MO HealthNet Managed Care (Medicaid)

https://provider.healthybluemo.com
Provider Services: 833-405-9086

Healthy Blue

Provider Newsletter

December 2021

Want to receive our *Provider Newsletter* and other communications via email?
Submit your information to us using the QR code to the left or click here.

Table of Contents

BMO-NL-0087-21

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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) to help us determine what action is necessary on our part.

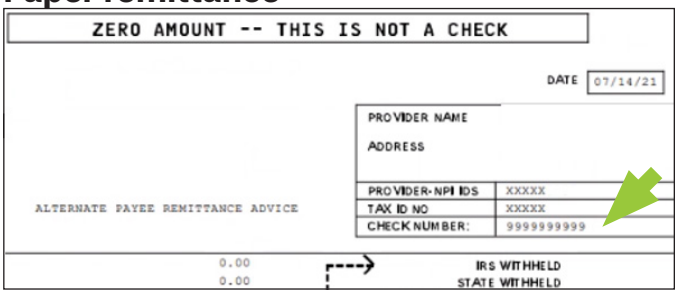
For additional information, reference the COVID-19 Updates page on our **website**.

Good news: Non-payment remittance advice enhancements are here

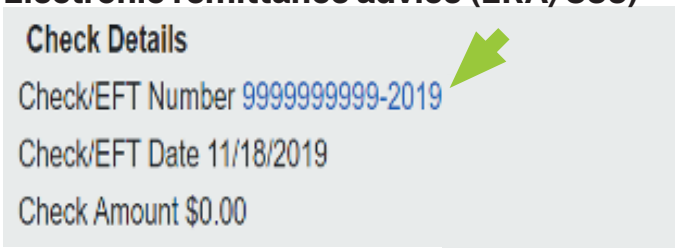
We have enhanced your ability to search, review, and download a copy of the remittance advice on Availity* when there is not an associated payment. For remit advice with payment, you can continue to search with the Check/EFT number.

Below are images reflecting the scenarios that have been enhanced:

Paper remittance



Electronic remittance advice (ERA/835)



What has changed?

Non-payment number display in the Check Number and Check/EFT Number fields:	
Old — There were two sets of numbers for the same remittance advice. The paper remittance displayed 10 bytes (9999999999 or 99########) and the corresponding 835 (ERA) displayed 27 bytes (9999999999 — [year] ##########).	**Enhancement** — The updated numbering sequence for the paper remittance and corresponding 835 (ERA) now contain the same 10-digit number beginning with 9 (9XXXXXXXXX). Each non-payment remittance issued will be assigned a unique number.
Searching for non-payment remittance:	
Old — When using *Remit Inquiry* to locate paper remittance, the search field required a date range and tax ID to locate a specific remittance due to same number scenario (10 bytes (9999999999) being used for every non-payment remittance.	**Enhancement** — Once the unique ERA non-payment remittance number is available, it can be entered in the check number field in *Remit Inquiry*. This new way of assigning check numbers provides a faster and simplified process to find the specific remittance.

The way your organization receives remittances and payments has not changed; we have simply enhanced the numbering for the non-pay remittances. These changes do not impact previously issued non-payment remittance advice.

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

BMO-NL-0062-21

Healthy Blue

Policy Updates — Prior Authorization

As part of the AIM Specialty Health® (AIM)* guideline annual review process, the following updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

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

- AIM ***Provider****Portal*℠
  - Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- **Availity Portal***
- AIM Contact Center toll-free number — **800-714-0040**, Monday through Friday, 7 a.m. to 7 p.m. CT

If you have questions related to guidelines, contact AIM via email at 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.*

Healthy Blue

Updates to AIM Specialty Health *Cardiology Clinical Appropriateness Guidelines*

Effective for dates of service on and after March 13, 2022, the following updates will apply to the AIM Specialty Health® (AIM)* *Diagnostic Coronary Angiography and Percutaneous Coronary Intervention Clinical Appropriateness Guidelines*.

Diagnostic coronary angiography:

- Removed indications for asymptomatic patients (in alignment with the ISCHEMIA trial)
- Facilitated coronary angiography with a view to intervention in non-culprit vessels following ST-segment elevation myocardial infarction (STEMI), in alignment with the COMPLETE trial
- For patients undergoing preoperative evaluation for transcatheter aortic valve replacement (TAVR) or other valve surgery, aligned criteria with the updated American College of Cardiology (ACC)/American Heart Association (AHA) guideline for the management of patients with valvular heart disease

Percutaneous coronary intervention:

