



Healthy Blue



# Provider Newsletter

July 2021

<https://provider.healthybluene.com>

Provider Services: 833-388-1406 • 7 a.m. to 8 p.m. CT Monday to Friday



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**Want to receive**

the *Provider Newsletter* via email?

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





## 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](#).



# Administration

## Frequently asked questions — electronic data interchange

Healthy Blue in Nebraska uses Availity\* as its exclusive partner for managing all electronic data interchange (EDI) transactions. EDI, including electronic remittance advices (ERA), allows for a faster, more efficient, and cost-effective way for provider organizations to do business.

### Using Availity, you can complete the following HIPAA transactions:

- Healthcare claim payment/advice (835)
- Healthcare claim status request and response (276/277)
- Healthcare claim: Dental (837D)
- Healthcare claim: Institutional (837I)
- Healthcare claim: Professional (837P)
- Healthcare eligibility benefit inquiry and response (270/271)
- Healthcare services inpatient admission and discharge notification (278N)
- Healthcare services prior authorization (278)
- Medical attachments (275)

### Availity's EDI submission options:

- Use existing clearinghouse or billing vendor, working with your vendor to ensure connection to the Availity EDI Gateway.
- Become a direct submitter with the Availity EDI Clearinghouse; a third-party practice or revenue cycle management system capable of generating EDI batch files is required.

### Payer ID

Payer IDs route EDI transactions to the appropriate payer. Healthy Blue's payer ID is 00544.

### Electronic remittance advice (835)

Use Availity to register and manage ERA account changes with these three easy steps:

- Log in to [Availity](#).
- Select **My Providers**.
- Click on **Enrollment Center** and select **Transaction Enrollment**.

### Electronic funds transfer

Use the [EnrollHub™](#), a CAQH Solutions™\* enrollment tool, to register and manage electronic funds transfer account changes. EnrollHub makes it easy for you to handle multiple payers at once, reducing administrative time and costs.

### Availity EDI support

For questions related to EDI, contact Availity Client Services at **800-282-4548** or visit the Availity Support Community by following these steps:

- Log in to [Availity](#).
- Select **Help and Training**.
- Choose **Availity Support**.
- Select your organization.

### Useful EDI documentation

- [Availity EDI Connection Service Startup Guide](#) — This guide includes information to get you started with submitting EDI transactions to Availity, from registration to ongoing support.
- [Availity EDI Companion Guide](#) — This Availity EDI guide supplements the HIPAA TR3s and describes the Availity Health Information Network environment, interchange requirements, transaction responses, acknowledgements, and reporting for each of the supported transactions as related to Availity.
- [Availity registration page](#) — Availity registration page for users new to Availity.
- [Washington Publishing Company](#) — X12 code descriptions used on EDI transactions.

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

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# Policy Updates

## Important information about utilization management

Our utilization management (UM) decisions are based on the appropriateness of care and service needed, as well as the member's coverage according to their benefits. We do not reward providers or other individuals for issuing denials of coverage, service, or care. Nor do we make decisions about hiring, promoting, or terminating these individuals based on denial of benefits. In addition, we do not offer financial incentives for UM reviewers to encourage decisions resulting in underutilization. Our medical policies are available on our [provider website](#).

You can request a free copy of our UM criteria from Provider Services at **833-388-1406**. Providers can discuss a UM denial decision with a physician reviewer by calling us toll free at **888-434-1213** (physical) or **833 388 1406** (behavioral health) Monday through Friday from 8 a.m. to 5 p.m. To access UM criteria [online](#).

We are staffed with clinical professionals who coordinate our members' care and are available 24/7 to accept precertification requests. Secured voicemail is available during off-business hours. A clinical professional will return your call within the next business day. Our staff will identify themselves by name, title, and organization name when initiating or returning calls regarding UM issues.

