Healthy Blue | HERITAGE HEALTH

Provider News | June 2023

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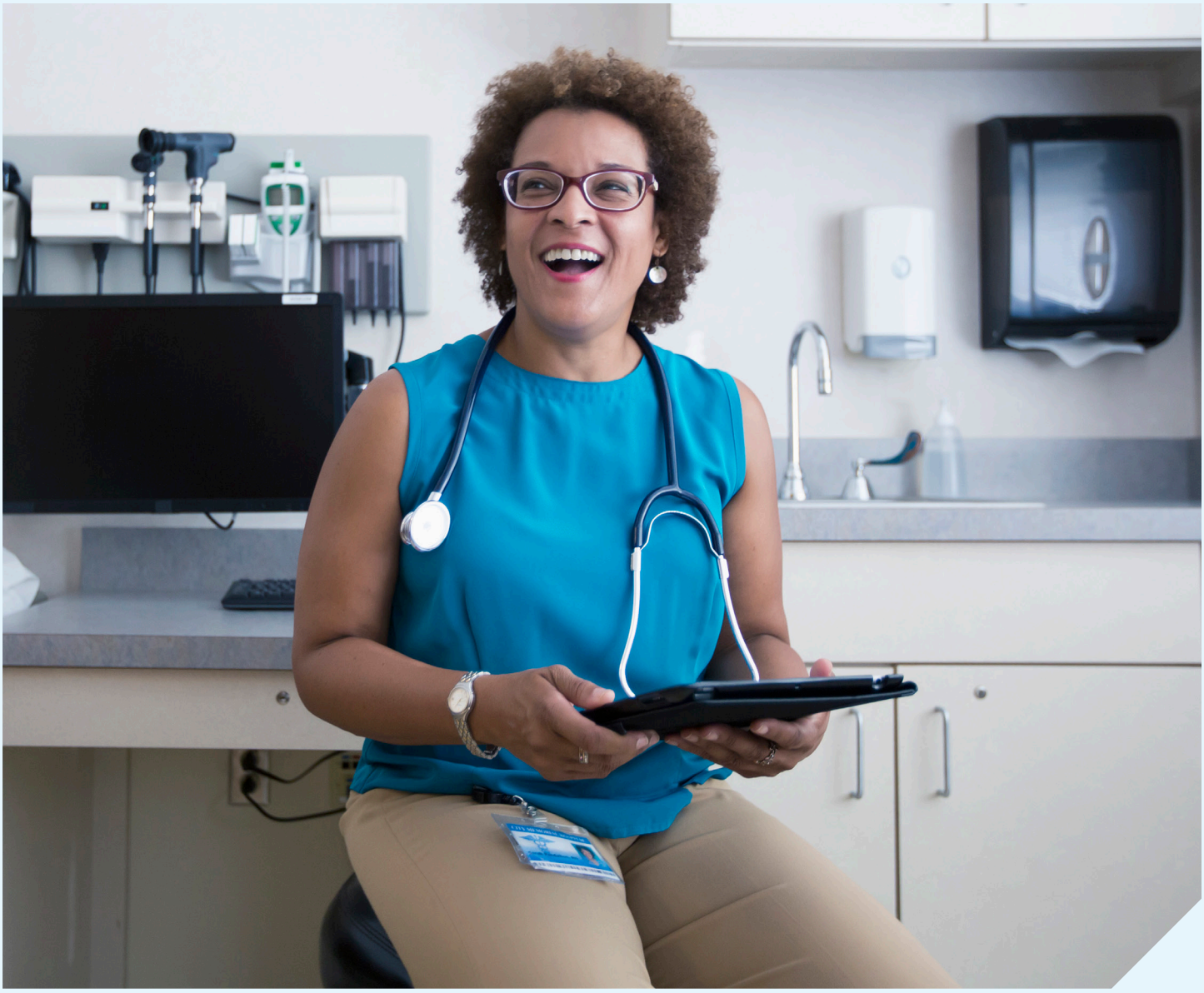
NEHB-CD-024909-23



