



Healthy Blue



# Provider Newsletter

January 2021

<https://provider.healthybluene.com>

Provider Services: 1-833-388-1406 • Monday to Friday from 9 a.m. to 6 p.m. CT



## Table of Contents

What's new now that we are Healthy Blue	Page 2
Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey	Page 6
Electronic Data Interchange Information	Page 7
Register with new Payer Partner for Electronic Funds Transfer	Page 8
New AIM programs effective January 1, 2021	Page 9
Updates to AIM Specialty Health Cardiac Clinical Appropriateness Guidelines	Page 10
Pregnancy notification process using the Benefit Look-Up Tool	Page 11
Availity Portal pregnancy notification process and Maternity form: provider FAQ	Page 11
<b>Reimbursement Policy:</b>	
Healthy Blue reimbursement policies	Page 12

# What's new now that we are Healthy Blue

In January 2020, Anthem, Inc. acquired the Wellcare of Nebraska, Inc. health plan. The program will now be called Healthy Blue. Healthy Blue is proud to serve our Nebraska members.

Your local Provider Relations team remains the same and will continue to serve the provider network across the state.

This document outlines administrative changes impacting providers effective January 1, 2021.

## Contract and participation

Your contract and participation status with Healthy Blue is not changing. However, you should have received an *Amendment by Notification* or *Amendment by Mutual Consent* to your contract. These amendments change our company's name and add provisions related to the name change to your agreement.

## Member IDs

All members will receive a new Healthy Blue member ID card. Effective January 1, 2021, please ask to see it when members come in for a visit and keep a copy of the card on file.

Additionally, providers have easy online access to view member ID cards on the Availity Portal. When conducting an eligibility and benefits (E&B) inquiry, simply select **View Member ID Card** on the *Eligibility and Benefits* results page.



## Verifying member eligibility

As of January 1, 2021, eligibility and benefits associated with a member and/or their dependents can be determined by:

- Submit a 270/271 electronic data interchange (EDI) transaction through the Availity Portal.\*
- Use the new payer ID 00544 at <https://www.availity.com> > Eligibility and Benefits. Select **Healthy Blue** from the drop-down box.
- If an eligibility and benefits EDI transaction is not submitted with the new payer ID, a non-covered response will be received. Providers will need to correct the payer ID and resubmit the transaction.

You will continue to be able to verify member eligibility information through the state.

## Public provider website

The Healthy Blue public **provider website** will be available on October 1, 2020. The Healthy Blue public provider website will include resources that help healthcare professionals do what they do best — care for our members.

Please be sure to bookmark it as a favorite.

## Secure provider website

The **Availity Portal** will be your exclusive secure provider website to access many of your Healthy Blue online tools and resources for services rendered on or after January 1, 2021.

## What's new now that we are Healthy Blue (cont.)

Some of the self-service features available on the Availity Portal include:

- Eligibility and benefits.
- Claims status inquiry.
- Claims submission.
- Claims payment disputes.
- Interactive Care Reviewer (ICR) for authorization requests and inquiries.
- Payers Spaces for Healthy Blue proprietary tools and resources.

Be ready by starting the registration process now. Availity provides access to real-time information and instant responses in a consistent format, regardless of the payer. Start exploring how you can use the Availity Portal during patient check-ins, checkouts, billing or whenever you might benefit from easy, instant access to health plan information

### Registration

Visit <https://www.availity.com> and select **Register** to begin registration. If you need help with registration, contact Availity Client Services (ACS) at **1-800-AVAILITY (1-800-282-4548)**. ACS is available Monday to Friday 9:00 a.m. to 8:00p.m. CST.

### Submitting claims

Electronic claims submission for services rendered on or after January 1, 2021, can be done either by using a clearinghouse, billing company or sending directly:

- Availity serves as our gateway for all EDI transactions.
  - If you have a relationship with a clearinghouse, work with them to ensure connectivity with Availity.
  - The Availity Payer ID for Healthy Blue number is 00544.
- Submit directly through the Availity Portal.
- Submit paper claims:  
Healthy Blue in Nebraska  
P.O. Box 61010  
Virginia Beach, VA 23466-1010

### Electronic funds transfer

Council for Affordable Quality Healthcare (CAQH®) Solutions EnrollHub® is Healthy Blue's EFT enrollment partner. Enrollment is open as of November 1, 2020, in CAQH. Enroll now to ensure you receive EFT payments.