### You can submit precertification requests by:

- Using our preferred digital method, the Interactive Care Reviewer (ICR) application, which you can access through the [Availity\\* Portal](#) > Patient Registration > Authorizations & Referrals.
- Faxing to **800-964-3627** (medical).
- Faxing to **844-462-0024** (behavioral health inpatient).
- Faxing to **844-462-0027** (behavioral health outpatient).
- Calling us at **800-454-3730** (medical and behavioral).

### Have questions about medical or behavioral health utilization decisions or the UM process?

Call our Clinical team at **800-454-3730** Monday through Friday from 8 a.m. to 5 p.m. Central time.

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

BNE-NL-0044-21

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

Effective for dates of service on and after September 12, 2021, several updates will apply to the AIM Specialty Health<sup>®</sup> \* (AIM) *Advanced Imaging Clinical Appropriateness Guidelines*. Part of the guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable healthcare services.

## Advanced imaging of the spine (updates by section)

- Congenital vertebral defects
  - New requirement for additional evaluation with radiographs
- Scoliosis
  - Defined criteria for which presurgical planning is indicated
  - Requirement for radiographs and new or progressive symptoms for postsurgical imaging
- Spinal dysraphism and tethered cord
  - Diagnostic imaging strategy limiting the use of CT to cases where MRI cannot be performed
  - New requirement for ultrasonography prior to advanced imaging for tethered cord in infants age five months or less
- Multiple sclerosis
  - New criteria for imaging in initial diagnosis of multiple sclerosis
- Spinal infection
  - New criteria for diagnosis and management aligned with Infectious Diseases Society of America and University of Michigan guidelines
- Axial spondyloarthritis
  - Defined inflammatory back pain
  - Diagnostic testing strategy outlining radiography requirements
- Cervical injury
  - Aligned with the American College of Radiology (ACR) position on pediatric cervical trauma
- Thoracic or lumbar injury
  - Diagnostic testing strategy emphasizing radiography and limiting the use of MRI for known fracture
  - Removed indication for follow-up imaging of progressively worsening pain in the absence of fracture or neurologic deficits
- Syringomyelia
  - Removed indication for surveillance imaging
- Non-specific low back pain
  - Aligned pediatric guidelines with ACR pediatric low back pain guidelines



**Read more online.**

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

BNE-NL-0030-21

# Updates to the AIM Specialty Health Musculoskeletal Program *Clinical Appropriateness Guidelines*

Effective for dates of service on and after September 12, 2021, the following updates will apply to the AIM Specialty Health<sup>®</sup> (AIM) Musculoskeletal Program: *Joint Surgery and Spine Surgery Clinical Appropriateness Guidelines*. Part of the AIM guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe and affordable healthcare services.

## Joint surgery (updates by section):

- Further defined criteria for home physical therapy.
- Removed cognitive behavioral therapy as a conservative care modality for extremity.
- Added indication for diagnostic arthroscopy.
- Standardized radiographic criteria to align with lateral release criteria.
- Adhesive capsulitis — Added history of trauma or postoperative contracture as a requirement.
- Tendinopathy — Removed rotator cuff tear as a criterion for tenodesis/tenotomy in patients with a clinical exam who do not meet criteria for superior labral tear anterior to posterior repair or have suggestive MRI findings.
- Hip arthroscopy — Removed complementary alternative medicine as not typically done for the hip.
- Arthroscopic treatment of femoroacetabular impingement syndrome (FAIS) — Removed age as an exclusion for FAIS, but further defined radiographic exclusions.
- Unicompartmental knee arthroplasty/partial knee replacement — Added degenerative change of the patellofemoral joint as a contraindication.
- Arthroscopically assisted lysis of adhesions — Added ligamentous or joint reconstruction criteria.
- Added criteria for plica resection.

## Spine surgery (updates by section):

- Further defined criteria for home physical therapy.
- Added standard conservative management requirement for instability to align with spinal stenosis indications.
- Added new comprehensive indication for tethered cord syndrome.

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.
- Access AIM via the **Availity\* Portal**.
- Call the AIM Contact Center toll-free number at **800-714-0040** between 7 a.m. and 7 p.m. Eastern time.

## Questions

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.

