



Healthy Blue



# Provider News

February 2023



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Want to receive our  
*Provider News* and other  
communications via email?  
Submit your information to us using  
the QR code to the left or click [here](#).

## 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.healthybluene.com>

**Provider Services:**

**833-388-1406**

7 a.m. to 8 p.m. CT Monday to Friday



## Featured Announcement

### A new look is coming to our *Provider News*

We are committed to improving the way we do business with our provider community. Based on your feedback, we are pleased to announce that a new look and feel is coming to *Provider News*, including our monthly newsletter, in the first half of 2023, with additional improvements planned throughout the rest of year.

This new design features an enhanced search capability for individual articles and publications housed in a fully digital library. We're updating the format of articles to improve readability and allow for printing on an individual basis.

Stay tuned as we share more details on the new *Provider News* and these improvements in 2023.

NEHB-CD-016198-22-CPN15789



# Administrative

## AIM Specialty Health will transition to Carelon Medical Benefits Management Inc.

In March 2023, AIM Specialty Health®\* will transition to Carelon Medical Benefits Management Inc. This transition is a name change only, and there will be no process changes. The new name will not impact the way AIM works with health plans and providers. In March, any operational assets that mention AIM Specialty Health (such as determination letters) will adopt the new Carelon Medical Benefits Management Inc. name.

### Provider brand transition FAQ:

Provider experience focus area	
1. Will the <b>AIM ProviderPortal</b> <sup>SM</sup> URL or platform name be changed?	No, the website address will not be impacted; all providers will continue to have access to <b><a href="http://www.providerportal.com">www.providerportal.com</a></b> . The AIM logo will be replaced with a Carelon logo. No changes are being made to the case submission process.
2. Will there be any changes to the <b>AIM Clinical Guidelines</b> URL or content?	Yes, the clinical guidelines site will be automatically redirected to a new Carelon URL, and the branding will be updated to reflect Carelon.
3. Are any phone number changes planned as part of this transition?	No, inbound phone numbers are not being changed. References to AIM within recorded scripting will be replaced with Carelon Medical Benefits Management Inc.
4. Will there be any changes for providers who connect with AIM via other means such as <b>Availity Essentials</b> *?	No, access changes are not needed or planned; however, all references to the AIM company name will eventually be updated to Carelon Medical Benefits Management Inc.
5. Will AIM references on health plan websites and member materials such as ID cards be changed?	Not right away. Providers may continue to see the AIM company name on health plan websites and member ID cards for some time, but it's expected that these will be changed through scheduled content update cycles.
Corporate website	
1. Will the <b>AIM corporate website</b> URL be changed?	The corporate website will be moved to <b><a href="http://www.carelon.com">www.carelon.com</a></b> . All links to the <b>ProviderPortal</b> and clinical guideline pages will remain active and will be redirected.
Provider microsites	
1. Will the AIM provider microsite URLs change?	The provider microsite URLs you use today to access information from AIM will be automatically redirected to new Carelon URLs, and the branding will be updated to reflect Carelon branding.

\* 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.

NEHB-CD-015645-22-CPN15114



# Engagement with your patient counts

## Why is this important?

Each year, a random sample of enrolled members receive a CAHPS Survey<sup>®\*</sup> 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 0 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 0 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<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

NEHB-CD-008638-22-CPN6881





## 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 **833-388-1406**. Hours: 7 a.m. to 8 p.m. CT Monday to Friday.

NEHB-CD-014697-22-CPN14594

# Policy Updates — *Medical Policies and Clinical Guidelines*

## *Medical Policies and Clinical Utilization Management Guidelines 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.

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

To view a guideline, visit <https://provider.healthybluene.com>.