- Registration info: <https://www.caqh.org/solutions/enrollhub>
- Select the Payer name containing:  
Healthy Blue

### Electronic remittance advice

Electronic remittance advice (ERA) is processed via Availity and will be available January 1, 2021. If you wish to enroll for ERA (835), use Availity to register and manage account changes:

- If you have a relationship with a clearinghouse, work with them to ensure connectivity with Availity.
- Healthy Blue's payer ID number is 00544.
- Setup with Availity is easy; visit <https://apps.availity.com/web/welcome/#/edi>.

### Prior authorizations

The Interactive Care Reviewer (ICR), Healthy Blue's pharmacy, medical and behavioral health self-service tool, is accessed online through the **Availity Portal**. Select Patient Registration > Authorizations & Referrals. Ask your Availity administrator to grant you the required ICR role assignment now so you can begin using the tool immediately when it becomes available:

- **Do you create and submit prior authorization requests?** Authorization and Referral Request role assignment
- **Do you check the status of the case or results of the authorization request?** Authorization and Referral Inquiry role assignment

## What's new now that we are Healthy Blue (cont.)



Additionally, you can submit prior authorization requests:

- Via fax: **1-800-964-3627**; for pharmacy retail prior authorizations: **1-833-370-0702**; for medical injectable requests: **1-833-370-0678**.
- For urgent requests, call Healthy Blue Provider Services at **1-833-388-1406** Monday to Friday 8:00 a.m. to 9:00 p.m. CST.

Use the Precertification Look Up Tool accessed through the Availity Portal and located in Payer Spaces to determine which services require prior authorization. This tool also provides information regarding if clinical edits apply, if a vendor is used, and additional information regarding the management of the service.

AIM Specialty Health®\* manages prior authorizations for the following modalities: radiology, cardiology, sleep, musculoskeletal, rehabilitation (PT, OT, ST), genetic testing and radiation oncology.

For services that are scheduled to begin on or after January 1, 2021, all providers must contact AIM beginning December 21, 2020, to obtain prior authorization review for the following non-emergency services.

### How to place a review request:

- **Online:** via the AIM *ProviderPortal*. *ProviderPortal* is available 24/7 and processes requests in real-time using clinical criteria. Go to [www.providerportal.com](http://www.providerportal.com) to register.
- **By phone:** Call AIM Specialty Health toll free at **1-855-574-6478** Monday to Friday 7:00 a.m. to 7:00 p.m. CST.

### Inpatient admissions:

- **Availity:** <https://www.availity.com>
- **Non-behavioral health fax:**  
**1-800-964-3627**
- **Behavioral health inpatient fax:**  
**1-844-462-0024**
- **Behavioral health outpatient fax:**  
**1-844-462-0027**
- **Healthy Blue Provider Services:**  
**1-833-388-1406** Monday to Friday  
8:00 a.m. to 9:00 p.m. CST.

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### Claims payment dispute

You can submit your verbal or written payment disputes within 90 calendar days of the date of the *EOP*. Complete the *Claim Payment Appeal Submissions Form* located on our website and note the following submission methods:

- **Verbal (reconsideration only):** Verbal submissions may be submitted by calling Provider Services at **1-833-388-1406** Monday to Friday 8:00 a.m. to 9:00 p.m. CST.
- **Online (reconsideration and claim payment appeal):** via the secure [Provider Availity Payment Appeal Tool](#).
- **Written (reconsideration and claim payment appeal):** Written reconsiderations and claim payment appeals should be mailed, along with the appropriate form, to:  
Payment Dispute Unit  
P.O. Box 61599  
Virginia Beach, VA 23466-1599

Submission forms are available on the Healthy Blue provider website in the Forms section.



## What's new now that we are Healthy Blue (cont.)

### Provider grievances

Providers can submit verbal or written grievances. Supporting documentation should accompany the grievance. Grievances are resolved fairly and are consistent with our policies and covered benefits. Grievances can be submitted via:

- Provider Services at **1-833-388-1406**  
Monday to Friday 8:00 a.m. to 9:00 p.m. CST.
- Your local Provider Relations representative
- Submit written grievances on members behalf to:  
P.O. Box 61010  
Virginia Beach, VA 23466-1010
- Fax at **1-866-387-2968**

### Fraud, waste and abuse

Fraud, waste and abuse concerns can be reported by:

- Visiting the Healthy Blue [provider website](#) and completing the *Report Waste, Fraud and Abuse form*.
- Calling Healthy Blue Provider Services at **1-833-388-1406** Monday to Friday 8:00 a.m. to 9:00 p.m. CST.

