology for independent laboratory providers for the following codes:

- U0001
- U0002
- U0003
- U0004
- U0005
- 0202U
- 0223U
- 0224U
- 0225U
- 0226U
- 0240U
- 0241U
- 86328
- 86408
- 86409
- 86413
- 86769
- 87426
- 87428
- 87635
- 87636
- 87637
- 87811

If you have any questions regarding this notice, please contact your designated Provider Network manager. Please incorporate this notice into your Healthy Blue's Provider Agreement folder.

MOHB-CD-013039-22-CPN12350

# Quality Management

## Childhood Immunization Status and Lead Screening in Children for HEDIS

### HEDIS® measurement year 2023 documentation for Childhood Immunization Status (CIS)

**Measure description:** The percentage of children who turn 2 years of age in the measurement year who had the following vaccines on or before their second birthday:

- Four DTaP (diphtheria, tetanus, and acellular pertussis)
- Three IPV (polio)
- One MMR (measles, mumps, and rubella)
- Three HiB (haemophilus influenza type B)
- Three hep B (hepatitis B)
- One VZV (chicken pox)
- Four PCV (pneumococcal conjugate)
- One hep A (hepatitis A)
- Two or three RV (rotavirus)
- Two flu (influenza)

The measure calculates a rate for each vaccine and three combination rates.

### HEDIS measurement year 2023 documentation for Lead Screening in Children (LSC)

**Measure description:** The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

In provider medical records, we look for the following:

- Immunization records from birth (Department of Health immunization records are acceptable).
- If available, newborn inpatient records documenting hepatitis B.
- For immunizations not recorded on the immunization record, provide progress notes for:
  - Immunizations administered.
  - Patient's history of disease (chickenpox, hep A, hep B, measles, mumps, rubella).
- Lead testing results and date (capillary or venous) on or before the second birthday.
- Evidence of hospice services in 2023.
- Evidence patient expired in 2023.

### Helpful hints:

- Childhood immunizations and lead blood tests must be completed by child's second birthday.
- Assess immunization needs at every clinical encounter and, when indicated, immunize.
- Ensure immunization records include all vaccines that were ever given including hospitals, health departments, and all former providers, including refusals and contraindications.
- FluMist (LAIV) vaccination (only approved for ages 2 to 49) may be used for the second vaccination; however, it must be given on the child's second birthday to be compliant.

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

MOHB-CD-012265-22-CPN11878