### Updates:

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

- CG-MED-91 - Remote Therapeutic and Physiologic Monitoring Services:
  - Outlines the *medically necessary* and *not medically necessary* criteria for remote therapeutic and physiologic monitoring services
- CG-SURG-114 - Ophthalmic use of Nd: YAG Laser for Posterior Capsulotomy:
  - Outlines the *medically necessary* and *not medically necessary* criteria for ophthalmic use of Nd: YAG laser for posterior capsulotomy
- CG-LAB-22 - Nucleic Acid Amplification Tests Using Algorithmic Analysis for the Diagnosis of Bacterial Vaginosis:
  - Outlines the *medically necessary* and *not medically necessary* criteria for the use of nucleic acid amplification tests using algorithmic assays to detect bacterial vaginosis
- CG-GENE-11 - Genotype Testing for Individual Genetic Polymorphisms to Determine Drug-Metabolizer Status:
  - Added thiopurine methyltransferase (TPMT) to scope of document and Clinical Indications *medically necessary* section
- DME.00050 - Remote Devices for Intermittent Monitoring of Intraocular Pressure:
  - The use of remote devices for intermittent monitoring of IOP is considered *investigational* and *not medically necessary* for all indications
- MED.00140 - Gene Therapy for Beta Thalassemia:
  - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for a one-time infusion of betibeglogene autotemcel for individuals with beta thalassemia
- MED.00142 - Gene Therapy for Cerebral Adrenoleukodystrophy:
  - Outlines the *medically necessary* and *investigational* and *not medically necessary* criteria for infusion of elivaldogene autotemcel
- DME.00044 - Robotic Arm Assistive Devices; previously titled: Wheelchair Mounted Robotic Arm:
  - Revised title
  - Rescoped the *Position Statement* to also address robotic feeding assistive device

## Medical Policies and Clinical Utilization Management Guidelines update (cont.)

### Medical Policies

On August 11, 2022, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These guidelines take effect April 13, 2023.

### Clinical UM Guidelines

On August 11, 2022, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines adopted by the medical operations committee for Healthy Blue members on September 22, 2022. These guidelines take effect April 13, 2023.



**Read more online.**

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

NEHB-CD-012686-22

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

Effective for dates of service on and after April 9, 2023, several updates will apply to the AIM Specialty Health®\* *Advanced Imaging Clinical Appropriateness Guidelines*.



**Read more online.**

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

NEHB-CD-012951-22-CPN11942





## AIM Specialty Health Cardiology *Clinical Appropriateness Guidelines CPT Code List* update

As previously communicated in the December 2022 edition of *Provider News*, AIM Specialty Health®\* will apply additional code updates to the AIM *Diagnostic Coronary Angiography and Percutaneous Coronary Intervention Clinical Appropriateness Guidelines*. That code update expansion has been delayed. The codes listed below will go into effect April 1, 2023, not February 1, 2023, as originally communicated

### Diagnostic coronary angiography:

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)



## Percutaneous coronary intervention:

CPT® code	Description
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
C1714	Catheter, transluminal atherectomy, directional
C1724	Catheter, transluminal atherectomy, rotational
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)
C1753	Catheter, intravascular ultrasound
C1760	Closure device, vascular (implantable/insertable)
C1761	Catheter, transluminal intravascular lithotripsy, coronary
C1769	Guide wire
C1874	Stent, coated/covered, with delivery system
C1875	Stent, coated/covered, without delivery system
C1876	Stent, non-coated/non-covered, with delivery system
C1877	Stent, non-coated/non-covered, without delivery system
C1885	Catheter, transluminal angioplasty, laser
C1887	Catheter, guiding (may include infusion/perfusion capability)

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.
- Call the AIM Contact Center toll-free number at **800-714-0040**, Monday through 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 [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.*

NEHB-CD-015070-22-CPN14827



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

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.

NEHB-CD-013060-22-CPN12350



# Products and Programs — Pharmacy

## Prior authorization updates for medications billed under the medical benefit

Effective for dates of service on and after March 1, 2023, the following medication codes billed on medical claims from current or new *Clinical Criteria* documents will require prior authorization.

Please note, inclusion of a national drug code on your medical claim is required for claim processing.

Visit the [Clinical Criteria website](#) to search for the specific *Clinical Criteria* listed below.

<b>Clinical Criteria</b>	<b>HCPSC or CPT® codes</b>	<b>Drug name</b>
<b>ING-CC-0210</b>	J1302	Enjaymo (sutimlimab-jome)
<b>ING-CC-0211</b>	J9274	Kimmtrak (tebentafusp-tebn)
<b>ING-CC-0212</b>	J2356	Tezspire (tezepelumab-ekko)
<b>ING-CC-0213</b>	J3490, C9399	Voxzogo (vosoritide)

\* HCPSC and CPT codes noted are eligible for payment based on Medicaid requirements and covered services by each state agency.

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

NEHB-CD-004291-22-CPN4075-B/NEHB-CD-014754-22



# 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).

NEHB-CD-012267-22-CPN11878