### Demographic changes effective on or after January 1, 2021

Demographic changes should be reported by calling Provider Services at **1-833-388-1406** Monday to Friday 8:00 a.m. to 9:00 p.m. CST.

Ensure that your Medicaid enrollment is also updated with any demographic changes you are submitting to Healthy Blue. Below is the link to Maximus, the Nebraska Medicaid enrollment broker: [www.nebraskamedicaidproviderenrollment.com](http://www.nebraskamedicaidproviderenrollment.com).

### Provider manual

The Healthy Blue provider manual will be available on January 1, 2021, at <https://provider.healthybluene.com>. (Please destroy old hard copies and electronic versions of the provider manual and replace them with the updated copy.) While we encourage use of the electronic copy in order to reduce use of paper and ensure you reference only the most up-to-date information, you may order a hard copy of the provider manual at no charge by calling our Provider Services team at **1-833-388-1406** Monday to Friday 8:00 a.m. to 9:00 p.m. CST.

### Provider training

Training for the new process and tools will start in October 2020. Training invitations will be sent to contracted providers as well as posted to the [provider website](#).

Trainings to prepare you for administrative changes:

- Medical provider orientation webinars
- Behavioral health specific webinars
- Secure Availability Portal
- AIM Specialty Health



## What's new now that we are Healthy Blue (cont.)

### Credentialing

Healthy Blue uses CAQH for the credentialing and recredentialing process. New providers should do the following:

- Register with CAQH (if you are not already registered). You may self-register by visiting [proview.caqh.org](https://proview.caqh.org). This is a secure and private portal.
- Select the Global Authorization so we can access your credentialing information. If you are already registered with CAQH, you will need to give us permission to review your information. If you need assistance, please review the *Resource Documents* on the CAQH website or call the CAQH Provider help line at **1-888-599-1771** Monday – Thursday, 8:00 a.m. to 10:00 p.m., CST. Friday 8:00 a.m. to 8:00 p.m., CST.
- Review and update your application. Ensure all sections of the application are complete and accurate.

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### What if I need assistance?

Our Provider Services phone number is changing. Providers should continue to use the existing phone number for services rendered before January 1, 2021. For services rendered on or after January 1, 2021, or questions related to the upcoming changes, use the new Healthy Blue Provider Services phone number: **1-833-388-1406** Monday to Friday 8:00 a.m. to 9:00 p.m. CST.

*\* Avality, LLC is an independent company providing administrative support services on behalf of Healthy Blue. AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.*

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## Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey



The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual standardized survey conducted between January and May to assess consumers' experience with their provider and health plan. A random sample of your adult and child patients may get the survey. Over half of the questions used for scoring are directly affected by providers. These questions are:

- When you needed care right way, how often did you get it?
- How often did you get an appointment for a check-up or routine care as soon as you needed?
- How often was it easy to get the care, tests, or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed?
- How often did your personal doctor seem informed and up-to-date about the care you got from other health providers?
- How would you rate your personal doctor?
- How would you rate the specialist you see most often?

To learn more about CAHPS and how you can improve the patient experience, review the *CAHPS Overview* training by visiting the Provider Training Academy/Provider Education webpage.

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

BNE-NL-0012-20



# Electronic Data Interchange Information

Healthy Blue has a strategic relationship with Availity\* to serve as our electronic data interchange (EDI) partner for all Medicaid electronic transactions.

Healthcare professionals, billing services and clearinghouses who are new to the EDI space can learn about [Availity](#) registration with Healthy Blue.

## Methods to exchange EDI transmissions with the Availity EDI Gateway:

1. Already exchanging EDI files?  
Providers can use existing clearinghouses or billing companies for Healthy Blue transmissions. (*Work with them to ensure connectivity to the Availity EDI Gateway.*)
2. Become a direct trading partner with the Availity EDI Gateway.
3. Use direct data entry for single claim submission through the Availity Portal.

## If you are registered with Availity

Use your existing login and choose: My Providers > Enrollments Center. Additionally, the below guides will walk you through the transition:

- Use the [EDI Connectivity Services Startup Guide](#) for detailed instructions.
- Use Availity's [EDI Companion Guide](#).