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

Update: Use of modifier 25 for billing for visits that include preventive and problem-oriented evaluation and management services

On August 1, 2022, we communicated that Healthy Blue would begin to implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service is billed with a problem-oriented E/M service and appended with modifier 25 (**Provider News article**). We have since decided to limit this review for claims for members aged 22 and older. Subsequently, we have updated the impacted CPT® codes. For your convenience, we are including an updated communication below:

Healthy Blue will implement additional steps to review claims for evaluation and management (E/M) services submitted by professional providers when a preventive service (CPT codes 99385-99387 or 99395-99397) is billed with a problem-oriented E/M service (CPT codes 99202-99215) and appended with modifier 25 (for example, CPT code 99395 billed with CPT® code 99213-25). This review is limited to claims for members aged 22 and older.

According to the *American Medical Association (AMA) CPT Guidelines*, E/M services must be *significant and separately identifiable* in order to appropriately append modifier 25. Based upon review of the submitted claim information, if the problem-oriented E/M service is determined not to be a significant, separately identifiable service from the preventive service, the problem-oriented E/M service will be bundled with the preventive service.

Providers who believe their medical record documentation supports a significant and separately identifiable E/M service should follow the claims payment dispute process (including submission of such with the dispute) outlined in the provider manual.

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials,* go to **availity.com** and select the appropriate payer space tile from the drop-down. Then, select **Chat with Payer** and complete the pre-chat form to start your chat.

For additional support, visit the *Contact Us* section at the bottom of our provider website for the appropriate contact.

NEHB-CD-021020-23-CPN20972

Email is the quickest and most direct way to receive important information from Healthy Blue.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code below or via our online form (**https://bit.ly/3oXHYBP**).

Building Vaccine Confidence — A webinar hosted by Pfizer

Join the webinar to empower vaccine confidence and address vaccine hesitancy by parents. Hear from Pfizer experts regarding effective vaccine communication to increase acceptance of vaccine recommendations for childhood and adolescent immunizations.

Learning objectives:

- Learn about vaccine confidence basics
- Key determinants of vaccine decision-making
- Vaccine development and safety monitoring
- Communication strategies and best practices

Webinar date and time:

- Tuesday, June 20, 2023
- 9 a.m. Pacific time/ noon Eastern time

Playback of the webinar recording only available for two weeks.

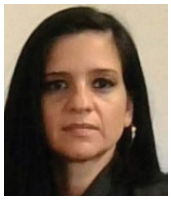
Register at: **http://bit.ly/41YxHoz**. (Open link in Google Chrome for the best experience.)

CPN-CD-026397-23-CPN21934

Speakers:

Antonio Jesús Iglesias, PharmD
Vaccines Medical Director, Pfizer

Antonio Jesús Iglesias, PharmD, is a Vaccines Medical Director, Pfizer US Medical Affairs/ Vaccines Medical Development and Scientific Affairs. Dr. Iglesias is committed to making a difference in geographies that include children and adults with disproportionate vaccination rates. He has over 30 years of healthcare-related experience in various sectors, including the pharmaceutical industry, academia, managed care organizations, and government. He received a BS degree in Chemical Engineering and a Doctor of Pharmacy degree from the University of Florida. He also completed a Pharmacy Practice Residency in Pediatrics at the University of Florida/ Jackson Memorial Health System in Miami.



Dr. Mateu-Petit
Vaccines Medical Director, Pfizer

Dr. Mateu-Petit is a Vaccines Medical Director at Pfizer. She has expertise in the areas of virology, molecular biology, cell biology, immunology, vaccine-preventable diseases, vaccine clinical trials, and epidemiology of infectious diseases. She joined the Medical Affairs Department after 12 years of academic career. She transitioned to the private sector from the Influenza Division at the Centers for Disease Control and Prevention where her research was focused on the development, characterization, and evaluation of novel and seasonal influenza candidate vaccine viruses. Since then, her efforts have been dedicated to the field of vaccinology.