- Revised criteria such that, for some cohorts, only those patients with persistent unacceptable symptoms and moderate or severe stress test abnormalities can proceed to revascularization (in alignment with the ISCHEMIA trial)
- For non-left main percutaneous coronary intervention (PCI), expanded use to non-culprit vessels in patients following STEMI, and restricted use to those with moderate or severe stress test abnormalities who have failed medical therapy
- Left main PCI limited to situations where coronary artery bypass grafting (CABG) is contraindicated or refused (in alignment with NOBLE and EXCEL trials)
- Clarified requirements for patients who have undergone CABG: at least 70% luminal narrowing qualifies as stenosis, symptomatic ventricular tachycardia is considered an ischemic symptom, and instant wave-free ratio fractional flow reserve (iFR) is considered in noninvasive testing
- Removed requirement to calculate syntax score for patients scheduled to undergo renal transplantation
- For patients scheduled for percutaneous valvular procedures (e.g., TAVR/TAVI or mitral valve repair), added clarification that PCI should only be attempted for complex triple vessel disease when CABG is not an option

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.*

BMO-NL-0073-21

Healthy Blue

Updates to AIM Specialty Health *Musculoskeletal Interventional Pain Management Clinical Appropriateness Guideline*

Effective for dates of service on and after March 13, 2022, the following updates will apply to the *Clinical Appropriateness Guideline* for musculoskeletal (MSK) interventional pain management from AIM Specialty Health® (AIM).*

Epidural injection procedures (ESI) and diagnostic selective nerve root blocks (SNRB):

- Allow more frequent ESI in newly diagnosed patients
- Remove imaging requirement in certain circumstances
- Require similar criteria as ESI for diagnostic SNRB
- Add epidural abscess as a contraindication
- Limit multilevel and combination diagnostic SNRB

Paravertebral facet injection/medial branch block (MBB)/neurolysis:

- Limit indefinite use of diagnostic MBB
- Add indication for diagnostic pars defect MBB
- Expand exceptions allowed for intraarticular facet injections
- Define MBB timing with respect to radiofrequency neurotomy, MBB limited to RFA candidacy
- Limit open surgical neurolysis and limited multiple spinal injections

Sacroiliac joint injections:

- Limit indefinite use of diagnostic intraarticular injections
- Disallow sacral lateral branch blocks
- Disallow sacroiliac joint therapeutic injections in a previously fused joint

Spinal cord and nerve root stimulators:

- Allow minimally invasive pain procedures to satisfy conservative management definition
- Specify timing of mental health evaluation
- Define indications for repeat stimulator trial

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.*

BMO-NL-0074-21

Healthy Blue

Updates to AIM Specialty Health *Advanced Imaging Clinical Appropriateness Guidelines*

Effective for dates of service on and after March 13, 2022, the following updates will apply to the listed AIM Specialty Health® (AIM)* *Advanced Imaging Clinical Appropriateness Guidelines*.

Imaging of the Brain:

- Acoustic neuroma — removed indication for CT brain and replaced with CT temporal bone
- Meningioma — new guideline establishing follow-up intervals
- Pituitary adenoma — removed allowance for CT following nondiagnostic MRI in macroadenoma
- Tumor, not otherwise specified — added indication for management; excluded surveillance for lipoma and epidermoid without suspicious features

Imaging of the Head and Neck:

- Parathyroid adenoma — specified scenarios where surgery is recommended based on American Association of Endocrine Surgeons guidelines
- Temporomandibular joint dysfunction — specified duration of required conservative management

Imaging of the Heart:

- Coronary CT angiography — removed indication for patients undergoing evaluation for transcatheter aortic valve implantation/replacement who are at moderate coronary artery disease risk

Imaging of the Chest:

- Pneumonia — removed indication for diagnosis of COVID-19 due to availability and accuracy of lab testing
- Pulmonary nodule — aligned with Lung-RADS for follow-up of nodules detected on lung cancer screening CT

Imaging of the Abdomen and Pelvis:

- Uterine leiomyomata — new requirement for ultrasound prior to MRI; expanded indication beyond uterine artery embolization to include most other fertility-sparing procedures
- Intussusception — removed as a standalone indication
- Jaundice — added requirement for ultrasound prior to advanced imaging in pediatric patients
- Sacroiliitis — defined patient population in whom advanced imaging is indicated (predisposing condition or equivocal radiographs)
- Azotemia — removed as a standalone indication
- Hematuria — modified criteria for advanced imaging of asymptomatic microhematuria based on AUA guideline

Oncologic Imaging:

- National Comprehensive Cancer Network (NCCN) recommendation alignments for breast cancer, Hodgkin and Non-Hodgkin lymphoma, neuroendocrine tumor, melanoma, soft tissue sarcoma, testicular cancer, and thyroid cancers.
- Cancer screening — new age parameters for pancreatic cancer screening; new content for hepatocellular carcinoma screening
- Breast cancer — clinical scenario clarifications for diagnostic breast MRI and PET/CT

** AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.*

BMO-NL-0079-21

August 2021 update

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.