Healthy Blue providers can exchange the following transactions through the Availity EDI Gateway:

- 837 Institutional claims
- 837 Professional claims
- 837 Dental claims
- 835 Electronic remittance advice
- 275 Electronic medical attachments
- 270/271 Eligibility request
- 276/277 Claim status
- 278/278N Electronic preauthorization request

## Payer name and ID

The payer name is Healthy Blue, and the payer ID is 00544.

## Electronic remittance advice (ERA) registration

- Providers who have a direct connection can use [Availity](#) to manage their ERA accounts.
- Providers using a third party for ERAs must contact their choice of clearinghouse or billing service to enroll.
- ERA registration will be available as of January 1, 2021.
  - Log in to the [Availity Portal](#).
  - Navigate to My Providers > Enrollments Center > Transaction Enrollment.

You also have access to your *Explanation of Benefits* using the Remittance Inquiry Application on the Availity Portal to save images on your computer.

## Contacting Availity

For questions, contact Availity Client Services at **1-800-AVAILITY (1-800-282-4548)** Monday through Friday 8 a.m. to 7:30 p.m. ET.

## Electronic funds transfer (EFT) registration

- To register or manage account changes for EFT only, use the [EnrollHub™](#), a CAQH Solutions™ enrollment tool, a secure electronic EFT registration platform. This tool eliminates the need for paper registration, reduces administrative time and costs, and allows providers to register with multiple payers at one time.
- If you are a registered provider with EnrollHub for other payers, you can also add EFT for Healthy Blue to your account.
- Registration will be available as of November 1, 2020.
- If you have registration-related questions, contact EnrollHub Help Desk at **1-844-815-9763** from 6 a.m. to 8 p.m. CT Monday through Thursday, 6 a.m. to 6 p.m. CT Friday.

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

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# Register with new Payer Partner for Electronic Funds Transfer

Healthy Blue works with the Council for Affordable Quality Healthcare (CAQH) EnrollHub to provide electronic funds transfer (EFT). EFT payments for dates of service on or after January 1, 2021, will be processed by CAQH. As of November 1, 2020, registration and enrollment for Healthy Blue will be available via <https://www.caqh.org/solutions/enrollhub>. Healthy Blue suggests starting the registration process to ensure payment for dates of service on or after January 1, 2021, will be sent via EFT. Even if you are already registered with CAQH EnrollHub, you will need to enroll with Healthy Blue as a payer to receive EFT payments. If you do not register and enroll, you will receive a paper check or virtual card.

## Important information:

- Previous payment preferences will not be carried over for services rendered on or after January 1, 2021. You will need to register with CAQH and enroll with Healthy Blue to continue to receive EFT payments.
- Services rendered before January 1, 2021, will continue to be paid via your current payment preferences.
- If you do not enroll in CAQH EnrollHub, you will receive a paper check for services rendered on or after January 1, 2021.
- Providers who are currently receiving funds via a virtual card for another line of business will continue to receive virtual cards.
- For your convenience, we always recommend you register for EFT at the TIN level. Enrolling at the TIN level reduces administrative burden, as any new providers added to your practice or organization will automatically be set up under your existing EFT enrollment.
- The payment schedule will remain as it is currently.
- Payments will look different; EFT will be sent with a company name of HealthyBlue NE5C, and checks will be cut from a different account with a new style.
- ERA registration is completed in the secure Availity Portal,\* and you will receive training and documentation on how to register for Availity and all the features in Availity.

## New to CAQH:

- If you are not registered with CAQH EnrollHub, you will need to register and create a username, password and add your financial institution information.
- Once registered, you will need to enroll with Healthy Blue as the payer.

## Already registered with CAQH:

- If you are already registered with CAQH and enrolled with another payer, you will still need to enroll with Healthy Blue.
- Log into your CAQH account and enroll with Healthy Blue as payer.

## Enroll in EFT:

- Enrolling in EFT is fast and reliable. You can sign up using the **CAQH® Solutions EnrollHub™** tool at and select the payer name **Healthy Blue**. If you have registration-related questions, contact EnrollHub Help Desk at **1-844-815-9763** from 6 a.m. to 8 p.m. CT Monday through Thursday, 6 a.m. to 6 p.m. CT Friday.
- The payer name is Healthy Blue.
- Electronic remittance advice (ERA) registration is done through the Availity Portal. Availity information will be available in future communications and trainings.