Correct coding for hospital outpatient clinic visits for Medicaid

To align with correct coding guidelines for HCPCS code G0463, Healthy Blue is updating its outpatient facility editing system. For Medicaid claims processed on or after July 1, 2023, when HCPCS code G0463 is billed with an inappropriate revenue code, it will be denied. According to correct coding guidelines, HCPCS code G0463 is for *hospital outpatient clinic visits or assessment and management of a patient* and should only be billed with revenue codes that support the billing of clinic visits, assessments, and management services including the following:

- Clinic (0510 to 0517, 0519, 0520)
- ER urgent care (0456)
- Treatment room (0761)

For assistance with coding guidelines, please refer to the CPT® coding guidelines. If you believe you have received a denial in error, please follow the Healthy Blue standard claim payment dispute process as outlined in the provider manual.

NEHB-CD-016159-22-CPN15909

Pregnancy notification incentive

Healthy Blue appreciates the care providers deliver to our pregnant members, as prenatal care is vital to the health of mom and baby. We know that early identification of pregnancy is essential and allows the health plan to begin outreach to our pregnant members to support and assist them with needed resources that promote positive maternal and infant health outcomes.

As early identification is important, Healthy Blue will offer an incentive to providers for the completion and submittal of an ***Obstetrical Needs Assessment Form*** for members in their first trimester of pregnancy or within 42 days of enrollment with the health plan.

Providers will qualify for $50 for each completed *Obstetrical Needs Assessment Form* per member, beginning January 1, 2023. Simply fax completed forms to **844-483-4918**.

NEHB-CD-021041-23

Helping to reduce delays when submitting attachments

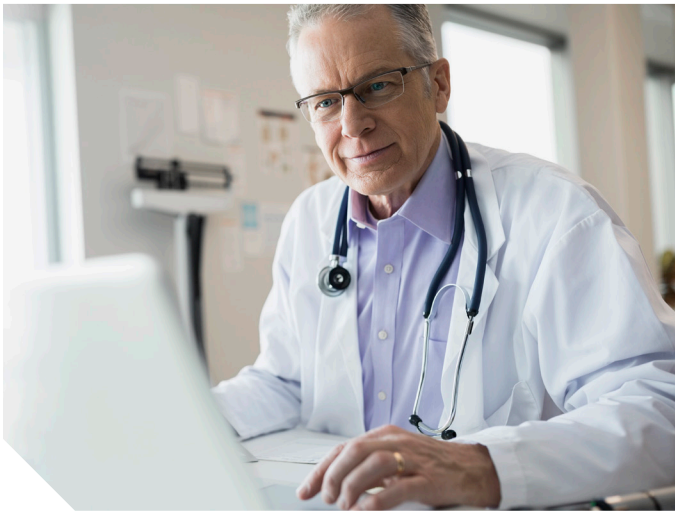
Make sure your correspondence includes one of these elements

The best way to send supporting documents when disputing, appealing, or sending us additional information about a claim is to use the digital applications available on **Availity.com**.* Using **Availity.com** to send attachments, such as medical records or an itemized bill, is:

- **Faster:** We'll receive the documents needed faster than through the mail.
- **Less expensive:** No need to pull records, copy them, and then mail them. Digital submissions can be uploaded directly to the claim.
- **Easier:** Submitting attachments digitally is the easiest way to send them and the best way for us to receive them.
- **More accurate:** The information needed to identify the claim is automated, so the risk associated with submitting incorrect information on paper is eliminated.

