



Healthy Blue



Provider Newsletter

April 2021

<https://provider.healthybluene.com>

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



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Want to receive the *Provider Newsletter* via email?

Click [here](#) to provide/update your email address.





Sign up to receive email from Healthy Blue

In order to communicate more efficiently with providers, Healthy Blue is now sending some bulletins, policy change notifications, prior authorization update information, educational opportunities and more to providers via email.

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

What do we need from you?

To receive email from Healthy Blue (including some sent in lieu of fax or mail), submit your information via the contact form located on the provider site: <https://provider.healthybluene.com> > Forms > Other Forms > **Sign up to receive email from Healthy Blue.**

When multiple email addresses, NPIs or TINs exist, you need to submit all of the required fields separately for each individual provider or provider within a group. However, please keep in mind that we can only accept one email address for each unique provider record.

BNE-NL-0021-21

MCG Care Guidelines 24th edition customization

Effective June 1, 2021, the following new customizations will be implemented:

- **Gastrointestinal Bleeding, Upper (W0170, previously ORG M-180)** — Customized the Clinical Indications for admission to inpatient care by revising the hemoglobin; systolic blood pressure; pulse; melena; orthostatic hypotension; and BUN criteria.
- **Gastrointestinal Bleeding, Upper Observation Care (W0171, previously OCG OC-021)** — Customized the Clinical Indications for observation care by revising the systolic blood pressure and hemoglobin criteria and adding melena or hematochezia and suspected history of bleeding.

You can access a detailed summary of customizations in the [Customizations to MCG Care Guidelines 24th Edition](#) notice posted online.

BNE-NL-0017-20

Coding spotlight: overview of the 2021 evaluation and management changes

Why are these changes necessary?

Changes are meant to simplify code selection criteria, make coding more clinically relevant and to reduce documentation overload for office-based evaluation and management (E&M) services, while continuing to differentiate payment based on complexity of care.

Key elements of major revisions for 2021:

- Physicians may choose their documentation based on medical decision making (MDM) or total time (including non-face-to-face services).
- History and exam are still important parts of the notes and may contribute to both time and MDM, but they will no longer be scored for determining the level of the E&M visit.
- MDM criteria has moved away from simply adding up tasks to instead focusing on tasks that affect the management of a patient's condition.
- Code 99201 was deleted.
- Codes 99202 to 99215 were revised.



[Read more online.](#)

BNE-NL-0019-20

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.

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

Notes/updates:

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

- * MED.00134 — Non-invasive Heart Failure and Arrhythmia Management and Monitoring System:
 - Revised Investigational and Not Medically Necessary indications
- *SURG.00156 — Implanted Artificial Iris Devices:
 - Revised Investigational and Not Medically Necessary indications
- *SURG.00157 — Minimally Invasive Treatment of the Posterior Nasal Nerve to Treat Rhinitis:
 - Revised Investigational and Not Medically Necessary indications
- *GENE.00055 — Gene Expression Profiling for Risk Stratification of Inflammatory Bowel Disease (IBD) Severity
 - Gene expression profiling for risk stratification of inflammatory bowel disease (IBD) severity, including use of PredictSURE IBD, is considered investigational and not medically necessary for all indications.
- *LAB.00037 — Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)
 - Serological testing for biomarkers of irritable bowel syndrome (for example, CdtB and anti-vinculin), using tests such as, IBSDetex, ibs-smart or IBSchek, is considered investigational and not medically necessary for screening, diagnosis or management of irritable bowel syndrome, and for all other indications.
- *CG-LAB-15 — Red Blood Cell Folic Acid Testing
 - RBC folic acid testing is considered not medically necessary in all cases.
- *CG-LAB-16 — Serum Amylase Testing
 - Serum amylase testing is considered not medically necessary for acute and chronic pancreatitis and all other conditions.
- CG-REHAB-12 — Rehabilitative and Habilitative Services in the Home Setting: Physical Medicine/Physical Therapy, Occupational Therapy and Speech-Language Pathology:
 - A new Clinical UM Guideline was created from content contained in CG-REHAB-04, CG-REHAB-05 and CG-REHAB-06.
 - There are no changes to the guideline content.
 - Publish date is December 8, 2020.
- SURG.00158 — Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain:
 - A new Medical Policy was created from content contained in DME.00011
 - There are no changes to the policy content.
 - Publish date is December 16, 2020.

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

- CG-GENE-21 — Cell-Free Fetal DNA-Based Prenatal Testing:
 - A new *Clinical Guideline* was created from content contained in GENE.00026
 - There are no changes to the guideline content.
 - Publish date is December 16, 2020.

Medical Policies

On August 13, 2020, and November 5, 2020, the Medical Policy and Technology Assessment Committee (MPTAC) approved several *Medical Policies* applicable to Healthy Blue. These policies take effect June 6, 2021.

Clinical UM Guidelines

On August 13, 2020, and November 5, 2020, the MPTAC approved several *Clinical UM Guidelines* applicable to Healthy Blue. These guidelines were adopted by the Medical Operations Committee for Healthy Blue members on September 9, 2020, and November 19, 2020. These guidelines take effect June 6, 2021.



[Read more online.](#)

BNEPEC-0448-21