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# New AIM programs effective January 1, 2021

Healthy Blue is always looking for ways to create value for all our stakeholders. We are pleased to announce effective January 1, 2021, Healthy Blue will transition review of radiology, cardiology, sleep, musculoskeletal, rehabilitation, genetic testing and radiation oncology services for Healthy Blue members to AIM Specialty Health® (AIM\*), a specialty benefits management company.

This relationship with AIM enables Healthy Blue to ensure that care aligns with established evidence-based medicine. AIM will follow the clinical hierarchy established by Healthy Blue for medical necessity determination. When existing guidance does not provide sufficient clinical detail, AIM will determine medical necessity using an objective, evidence-based process.

Detailed prior authorization requirements are available [online](#) through the Precertification Lookup Tool accessed under *Payer Spaces / Applications*. Contracted and noncontracted providers should call Provider Services at **1-833-388-1406**, Monday through Friday from 7 a.m. to 8 p.m. CT.

Providers are strongly encouraged to verify they have obtained prior authorization before scheduling and performing services.



**Read more online.**

*\* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue. AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.*

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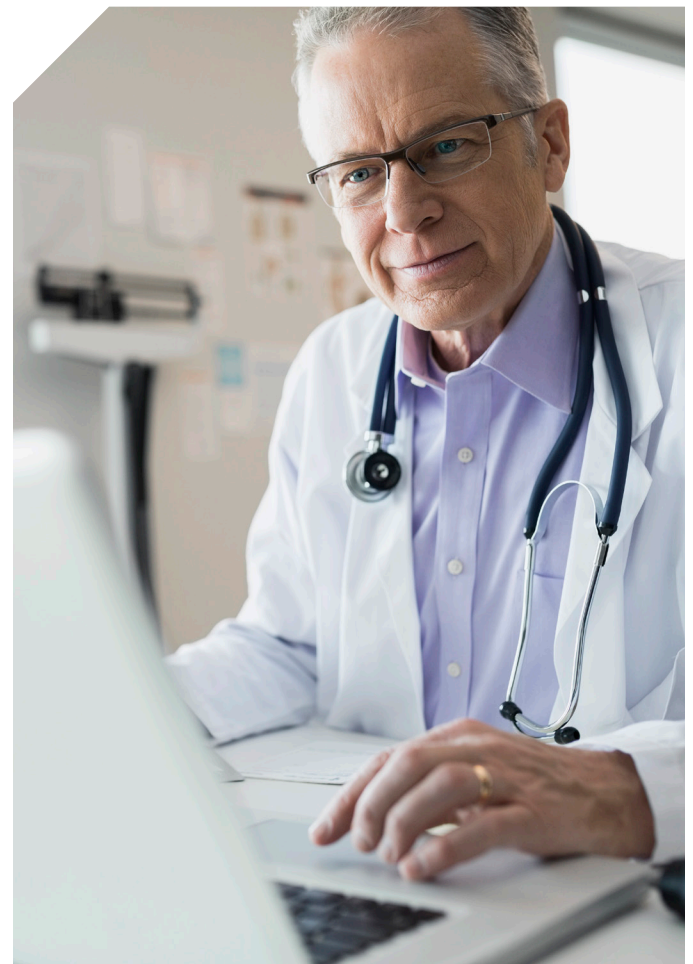
## Resources for your practice

Our provider websites help you learn more and provide access to helpful information and tools:

- Order entry checklists
- Clinical guidelines
- FAQ

Go to:

- [Radiology provider website](#)
- [Cardiology provider website](#)
- [Sleep provider website](#)
- [Musculoskeletal provider website](#)
- [Rehabilitation provider website](#)
- [Genetic Testing provider website](#)
- [Radiation Oncology provider website](#)



# Updates to AIM Specialty Health *Cardiac Clinical Appropriateness Guidelines*

Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Specialty Health<sup>®</sup> (AIM) *Advanced Imaging of the Heart and Diagnostic Coronary Angiography Clinical Appropriateness Guidelines*.

## Evaluation of patients with cardiac arrhythmias:

- Updated repeat transthoracic echocardiography (TTE) criteria.
- Added restrictions for patients whose initial echocardiogram shows no evidence of structural heart disease, and follow-up echocardiography is not appropriate for ongoing management of arrhythmia.

## Evaluation of signs, symptoms or abnormal testing:

- Added restrictions for TTE in evaluation of palpitation and lightheadedness based on literature.

## Diagnostic coronary angiography:

- Updated criteria to evaluate patients with suspected congenital coronary artery anomalies.