To view a guideline, visit **https://provider.healthybluemo.com/missouri-provider/medical-policies-and-clinical-guidelines**.

Notes/updates:

Updates marked with an asterisk (*) notate that the criteria may be perceived as more restrictive.

- *CG-SURG-112 — Carpal Tunnel Decompression Surgery
  - Outlines the *Medically Necessary and Not Medically Necessary* criteria for carpal tunnel decompression surgery
- *CG-SURG-113 — Tonsillectomy with or without Adenoidectomy for Adults
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria
- *DME.00043 — Neuromuscular Electrical Training for the Treatment of Obstructive Sleep Apnea or Snoring
  - The use of a neuromuscular electrical training device is considered *Investigational & Not Medically Necessary* for the treatment of obstructive sleep apnea or snoring
- *GENE.00058 — TruGraf Blood Gene Expression Test for Transplant Monitoring
  - TruGraf blood gene expression test is considered *Investigational & Not Medically Necessary* for monitoring immunosuppression in transplant recipients and for all other indications
- *LAB.00040 — Serum Biomarker Tests for Risk of Preeclampsia
  - Serum biomarker tests to diagnosis, screen for, or assess risk of preeclampsia are considered *Investigational & Not Medically Necessary*
- *LAB.00042 — Molecular Signature Test for Predicting Response to Tumor Necrosis Factor Inhibitor Therapy
  - Molecular signature testing to predict response to Tumor Necrosis Factor inhibitor (TNFi) therapy is considered *Investigational & Not Medically Necessary* for all uses, including but not limited to guiding treatment for rheumatoid arthritis
- *OR-PR.00007 — Microprocessor Controlled Knee-Ankle-Foot Orthosis
  - Outlines the *Medically Necessary* and *Not Medically Necessary* criteria for the use of a microprocessor controlled knee-ankle-foot orthosis

August 2021 update (cont.)

- *SURG.00032 — Patent Foramen Ovale and Left Atrial Appendage Closure Devices for Stroke Prevention
  - Added *Medically Necessary* statement for transcatheter closure of left atrial appendage (LAA) for individuals with non-valvular atrial fibrillation for the prevention of stroke when criteria are met
  - Revised *Investigational & Not Medically Necessary* statement for transcatheter closure of left atrial appendage when the criteria are not met
- *SURG.00077 — Uterine Fibroid Ablation: Laparoscopic, Percutaneous, or Transcervical Image Guided Techniques
  - Added *Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation
  - Added *Not Medically Necessary* statement on use of laparoscopic or transcervical radiofrequency ablation when criteria in Medically Necessary statement are not met
  - Removed laparoscopic radiofrequency ablation from *Investigational & Not Medically Necessary* statement
  - Removed *Investigational & Not Medically Necessary* statement on radiofrequency ablation using a transcervical approach