However, if you choose to send documentation through the mail, it is important that you include **at least one of the three following elements**; otherwise, we will not be able to match the document to the claim, and **the correspondence will be returned to you**, causing further delays:

1. Valid claim number and valid member ID
2. Valid enrollee ID with prefix and correct dates of service
3. Valid enrollee ID with prefix and billed charges



For a clinical appeal, ensure one of these elements are included:

1. Valid claim number and valid member ID
2. Valid enrollee ID with prefix and correct dates of service
3. Valid enrollee ID with prefix and billed charges
4. Enrollee name, enrollee date of birth, and correct dates of service
5. Enrollee name, enrollee date of birth, and either an authorization, or reference number

This is important: We cannot match the attachment to the correct claim or enrollee if these elements are not included with your non-digital (fax or mail) submission.

Helping to reduce delays when submitting attachments (cont.)

The preferred method for submitting supporting documentation is digitally because the documents are attached directly to the claim. This reduces the possibility that incorrect information is included on the paper submission.

To attach documents to your claim digitally, go to **Availity.com** and use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim and use the **Submit Attachments** button to upload your supporting documentation.

For a claim dispute or an appeal, from **Availity.com**, use the *Claims & Payments* tab to access *Claims Status*. Enter the necessary information to find your claim, use the **Dispute** button, and upload your supporting documentation. If the **Dispute** button capability is not available, refer to the provider manual for information about how to file a claim dispute/appeal.

If you do send supporting documentation through the mail or fax, **you must include the elements noted above**. It is preferrable that you include this information on the first page of the correspondence you send to us. If this information is not included on your paper correspondence, **we will return the correspondence to you** because we are not able to validate the documentation.

For information about submitting attachments digitally, use access the **Availity: Learn about the new claim attachments workflow**.

NEHB-CD-017164-22-CPN16479

Provider Pathways — Doing business with Healthy Blue orientation

At Healthy Blue, we value you as a provider in our network. That's why we've redesigned one of the ways we share important information about our tools and resources to make it more useful for you. Provider Pathways is a 24/7 digital resource that gives a foundation on doing business with Healthy Blue. We are always looking to improve our training methodology, and this self-paced offering provides Healthy Blue with a new approach to an easy on demand option for sharing information on our most frequently used provider tools and resources. In addition, Provider Pathways – Doing business with Healthy Blue orientation gives you the flexibility for scheduling training for yourself and your staff.

You're in control of your training experience!

You select the training path you need. Do you want to learn more about authorizations or maybe you need information on claims? You pick the path. You decide the pace. Provider Pathways includes information on most of our frequently used provider tools and resources:

- Joining our network.
- Signing up for Availity Essentials*
- Enrolling in EFTs/ERAs.
- Checking member eligibility and claim status.
- Authorizations and so much more.
- For your convenience, Provider Pathways is available on the Training Academy of the **provider website**. If you have questions about this new provider resource, please reach out to your Provider Relations team.

NEHB-CD-010998-22-SRS9162

** Availity, LLC is an independent company providing administrative support services on behalf of the health plan.*

Policy Updates

Clinical Criteria updates

On August 19, 2022, September 12, 2022, November 18, 2022, November 28, 2022, and December 12, 2022, the Pharmacy and Therapeutic (P&T) Committee approved several *Clinical Criteria* applicable to the medical drug benefit for Healthy Blue. These policies were developed, revised, or reviewed to support clinical coding edits.

Visit the ***Clinical Criteria* website** to search for specific policies. If you have questions or additional information, reach out via **email**.

NEHB-CD-021523-23

Moving Toward Equity in Asthma Care CME Training and Asthma Medication Ratio HEDIS measure update

Moving Toward Equity in Asthma Care

Healthy Blue is committed to achieving health equity in asthma outcomes with diverse populations. As part of this commitment, we offer an online training, **Moving Toward Equity in Asthma Care**. This course is accessible from any mobile device or computer and provides one continuing medical education credit at no cost to you. Visit **www.mydiversepatients.com**.