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

- Access AIM's [ProviderPortal<sub>SM</sub>](#) 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 Portal](#). Call the AIM Contact Center toll free at **1-800-714-0040** Monday to Friday from 7 a.m. to 7 p.m. Central time.

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.

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

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## Clinical Criteria

Effective January 1, 2021, Healthy Blue membership will transition to the Healthy Blue suite of *Clinical Criteria*. Please visit our [Medical Policy and Utilization Management Guidelines \(UM\) subsidiary website](#) to view the full list of criteria. In addition, we will use the American Society of Addiction Medicine<sup>®</sup> criteria for substance use services. Please note, Medicaid state contracts, regulatory guidance, CMS requirements and our *Medical Policy/Clinical UM Guidelines* supersede MCG Care Guidelines.

BNE-NL-0001-20



## Pregnancy notification process using the Benefit Look-Up Tool



Healthy Blue aims to identify all pregnant members early in their pregnancy so members can take full advantage of the education, support, resources and incentives available through the New Baby, New Life<sup>SM</sup> program we offer.

Healthy Blue uses the Benefit Look-Up Tool in the Availity Portal\* to generate timely information about newly identified pregnant women. Early intervention helps improve birth outcomes and assists patients with accessing additional benefits as soon as possible.

### How it works:

During the eligibility and benefits inquiry, if the member is of childbearing age, the office associate will be prompted to answer whether the member is pregnant or not. If the response is yes, the system will ask the due date, and a *Maternity* form is generated. Providers are asked to complete the form and provide additional information including the dates of the first prenatal and postpartum care visits.

Just follow these simple steps:

- Perform an eligibility and benefits request on a Healthy Blue member of childbearing age and choose one of the following benefit service types: maternity, obstetrical, gynecological, obstetrical/gynecological.
- Before you see the benefit results screen, you will be asked if the member is pregnant and given a *Yes* or *No* option. If you indicate *Yes*, you will be asked what the estimated due date is. Fill in that date if you have an estimate or leave it blank if you do not.

After you submit your answer, you will be taken to the benefits page. In the background, a *Maternity Application* form will be generated for this patient in the maternity application in Payer Spaces for Healthy Blue.

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

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## Availity Portal pregnancy notification process and *Maternity* form: provider FAQ

### What is the purpose of the Availity Portal pregnancy notification process?

Healthy Blue aims to identify all pregnant Healthy Blue members early in their pregnancy so members can take full advantage of the education, support, resources and incentives available through maternity programs like New Baby, New Life<sup>SM</sup>.

### When will the maternity screening questions display?

In the Availity Portal,\* the provider will choose one of four maternity service types (maternity, obstetrical, gynecological and/or obstetrical/gynecological) during the eligibility and benefits inquiry. For members 15 to 44 years of age, the system will then display a maternity screening consisting of two required questions. If the provider confirms the patient is pregnant, a *Maternity* form is generated. If the patient is not pregnant, the desired eligibility and benefits information displays, and no further action is required.



**Read more online.**

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# Reimbursement Policies

## Healthy Blue reimbursement policies

Effective January 1, 2021, reimbursement policies will become effective and located on the provider website. Healthy Blue reimbursement policies apply to providers who serve members enrolled in Healthy Blue. Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue strives to minimize these variations. To view the updated reimbursement policies, visit the provider self service [website](#).



### What does this mean to me?

Please refer to the reimbursement policy website, your provider manual and/or your provider contract as a guide for reimbursement criteria. Reimbursement policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence. Proper billing and submission guidelines are required along with the use of industry-standard, compliant codes on all claim submissions.

We reserve the right to review and revise our policies when necessary. Reimbursement policies go through a review every two years for updates to state, federal or CMS contracts and/or requirements. When there is an update, we will publish the most current policy at <https://provider.healthybluene.com>.

### Coding and clinical editing

Healthy Blue applies code and clinical editing guidelines to evaluate claims for accuracy and adherence to accepted national industry standards and plan benefits. We use sophisticated software products to ensure compliance with standard code edits and rules. These products increase consistency of payment for providers by ensuring correct coding and billing practices. Editing sources include but are not limited to CMS National Correct Coding Initiative, *Medical Policies* and *Clinical Utilization Management Guidelines*. Healthy Blue is committed to working with you to ensure timely processing and payment of claims.

### What if I need assistance?

The complete set of policies is available at <https://provider.healthybluene.com>. If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-833-388-1406** from 7 a.m. to 8 p.m. CT Monday to Friday.

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