# Policy Updates — Reimbursement Policies

## New Policy

### Modifier 90: Reference (Outside) Laboratory and Pass-Through Billing

(Effective 10/01/21)

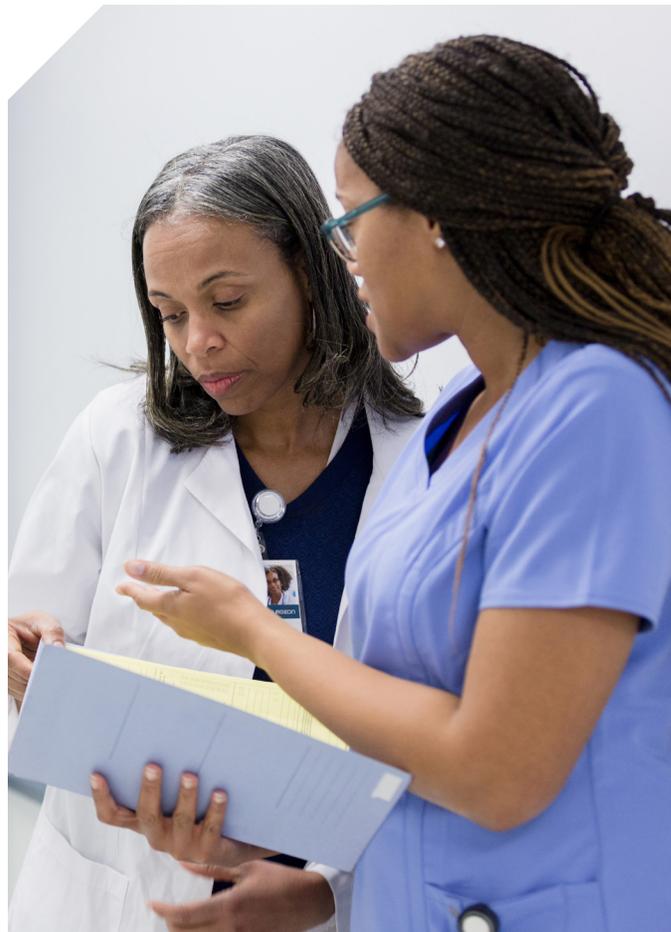
Healthy Blue does not allow pass-through billing for lab services. Claims appended with Modifier 90 and an office place of service will be denied unless provider, state, federal or CMS contracts and/or requirements indicate otherwise.

Reimbursement will be made directly to the laboratory that performed the clinical diagnostic laboratory test based on 100% of the applicable fee schedule or contracted/negotiated rate.

Modifier 90 is defined as when laboratory procedures are performed by a party other than the treating or reporting physician or other qualified healthcare professional. The procedure may be identified by adding Modifier 90 to the usual procedure number.

For additional information, please review the [Modifier 90: Reference \(Outside\) Laboratory and Pass-Through Billing](#) reimbursement policy.

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# Products & Programs

## Complex Care Management program

Managing illness can be a daunting task for our members. It is not always easy to understand test results, know how to obtain essential resources for treatment, or who to contact with questions and concerns.

Healthy Blue is available to offer assistance in these difficult moments with our Complex Care Management program. Our care managers are part of an interdisciplinary team of clinicians, including physical and behavioral health, as well as other resource professionals there to support members, families, PCPs, and caregivers. The complex care management process uses the experience and expertise of the Care Coordination team to educate and empower our members by increasing self-management skills. The complex care management process can help members understand their illnesses and learn about care choices to ensure they have access to quality, efficient healthcare.



Members or caregivers can refer themselves or family members by calling the Customer Service number located on their ID card. They will be transferred to a team member based on the immediate need. Physicians can refer their patients by contacting us telephonically or through electronic means. We can help with transitions across levels of care so that our members and their caregivers are better prepared and informed about healthcare decisions and goals.

You can contact us and refer our members to the Complex Care Management program by email at [NECMReferral@healthybluene.com](mailto:NECMReferral@healthybluene.com).

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