Medical Policies

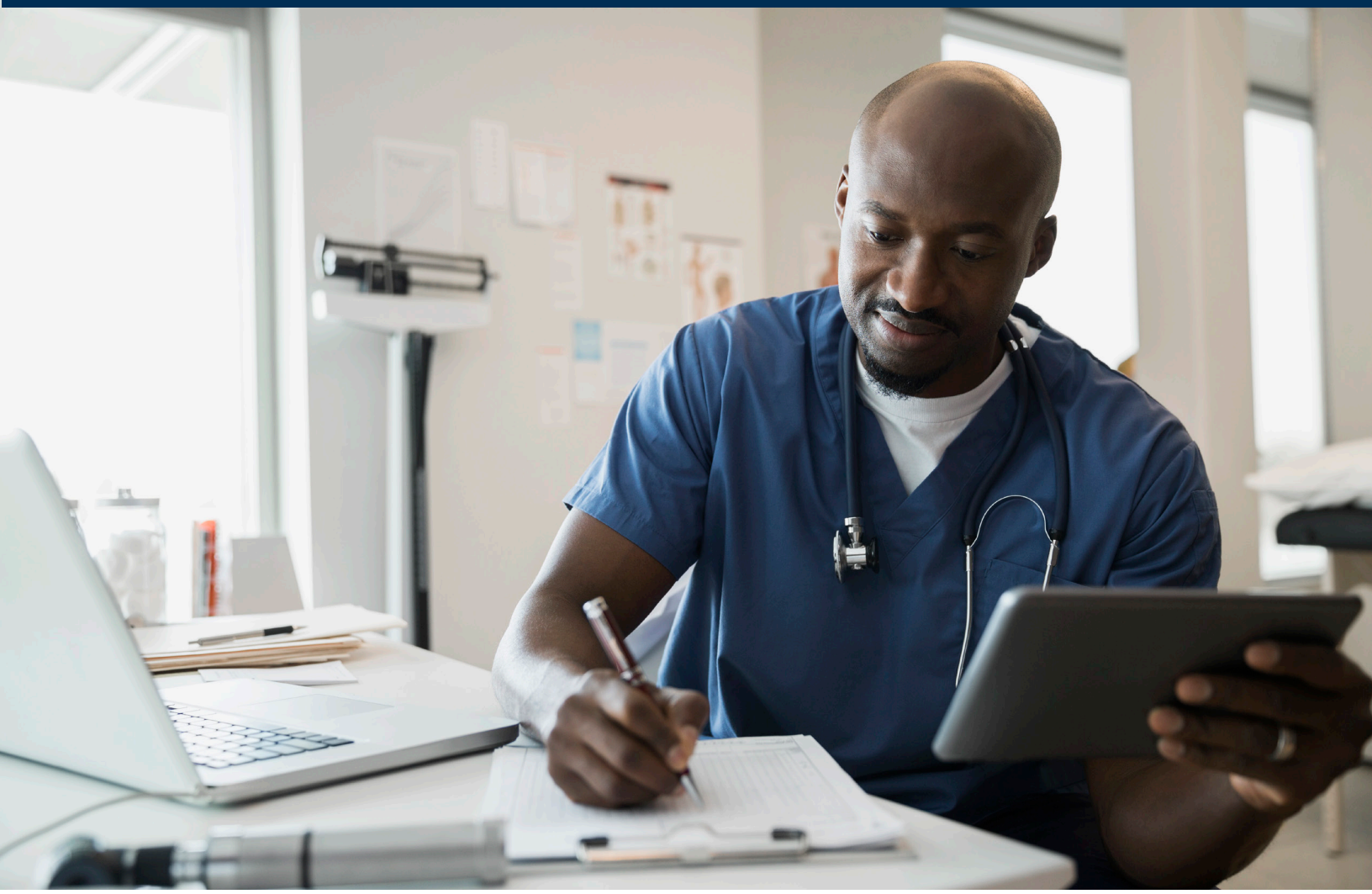
On August 12, 2021, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These guidelines take effect January 9, 2022.

Clinical UM Guidelines

On August 12, 2021, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the Medical Operations Committee for members on September 23, 2021. These guidelines take effect January 9, 2022.

Read more online.

BMO-NL-0080-21



Policy Update

Drug Screen Testing

(Effective March 1, 2022)

Effective March 1, 2022, separate reimbursement is not allowed for specimen validity testing when utilized for drug screening. Reimbursement is included in the CPT® and HCPCS code descriptions for presumptive and definitive drug testing. Modifier 59, XE, XP, XS, and XU will not be allowed to override.

For additional information, review the Drug Screen Testing reimbursement policy at **https://provider.healthybluemo.com/missouri-provider/claims/reimbursement-policies**.

BMO-NL-0069-21

HEDIS measures: Follow-Up After ED Visits for Mental Illness and Alcohol and Drug Dependency

The following HEDIS® measures assess the percentage of emergency department (ED) visits for which the member received a follow-up appointment within seven days and 30 days of being seen in the ED for mental illness or for alcohol and other drug dependence.

Follow-Up After ED Visit for Mental Illness (FUM)

Evaluates the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit with any practitioner for mental illness. Two rates are reported. The percentage of ED visits for which the member received:

- Follow-up within seven days of the ED visit.
- Follow-up within 30 days of the ED visit.

Timely follow-up care for people with mental illness can lead to fewer repeat visits to the ED and improved physical and mental health function.

Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Evaluates the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit with any practitioner for AOD. Two rates are reported. The percentage of ED visits for which the member received:

- Follow-up within seven days of the ED visit.
- Follow-up within 30 days of the ED visit.

According to studies, follow-up care for individuals with AOD who were seen in the ED is associated with reduced substance use, repeat ED visits, and hospital admissions.

Helpful tips:

- Maintain appointment availability for patients with recent ED visits.
- Assist in scheduling in-person or telehealth follow-up appointments as soon as possible after the ED visit.
- Use appropriate documentation and correct coding. Use the same diagnosis for mental illness or substance use for follow-up visits (a non-mental health/non-substance diagnosis code will not fulfill the measure).
- Reference the plan's *Quality Measures Desktop Reference for Medicaid Providers* and the *HEDIS® Benchmarks and Coding Guidelines for Quality* that is provided for coding information.
- Educate patients on the importance of compliance with their discharge plan and their follow-up appointments.
- Reach out to patients who cancel their appointments and assist with rescheduling as soon as possible.
- Facilitate referrals to behavioral healthcare specialists when appropriate.

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

BMO-NL-0070-21