Asthma Medication Ratio (AMR) HEDIS measure

The National Committee for Quality Assurance (NCQA) is also working to identify and reduce disparities in care. As part of this effort, race and ethnicity stratifications were added to the AMR HEDIS® metric this year. The AMR metric measures the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Did you know:

- Hispanics and African Americans with asthma are less likely to take daily controllers and are more likely to visit the ER and be hospitalized for asthma-related conditions than non-Hispanic whites?[1]
- Asian Americans are more likely to die from asthma than non-Hispanic whites?[2]
- Appropriate medication management for patients with asthma could reduce the need for rescue medication — as well as the costs associated with ER visits, inpatient admissions, and missed days of work or school?

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

Helpful tips:

- Ensure at least half of the medications dispensed to treat asthma are controller medications throughout the measurement period.
- Talk to the patient about the importance of controller medication compliance and not to use rescue medications on a regular basis, unless part of asthma action plan.
- Encourage patients to fill their prescriptions on a regular schedule rather than waiting until they are symptomatic.
- Create a written asthma action plan in language the patient understands, and schedule follow-up appointments with patients. Ask patients questions to assess asthma control, adherence to the action plan, and identify triggers.
- Utilize evidence-based asthma assessment tools to assess asthma control, adherence to the action plan, and identify triggers.
- Take the **Moving Toward Equity in Asthma Care** CME course at no cost for more helpful tips.

Additional resources

Also available is the **Asthma & Me** training. Do your patients have asthma? Show them the pathophysiology of asthma in their preferred language.

References:

1 Asthma and Allergy Foundation of America & National Pharmaceutical Council. (2005). Ethnic Disparities in the Burden and Treatment of Asthma. Retrieved from **https://bit.ly/2NwqavU**
2 U.S. Department of Health & Human Service, Office of Minority Health. (2016, May 9). Asthma and Asian Americans. Retrieved from **https://www.minorityhealth.hhs.gov**
3 Asthma and Allergy Foundation of America. (2020). Asthma Disparities in America: A Roadmap to Reducing Burden on Racial and Ethnic Minorities. Retrieved from **https://bit.ly/3KYd1qd**

NEHB-CD-019279-23-CPN18979

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Statin Therapy Exclusions for Patients With Cardiovascular Disease/Diabetes HEDIS measures

The Statin Therapy Exclusions for Patients With Cardiovascular Disease (SPC) HEDIS® measures examines the percentage of patients with atherosclerotic cardiovascular disease (SPC) who received and adhered to statin therapy throughout the measurement year. However, statin therapy does not work for everyone, and alternative therapies are necessary to minimize their risk for future complications. If you have patients who cannot tolerate statin therapy, it is important that you document and notify us annually so we can exclude the patients from your list of open care gaps. Refer to NCQA guidelines for a complete listing of exclusion criteria.

How to submit exclusion data:

- Indicate the appropriate ICD-10 code for encounters.
- Use standard data file submission or EMR/EHR access for supplemental data collection.

Exclusions are applied based on diagnosis codes on the date of service provided on the claim or through supplemental data collection. Based on the timing of your data submission and when reports are generated, it may take several weeks for exclusions to be reflected on your reports.

Please note, if exclusions are not coded properly or given to Healthy Blue in the proper format, the care gap will remain open until the failure reason is corrected. Patients listed on the *open care gap report* are assumed to tolerate statin therapy and will have their care gaps closed after claims for moderate to high intensity statins are adjudicated by Healthy Blue.

Tips for implementing best practices and improving your quality scores:

- Educate your patients on the importance of adhering to their statin therapy regime and on potential side effects. If they start to experience muscle pain or weakness, have them contact you to discuss their options.
- Statin therapy should also be accompanied by lifestyle modifications, such as a healthy diet and exercise. Work with your patients to proactively identify and overcome any barriers that may prevent lifestyle modifications. Discuss creating a realistic, individualized exercise routine based on the patient's ability and interests. Encourage a healthy diet based on the patient's culture and locally available produce, stores, and resources.

NEHB-CD-015203-22-CPN14452